

# Vital Link

The professional journal of the Canadian Association of Naturopathic Doctors

## Treating the Whole Person



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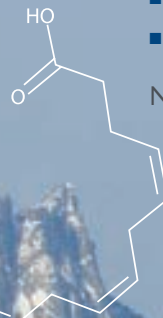
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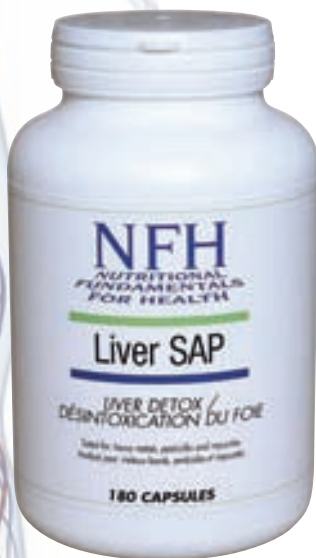
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# Vital Link

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## Managing Editor, Advertising Manager

Alex McKenna • [amckenna@cand.ca](mailto:amckenna@cand.ca)

## Naturopathic Editors

Dr. Iva Lloyd, RPP, ND, Past Chair, CAND

Dr. David Lescheid PhD, ND

Dr. Sanjay Mohan Ram, ND

Dr. Dugald Seely, ND, MSc

## Contributing Editor

Shawn O'Reilly

## Mailing Address

Vital Link c/o Alex McKenna

CAND 20 Holly St., Ste. 200 • Toronto, Canada M4S 3B1

Phone 416-496-8633 • Fax 416-496-8634 • [www.cand.ca](http://www.cand.ca)

The *Vital Link* is the professional journal of the Canadian Association of Naturopathic Doctors (CAND). It is published primarily for CAND members and features peer-to-peer research-based articles, relevant naturopathic information and news and events that affect CAND members and the naturopathic profession in Canada. The *Vital Link* has an outreach to other health care professions and promotes qualified naturopathic doctors to corporations, insurance companies and the Canadian government.

## Circulation

The *Vital Link* is published three times per year and is distributed to over 1,200 qualified Canadian NDs; over 600 students of CNME accredited naturopathic programs in Canada and the U.S., and the CAND corporate partners. The *Vital Link* is also distributed in the CAND's media kit.

## Advertising

Professional vendors that provide NHPD-compliant products or other services to NDs are encouraged to advertise in the *Vital Link*. The CAND's advertising partners enjoy unequalled exposure to qualified Canadian naturopathic doctors.

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## Forthcoming Publications & Themes:

September 1, 2009 – Annual Membership Directory

Fall 2009 – Nature Cure

Winter 2010 – Environmental Medicine Part II

## Submissions

When writing for the *Vital Link*, keep in mind its broad readership and outreach to other professions. Your contribution to the *Vital Link* will benefit the naturopathic profession as a whole and provide you with personal professional exposure. Previously unpublished material is preferred. Please contact the editor for submission guidelines.

*Dr. Jason Boxtart, ND, CAND Chair*

## **The face of medicine in Canada has changed**

The above may sound like an overstatement; however, with the recent signing of new regulation in British Columbia it is not far off the mark. With the advent of prescriptive authority for NDs among other controlled acts such as access to radiology required to make a diagnosis and follow treatment, naturopathic physicians in B.C. will finally enjoy the ability to practice to their full ability and potential. A broader scope of practice will also ensure better health care delivery for the patients of B.C. NDs. See pages 28-29 for the official BCNA and CNPBC releases on this significant event.

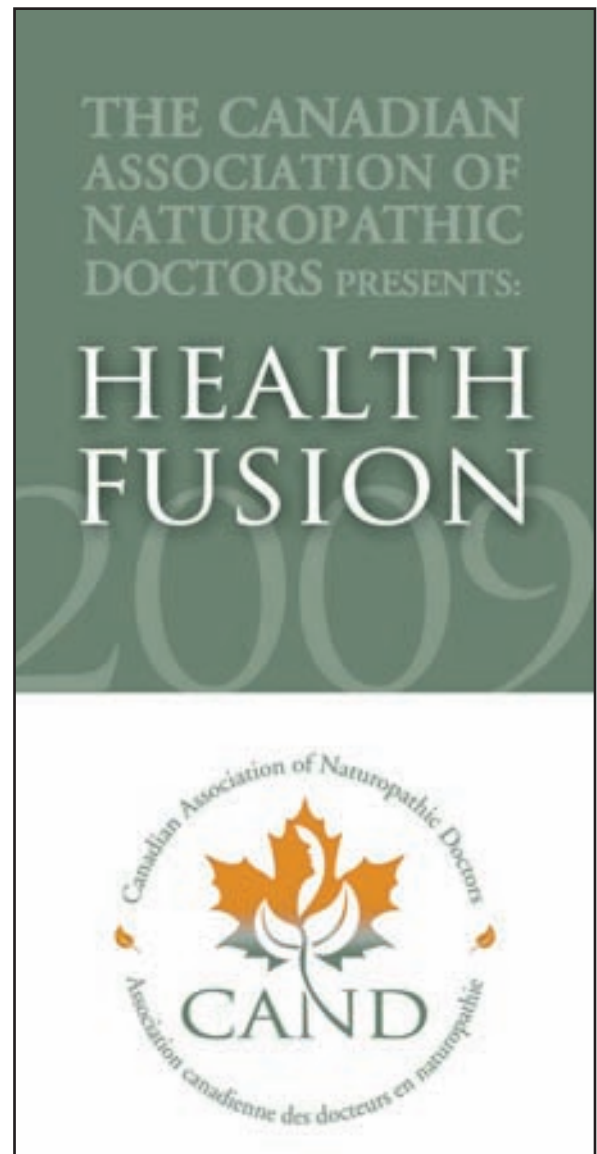
The Canadian naturopathic community owes a debt of thanks for the hard work and dedication shown by the past and current leaders of the BCNA and CNPBC, in addition to their staff and committee members. It is inspiring to me – and NDs across Canada I am sure – to consider the strength of vision and leadership that is required to successfully complete this immense undertaking.

In considering the implications of this momentous change, I am struck by how this recognition of our strengths affords naturopathic physicians the ability to work toward further defining our place in the greater medical community. Working with a clear scope of practice in legislation, and an effective regulatory framework, in time other health care providers will be looking to NDs for collaborative efforts in all kinds of areas, including practice and research opportunities and public health initiatives. It is up to our leaders and all NDs to work towards carving out a place for ourselves in the greater healthcare landscape.

As similar legislative changes take shape in other provinces, we will require a concerted effort that encourages adaptation to our new practice environments while also steadfastly embracing the principles of naturopathic medicine that comprise the foundation of our medicine and have always held us in good

stead. The CAND has initiated the Canadian Naturopathic Coordinating Council, which will work towards a number of national initiatives, including standardizing the scope of practice for naturopathic physicians across the country.

B.C.'s broader scope of naturopathic practice will benefit NDs across Canada, their patients and colleagues alike. Please join us at Health Fusion in Montreal, Quebec in June to celebrate our achievements and further develop the profession's vision and direction. Register today at [www.cand.ca](http://www.cand.ca).





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# SUMMER 2009

## GOVERNMENT RELATIONS REPORT

*Shawn O'Reilly, CAND Executive Director, Director of Government Relations*

On April 9, 2009, British Columbia Health Minister George Abbott approved new regulations for naturopathic physicians and with the stroke of a pen marked an historic moment for the profession in Canada. The new regulations give NDs prescribing authority along with access to ultrasound and X-rays for diagnostic purposes and the ability to conduct challenge testing for allergies. NDs will be able to prescribe, compound and dispense drugs except for those listed on a schedule to the regulations "Excluded Schedule 1 Drugs". Naturopathic physicians in B.C. will now have access to first line substances such as antibiotics as well as natural substances that have been moved to restricted drug schedules over time, such as bio identical hormones, high dose vitamin A and rauwolfia. The scope of practice for B.C. NDs is now the broadest in Canada reflecting their education and training and allowing NDs to practice to the full extent of their abilities. Details of the regulations can be found on the BCNA and CNPBC websites.

This has been a very long journey for the NDs in B.C. and has involved much hard work, perseverance and selfless dedication from many. To all we extend our thanks and appreciation. A precedent has been set, marking the first step in expanding the scope of practice in all jurisdictions across Canada.

In 2007 as a part of the review of the NHPD regulatory framework, Health Canada conducted an extensive online consultation with stakeholders. The CAND participated along with a number of other practitioner and industry organizations and individuals. The results of the consultation were recently released indicating the number one issue for all participants was the fact that the evidence being required for NHPs was not reflective of their low levels of risk. In response to the concerns, the NHPD has instituted a new risk based approach (RBA) in assessing and processing product licenses. Applications will now fall under two categories with the first representing those products with the lowest level of risk allowing them to move through the process

quickly. The second category will be for those products requiring a higher level of review and evidence based on a higher risk. The NHPD is committed to eliminating the application backlog by April of 2010. Full details of the RBA and the S.T.E.P.s plan of implementation can be found on the NHPD website. The CAND continues to work with the NHPD on the issues impacting the naturopathic profession and has a representative on the Expert Advisory Committee.

Federally, the government continues to be focused on the economy and Health Minister Aglukag is focused on the passing of Bill C-6, The Consumer Product Safety Act. We have yet to see a return of a bill amending the Food and Drugs Act. The Standing Committee on Health is holding hearings on Health Human Resources and two members of the CAND Government Relations Committee have been asked to appear to provide information on how naturopathic medicine can assist and what the federal government can do to assist CAM. The dates have yet to be set and we will, therefore, report on the hearings in a future government relations report. The Health Minister is currently holding round table discussions on health in some areas and NDs have been invited to participate providing an important opportunity to underline the expertise of NDs in health promotion and disease prevention.

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1. Desai A, Konda VR, Hall A, Bland J, Tripp M. Comparison of anti-inflammatory activity of two selective kinase response modulators (SKRMs), rho-iso-alpha acids (RIAA) and tetrahydro-iso-alpha acids (THIAA), in lipopolysaccharide (LPS) mediated inflammation in RAW 264.7 macrophages. *The FASEB Journal*. 2007;21:702.  
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3. Minich DH, Bland JS, Katke J, et al. Clinical safety and efficacy of NG440: a novel combination of rho iso-alpha acids from hops, rosemary, and oleanolic acid for inflammatory conditions. *Can. J. Physiol. Pharmacol.* 2007;85:872-883.

<sup>†</sup>U.S. Patent nos. 7,195,785; 7,205,151.

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# MEDIA UPDATE

## COMMUNICATIONS AND

*Lisa Westlake, CAND Communications Officer*

After months of planning, national coordination, poster designs, mailings, radio advertisement writing, promotional purchases, and a final distribution of event materials, the CAND is celebrating our most successful Naturopathic Medicine Week to date!

This year's Naturopathic Medicine Week boasted more than 180 presentations and talks across Canada! Thanks to the poster distribution, and our national radio ad campaign, our already heavily hit website, skyrocketed to more than 22 thousand unique visits in just one day. However, that's not the only remarkable growth we've seen. In 2008 our monthly website unique visits averaged 70 thousand per month. So far this year, the CAND website has reached an impressive average of 170 thousand unique visits per month. We certainly look forward to continuing this increase in online traffic leading into each and every NMW!

On behalf of the CAND, we would like to thank all those who took the time out of their busy schedules to meet and greet members in the community and present a naturopathic talk and perspective. A thank you also goes out to our hard working and dedicated provincial representatives for all of their efforts and contributions, to the NDs who wrote and reviewed all presentation materials, and to CCNM Press for their donation of 120 books as

giveaways and door prizes across the country. For all of these contributions, we thank you.

Health Fusion is fast approaching. Our conference committee has been busy arranging all the final details for the June conference in Montreal. Our wonderful sessions are filling up fast and the conference is just weeks away so, If you haven't yet registered, do so today! For more information visit the Health Fusion tab at [www.cand.ca](http://www.cand.ca).

The CAND is also very pleased to announce the growing number of NDs promoting naturopathic medicine in the media. Again, all requests to our office, as well as those you let us know about, will be posted on the CAND website in the 'NDs on the Cutting Edge' section and in the monthly e-Link. Please continue to let us know when and where we can look or listen for your comments to the media and we will update the site and e-Link accordingly.

And finally, it was no April fool's joke. April 1st, 2009 marked the 54th anniversary of our date of incorporation. The CAND has grown from its 1955 membership base of 30, to more than 1,830 members including NDs, students, and corporate partners. With the growth and expansion of our office and efforts, our public awareness, media involvement, and overall visibility will certainly continue to flourish over the next 54 years.



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3. Office business package is a complete insurance package specifically designed to cover the clinic owner for general liability, property including the dispensary and employee dishonesty.

### **Working Outside the Realm of Typical ND Practice Areas:**

Where the ND is involved in direct sales or marketing of supplement products on a retail level and or consulting for natural health product manufacturers or distributors.

#### **Direct Sales of supplements at a retail level outside of your professional practice**

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If you are in this position it is important you obtain insurance through the Manufacturer or Distributor for both Commercial General Legal Liability and Professional Errors and Omissions Liability. You will also require confirmation that you as an independent contracted employee are considered as an employee under the definition of insured or alternatively have your name added as an additional named insured under their policies. If for any reason you are not completely sure of this

do not hesitate to contact the Partners office for advice.

### **What an ND should do if a patient makes a complaint and or requests a refund**

In all cases exercise caution and keep complete notes of the patient's comments. Try to work out an equitable solution even if it requires referring them to another provider. It should always be made clear to patients from the outset that fees are for services provided and are not based on outcome, however, if a patient requests all, or part of their money back it is important that you have them sign a release form. In all such cases it is advisable to contact your lawyer or the Partners Indemnity office for consultation.

Have questions about liability insurance and claims? Not sure what coverage is right for you? The expert team at Partners Indemnity Insurance Brokers is ready to assist you. Please contact Jenifer Fox at [jfox@partnersindemnity.com](mailto:jfox@partnersindemnity.com) or phone 1.877.427.8683.

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## **The Canadian Academy of Homeopathy And the Illinois Homeopathic Medical Association Present**

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#### **Course I: Essentials of Acute and Chronic Prescribing — May 29<sup>th</sup> - June 4**

Provides excellent training in acute and chronic prescribing, with methodical instruction in case taking and analysis, prescription, and follow-up. Ideally suited for practitioners wanting to achieve mastery in homeopathy. Live case-taking and analysis vividly illustrate the material. Taught by Dr. Saine for 18 years at the NCH and described by many as an essential prerequisite for successful practice. Past evaluations rated this course 10/10 *on all points by 100% of attendees*, including a medical practitioner with 25 years of experience in homeopathy!

#### **Course II: Illustrated Comparative Materia Medica Pura — June 8 -12**

Compares and contrasts remedies with a multitude of vivid case illustrations making the remedies easier to grasp. Dr. Saine's exhaustive research in old journals has unearthed many important symptoms from original provings and cured cases of well and lesser-known remedies. Experienced practitioners gave this course a standing ovation in Germany, 2008 and many have claimed increased clinical success resulting from the course. A live case with analysis will also be taken mid-week.

##### **Testimonials**

- *"Effective homeopathic training is a rarity in today's world of seminars. In André Saine's course at the NCH Summer School, experienced practitioners who had studied with various teachers reported that they finally found what was missing to be more successful in their practices. I highly recommend anyone who wants to practice homeopathy effectively to take this course."* **Stephen Messer, ND, Former Dean, NCH Summer School**

**These two courses are offered to physicians and other primary contact health care practitioners and students of these disciplines. For more information, visit [www.homeopathy.ca](http://www.homeopathy.ca) or contact us at [cah@videotron.ca](mailto:cah@videotron.ca) or 514-279-6629**

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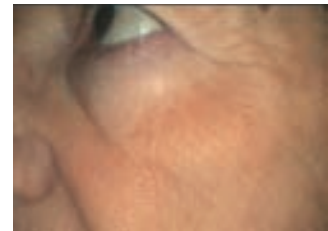
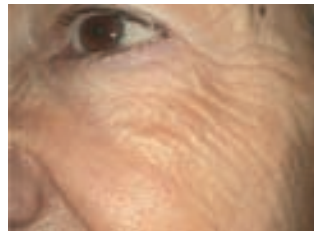
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AFTER



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Notopterygium Incisum (Qiang Huo) relieves wind, cold, and damp conditions with associated pains. It is indicated for arthralgia due to wind-cold-dampness with pains in the limbs and joints, especially pains in the upper part of the body. It is often used with angelica pubescens.

Rehmannia glutinosa (Shu Di Huang) (Chinese Foxglove) minimizes cytokine cascades which induce cellular immune responses and activate macrophages; contributors to pain

and inflammation. This herb also encourages repair of damaged tissue and reduces capillary fragility.

Gentiana macrophylla (Qin Jiao), or large leaf Gentian, has been used in Chinese herbalism for over 2,000 years. It strengthens the capillaries to prevent swelling. It removes damp heat and acts as an analgesic, anti-inflammatory and antirheumatic.

Piper Futokadsura, from a Chinese medicine point of view, controls wind-damp obstruction syndrome manifested as painful and stiff joints, tendon and muscle spasms, lower back pain, painful knees and pain from external injury.

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### References:

Please check our website [www.integranutrition.com](http://www.integranutrition.com) for the full monograph on Inflam-FX including references.



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# YOUR OWN BUSINESS... WHAT ARE YOU THINKING?

## BUSINESS TIPS

*Tom Lawless, President and Owner, Integra Nutrition Inc.*

*Proud sponsor of CCNM's Integra Practice Management Program*

How you approach planning your business goes far beyond the technical aspects of patient management, inventory control and financing. What are the reasons behind your choice to run your own practice or clinic? Naturopathic doctors have a number of options on how to manifest their practice. The goal is to develop a practice that is in line with who you are.

When I started Integra Nutrition over 12 years ago, I was in a similar business situation to many NDs at the start of a new venture. I had a technical occupational skill set as a salesperson where an ND has a technical skill set as a clinician. A qualified objective opinion would tell you succinctly that these qualifications are not adequate for starting and running a successful business. Having only some appreciation for this point, and during some of my more humble periods, I had to accept this was true. Yet with "more heart than brains", I went to work, read a lot, learning as much as I could, hoping the brains part would eventually catch up with the heart. After 12 years I am still working on it.

**Define why.** Whether you have had your own business (practice) for some time, or are in the planning stage, the first step is to determine how you want to proceed with your vocation and if now is the right time to do so. To do this, you need a strong sense of the type of person you are and how you want to reflect this in your business and bring this to the community you're going to serve. Ask yourself, "How is this venture going to contribute to my life's purpose?" This is a big question and your business is going to be a major factor in your life's journey. As every successful person has a story, make your business part of your story, and share it.

**Your business should be a reflection of you.** Your business means *your* business. You can read about all the best business leaders in the world, you can listen to mentors and you may have role models. Your business will not succeed, however, unless it is in harmony with your character and personality. Your business will take on a life of its own and if it

is not "someone" you want to work with everyday and dedicate yourself to, it will not work.

The concept of harmony is especially relevant. All the factors within your business will flow from the relationships you have with your staff and clientele. If you have to become someone other than who you are once you arrive at your clinic or office, you will not only wear yourself down but others may find it hard to trust, perhaps subconsciously, someone who isn't being "genuine". This point should not be confused with the different roles you will have to fill within your organization. As a practitioner, you have to be nurturing, as a boss you have to be decisive and firm, as a parent, you have to be loving, etc. However, in each role you bring your own core values and personality, which provide the underlying harmony that in the long run will make you a more successful person and business person.

**What role are you going to fill?** Your business must have structure. Specifically, you must define and have an appreciation for the roles needed to support your clinic. Being an ND is a full time occupation, the same holds true for the operational side of the business, which involves being an office manager, a financial officer, a marketing specialist, a receptionist and a dispensary manager. Trying to fulfill all these responsibilities may, over time, not only limit your success, but may decrease the joy of having your own practice and limit your progress as a practitioner.

Although it may not be realistic to expect the resources and income to afford a staff initially, this approach will help you create and envision the specific future needs of your company. Your end goal is to be the overseer of a structured environment and yet show up to work and dedicate yourself to the day to day role of the ND.

Recommended Reading (as a start):

Cloud, S. Integrity: the courage to meet the demands of reality. HarperCollins Publ., NY. 2006.

Collins, J. Good to Great. HarperCollins Publ., NY. 2001.

Gerber, M. The E-Myth Revisited: why most small businesses don't work and what to do about it. HarperCollins Publ., NY. 1995.



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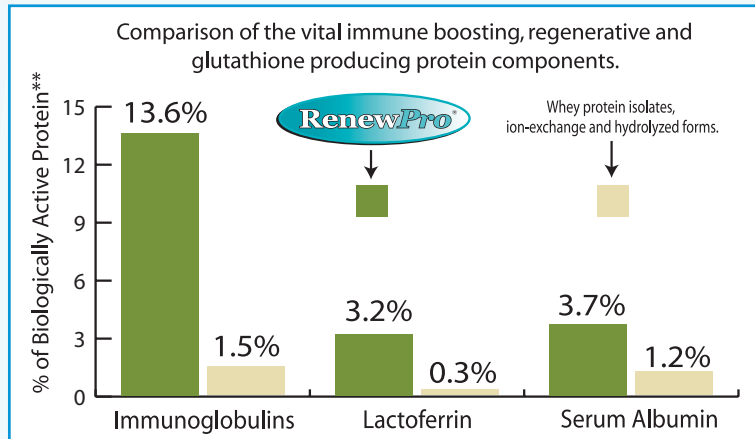
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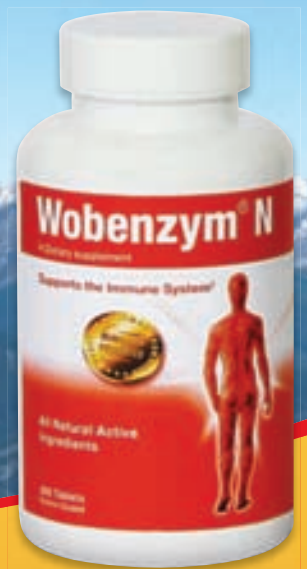
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# ASSOCIATION UPDATES

## ACADEMIC, REGULATORY BOARD AND

**Canadian Naturopathic Foundation – [www.cand.ca/index.php?id=cnf](http://www.cand.ca/index.php?id=cnf)**

### **Cost Effectiveness Research Study Initiative**

Documented statistical information on the cost effectiveness of naturopathic medicine is critical to increasing the profile and acceptance of naturopathic profession with government, insurance companies and within the health care system.

For years the Canadian Association of Naturopathic Doctors (CAND) has been receiving requests from government, insurance companies and other health professionals and organizations to demonstrate the efficacy and cost effectiveness of naturopathic medicine and naturopathic treatments. It's time we are able to provide such crucial data about naturopathic medicine.

This research will increase support for naturopathic medicine, assist the CAND, the naturopathic medical colleges and other associations in increasing the acceptance of naturopathic medicine and enhance openness to collaboration from other qualified health care practitioner groups. This important research also has the potential to result in additional coverage for naturopathic services and products.

### **Our Fundraising Goal**

The Canadian Naturopathic Foundation (CNF), a registered charitable organization, needs your support to meet its \$100,000 fundraising goal for the study.

We thank those CAND members who donated to this initiative with their membership renewal, as they have contributed over \$7000 to date. We have made a positive start to our fundraising campaign and we need to maintain the momentum. We are asking each ND to support this initiative by making a minimum donation of \$100. If every ND donates \$100 and asks one family member, patient, business contact or friend to do the same we will reach our goal. Donations of \$20 or more will receive a charitable tax receipt

Payments can be made by credit card or cheque made out to the Canadian Naturopathic Foundation. Secure online donations can

be made through the CAND website at <http://www.cand.ca/index.php?id=cnf>.

For more information on this project, to obtain additional donation forms or to find out more about the CNF contact us by email at [cnf@cand.ca](mailto:cnf@cand.ca) or by phone 1-800-551-4381.

### **British Columbia Naturopathic Association and College of Naturopathic Physicians of British Columbia**

BCNA & CNPBC Applaud Provincial Government's Realization of Commitment to Improve Patient Care in BC...

Please see pages 28-29 for the important releases from the BCNA and CNPBC on the new legislation in B.C.

### **Saskatchewan Association of Naturopathic Physicians – [www.sanp.ca](http://www.sanp.ca)**

The SANP continues to work on updating our legislation. We had high hopes that The Naturopathic Medicine Act would be reviewed by Cabinet in September 2009; however, we received word in March 2009 that due to a backlog of other pieces of legislation that the Ministry is working on, and an initiative called The Patient First Review where the government of Saskatchewan is examining the health care system, from a patient's perspective, our legislation has been shelved until 2010.

Because of this temporary setback we have chosen to undertake a "Postcard Campaign" with the public asking for their assistance in lobbying the government to ensure our Act review take a priority position in Cabinet review for 2010.

### **Manitoba Naturopathic Association [www.mbnd.ca](http://www.mbnd.ca)**

The Manitoba Naturopathic Association is continuing its work with government and other regulated health professions in Manitoba on new umbrella legislation.

The MNA is also continuing its work on ensuring compliance with the Fair Registration Practices Act in Manitoba and the amendments to the Agreement on Internal Trade.

We are currently completing a legal review of

draft regulations, with the intent to enact them as soon as possible.

The MNA currently has 21 members and our Annual General Meeting will be held in November 2009.

### **Ontario Association of Naturopathic Doctors – [www.oand.org](http://www.oand.org)**

The Health Professions Regulatory Advisory Council (HPRAC) has provided the Ontario Ministry of Health and Long-Term Care (MOHLTC) with its advice on a number of issues related to the regulation of health professions, including recommendations on prescribing and the use of drugs in naturopathic medicine.

HPRAC recommends that NDs should be awarded the controlled act of prescribing, dispensing, selling and compounding drugs in order to ensure that NDs can maintain access to restricted natural substances, and play a larger role in primary care. HPRAC recognizes that NDs have the competencies required to prescribe and that this will improve access to care for Ontarians who choose NDs for their primary care.

The OAND is working with the Ontario government to ensure implementation of these recommendations as part of the implementation process for the Naturopathy Act.

See our upcoming events on page 54.

### **Board of Directors of Drugless Therapy – Naturopathy – [www.boardofnaturopathic-medicine.on.ca](http://www.boardofnaturopathic-medicine.on.ca)**

Many changes are occurring that will affect the practice of naturopathic medicine in Ontario.

We are hopeful that the appointment of the Transitional Council will occur this spring, moving the naturopathic profession another step closer to regulation under the RHPA. We are also awaiting a decision by the Minister of Health as to whether NDs will be given access to the controlled act of “prescribing” under the new *Naturopathy Act* as recommended by HPRAC in their recent report, *Critical Links: Transforming and Supporting Patient Care*. The Board intends to continue working to ensure that HPRAC’s recommendations with respect to prescribing authority are included in the Bill that is expected to be tabled in the Legislature this spring.

The BDDT-N has been working with other regulators and the CAND to simplify the process for NDs moving from one province to another. A revised *Mutual Recognition Agreement* that will be in compliance with the new *Agreement on Internal Trade* is expected to be in place by early June.

The BDDT-N has been involved in a collaborative effort with regulatory bodies from across Canada to create a standard national practical exam for entry to practice that will ensure that all NDs meet the same criteria before being registered to practise naturopathic medicine in Canada.

The Board continues to meet regularly with other health professions through the *Federation of Health Regulatory Colleges of Ontario* and attend the North American Council on Licensure Enforcement and Regulation conferences.

### **Nova Scotia Association of Naturopathic Doctors – [www.nsand.ca](http://www.nsand.ca)**

Along with the continuing work of enforcing Bill 177: A Naturopathic Doctor’s Act, NSAND has begun a PR campaign to further its public presence as the natural medicine experts.

NSAND has teamed with Permacology Productions to screen the film “Food Matters” at two screenings in the Halifax area. By speaking after the movie and by bringing forth members of the community offering local food, raw food classes and holistic nutrition, NSAND has ensured the public leave with not only the movie’s message, but also with actual tools to implement a healthier lifestyle.

NSAND will also have a major presence in the healthy living wing at the three-day annual lifestyle show, “Saltscapes Expo” ([www.saltscapesexpo.com](http://www.saltscapesexpo.com)). The NSAND booth will be giving away tea samples, conducting a draw and promoting the message: “Make Naturopathic Doctors A Part Of Your Health Care Team.” Members of NSAND also participated in various Naturopathic Medicine Week events, including talks at Chapters and around Nova Scotia.

### **Boucher Institute of Naturopathic Medicine – [www.binm.org](http://www.binm.org)**

The Boucher Institute of Naturopathic Medicine celebrated the news in January 2009 that the CNME had granted BINM accreditation along with commendations for a “strong, dedicated and committed leadership...recognized by students and faculty as well as by their peers at other schools.”

BINM marks another chapter in its history as the school moves forward with the appointment of a new President/Executive Director. Dr. Patricia Wolfe ND’s role as President and Executive Director will be continued by Mr. Alexander Cortina, currently Dean of Student Affairs at BINM, starting September 2009. Dr. Wolfe will continue to serve as President Emeritus.



Expansion plans are in the air at BINM with a new naturopathic clinic in the works, along with a lecture hall, student interactive area and expanded library.

In January BINM successfully launched a six year track program in naturopathic medicine; the first of its kind in North America bringing student numbers to 150.

Saturday, May 9th marked BINM Open House in conjunction with Naturopathic Medicine Week. Events included talks on naturopathic medicine, a health passport to free medical tests in the clinic, a product fair on the main concourse and student displays and presentations.

### **Naturopathic Students Association (CCNM) www.nsa-ccnm.com**

Spring is a time of movement and transformation. At CCNM, this is demonstrated in the new and motivated Naturopathic Student's Association (NSA) executive that has recently been elected. All new executives are strong advocates of incorporating more transparency, accountability and above all, efficiency into the NSA's activities.

The most notable change within the NSA is a shift from a simple vertical organizational structure, to a more fluid, decentralized and, therefore, more efficient operating body. The NSA has specialized into two branches: the Naturopathic Student's Society (NSS), and the Naturopathic Student Union (NSU). The NSS will focus on social events and maintaining school spirit, whereas the NSU will be in charge of academic and clinical concerns. We have also created a new NSA position, the Student Advocate (currently held by Urszula May), whose role is to provide objective, impartial and confidential assistance in ensuring the promotion and preservation of the students' rights at CCNM.

So far this term, with the help of the CAND, we have created an extracurricular bursary fund that allows underprivileged CCNM students to attend educational seminars and conferences, including CAND's Health Fusion. Also, CCNM students have had an internal competition to select finalists to partake in the ZRT cup held in August, at the tail-end of the AANP's annual conference in Tacoma, Washington. The ZRT cup is a college bowl quiz competition with topics relating to naturopathic medicine. This year's CCNM representatives (Sarah Vadeboncoeur, Julia Segal, Eric Muradov, Tony Campbell and Diana Go, coached by Alex Hall) will be competing against student representatives from other naturopathic schools across North America.

In terms of my role as the new CAND Representative for the NSA, my goals are twofold. The first is to increase access to resources and opportunities available to CCNM students, which includes a more extensive preceptor database developed by better informing participating NDs of the benefits of the service (including continuing education credits). The second goal is to aid in the dispersal of naturopathic medicine across Canada, by encouraging students to return to smaller communities upon graduation, as well as to foster mentoring between NDs already established in smaller towns and future NDs. Please feel free to refer to our updated website for further info ([www.nsa-ccnm.com](http://www.nsa-ccnm.com)), or contact me at [nsa\\_candrep@ndnet.ccnm.edu](mailto:nsa_candrep@ndnet.ccnm.edu).

Sarah Goulding  
NSA-CAND student representative

**The following organizations did not submit an update: BNSA, CCNM, AANP, QANM, NLAND, NBAND, PEIAND, YNA.**



**HAVE YOU  
BEEN FEATURED  
IN THE MEDIA?**

**Be sure to advise the CAND of any media exposure you've had or will be receiving. Your story will be posted in the *NDs on the Cutting Edge* sections at [www.cand.ca](http://www.cand.ca) and in the e-Link.**

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## **BC Naturopathic Association Applauds Provincial Government's Realization of Commitment to Improve Patient Care in BC**

**April 9, 2009, Vancouver, British Columbia** – The British Columbia Naturopathic Association today applauded the announcement by the Ministry of Health that naturopathic physicians (NDs) in BC will be able to prescribe certain pharmaceutical medicines. British Columbia is the first province to more fully recognize the important role that NDs play as primary care givers as a result of the vision and leadership of Premier Gordon Campbell and Health Services Minister George Abbott.

This announcement recognizes the benefits to patients of allowing NDs to practice to a greater extent of their education and training, while streamlining and improving the delivery of health care and enhancing patient choice in BC. The number of patients who use NDs as their primary health care provider has increased threefold in the past decade, as has the number of naturopathic physicians practicing in British Columbia.

“The BC Government has recognized the value of enhancing naturopathic services as a choice in the health care system for primary care to patients,” said Dr. Christoph Kind, ND, president of the BC Naturopathic Association. “This announcement allows for more effective multi-disciplinary treatment of patients and reduces the impact to and costs on the health care system.”

The announcement is a result of an extensive review of the evidence and benefits of science-based naturopathic medicine by the provincial government. In BC NDs are educated and trained to diagnose and treat patients including identifying when certain prescription drugs are needed. By streamlining the process, patients will have more choice in how they receive their health care in BC in a manner that is efficient and effective.

“Expanding the role of naturopathic physicians allows B.C.’s health system to offer more options for patients,” said Minister George Abbott. “British Columbians made it clear during the Conversation on Health that they want increased choice and better access to health services and today we are meeting our 2008 throne speech commitment to expand the scope of practice for these professions.”

“Our members regularly see patients in their practices whose primary care will be enhanced by a shared scope of practice with other medical professionals,” said Dr. Deborah Phair, Vice President of the BC Naturopathic Association and also a licensed pharmacist. “We are eager to continue our discussions with the BC Government and other health professions to implement these new measures and to work together to provide the best treatment for our patients.”

Naturopathic physicians are a self-regulating profession under the College of Naturopathic Physicians of BC (CNPBC). The College has worked diligently and collaboratively with the provincial government and other health professions to develop a regulatory regime that ensures patient safety for prescribing pharmaceuticals, including continuing competency programs and enforcement of standards, limits and conditions.



## **News from the College of Naturopathic Physicians of BC (CNPBC)**

April 9, 2009

The Minister of Health of BC, Honourable George Abbott today announced approval of revisions to the Naturopathic Physicians Regulation (see [http://www.health.gov.bc.ca/leg/pdfs/News\\_Release\\_April\\_9\\_2009.pdf](http://www.health.gov.bc.ca/leg/pdfs/News_Release_April_9_2009.pdf)).

This revised regulation authorizes a list of “restricted activities” authorized for naturopathic physicians. These restricted activities are key to authorizing a scope of practice that is in line with naturopathic physicians’ education and training. The CNPBC will be issuing standards, limits and conditions in key areas that will further define these areas of practice for NDs in BC. These restricted activities are extensive.

For the first time, naturopathic physicians in BC will be authorized to prescribe Schedule I drugs, excluding drugs found on the schedule of exclusions in the Regulation. The prescribing authority is that deemed appropriate for a primary care practitioner. Over the next year, there will be courses and examinations developed and delivered that will prepare licensed NDs to become certified for prescribing and obtaining a prescribing number. There will also be standards, limits and conditions published by the College. There will be no prescribing authority for individual NDs until the courses, examinations and standards, limits and conditions are in place. However, today for the first time there is now specific authorization for prescribing authority for NDs in BC.

There is still much work to do in developing various policies and procedures and removing obstacles to diagnostic referrals. The College looks forward to an exciting year ahead.

This is an historic moment and the CNPBC acknowledges the contributions of many individuals and organizations in the effort to reach this point.

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# TREATING THE WHOLE PERSON THEN AND NOW

*Dr. John Bender, Naturopathic Doctor Elder*

## **How the naturopathic approach to treatment has changed during the last 30 years and how NDs can assist the patient of today**

*A philosophical paper*

In this article, I'll attempt to identify how to "Treat the Whole Person" and how that has changed over the 30 years that I've been in practice. The observation that stands out to me is that the rate of change in the practice of naturopathic medicine has accelerated dramatically and shows no signs of slowing down.

When I started naturopathic college in 1975 at NCNM in Portland Oregon, the only naturopathic school in North America at that time, there were approximately 50 registrants in Ontario and no schools in Canada. We have since grown to nearly 1000 registrants in Ontario, with two schools in Canada. Furthermore, when I started my practice no one knew what a naturopathic doctor was or what they did. Now, most people either know what an ND is or know of someone who does. This is remarkable progress in a mere 30 years.

Naturopathic doctors have always purported to "Treat the Whole Person." However, from my perspective, I have observed what I call "Band Wagon Trends" in our profession.

Initially, there were the naturopathic "raw food enthusiasts." They believed that all our ills could be traced back to eating improperly. The solution was to eat raw foods. This "shouts and sprouts, beads and seeds" philosophy was quite popular at the beginning of the resurgence of naturopathic medicine in the early '70s. After awhile, raw food's limitations became obvious. Then, in the middle '70s, it was thought that many of our patients had hypoglycemia and that correcting that condition would lead to perfect health. Later on, many patients were believed to have a condition, such as a candida infection. Then there were chronic fatigue, multiple food sensitivities, Epstein Barr virus (EBV) and Lyme disease conditions.

Currently, there is a "Band Wagon Trend" toward embracing IV therapies for chelation or nutrition. There also seems to be a real desire to practice "cookbook" medicine and there is also a clamour for the latest "protocols." There is a trend to seek legislation to extend our prescribing capabilities in order to prescribe "pharmaceuticals". This is happening in Oregon and British Columbia and now Ontario. Consequently, there is an increased reliance on blood tests and lab work. This increasing reliance on lab results can mean that we are losing sight of wholism or the "whole person", and seeing our patient as, for example, a Chronic Lymphocytic Leukemia (CLL) case as opposed to a person who happens to be diagnosed with CLL.

There have also been "Band Wagon Trends" in therapeutics, particularly in homeopathy. The Kentian approach was "the way" to treat, then came Vitoulkis' methods: the only Classical "Truth." Following this, Eisayaga from Argentina had the "most practical" method. Soon other practitioners from overseas like Jeremy Sherr, Schroyens, and other European masters became prominent. More recently the methods of Indian masters led by Sankaran are considered the only "good" way to practice. Always the controversy of complex versus classical homeopathy was present. Many believed that if you practiced using "complex" remedies you were sure to suppress and confuse the vital force.

At any rate, these "Band Wagon Trends" had their usefulness and they weren't necessarily wrong or negative in and of themselves but they can, I believe, detract from the philosophy of "Treating the Whole Person."

"Treating the Whole Person" to me means following the basic tenets of naturopathic medicine. *Primum Non Nocere, Vis Medicatrix Naturae, Tolle Causum*, "Doctor as Teacher" and "Treat the Whole Person" are all solid principles on which to build a practice. We must be ever vigilant and not lose sight of these basic ideas.

*over*

**Primum Non Nocere** or “Above all, do no harm”. This must remain as one of our most important goals. After all, we want to alleviate suffering, but while attempting to do that NDs should make sure they do not make things worse. Recent changes in naturopathic practice, such as embracing IVs and pharmaceuticals, exponentially increase the risk of harming patients.

**Vis Medicatrix Naturae** or “The healing power of nature”. Sometimes we are in just too much of a hurry to let nature take its course. This is counterproductive, because nature has a habit of getting her own way whether we try to hurry her or not. Obeying nature’s rhythms always pays great dividends to both the patient and practitioner.

**Tolle Causam** or “Treat the cause”. Again do we have or do we take the time needed to get right down to the cause of disease? Is the patient depressed because of some cause you may have missed? Have their parents died? If we don’t get to know our patients well or engage in some “small talk” or do a thorough history we may miss something as important as this.

“Doctor as Teacher”. This is where we can have our most profound influence and impact on people’s lives. For example, recently, there has been good solid “scientific” evidence showing the importance of diet and lifestyle. In his book, *Overdosed America*, John Abramson discusses an article which claims that the drug Pravachol reduces the risk of stroke by 19%. That sounds impressive until you realize that there are other well documented ways to reduce the risk of stroke. For example, eating fish once a week reduces the risk by 22%! Controlling high blood pressure reduces stroke risk by 35-45%. Moderate exercise for less than two hours each week reduces the risk by about 60% in an elderly population (page 17)! These lifestyle modifications are extremely powerful natural therapies, more powerful than drug therapy and a great deal safer. We are, or should be, the experts in natural health care.

We need to position ourselves as the “teacher experts” of natural medicine. We need to be able to recommend credible websites and to be familiar with studies that support natural treatments and diet and lifestyle. This is the information age and the Internet has made an incredible amount of information available online so most patients have already read about their condition online and often think they know more about it than their doctors do. Accordingly, patients are much more knowledgeable than they used to be. However, the information they get from online searches is often misleading or wrong

and we need to be able to point them in the right direction. As a result, we need to be our patients’ trusted source of information when it comes to things that are possible in terms of enhancing and achieving optimal health.

“Treating the Whole Person” also means treating people on a physical, mental/emotional and spiritual level. Evidence shows that belonging to a religious/spiritual organization and/or a supportive group and having a belief system in a higher power are all part of achieving optimal health. I’m not sure whether practitioners are questioning patients about and encouraging them to partake in a spiritual organization or quest.

Another aspect is encouraging our patients to do volunteer work, looking beyond themselves and contributing in a positive way to the community. How often have we heard of retired people determined to enjoy their retirement by not moving or doing anything meaningful and consequently dying shortly afterwards? We all need meaning and movement in our lives, particularly after retiring. Therefore, counselling patients or referring them to a competent therapist upon their retirement might be the most important thing practitioners can do for them.

Culturally-speaking, our world has changed considerably in the past 30 years. In our multicultural society, our patients should be encouraged to get to know and interact with other cultural and religious groups rather than staying isolated. Another monumental change took place in 2001 when the World Trade Center was destroyed. Since then, especially during the Bush administration in the U.S., there has been an increasing atmosphere of fear and uncertainty. Then the economic depression with all the unemployment and historic “bailouts” followed. These events and their impacts on humankind must all be taken into account when “Treating the Whole Person”.

Other events that impact our health have to do with unbelievably rapid advances in technology. Virtually everyone has an iPod or MP3 player. This is demonstrated when I go for a walk in the morning and try to greet other pedestrians. The chances are good that they can’t hear me because they’re listening to their headphones. *They are not in touch with their environment, with how the earth feels, the birds singing, the wind, the sun and their fellow travellers!* Further, most people have a cell phone or Blackberry. These are all wonderful advances, but it means preoccupation with a device. It means anyone can get in touch at any time. There is no



longer “down time”! This was not the case a mere 30 years ago! When “Treating the Whole Person” this too must be addressed. We need to be *in touch with ourselves, our lives and our surroundings.*

Many other professions are beginning to encroach on what NDs do. In Ontario, for example, TCM and homeopathy will be regulated separately under the Ministry of Health. Further, NDs are encroaching on what MDs do. We must be very careful that we don't lose sight of our basic principles because if we do, we'll rightfully lose our unique position in the health care field.

Naturopathic doctors need to be “Band Wagon Trend Setters” and not followers. We are all blessed to be part of this profession where we can make lasting and useful, meaningful changes in people's lives. We are also incredibly fortunate that our profession is thriving and vibrant when coincidentally there is a medical doctor shortage. NDs do not and should not do the same thing as medical doctors, but we can certainly help to alleviate the shortage. Naturopathic doctors can address deficiencies in the current health care system and help society rediscover its innate healing capabilities.

Now is our time – *Carpe Diem!*

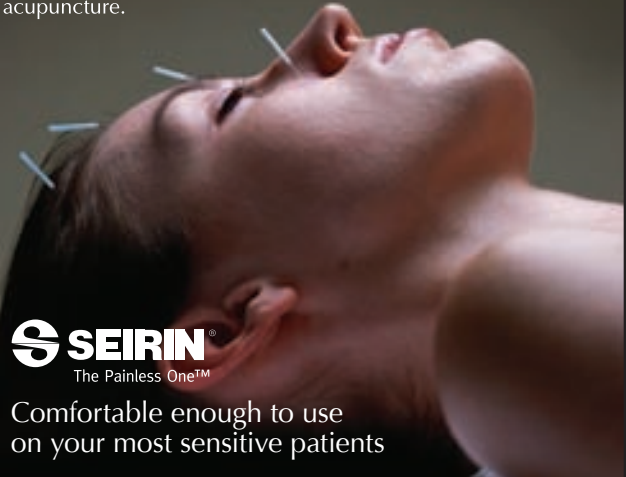


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# CONNECTING THE THREADS OF DISEASE: CAUSE AND EFFECT IN FEMALE ENDOCRINE HEALTH

Dr. Mary Bove, ND

*Dr. Bove will be presenting her lecture entitled, "Modulators for Female Endocrine Stress Relating to Infertility, Mood Disorder, and the Menopausal Transition" at Health Fusion 2009, Sunday, June 7, 2009 from 9:00-10:30 am. For program details and to register visit [www.cand.ca](http://www.cand.ca).*

It was not an unfamiliar dialogue I was having with my 40 year old female patient. She went on about how tired she was yet unable to sleep well at night due to her over active mind and being awoken from night sweats and too many trips to the toilet. She continues to say that she has gained weight without changing her eating patterns, food intake, and even with regular exercise. Her digestion seems off; she no longer tolerates red wine or tomato sauce and often has constipation. She reports lack of sex drive which is "just not her", hair thinning, and mood swings with anxiety far too often. She explains that she "just does not feel well" 70% of the time and seems to lack her zest for life. Many women would say they can relate to the above dialogue agreeing that they often don't feel well, but they do not necessarily have a disease.

Female endocrine dysfunction is an endocrine vicious cycle that involves suboptimal function of the female endocrine system leading to symptoms, diseases, and syndromes including Polycystic Ovary Disorder (PCOD), obesity, premenstrual syndrome, luteal phase deficiency syndrome, infertility syndrome, menopausal symptoms, hypothyroidism, insulin intolerance, anxiety, depression and adrenal insufficiency syndrome. None of these illnesses are life threatening; however, all of them have the potential to be very disruptive in one's life, thus diminishing the quality of life, health and wellness.

The endocrine glands network on several levels including: the pituitary feedback loops such as HPA or HPT axis and hormones, enzymes, receptors. These all work synergistically as a system to maintain homeostasis in the

endocrine system. Disruptions in endocrine homeostasis lead towards dysfunction and eventually endocrine disease. A vicious cycle is created when several different glands and endocrine metabolic functions start to perform sub-optimally thus creating a self-perpetuating cycle that builds within itself. The cycle commonly draws fuel from physical, emotional or psychological insults affecting various different areas of both the neuroendocrine system and the immune system. I would also include patterns of behavior, mood, attitude, sense of self and stress as possible triggers for such a cycle. Common clinical issues contributing to dysfunction include functional hypoglycemia, subclinical hypothyroidism, autoimmune thyroid disease, HPA axis dysfunction<sup>1</sup>, adrenal gland exhaustion, insulin resistance, intestinal dysbiosis, compromised hepatic detoxification, chronic stress load<sup>2</sup>, metabolic syndrome, abnormal sleep cycle, allergies, chronic inflammation, chronic viral infection, weakened immunity, and genetic predisposition.<sup>3</sup>

## Stress in the Female Endocrine System

Stress in all forms can interfere with many aspects of a person's well-being including the physiology. For example, stress can affect the hypothalamic-pituitary-ovarian axis leading to menstrual irregularities<sup>4</sup>, anovulation, and fertility issues.<sup>5</sup> Prolonged stress shifts other physiological systems compromising the health and function of the digestive system, increasing catabolism of carbohydrates, conversion of proteins to glucose, loss of potassium, sloughing of the gut epithelium with loss of the microbiota balance, and constriction of the vasculature all of which affect endocrine function.<sup>6</sup> An agent that stresses the endocrine system would be

any influence, on any every level of body, mind and spirit capable of disrupting the normal function of the male and female endocrine system. Some examples include: environmental toxic exposure, secondary cigarette smoke, light cycle disruptions, allergies, temperature extremes, noise, radiation, physical trauma, chronic infections, dysglycemia, chronic pain, lack of sleep, dietary imbalances, excessive or insufficient exercise<sup>7</sup>, chronic inflammation, electromagnetic fields, plastics, food products, caffeine<sup>8</sup>, alcohol, pharmaceutical drugs, hormones, aging and psychological stressors including emotional strain, abuse, low self-esteem, anxiety, depression, worry, performance anxiety, anger, obsessive behavior and no sense of purpose in one's life.

Toxic overload is often an overlooked factor causing endocrine dysfunction. Endocrine disruptors act as chronic stressors having an ongoing effect in the endocrine system sabotaging endocrine homeostasis and wellness. Toxic substances can be biological, organic, or inorganic and interface with the immune system and the hepatic system. Incorporating detoxification strategies, including measures to improve and optimize the overall function of the detoxification pathways, to assist the body in moving stored environmental pollutants, heavy metals, chemicals, xenoestrogens, and radiation free-radicals along with employing measures to improve and optimize the overall function of the detoxification pathways are keys to restoring female endocrine function.

Fertility, or lack thereof, is one area of the female endocrine system that is particularly sensitive to environmental toxic influence. The increase in infertility in the modern world is alarming. In the U.S., 12% or 7.3 million women of fertile age are currently considered infertile, 20% being unexplained etiology according to the American Society of Reproduction Medicine.<sup>9</sup> Unfortunately women today are surrounded by with toxin-producing devices, including computers, fax machines, small appliances, tobacco, insecticide, fungicide, microwares, medications, low oxygenated air, many household cleaners, paints, adhesives, color TV, cell phones, pagers, waterbeds, alcohol<sup>10</sup>, air travel and cosmetics. Assisting patients in minimizing their exposure to these devices in their work place and home is an essential part of fertility management.

It is inevitable that stress will be part of the dynamic contributing to the health of the endocrine system.

As Hans Selye states in his book, *Stress of Life*, "It's not what happens to you that counts, it's how you take it."<sup>11</sup> Often we don't have the power to change the stressful situation but we do have the power to change the way we respond to the stressful situation and thus the experience we have when we encounter stress. Cultivating skills for coping and managing on-going stress requires conscious effort and mindfulness for good outcomes. The simple act of using knowledge to empower can be a useful place to start when helping a client. One of the basic principles of naturopathic medicine "physician as teacher" reminds us of this empowering tool and to keep it active in our medicine.

Social support through interpersonal relationships that sustain and nurture us gives us the opportunity to manage stress in a constructive way. Personal inner resources such as beliefs, perceptions, attitudes that alter one's inner and outer reality are also strategies for minimizing the effects of stress. However, they are not always constructive in nature as we often latch on to strategies that are outdated and no longer serve us in a positive way, such can be the view of "I can handle it all myself, I need no help." Reassessing the usefulness of these resources and looking outside of the box may offer a more constructive option to help towards moving down the path of stress management and wellness. There are a variety of intentional activities that have been identified to boost our well-being: nurturing social connections; expressing gratitude; positive thinking; forgiveness; acts of kindness; living in the present as well as working to achieve meaningful goals that put us in the flow; physical activities to nurture the body; mind training or meditation and belief in a higher power or purpose.<sup>12</sup>

Connecting with a source of spirituality often helps to give a person a sense of purpose and deeper fulfillment in their lives. One easy and assessable place to find a sense of spirituality is in the natural world. Studies examining the impact of green spaces on human functioning are observing improved attention, memory, and handling life challenges.<sup>13</sup> Naturalist John Muir reminds us of the power of our connection to nature in his writing, "We are now in the mountains, and they are in us, kindling enthusiasm, making every nerve quiver, filing every pore and cell of us." Using the "healing power of nature" in its rawest form speaks to the rhythm and cycles of the female endocrine system, thus becoming another tool for cultivating female endocrine homeostasis.

## **A Female Stress Hormone**

Oxytocin as a stress hormone for women is a relatively recent concept in the physiology of stress in the female body.<sup>14</sup> Recent studies on “stress in women” have clarified the role of oxytocin as more than just a birth hormone. Drs Klein and Taylor brought forth the “Tend and Befriend” notion describing the role of the hormone oxytocin as a stress hormone for women. Their study suggested that women respond to stress differently than men and that women have a cascade of brain chemicals that encourage friendships with other women as a de-stressing activity. Oxytocin is enhanced by estrogen, but inhibited by testosterone and, therefore, it does not play the same role for men in reducing the effects of stress. Oxytocin acts to counteract stress by reducing cortisol levels, modulating the HPA axis, and producing a calm peaceful effect over the body and mind while reducing fear and anxiety. Klein and Taylor found that a woman’s health was directly affected by her social ties. Friendships for women reduced the risk of disease, lowered blood pressure, heart rate, and cholesterol. Having regular interaction with friends helps to improve longevity and the quality of life of many women.<sup>14</sup> It is important for women to be able to reduce stress without removing themselves from the community. Some de-stressing activities for women include: cooking, social meals, caring for others and themselves, decorating the home, women’s groups and gatherings, sewing, quilting and knitting circles, warm relaxing baths, physical touch, cuddling, and eye contact.

## **Thyroid Health**

Insights from medical anthropology about thyroid health reveals that like the adrenal gland, the thyroid gland also depends on the presence of a supportive and tactile community for optimal thyroid function. Medical anthropologists have found that thyroid function is strongly shaped by environmental factors such as changes in temperature and nutrition along with experiencing feelings of alienation and loneliness.<sup>15,16</sup> A simple way to support thyroid function and overall endocrine function is regular exposure to sunlight or full spectrum lighting indoors. The exposure of the body to morning light starts a cascade of physiological functions for the day, including: stimulating the thyroid to burn fat, advancing physical activity, signaling hormone secretions, urine output and increasing the body temperature.<sup>16</sup> In other words it tells the body to wake up and start the day. UV light is known to activate an important skin hormone called solitrol (a

form of vitamin D<sub>3</sub>). Solitrol influences our immune system along with many of the body’s regulatory centers and in conjunction with the pineal hormone melatonin causes changes in mood and daily biological rhythms.<sup>17,18</sup>

## **A Clinician’s Approach**

Approaching the female endocrine system with the health difficulties and challenges it presents demand looking at the multiple factors and etiologies that lie behind any dysfunction. A vicious cycle of symptoms, dysfunction and lack of wellness in the woman’s health picture often prevails with no specific pathology. Choosing a starting point to target the vicious cycle of dysfunction is the first step to establishing a plan of education, coping skills, stress reduction techniques, life style changes, diet, botanical and natural medicines. Once started address each area of dysfunction disrupting the cycle and work towards balancing, toning and re-establishing homeostasis in the female endocrine system.

Applying naturopathic, botanical, and body-mind medicines to restore and build optimal health in the female endocrine system while cultivating wellness in the body, mind and emotions requires a whole approach utilizing the guidelines of the naturopathic principles;

- Treat the whole person
- Physician as teacher
- First do no harm
- Identify and treat the cause of the illness
- Respect the healing power of nature
- Emphasize wellness

## **Botanical Medicines**

Botanical adaptogens are plants that elicit a state of raised resistance in the body to stressors. They are non-specific, increasing resistance to stress, normalizing physiological function, regardless of whether or not the abnormal state is due to hyper or hypo function. The adaptogen action does not over-influence the body, is non-toxic and has relatively no adverse side effects.<sup>19</sup> Adaptogens play key roles in regulating metabolic processes, countering catabolic processes associated with any form of stress on the body, increasing oxygen consumptive capacity to decrease metabolic markers associated with anaerobic metabolism such as lactic acid.<sup>20</sup> These plants act to improve carbohydrate metabolism and energy production. They act on the immune system to counteract chronic immune depletion from stress while supporting many aspects of

immune function.<sup>19</sup> A botanical approach to female endocrine dysfunction starts with recognizing the vital force of the patient and comprehending her needs more in terms of physiology than pathology. The application of adaptogenic plants combined in a full-spectrum botanical formula offers the women an individualized medicine. Include in the formula gland-specific herbs, such as for adrenal, thyroid, pancreas, or ovaries, liver and detoxification supporting plants, organ-specific herbs, such as for the kidneys, heart, or uterus depending on the individual patient's needs and finally CNS restoring herbs. Botanical adaptogens to consider include: *Astragalus membranaceus*, *Bupleurum falcatum*, *Eleutherococcus senticosus*, Reishi Mushroom, *Glycyrrhiza glabra*/licorice root, *Ocimum sanctum*/holy basil, *Rehmannia/R. glutinosa*, *Rhodiola rosea*, *Schisandra chinensis*, and *Withania somnifera*/ashwagandha. Many of these plants also have positive medicinal influences on the liver, detoxification, glucose metabolism, immunity, the digestive system, and many organs.<sup>20,21</sup>

CNS restoring herbs to consider include *Avena sativa*/milky oats, *Lavendula officinalis*/lavender flowers, *Melissa officinalis*/lemon balm herb, *Rosa speices*/rose petals, *Scutallaria officinalis*/skullcap herb, *Valeriana officinalis*/valerian root, *Viburnum opulus* or *prunifolium*/cramp bark or black haw bark.

Restoring optimal health in the female endocrine system while cultivating wellness in the female body, mind and emotions utilizes the guidelines of the naturopathic principles; with the application of naturopathic, botanical, and body-mind medicines working towards balancing, toning and re-establishing homeostasis the female endocrine system.

### About the Author

Dr. Mary Bove obtained her Doctorate of Naturopathic Medicine and Midwifery Certification from Bastyr College of Natural Health Sciences in Seattle, WA. She received the Diploma of Phytotherapy/Herbal Medicine at the School of Phytotherapy in Great Britain and received membership to the National Institute of Medical Herbalists, London, England. Dr. Bove practices Naturopathic Family Medicine at the Brattleboro Naturopathic Clinic, Brattleboro, VT.

Dr. Bove served as a full-time faculty member at Bastyr University and chaired the departments of Botanical Medicine and Naturopathic Midwifery. She serves as adjunct faculty for the Scottish School of Herbal Medicine in the Masters level course. She is the author of the *Encyclopedia of Natural Healing*

for Children and Infants and co-author of *Herbs for Women's Health* and has been published in many magazines and journals. She lectures and teaches internationally on the topics of natural medicine, botanical medicine, phytotherapy, pediatrics and natural childbirth. Dr. Bove works as a consultant to Innate Response Formulas.

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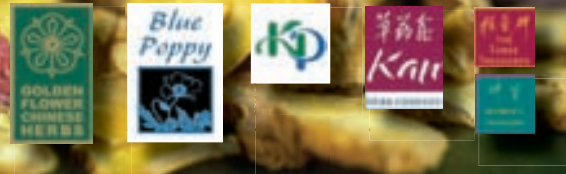
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# TREATING THE WHOLE PERSON FROM A STRUCTURAL PERSPECTIVE

Dr. Susan Slipacoff, ND

*Lack of activity destroys the good condition of every human being, while movement and methodical physical exercise save it and preserve it. ~Plato*

Physical motion is a fundamental aspect of human existence. The question of why we are here may perplex humankind forever. However, from a musculoskeletal standpoint, it is much more apparent: we are here to move. Proper movement must occur at all levels – from the ability to walk and run, right down to the correct interplay between each vertebral articulation.

Identifying and treating vertebral abnormalities (the incorrect interplay or mobility between adjacent vertebrae) will help to improve a patient's health in a variety of ways. The direct effects include improving organ function, reducing pain and facilitating the body's self-regulating mechanisms. Indirectly, proper vertebral function can help to improve a patient's mood, posture and their ability to engage in regular physical activity. As a result of these far-reaching effects, identifying vertebral dysfunction and restoring proper mobility is an essential part of the naturopathic assessment and treatment program.

## **The concept of self-regulation**

The healing power of nature (*Vis medicatrix naturae*) and treating the whole person are two closely related naturopathic principles. The healing power of nature is based on the concept that both the body and nature are capable of self-regulation, and if given the right opportunity, are capable of healing themselves. Treating the whole person is closely connected to this concept - when devising an effective and comprehensive treatment plan, obstacles to cure must first be identified and removed in order to support this self-regulating process.

Chiropractic medicine and osteopathy also share the belief that to function properly, the body must be structurally sound in order for the natural recuperative powers to restore health. Andrew Taylor Still (1828-1917) was the father of osteopathic medicine and he referred to this

power as the "life force". He concentrated his therapy on the manipulation of osteopathic (spinal) lesions, and believed that treating structural and mechanical spinal derangements could relieve mechanical pressure on blood vessels and nerves. This abnormal pressure produced ischemia and eventual necrosis, which in turn obstructed the life force travelling along the nerves.<sup>1</sup>

This life force is referred to in many different ways by naturopathic modalities as well. In traditional Chinese medicine, it is called the Qi, homeopathic medicine refers to it as the vital force, and in chiropractic medicine, it is called the body's innate intelligence. Regardless of what the term is referred to, many practices are based on the fact that the body has an innate ability to heal itself and to self-regulate. If the process of self-regulation is disrupted, many health problems may follow.

Structural abnormalities that can interfere with the body's ability to heal include changes in the patient's vertebral alignment.<sup>2</sup> The skeletal system responds to this change in a direct fashion by stimulating osteoblastic and osteoclastic activity, causing bone remodelling to occur. This change is reflected by Wolff's Law, which states that stresses applied to a bone stimulate re-modeling of the bony architecture for optimal withstanding of the forces being applied. Rapid disuse osteopenia results when normal forces are withdrawn from a healthy bone.<sup>3</sup>

The viscera are another part of the body affected by dysfunction within the vertebral column. This is partly a result of the neuro-anatomical changes occurring at the level of the spinal cord, as well as the additional pressure placed on the organs themselves. These organs end up becoming compressed due to the lack of support by weak muscles.<sup>4</sup>

To fully understand how proper vertebral function relates to visceral disorders, one needs to become reacquainted with the neuroanatomy and neurophysiology of the particular disease.<sup>2</sup> For each disorder, there may be a variety of

spinal levels that negatively affect this outflow. Gonstead's empirical work with many patients during his 55 years in practice provides a large source of information regarding the association between visceral and vertebral dysfunction.<sup>2</sup> He hypothesized that many chronic multi-factorial diseases (for example, cancer, OP and migraine headaches) were related to imbalances of biochemistry from long-term glandular or organ dysfunction (for example, thyroid, adrenal, ovary, liver and kidney). Resolution of these conditions usually did not respond until the organ or glandular function had been restored. He found that local spinal improvement often occurred before visceral changes in long-standing conditions.<sup>2</sup>

An anatomical basis for this neuro-visceral connection was demonstrated in experiments performed by Sato and others.<sup>5</sup> They found a crossover effect of the two systems and referred to it as somatoautonomic or somatovisceral reflexes.<sup>6</sup> These reflexes show that stimuli on skin and muscle have a direct impact on organ function. One of the methods by which this crossover effect occurs is by the mixed composition of the spinal nerve, which includes somatic efferent, somatic afferent, sympathetic postganglionic, and ANS afferent fibers.<sup>5</sup> These reflexes provide an anatomical basis for the therapeutic effects of acupuncture, spinal manipulation and other reflex techniques.<sup>5</sup>

Nervous system dysfunction caused by vertebral fixations will not only affect organ function directly, it may also interfere with the brain's regulation of various physiological processes.<sup>7</sup> It is known that sympathetic outflow occurs between T1 and L3 whereas the parasympathetic division is found in the cervical and sacroiliac regions.<sup>8</sup> Impaired outflow within these segments due to vertebral dysfunction can negatively impact the function of the related organ or gland.

Take for example, the adrenal glands: Gonstead found that dysfunction in the upper cervical region (C0-C5) was associated with a heightened state of adrenal cortical activity.<sup>9</sup> Cervical misalignment can cause a decrease in parasympathetic activity resulting in a relative sympathetic overdrive in the thoracic and lumbar regions. It also has been shown that lesions of the upper cervical region can create dysfunction (for example, edema) of the of the pituitary gland in lab animals.<sup>10</sup> This dysfunction can lead to an increased pituitary secretion of ACTH, resulting in a hyper-stimulation of the adrenal cortex.<sup>5</sup>

The CV system is another area affected by this neuro-anatomical connection.<sup>2</sup> In a blinded, randomized investigation of somatic dysfunction in patients with

a myocardial infarction (MI), qualitative palpatory findings (increased firmness, warmth, ropiness, edema and heavy musculature) were significantly associated with the misalignment of the upper thoracic segments T1-T4.<sup>11</sup> It was concluded that these findings were not only useful in identifying an MI, but also helpful as a predictive tool of those cases which may develop into one.

### **The mind-body connection to structural dysfunction**

The patient's structural health is not only determined by neurophysiological processes occurring throughout their body. It also shares a close relationship with the patient's state of mental-emotional well-being. This is due to the cycle of events that can stem from vertebral dysfunction. In addition to altered organ function, pain can also result from vertebral fixations or subluxations. Following this, an individual's ability to engage in regular activity is often reduced and this alone can lead to feelings of depression. An interesting study that examined the role of exercise and endorphins in depression compared the beta-endorphin levels and depression profiles of 10 joggers with those of 10 sedentary men of the same age. The 10 sedentary men tested were more depressed, perceived greater stress in their lives, and had a higher level of cortisol and lower levels of beta-endorphins.<sup>12</sup> As the researchers stated, this "reaffirms that depression is very sensitive to exercise and helps firm up a biochemical link between physical activity and depression".<sup>13</sup>

Completing the cycle, decreased activity can have a negative impact on vertebral alignment. The development of muscular imbalances and areas of weakness in the core muscles often result from inactivity. These weak and unbalanced muscles are unable to hold the vertebrae and pelvis in their proper position. Postural changes follow, which put additional stressors on the vertebral bodies, thus impacting proper alignment.

### **Assessment**

In order to effectively treat a patient with these types of dysregulations, a thorough assessment needs to take place in order to come up with an accurate diagnosis. This assessment needs to occur on all levels, including both the case history as well as the physical assessment. The "hands-off" approach is insufficient. Most practitioners have heard patients say that the previous doctor "never even touched me". The better statement would be, "Doctor, how did you know that area was painful?" An experienced

doctor should be able to literally “feel” the patient’s pain. The inflamed warm tissue and the nodular, lumpy, leathery, doughy, springy, taut sensations are all reflective of the soft tissue or bony lesion.<sup>14</sup> Every practitioner does their assessment differently; however, when examining the patient’s structure, it is essential to know the history. This will provide clues as to the chronicity of the complaint(s). The assessment should also include a visual assessment of the patient’s stance, their gait as well as motion palpation of their vertebral bodies.

Observation of their static posture should reveal: straight shoulders that are inline with the horizontal pelvic line; even and symmetrical musculature; head placement squarely on top of the shoulders and proper maintenance of the arch of the feet.

Observation of their static posture often reveal a common postural stance that is characterized by a head forward position (forward placement of their head in relation to their shoulders) and drooped shoulders that are anteriorly and medially rotated. Increased time at the computer and muscular imbalances between the anterior and posterior muscles are often to blame. Structural consequences that can result from this stance include increased strain on the posterior cervical, rhomboid and trapezius muscles as they attempt to maintain proper posture. Shortened, hypertonic pectoral muscles are also commonly uncovered and conditions such as thoracic outlet syndrome (TOS) often follow. TOS may be characterized by pain, motor loss or changes in temperature of the upper extremities due to compression of a portion of the brachial plexus and the subclavian vein as they exit through the costoclavicular or subpectoralis minor space.<sup>15</sup> These changes in posture commonly also lead to stress and potential fixations in the cervical and thoracic regions.

A proper gait is the basis for motion and requires many factors to be in place. The hips, core muscles and gluteal muscles all need to work together to properly balance the body. The patient’s gait often will reveal abnormalities with vertebral alignment. As a consequence, the body will make small adaptations to the site of fixations; for example, the patient may not swing both legs or arms equally, their head might be carried forward or to the side, or they may plant each foot differently.<sup>16</sup>

Normally, the weight transfer moves from the heel over the arch of the foot, which should ideally roll into slight pronation. There are two main arches of the foot (tarsal and plantar). These arches support

the entire weight of the body and simultaneously allow it to stay upright as it moves across varied terrain, balancing the load as it shifts.<sup>17</sup>

A fallen arch is a commonly seen condition of the foot called pes planus, otherwise known as flatfoot. It is estimated that up to 23% of the public may have this condition. It can be caused by a ligamentous laxity in the longitudinal ligament, or an abnormality in alignment between the tarsal bones. Flatfoot is less common in societies where shoes are not worn during infancy and childhood. Flexible flatfeet persisting into adolescence and adulthood are usually associated with familial ligamentous laxity and can be identified in other family members.<sup>18</sup> This structural or functional instability often leads to eversion of the foot and an altered heel-toe gait pattern. This is accompanied by changes in muscular function higher up as the body attempts to compensate for the foot’s inability to maintain proper balance and foot mechanics.<sup>17</sup> In clinical practice, a commonly observed structural compensation that results from pes planus is dysfunction in the contralateral SI joint caused by increased force being transmitted upwards from the lost arch.

Motion-Palpation of the spinal column reveals valuable pieces of information, such as the exact level of vertebral or sacroiliac dysfunction (upper or lower). Each vertebra should move in the correct direction when moving the patient through the four ranges of motion: flexion, extension, lateral flexion and rotation. Special note should be made by the doctor about the patient’s vertebral segments that are associated with the pathology or concern discussed in their case taking process.

Full physical examination including all of the body’s systems and laboratory tests are also indicated for structural concerns. Additional lab work would be helpful to have if tissue changes or vertebral fixations were found at T1-T4 in a patient over the age of 40, with a family history of cardiovascular disease. In this case, it may be helpful to run a variety of tests, including a lipid panel along with a homocysteine count.

### **Treatment Guidelines**

Treatment of the whole person involves restoring the body’s ability to adapt and self-regulate. Removing vertebral or other joint fixations through naturopathic manipulation, correcting the posture, restoring proper biomechanics of the foot by referring the patient for orthotics if indicated, and also implementing a reasonable exercise plan, if one

is not already being followed, are considerations. Even if the only tolerable activities are treading water or walking for short distances, it is essential for some form of movement to occur. Assisting the patient with self-esteem issues if they are present, and using naturopathic therapies to relieve symptoms of depression or anxiety are two other important areas to focus on. This will help to increase your patient's motivation and compliance levels.

In conclusion, when treating the whole person a practitioner cannot solely focus on one set of symptoms, one causative factor, one mechanism of action, or on one part of the body.<sup>4</sup> To treat the whole person is to see the patient beyond the disease, and to address all of these aspects in an attempt to find the root cause. Each person is an individual in a unique environment with a unique set of personal circumstances. A major reason why naturopathic doctors have the potential to be so effective in their treatments is because they do not treat disease; they treat people. They take into account all of the different aspects of a patient's health, and then facilitate the self-healing process through therapeutic intervention. A patient's own metaphor for healing can be a powerful stimulus if recognized and put to good use.

### About The Author

Susan Slipacoff, ND received a BA in Kinesiology at the University of Western Ontario in 2001 and her ND from the Canadian College of Naturopathic Medicine in 2005. Since this time she has received additional training in injection therapy through the Naturopathic Academy of Therapeutic Injection, and Medical Acupuncture through McMaster's Contemporary Medical Acupuncture Program.

Susan maintains three naturopathic practices in Bolton, Hamilton and in Mississauga where her focus includes pain management and physical medicine. She is also a part-time clinical supervisor at the Robert Schad Naturopathic Clinic and an Acupuncture TA for the first and second year CCNM programs.

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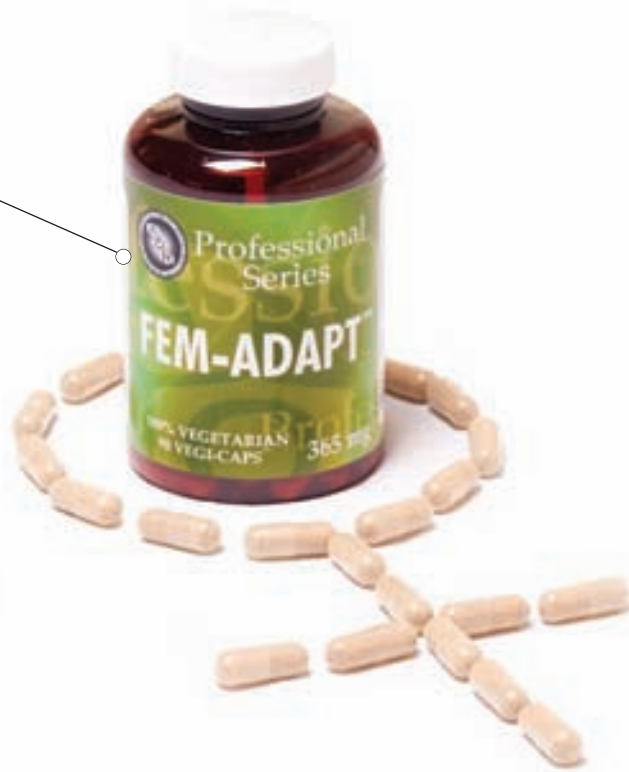
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# CASE REPORTS USING GERMAN NEW MEDICINE

*Dr. Katherine Willow, ND*

The knowledge that emotions can cause disease has been accepted for years; however, until recently understanding the precise link has been a bit of a mystery. A body of knowledge known as German New Medicine (GNM) has added to the understanding of the relationship between specific emotional shocks and disease in a manner which dovetails perfectly with the theory and practice of naturopathic medicine. These cases describe how the theories of GNM have been used to identify the emotional causes of disease and provides some examples in the form of case reports.

## **Background Information on German New Medicine**

According to German New Medicine when an emotional trauma occurs, the shock targets a specific area in the brain mobilizing a corresponding organ or tissue in the body. Every subsequent reaction is part of a survival mechanism designed to help the individual deal with the shock, which corroborates the naturopathic philosophy that symptoms are an attempt to heal.

Each shock is identifiable as a lesion (target ring) on a brain catscan and correlates to specific organ or tissue in the body. As long as the shock is still active, the body remains in a sympathetic state and specific symptoms related to the shock remain until the situation is resolved. Once the shock is resolved the person goes into a healing phase complete with a healing crisis and reversal of symptoms as described in homeopathic theory. Each type of shock, for example, loss, anger or fear, has a predictable progression of symptoms associated with its unique lesion in the brain.

Dr. Geerd Hamer, the medical doctor who discovered GNM, has compiled an extensive chart from over 40,000 cases which matches specific emotional shocks with visible lesions in the brain and physiological responses, describing most of the diseases naturopathic doctors see in practice, including migraines, joint pain, bowel inflammation and cancer as well as mental disturbances, such as anxiety and depression.

GNM provides NDs with an unprecedented tool for identifying the emotional cause of disease, as well as understanding that many conditions we have been taught to see as pathological and even life-threatening are actually attempts by the body to heal. These healing phases can usually be supported well with naturopathic therapeutics. However, it is important to first unearth the initiating shock.

## **Identifying the Emotional Cause of Disease**

When patients come into an ND's office with a complaint, they are usually unaware whether an emotional shock has precipitated it. In fact, humans have a built-in resistance to remembering deep emotional pain and prefer to focus on physical symptoms with physical solutions. After completing an intake a practitioner can reference the physical condition on Hamer's chart and identify the shock associated with that condition. Initially patients may not remember the shock and the mention of it may puzzle them, but it often triggers an old memory, which is the first step to resolving the shock.

If a patient does not identify with the shock or is not ready to address the issue then a practitioner would abandon GNM and follow the typical naturopathic regime including diet, supplements, bodywork, remedies and stress management. All of these approaches are useful and often lead to improvement, but if the originating shock is not resolved the condition will remain active or hanging (relapsing). During the course of treatment shocks are often dealt with along the way because NDs tend to be caring and listen carefully to their patients.

It may sound as if we are putting the patient into a predefined box by looking for a specific emotion ahead of time. This can sometimes happen and must be guarded against. When the emotional shock that we are looking for is truly found, there will be a dramatic response from the patient, perhaps tears, excitement or anger that is almost totally out of their

control. This is different than using something like the emotional-symptom connection developed by Louise Hay, which was intuitively derived. GNM is based on physiology and brain catscans from which Hamer discovered actual lesions in the area of the brain where an emotional shock “hit” and triggered a response in the corresponding organ or tissue. Following are cases in which GNM has been applied.

**Case 1:** A postmenopausal woman who had just retired in spring in buoyant health presented with urinary sugar in the diabetic range that fall. As a longtime patient she was known to have an impeccable diet, a regular exercise routine and ideal stable weight. The GNM chart relates diabetes to two possible shocks: a “horror fright” or something that caused an extreme “resistance reaction” in the person. When asked if she has experienced either of these situations in the previous months, the answer is no. From every angle it is still no. When she is finally asked what did happen over the summer, she stops for a moment to search and her face changes. “Oh, it was so horr--” and she realizes that she has indeed experienced a horror fright over the summer: her daughter had her colon removed and there were complications that brought the young woman’s life into danger.

After bringing this into her consciousness and showing the patient how she was pushing away this feeling instead of dealing with it, she was asked to come back in two weeks to redo a urine test. Urinary sugar was completely back to normal and has been since, three years later, meaning she has dealt with the fright and resolved it on her own without any necessary intervention.

**Case 2:** A right-handed man in his late thirties comes with a right sided lung cancer and swears it was caused by the extreme stress of marital discord. According to GNM the emotional situation leading to one-sided lung cancer is fear of someone close dying. When I asked about such a situation, it was initially denied. He was asked when the cancer was found and what was going on at that time. He only mentioned the marriage stress. The next step was to ask about what was happening just prior to that. Suddenly, the lights went on in his eyes. His father had been *unexpectedly* taken to hospital and for *one month* they were not sure whether he was going to survive. And this was *less than one year ago*, which shows that not only do we miss the connections, we often actively suppress them! The marital stress is relevant and a practitioner would acknowledge and address the impact of this situation. The difference is

in understanding whether or not it is the shock that is linked to the disease condition that is of concern.

Often shocks are buried in childhood. Or negative childhood situations predispose to certain shocks later on. In order to find these core factors in a case-taking, it is important to proceed slowly and gently in order not to precipitate a premature healing crisis. Buried emotions easily come to the surface when exploring early family life, which is generally led into after questions about gestation, birth, vaccinations, childhood diseases and teen symptoms. The patient, at least subconsciously, notices when a practitioner is paying attention and relaxes when there is a lack of judgment and genuine acceptance of them as people. This is a powerful and almost irresistible lubricant to telling one’s story. The patient’s inner self, via the “vital force”, will use the opportunity to heal by pushing up and out the blocks that have been limiting its expression. At which point we have the beginning, if not the core, of the psychological issues of the patient. How many times have we seen a person in tears saying they have never told anyone this before? This will begin the process of moving the patient in a healing direction, possibly after having been stuck for decades in the underlying dynamic of their disease.

**Case 3:** A women in her early twenties with an extreme case of psoriatic arthritis. This was long before I had any knowledge of German New Medicine, but was practicing with an awareness of emotional factors in disease. In her case what I found was an extraordinarily healthy young woman on all levels, including emotionally. There were no obvious reasons why she should be so sick. I told her that and asked if some trauma had occurred which she hadn’t yet told me about. Her answer was no, so we launched into an in-depth physical treatment plan, complete with cleansing, a total diet change and a variety of remedies and supplements resulting in a slow but steady improvement.

After approximately six months, the patient came into my office with a pale and stunned expression. She had remembered that she had been sexually assaulted at age fourteen and the perpetrator had been found, tried and sent to jail, none of which she had recalled less than eight years later. If I had studied GNM at that time, I would have known to persist until finding a “devaluation” trauma and explained that in her case, the symptoms were indicative of a hanging healing, meaning that she had totally resolved the original trauma, but was getting retriggered periodically. A clue to this was that she was actively looking for a mate, but experienced

considerable, now understandable, anxiety about relationships. The treatment program would have been much easier and probably, from what we see in our practice now, the symptoms would have been totally gone in a matter of a few months, definitely less than six at her age and vitality.

When a patient denies awareness of emotional pain, especially when they say they had a happy childhood, which is uncommon in our culture, I think of this case and how far below the surface the original memory of even a recent trauma can be. Although, sometimes a person is not ready to face their pain and should in no way, shape or form be pushed or forced to do so. It's better to use something else while building confidence and strength within a context of safety and eventually the issue may come out.

**Case 4:** A patient in his 80s that I had seen seeing for over ten years had been struggling with high blood pressure. With the best lifestyle intentions and compliance, we made no solid headway, always two steps forward and back. His emotional state was cheerful; he meditated with a group and by himself, said he had a good marriage, close friends. He only came once or twice a year, if that, because he lived a far distance.

Of course we persisted, welcoming him warmly whenever he did come and trying a variety of different tools. In the process he grew more and more comfortable, until the last visit when he sat down decisively and pulled out photographs and letters: evidence of a shocking secret he had been carrying for 60 years. It involved a deeply offensive sexual event and a resulting alienation all these years. In German New Medicine, this alienation from one's tribe is called a refugee syndrome and results in the kidneys closing down, to some extent, causing water retention and high blood pressure. After the disclosure, we sat in a moment of silence and then he said "I guess that will be the end of my high blood pressure, eh Doc!" with a big grin.

Once the shock is identified the person enters into the healing phase. GNM explains that there can be serious symptoms in the healing phase. How the body responds depends on the initial reaction and the specific emotions that had been carried and how long they had been carried. For instance, resolving jealousy, called territorial anger in GNM, may result in a myocardial infarction. Devaluation in healing looks like connective tissue inflammation or even bone cancer (osteogenic vs. osteolytic) at its deepest.

As we didn't have time to go into that, I gave him strict instructions to call me if he had any new

symptoms. He was also asked to describe which emotions he has been holding in for so long and covering up with obsessive cheerfulness and self-help techniques. As an aside, meditation will not help if used to create an artificial calm over a trauma, only in bringing a trauma to awareness and finding calm through its acceptance.

General symptoms of the healing phase described by Dr. Hamer and routinely seen in our clinic include dizziness, headaches, fevers, infections, increased appetite and profound fatigue. In other words, the person appears sick! We also see a lot of detoxification in the healing phase and can provide support with all the usual naturopathic methods to help patients ride out symptoms. However, the biggest reassurance is to show them the GNM material which explains in detail the mechanism of these healing phases. It usually gives the patient a wonderful and grounded sense of hope, even when the medical profession has pronounced a death sentence, as some healing phases can include self-limiting forms of cancer, for example, in the breast ducts, bone and reproductive organs among many others.

German New Medicine is the most powerful tool I have seen in 26 years of practice. I hope that it will eventually be integrated into the curriculum of the naturopathic colleges, as it is a continuation of the laws of healing on which naturopathic medicine is based. In the meantime, I encourage individual naturopathic doctors to consider taking GNM workshops. Your practice and understanding of the healing process will never be the same. To find out more about GNM you are welcome to contact me at [info@ecowellness.com](mailto:info@ecowellness.com).

### **About The Author**

Katherine Willow, ND graduated from NCM in 1983 and is now directing a healing centre near Ottawa, Canada with a holistic in-patient facility where people can come to do deep healing work. Visit [www.ecowellness.com](http://www.ecowellness.com) or turn to page 52 for more information.

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Patients can be referred to the Healing House (HH) by a health practitioner or decide to come on their own. They are screened for suitability and then an individualized program including diet, relaxation/meditation, gentle movement and creative activities is suggested. Services from the clinic, only a few minutes walk away, can be added if desired and appropriate, either as primary or complementary care.

Although still new, we have already received enthusiastic feedback from guests who have enjoyed a Healing House stay. The Carp Ridge Healing House is a demonstration model for a four week training program we will offer at the Centre in fall 2009 wherein people from all backgrounds can learn to become HH Hosts and operate a Healing House in their own home, in patient homes or in rented facilities/retreats with backup medical supervision from health professionals. Our plan is to gather rigorous data from Healing Houses and submit it to the Ministry of Health for eventual inclusion under OHIP as a holistic, community based alternative to hospitals as well as to insurance companies for coverage.

Healing Houses have the potential to help bridge the gap between mainstream and natural medicine, places where the results we see in our clinics can be clearly demonstrated and documented, where health professionals of all types can work together for the health & well-being of our patients.

For further information on staying at the Carp Ridge Healing House or the Healing House Canada training program, please visit [www.ecowellness.com](http://www.ecowellness.com). We would love to hear from you by phone or email, 613.839.1198 or [clinic@ecowellness.com](mailto:clinic@ecowellness.com).

Dr. Katherine Willow ND  
Director, CREWC



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