

Vital Link

The professional journal of the Canadian Association of Naturopathic Doctors

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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 Themes

Summer 2009 – Treating the Whole Person

Fall 2009 – Nature Cure

Winter 2010 – Environmental Medicine Volume 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 Previously unpublished material is preferred.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.

CORNER

PRESIDENT'S

Dr. Jason Boxtart, ND, CAND Chair

Periodically I wonder about the future of naturopathic medicine in Canada. To be honest, I have been wondering about this for years, since I began as a student at CCNM in 1998 when we sat on the floor for a lack of chairs. It struck me then that although naturopathic medicine had been a profession in Canada for many years, it lacked infrastructure: the kinds of assets that are in the background, away from the activity of daily practice, that every other profession takes for granted; institutional and structural assets that are made up of people, buildings and money. It struck me then, and I believe it to be true still, that our profession has been held together over the years by the sheer force of the will of a few. *The History of Naturopathic Medicine in Canada*, the book recently completed by Dr. Iva Lloyd, ND, the outgoing chair of the CAND, will no doubt illustrate this point and will be a touchstone for all those looking forward with a vision of the future of our profession.

Flash forward ten years and much has changed, yet there is still a lot of work ahead of us. Changes in the medical landscape in Canada have afforded naturopathic medicine the smallest of footholds. In several provinces, opportunities have been created for us to demonstrate how NDs can be a useful part of medicine in Canada. NDs will have to move together in a united and decisive way, if we are to realize our full potential.

Some time ago, a colleague asked me why I serve on the CAND board. We all know the balancing act of our family and professional lives can be precarious. He thought that progress was so slow and change so difficult that it must feel like "herding turtles". In many ways he was absolutely right and yet so many of us still persist. Our conversation got me thinking about the reasons for my involvement at the board level. My main reason is my admiration and respect for those who came before us and spent their entire professional lives making efforts of which we are only now reaping the rewards.

Progress always has opposition and it is difficult to act upon vision alone. Unanticipated challenges will have to be dealt with. The measure of our success will be how well we deal with those challenges. For me, getting involved with decision making on behalf of the profession and actively working toward a positive outcome was the only thing to do. I look forward to serving the profession as the Chair of the CAND for the next three years and helping to move the profession forward.

Tax Receipts for 2008 Dues

Please be advised that receipts for 2008 CAND membership dues will be issued by request only.

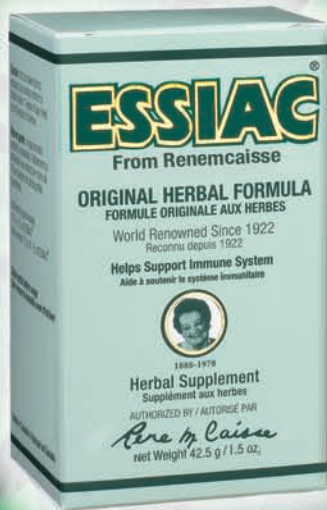
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WINTER-SPRING 2009

GOVERNMENT RELATIONS REPORT

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

On October 14, 2008 Canadians returned a Conservative minority parliament and the political fun and games started immediately. The opposition parties formed a Coalition resulting in Prime Minister Harper proroguing Parliament just before Christmas. Parliament reconvened with the tabling of a new budget on January 27th. With all parties focused on the economy, health care is once again taking a back seat. However, we do view the appointment of Leona Aglukkag of Nunavut as Health Minister as a positive change for the profession. Nunavut has a long history of traditional aboriginal healers and Ms. Aglukkag spent time as the Territorial Minister of Health prior to her federal cabinet appointment. We are actively seeking a meeting with the Minister and her staff to educate her on the profession, offer our assistance on health issues and outline our ongoing concerns regarding access to substances. The CAND continues to have representation on the NHPD Expert Advisory Committee, participated in a stakeholder consultation on abbreviated labelling standards for NHPs and will be meeting with the Directorate with respect to the evidence required for NHPs and access to products deemed inappropriate for Over The Counter selection.

While Bill C-51 died with the election call we do expect it will return in a revised form (and with a new number) and continue to monitor proceedings in the House and government bills. The former Bill C-52, focused on consumer protection as a result of the influx of lead containing products from China, has returned as Bill C-6, the Canada Consumer Product Safety Act. The Bill, which has passed first reading, does not relate to drugs or natural health products.

On January 16, 2009, Prime Minister Harper and the First Ministers endorsed the amendments to the Agreement on Internal Trade noted in my last report. The revisions to the Labour Mobility Chapter of the AIT will ensure that Canadians have the freedom to work in their chosen profession anywhere in Canada. Naturopathic stakeholders from across Canada

completed their work on updating the 2001 Mutual Recognition Agreement to comply with the AIT amendments in Victoria on January 25, 2009. Upon ratification by all Boards it will be implemented April 1, 2009. A copy of the final document will be posted on the members-only section of the CAND website.

Regulation continues to be at the forefront for provincial associations across Canada. Alberta awaits Ministerial approval of the final draft of its regulations; British Columbia continues to engage in negotiations with the Health Ministry for approval of regulations which include lab access and prescribing authority; HPRAC has recommended to the Minister of Health and Long Term Care in Ontario the granting of the controlled act of prescribing, compounding, dispensing and/or selling to NDs and Manitoba, Saskatchewan, New Brunswick, PEI and Nova Scotia are all involved with their respective Health Ministries on obtaining effective regulations for NDs. It is truly an amazing time in the progress and growth of the profession.



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MEDIA UPDATE

COMMUNICATIONS AND

Lisa Westlake, CAND Communications Officer

In November, the CAND website received 80 thousand unique visits. In December, that number jumped to 140 thousand. According to our January statistics, CAND website unique visits are now up to 180 thousand per month! Factors contributing to the extreme jump in unique visits are more than likely the result of not one, but many of the ongoing communications and media projects we've been up to.

You may have already viewed our CAND advertisement in Maclean's Magazine. Back in November, the CAND placed a half page ad in an issue containing an educational report on digestive health. The advertisement allowed us the opportunity to reach more than 2.5 million Canadians, including those suffering from digestive concerns. Within two weeks of the issue hitting the newsstands, we noticed a significant increase in website visits.

The CAND television commercial has also contributed to this jump in web traffic. We have received word that our ad was so well received by networks, they are now using the commercial to fill time spaces, giving us added promotion above and beyond our purchased time slots. On a daily basis, our office receives calls from viewers letting us know they saw the commercial, and asking us how they can find a naturopathic doctor in their area.

NDs have also been doing their part promoting naturopathic medicine. Over the past few months, we have received notification of more than 50 ND media appearances. Check out the NDs on the Cutting Edge section at www.cand.ca and in the monthly e-Link for all the stories. On a personal note, I would like to thank all of those who have made some time alterations to speak on behalf of the profession. Your prompt responses to our media related calls have certainly been appreciated – thank you!

The CAND office is also working on a number of in house event and promotional initiatives. In May, we will be kicking off Naturopathic Medicine Week with ND presentations in local Chapters stores across the country (see ad on page 27). The CAND is arranging all location, presentation and promotional needs for this

national event. We are excited to report that more than 100 NDs from across Canada have volunteered to conduct a presentation and promote the profession to residents in their area. The Health Fusion committee is moving full steam ahead planning our June conference in Montreal. We encourage you to register today to ensure selection of your preferred sessions. For more information and to register for our conference check out the Health Fusion tab at www.cand.ca.

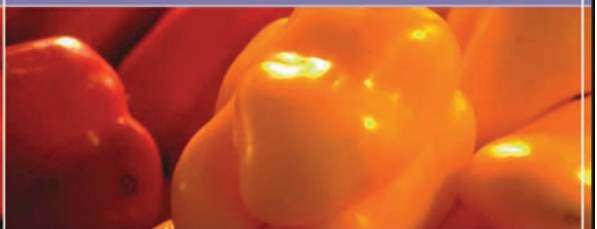
In February, the CAND has scheduled three photography sessions for the purpose of producing new photos for print materials, brochures and for the CAND website. The photos will include ND offices and one session at the CCNM. We have also updated all print material and website content and will be uploading the new and improved website later this month.

I am eagerly looking forward to assisting the CAND with its communications efforts. Further updates on our communication schedule will be available in our monthly e-link.

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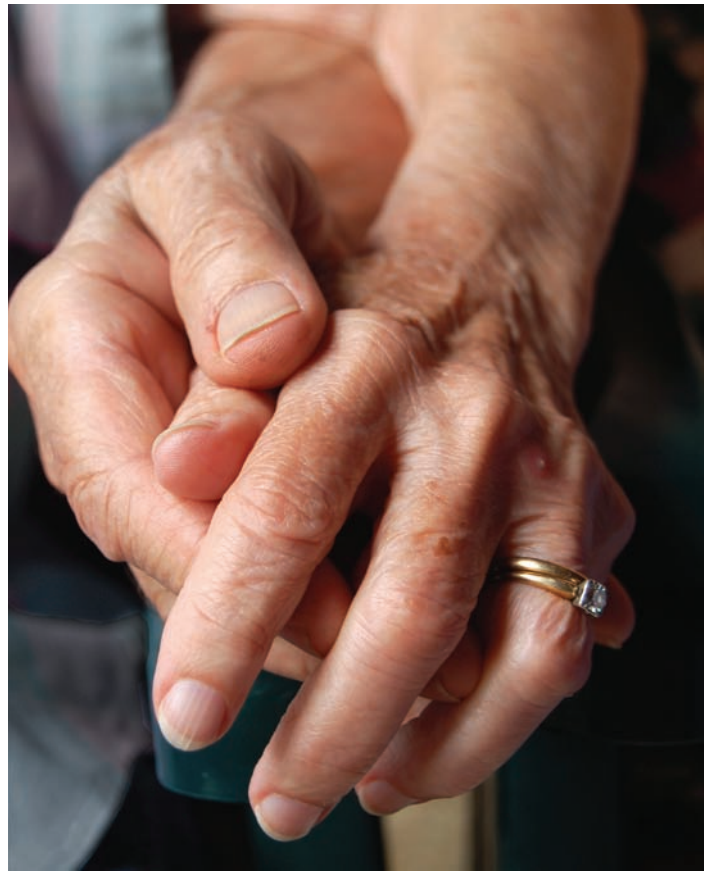
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Zinc (as zinc citrate)	2 mg
Horsetail (<i>Equisetum arvense</i>) stem & leaf 6:1 extract (std. to 7% silicon)	1.4 mg
Boron (as boron citrate)	1 mcg
Copper (as copper gluconate)	25 mcg
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HOW A LEAVE OF ABSENCE IMPACTS YOUR PROFESSIONAL MALPRACTICE INSURANCE

INSURANCE

Hal Huff Sr., Managing Partner, Partners Indemnity Insurance Brokers

Frequently NDs ask us how retiring or taking a leave of absence can impact their malpractice policy. The most common situations we are asked about are:

1. An ND decides to take a maternity or paternity leave of absence.
2. After many years the ND decides to retire from practice.
3. An ND decides to continue to practice in a non-regulated province or outside the country and is considering discontinuing their insurance.

The common response to all the situations described above is that the insurance should be maintained to protect against the possibility of a malpractice claim or patient complaint which may be brought forward.

To fully answer the question of what coverage is needed it is important to understand the fundamentals of the insurance policy as it relates to the requirements of claims reporting.

In layman's terms, it is the policy in force at the time the claim is made that responds. A claim may be made long after the treatment was received.

With the current term of the CAND policy ranging between April 1, 2008 and April 1, 2009 the best three examples of this would be:

- Claim due to treatment occurring on April 15, 2008 and first reported to insurers on May 1, 2008. It would be covered under your current malpractice policy.
- Claim due to treatment in June of 2007 and reported on May 1, 2008 would be covered as long as your current malpractice policy was in force at the time of the claim.
- If the claim was reported on May 1, 2008 but there was no current policy in place then there would be no insurance in place to protect the ND or their estate from the claim.

The solution

The guaranteed extension clause of your policy is ensured through the sponsorship of the CAND and your continued membership with the CAND. If an ND gives up their practice temporarily or permanently or is deceased, they or their estate would have the right to purchase an extension of coverage commonly known as the "Discovery Period". The discovery policy is available for a period of up to seven years upon expiry of the current policy and provides protection against claims arising out of services occurring prior to the interruption in practice.

In the first two situations described above, the ND could purchase the Discovery Period extension under their expiring policy. In the third situation they could not as there is no current policy in place. The Discovery Period extension only applies in situations where an ND leaves practice either temporarily or permanently. It is not available to NDs who decide to move and practice in another province. To maintain insurance coverage, the ND would be required to renew their policy or arrange for alternative coverage. Should an ND move to another country and continue to practice, Partners Indemnity will consider providing the extension in coverage, however it would only cover claims occurring from past services and claims brought against the ND in Canada.

The cost for insurance extension

1. For the first year of the Discovery Period Extension the premium is 100% of the expiring premium.
2. For the second year of the Extension the premium is 50% of the expiring premium
3. For each of the five remaining years the premium payable is 25% of the expiring premium.

In summary, it is important that an ND taking a leave of absence, leaving the country or retiring

continued on page 16

HOW A LEAVE OF ABSENCE IMPACTS YOUR PROFESSIONAL MALPRACTICE INSURANCE

continued

protect themselves by purchasing the Discovery Period extension under their expiring policy. It is not unusual for NDs to receive notice of claims, either in the form of a complaint or legal action, arising from treatment dating back a number of years.

NDs who own and operate a clinic with a clinic malpractice policy in force are required to purchase the same Discovery Period extension should they decide to take a leave or retire.

The staff at Partners Indemnity are always available to answer any questions you may have regarding liability insurance. Please feel free to contact Jenifer Fox at 1-877.427.8683, 416.366.5243 or jfox@partnersindemnity.com



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BUSINESS TIPS

APPLYING THE NATUROPATHIC PRINCIPLES TO BUSINESS

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

The principles of naturopathic medicine apply to life in general, not just health. Identifying and treating the root cause of the problem and addressing all aspects are important to both. A practitioner's mindset, their beliefs, goals and intentions have as much of an impact on the success of their practice as on their health. Recognizing that the 'rules' for business are the same as the naturopathic principles provides an ND with a starting point for starting a practice, improving its level of success and addressing specific problems or challenges.

For decades struggle was a common occurrence in the naturopathic profession. The root cause was identified as a lack of public knowledge, government recognition, market acceptance and the profession's lack of infrastructure. These issues have been addressed and as a whole the profession has broken through this barrier, yet there are still some practitioners who are trapped in the mindset of struggle. The naturopathic schools, provincial associations and the CAND, as well as practitioners themselves, continue working to identify the root cause of the problem. The level of business skill and the high debt load of graduating NDs have been identified as factors and many initiatives are underway to address these areas of concern.

As a profession we would be amiss if we did not also look at the mind set and the beliefs of many practitioners and some educators. As NDs we know the impact of the mind; the fact that a patient will never be healthier than their mind can imagine; the ability of the mind to create disease, impact healing and overcome any obstacle. The same is true in business. Success is first and foremost a mindset. It is about believing in yourself, your skills, your profession and your ability to convey confidence to patients. Mindset needs to be acknowledged and addressed. The propagating of a negative mindset, of equating a naturopathic practice with struggle, is like a virus that we, as a profession, need to identify and guard against.

Naturopathic doctors are the leaders of natural health care. The naturopathic principles of living more naturally and taking more responsibility for health are in line with what the market wants. The time has come for naturopathic medicine to soar, to have an active role in health care and enjoy success much more easily. If NDs do not convey confidence and do not "own" the role of primary health care provider, we are sure to lose this role. There will always be external factors that impact our profession, but right now the greatest factors are internal and it is within our ability to change them.

Naturopathic medicine is an eclectic practice. There is no one model that is required to achieve success. Some see this diversity as a weakness in the profession, but I contend that it is our strength. Our profession's diversity allows us to cater to a diverse population and to ensure that all NDs find a model that suits them. There are many naturopathic doctors who are successful. The more we learn from the experts and model ourselves after those that have achieved success, the more likely our profession will be to succeed.

Looking at ways to achieve a successful naturopathic practice the same way that we look at ways to achieve the good health of our patients will always be our best approach.

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ASSOCIATION UPDATES

ACADEMIC, REGULATORY BOARD AND

CAND Office Relocation

After an eight and a half year stay at the Canadian College of Naturopathic Medicine, the CAND office has moved. As of Monday January 19th, 2009, CAND staff members are now hanging their hats on Holly Street (Yonge and Eglinton, Toronto).

The new 2,200 square foot space includes an office for each staff member, a front desk area, kitchen, storage room and a beautiful boardroom. We would love to have you stop by for a visit to see the new office. An open house date will be announced shortly.

Meantime, please take a moment to update your records with our new mailing address:

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

Please note our telephone, fax, email and website information remain the same.

To our colleagues at CCNM: we certainly appreciate the time we were able to spend working with you and all the wonderful relationships we were able to develop. We will miss seeing you every day, however, we certainly look forward to each and every new opportunity to work together.

**Canadian Naturopathic Foundation –
www.cand.ca/index.php?id=cnf**

Cost Effectiveness Research Study Initiative

We would like to thank those CAND members who have made a donation to this initiative with their CAND membership renewals. Information on the cost effectiveness study is posted at the above link and was included with membership renewal information mailed to members in late November. To date, we have raised over \$6,000. With the cost for the study estimated at \$100,000, this initial fundraising is a great start, however, we need to maintain this momentum to ensure we reach our goal.

The CAND is asking all naturopathic doctors to support this initiative by making a minimum donation of \$100. If every ND donated \$100 and asked one family member, patient, business contact or friend to do the same we would eas-

ily reach our goal. All 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 are also accepted and 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 or by phone 1.800.551.4381.

This is an important and exciting initiative. Please support it.

**Alberta Association of
Naturopathic Practitioners –
www.naturopathic-alberta.com**

This spring promises to be exciting for the AANP as our new regulations are to be passed during spring session of the Alberta legislature, creating the transition from the AANP to the College of Naturopathic Doctors of Alberta. These regulations define naturopathic scope of practice in Alberta and allow for naturopathic injection therapies for those NDs with advanced training. Efforts to include bio-identical hormone prescription were not successful for this regulation, but we hope to revisit this issue with the minister of health once we have had the opportunity to self-regulate for a period of time.

Additionally, in Alberta, all health professionals are required to maintain their continuing education by comparing their current knowledge with a professional Competence Profile. The Alberta NDs are the first to have a comprehensive Competence Profile in North America and we have launched our online system for members to keep track of their competencies and plan as they see fit to augment and develop their skills.

Our AGM is planned for May 2, 2009 at the Capri Conference Centre in Red Deer, Alberta. For the second year we are hosting a day long conference alongside of our AGM that lets our members fit in interesting lectures and a supplier expo. Any ND is welcome!

Saskatchewan Association of Naturopathic Physicians – www.sanp.ca

The SANP is currently in the midst of working with The Government of Saskatchewan’s Department of Health on updating their antiquated (1978) *Naturopathy Act*. This has been an ongoing process over the last several years though we are making progress! The new act follows template legislation proposed by the Policy and Planning ministry and will be renamed *The Naturopathic Medicine Act*.

At present the proposed legislation and our proposal for the need for act revision has been submitted and approved by Policy and Planning. The next step is to wait for the legislative call from Cabinet, which generally comes in February, at which point we will hope for Cabinet approval to proceed. Given this approval, legislation will be submitted in September 2009 for final review and proclamation.

We continue to seek new naturopathic doctors for membership. The province is rapidly growing and has a stable economic situation, despite the global downturn, and we are experiencing a shortage of NDs to meet public demand. We have currently 17 active members throughout the province and have room for many more! For information on registration in the province please visit www.sanp.ca.

Nova Scotia Association of Naturopathic Doctors – www.nsand.ca

After many years of service to NSAND Jyl Bishop-Veale and Sarah Baillie have stepped down as NSAND co-presidents and the members have elected Glenna Morris and Rosalyn Hayman to succeed in the rewarding but demanding position. The priority of NSAND continues to be the implementation of NS Bill 177 “Naturopathic Doctor Act”, protecting the public by ensuring that only those qualified are publicly using the designation of ND. Also, NSAND’s recent Fall AGM and workshop with Katherine Willow, ND of Carp Ridge Ecowellness Centre was a huge success with 90% of NSAND members in attendance.

Boucher Institute of Naturopathic Medicine – www.binm.org

New President/Executive Director

After eight years of a profound dedication and commitment to the leadership of the Boucher Institute of Naturopathic Medicine, Dr. Patricia Wolfe’s role as President and Executive Director will be continued by Mr. Alexander Cortina, currently Dean of Student Affairs at BINM, starting September 2009. Mr. Cortina brings to this role a wealth of experience and dedication to higher education in general and BINM in particular.



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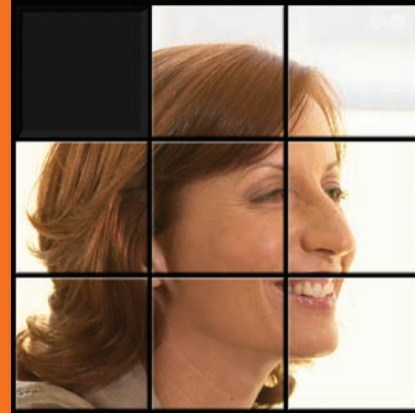
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References: 1. Petersen RC *et al.* *Neurology* 2000;54(3):581-587. 2. The Johns Hopkins White Papers. Baltimore, Maryland, 2008. pp.1-70. 3. Post-hoc analysis of a 78-week Phase III study in 1052 mild-to-moderate AD patients over 50. Data on file, BELLUS Health. 4. North American and European Phase III clinical trials. Data on file, BELLUS Health.

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The CAND is looking for NDs to speak on behalf of the profession, present three topics from a naturopathic perspective, and promote naturopathic medicine and clinic locations within their community. The CAND will be taking care of all planning and location details, writing presentations, and will be providing you with promotional materials. Presentations will be conducted on a day of your choice.

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RESEARCH AND THE VALUE OF EVIDENCE IN NATUROPATHIC MEDICINE

Dr. Dugald Seely ND, MSc

Dr. Seely will be part of a research panel entitled, "Advancing the naturopathic profession and your practice through research and public initiatives" at Health Fusion 2009, Saturday, June 6, 2009 from 4:00–5:30 pm. For program details visit www.cand.ca.

In a recent talk with my father-in-law, a glaciologist, I asked him how he engages people who don't believe in the man-made global warming phenomenon. His response was that he always likes to first ask the question 'Is the earth flat?' Inevitably the answer is a quizzical 'No'. This is followed by the question, 'How do you know this?' Without going into specifics, these questions and the responses elicited are used in an Aristotelean way to bring out the value of evidence in establishing certain truths or facts in the physical world. Once the argument has a foundation where evidence is recognized as a basis for understanding our world and what happens within it, then the discussion can move into the realm of details, facts, and logic. The end result (*hopefully*) being that, sound reasoning prevails with a recognition that yes indeed global warming is occurring and has been induced by human activity.

I raise this anecdote as an analogy to develop the rationale that the concept of, and respect for, evidence is indeed valuable when looking at health and therapy in medicine of all stripes, allopathic and naturopathic. Empirical clinical experience and common sense reinforce our belief and acceptance that certain things we do, or suggest to our patients, do work, i.e. some things help people get better and some things do not. The value of medical research is that it attempts to control certain variables and modify others in order to establish a sense of what works for what conditions and if there are any concomitant risks associated with a given therapy.

The reality of life is that it is not a closed system that is neither perfectly controllable nor certainly fully understood, and applying the scientific method and experimental conditions is inherently going to be a flawed process. With this in mind and with an assumption that evidence in medicine is valuable and should be sought where possible,

we can look more closely at the details of the research process and better understand where improvements might be gained.

In discussing the role of research in naturopathic medicine, an additional question to consider is what value does research hold for the profession and does this value justify the resources required for its undertaking? To answer this question, it is necessary to first establish how we measure value and how to prioritize different reflections of value. Following the principles and practice of naturopathic medicine, I think we can all agree that improving patient care is a core value. Other values that might be considered could be the credibility of the profession, impact on the profession's public profile, and ultimately even the ability to effect change within the medical system. Rather than straying in too many different directions, let's focus on the core value first raised and assume that patient benefit is an essential way of measuring value. Indeed it could be argued that the latter perceived values (regarding credibility, profile, and systemic change) would necessarily flow from achieving patient benefit and so to some degree these can be, at least indirectly, inferred through achieving this core value.

One of the principal problems with research of any sort is that it is removed to some extent from real life. A spectrum within medical research exists whereby the ability to establish causality is balanced by the generalizability of the results (i.e. the ability to apply the results to real world situations). For example, detecting the ability of a ginsenoside x73 (*hypothetical example*) to slow tumour growth in a set of genetically identical mice provides very different information from observing that drinking *P. ginseng* tea reduces the likelihood of cancer recurrence amongst breast cancer survivors. The first, tightly controlled, experiment allows us to infer causality about a

specific compound with regards to tumour growth within a very clearly defined sample of animals with a specific cancer type.⁽¹⁾ At this level of preclinical evidence, we really have no relevant information to apply to the human context. On the other hand, the second study deals with much more relevant information for women who have had breast cancer and is thus more generalizable. Be that as it may, we still need to be cautious before inferring causality as there could be a number of confounding factors that impact these findings. Perhaps the women who drank the ginseng tea also had a tendency to exercise more, eat more fruits and vegetables, get more sleep, not smoke, not drink as much alcohol, and/or simply lead healthier lives? While the results are derived from human observation, this kind of evidence does not infer causation and should be applied with caution due to the inherent biases that arise from observational research. These two ends of the medical research spectrum; from tightly controlled experiments to observational studies of real people's behaviour certainly provides important information, but may not provide adequate evidence to suggest change in either clinical practice or to policy for that matter.

This brings us to the question of what kind of evidence is required to inform practice and public policy. Thus, rightly or wrongly, we look at what is typically seen as the gold standard in medical research, the randomized controlled trial (RCT).⁽²⁾ The RCT is a relatively simple research methodology where (ideally) a representative sample of people are randomized into two or more groups and treated identically except for the provision of a standardized and well controlled intervention. The RCT design provides a situation in which experimental conditions can be most closely applied to humans for the purpose of determining causal relationships as they apply to efficacy and safety of a clinical therapy. Going back to the issue of applicability in real life, one of the limitations of the RCT is that the more controlled the trial, the less generalizable the results become. In the RCT itself, as in the comparison between preclinical and epidemiological/observational studies, a tension exists between the ability to establish causation and the generalizability of the results. Still, with respect to decision making and the hierarchy within evidence based medicine (EBM), the RCT dominates when it comes to interpreting primary research and making socio-economic decisions around medical care.⁽²⁾

While the measure of the RCT may still rule in making public policy, clearly there are limitations

to this methodology especially when applying it to the practice of a holistic approach like that of naturopathic medicine. Developed around building evidence for pharmaceuticals, the RCT is best able to establish valid evidence when exploring simple and well-defined interventions in homogenous populations.⁽²⁾ A number of problems arise with respect to validation in the real life practice of a naturopathic doctor. For one thing, the people an ND (or any health care practitioner) sees generally reflects a much wider variety of backgrounds with other co-morbidities than are studied within the confines of an RCT. In effect, the results from the RCT may have little relation to the patient in the clinician's office regardless of the similarity in the intervention or therapy assessed. Also many RCTs are age or gender biased and therefore, should not be extrapolated to groups outside the trial group.

Perhaps the greatest limitation to applying RCT methodology to naturopathic practice is the complexity of care provided by NDs. Two considerations are most relevant; for one, naturopathic practice is inherently eclectic and often employs many therapies simultaneously; and second, naturopathy is highly individualized to the condition and needs of a patient and tailored accordingly. The combination of using a mixture of therapies and a non-standardized approach makes studying this kind of medicine virtually impossible using the classic RCT methodology. Where does this leave us?

The limitations of applying what is considered the 'gold standard' to naturopathic medicine does not mean that the concept of having an evidence base and testing our therapies is not useful or necessary, it just means that we need to have the right tool to develop that evidence. What is important is to suit the type of therapy or medicine with a methodology that fits the internal criteria of what is being tested and clearly the classic RCT doesn't cut it with a whole systems medicine like naturopathy.⁽³⁾

Whereas there is no perfect research design to adequately assess medical care in real life, newer methodological developments can begin to address the limitations of the RCT and are much more relevant to naturopathic medicine. As in developing models of integrative oncology it is a challenge to adequately research holistic care whatever the condition. Some of the types of research required beyond the RCT include the use of qualitative research, mixed methods, and whole-systems based approaches.^(3,4) Other examples of research we need to engage and support include pragmatic trials wherein

there is a closer fit between what is studied in the trial and what occurs in real life practice. Of note, Dr Joel Gagnier, ND, MSc, was recently involved in developing an extension to the CONSORT statement (a tool for improved reporting of clinical trials) around the needs of pragmatic trials.⁽⁵⁾

From a clinician's perspective, we need to engage in the process of documentation of case reports and showcase our work to peers so that novel insights into good care and/or potential harm can be shared amongst the profession. We all know just how much we learn through practice, however too often this knowledge percolates in individuals without reaching a wider audience. Be encouraged to speak and write for your colleagues so that skills can be shared and risks avoided. Writing case reports and series provides the means to get this information out. Publishing in professional journals like the *Vital Link* and the *International Journal of Naturopathic Medicine* are two avenues to consider.

In the realm of the available base of evidence found within peer-reviewed journals, we must recognize that our medicine has a ways to go to further develop this base. However, do not let the statement 'there's no evidence' go unchallenged. There is a great deal of evidence on naturopathic therapies available in the literature and valuable insight to be had by accessing it. Undoubtedly, there are also problems and limitations with a lot of the research, especially as the vast majority comes from a reductionist and monocausal view of disease.

We need more evidence that addresses the full complexity of naturopathic medicine, yet there is still a lot to be gained by assessing what's available and assembling a whole that is greater than the sum of those parts. From a clinician's and public health perspective there needs to be a respect for the totality of evidence that incorporates all types of evidence and evaluates this according to both the reliability of the data as well as the generalisability of the methodology.^(6, 7) As practicing NDs, let us try to make good and judicious use of the evidence as it currently stands, help develop novel ways of building relevant evidence, and perhaps most importantly contribute to its base where possible.

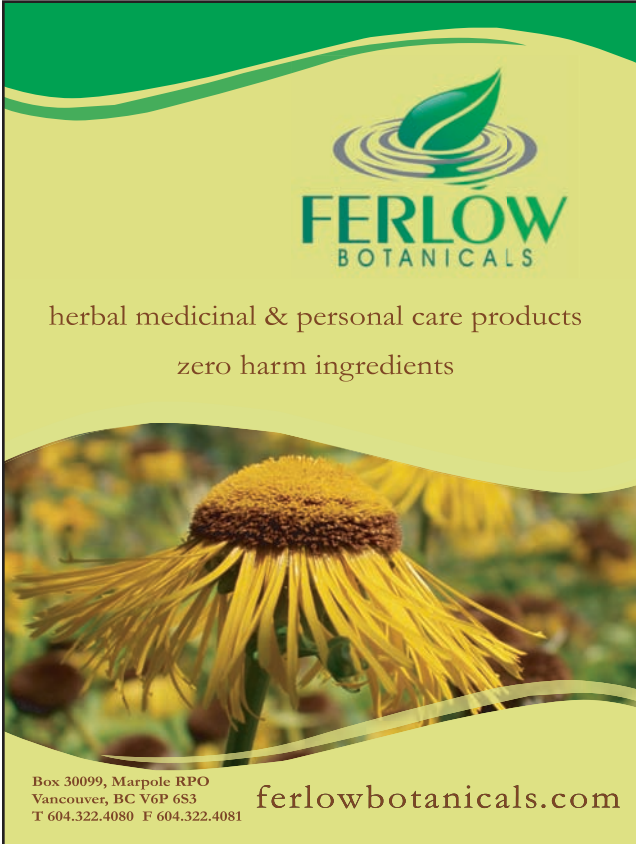
About the Author

Dr. Dugald Seely ND, MSc is a naturopathic doctor and director of research at the Canadian College of Naturopathic Medicine. Dr. Seely is developing research suited to assess therapies used by NDs as well as the system of naturopathic medicine as a whole.

Dr. Seely is the principal investigator for a number of clinical trials and is actively pursuing relevant synthesis and clinical research in the area of environmental influences on health and integrative oncology. Author to over 25 peer reviewed publications, Dugald is the Editor for the newly relaunched *International Journal of Naturopathic Medicine* and is dedicated to helping build the research capacity within the naturopathic profession.

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HERBAL TRADITIONS FOR STIMULATING THE VIS MEDICATRIX NATURAE: ADAPTOGENS AND ALTERATIVES

Dr. Paul Richard Saunders, PhD, ND, DHANP

Dr. Saunders will be presenting his lecture entitled, "The Botanical Medicines of Father Kneipp" at Health Fusion 2009, Saturday, June 6, 2009 from 11:00 am–12:30 pm. For program details visit www.cand.ca.

The herbal medicines that have provided the foundation for naturopathic medicine come from around the world, but primarily from European and North American herbal traditions. Additional herbs have come from Asia and China, with a lesser number from Africa, Australia, and South America. Many botanicals and their extracts, too many to include in this paper, have been used to stimulate the body's healing power or its *vis medicatrix naturae*. Let us examine a few of these traditions and some of the botanicals used by them as adaptogens and alteratives.

ECLECTIC TRADITION: Constantine Rafinesque (1784-1841), a botanist and advocate of herbs as medicines, explored the Mississippi River Valley, learning from American Indians what plants were used and how. His documents are primarily stored in the Smithsonian and he is credited as the first person to use the word 'eclectic', meaning 'to adopt into practice what is beneficial.'¹ Explorers, trappers and early settlers along the Oregon Trail adopted from the many native tribes *Artemisia* for respiratory infections, *Arctostaphylos* for urinary tract infections, and *Lomatium* for viral infections.²⁻⁴ Brinker estimated that 90% of North American medicinal herbs used here and in Europe were from east of the Mississippi River, with 75% from the Appalachian forests.⁵ Native American traditions are mainly oral so few texts exist.⁵⁻⁸ The single best reference on the native North American botanicals is Moerman's definitive and summative work.⁹ This volume, which draws on the work of Rafinesque and others who visited and recorded the plants used by the indigenous peoples, is based on over 290 native American groups who used over 4000 plant species from over 240 plant families. Its organization by genus and species allows for a comparison of use across the various native tribes.

Wooster Beach (1794-1868) apprenticed with Jacob Tidd, a German herbal doctor, until Tidd's death and then attended and graduated from Barclay Street Medical University, New York City. He wanted to reform the daily heroic medical measures of bleeding and mercury chloride (calomel) by using herbal medicines, but was ostracized by the New York Medical Society. Their far reaching political clout helped deny him a charter to establish a college and grant legitimate medical diplomas. Worthington College, Worthington, Ohio, was a financially ailing chartered school which he purchased and transformed into the Reformed Medical College in 1831.¹⁰ In 1855 it moved and became the Eclectic Medical Institute of Cincinnati, Ohio, which graduated its last class in 1939.¹ At this university, the eclectic medical tradition developed and flourished, producing many important physicians, scholars and textbooks. The eclectic tradition was largely adopted by naturopathic medicine.¹¹

The Eclectic School was responsible through the efforts of John Uri Lloyd (1849-1936) in advancing medical botanical pharmacognosy. Lloyd published over 5000 papers mainly on plant constituents and held 16 patents, inventing devices for botanical preparation.¹ *Kings American Dispensatory*, first published in 1855, is a two volume, detailed catalog of constituents, actions, indications, doses and much more on the hundreds of plants used by Eclectic physicians. Today's popular botanicals, *Echinacea*, *Crataegus*, *Hypericum*, *Hydrastis*, etc. were described in detail in *Kings*.¹² John Milton Scudder (1829-1894) undertook an ambitious project to publish the specific symptoms and clinical indications for over one hundred of these plants, leaving aside any effect not directly attributed to the action of the

botanical medicine. These are Scudder's 'specific medicines.'¹³

THOMSON AND PHYSIOMEDICAL TRADITION: Samuel Thomson, a poor New Hampshire farmer, (1769-1843) claimed to have learned herbal medicine from the local Indians. His theories were largely his own and led to the Thomsonian system with an underlying philosophy of self-treatment.¹⁴ Thomson published *New Guide to Health* in 1822 and sold it plus a kit of medicines under patent protection for \$20; he claimed 100,000 families purchased the kit.¹⁰ Alva Curtis, MD (1797-1881), also from New Hampshire, worked as editor for the *Thomson Recorder*, but saw the effects of large doses of powerful emetics (*Lobelia inflata*) and warming herbs (*Capsicum frutescens*) that Thomson favored as too strong for many patients. He left and formed physiomedicalism, lecturing at the Botanical Medical College, Cincinnati, Ohio 1837-1852.¹⁵

The tenets of physiomedicalism were 1) cure of disease must conform to the laws of life and assist nature, 2) no poisonous substance could be used in treatment, 3) practitioners should be scientifically educated (unlike Thomson) and 4) botanical medicines should be studied to determine their effect.¹⁴ The Physio-Medical Institute, Cincinnati, Ohio was short lived but its philosophy survived in England becoming a basis for the National Institute of Medical Herbalists, now a four year full-time course of the University of Wales.¹ The physiomedical philosophy blended well with the British herbal tradition that was legalized under Henry VIII in the 1541 Herbalist Charter for which Culpeper (1616-1654) produced *The Complete Herbal* in 1640 that was updated by Grieve as *A Modern Herbal* in 1931.^{16,17}

HYDROTHERAPY TRADITION: Boyle and Saine provided a flow chart (p.15) of hydrotherapy history beginning with Floyer (1649-1734) of England and ending with modern naturopathic physicians such as Carroll, Bastyr, Dick and Scott.¹⁸ Important to that tradition is the use of botanicals in conjunction with hydrotherapy. Boyle and Saine gave examples in their lectures¹⁸, as did Kneipp and Abbott in their texts.^{19,20} The type of botanicals used varied with the conditions being treated, but many were adaptogens or alteratives.

Two categories of botanicals used by all of the above practitioners were adaptogens and alteratives. Adaptogens are botanicals that help the individual respond to stress, trauma, fatigue, anxiety and associated mood changes and thus when properly

used can stimulate healing. Adaptogens were defined in 1947 by Nikolai Lazarev as a counter to adverse physical, chemical or biological stressors and more formally defined by Israel I. Brekham and I. V. Dardymov in 1968 as nontoxic, producing nonspecific body responses, and normalizing the body's physiology in response to the stressors.²¹ Alteratives are botanicals that normalize or restore health in pathological conditions. They may do this by normalizing systems that are hyperfunctioning or hypofunctioning.²² The outcome for both adaptogens and alteratives is similar; normalization of physiological function and improvement of the patient's condition.

ADAPTOGENS: *Eleutherooccus senticosus* is an excellent example of an adaptogen. Its steroidal glycosides appear to act within our endocrine system to increase T-helper and natural killer cell activity, stimulate adrenal cortex function, and enhance work capacity as shown by Brekham and others. While it is a pick-me-up type of herb, it also has a calming effect that helps to prevent the over stimulation of the adrenal function.²² These balancing properties are why *Eleutherooccus* is preferred to *Panax* spp. It is clinically useful as a follow-up to conditions that leave one exhausted, depressed or susceptible to another infection; after the flu, and after the exhausting and immune depressing affects of radiation and chemotherapy.

Curcuma longa, known for its curcumin content, can inhibit the initiation and promotion phases of cancer development, can inhibit cyclooxygenase and lipoxygenase metabolism, and can enhance IL-4 as an immunomodulator. This is useful for individuals who: are sensitive to environmental chemicals and pollutants, react easily to oxidative and mutagenic stressors, are adversely affected by tobacco or other smoke, and are generally hyper-reactive. Its use before anticipated exposure, i.e., prophylactically, can lessen the affect of these adverse experiences.²²

Ganoderma lucidum has come to naturopathic medicine via traditional Chinese medicine.^{23,24} Its triterpenes and polysaccharides reduce allergic response and platelet aggregation, protect from ionizing radiation when given before and after treatment, improve blood oxygenation, and can elevate low wbc.²⁵ Clinically it can help with insomnia from exhaustion, the fatigue of cancer and of its treatment using radiation, and travel to high altitudes. A number of extremely busy and always-on-the-go individuals report that while taking *Ganoderma* they sleep better and are able

to maintain their hectic work schedules without experiencing adverse physical effects. Historically it was given to protect the Chinese emperor from poisoning and to help him have a long life. Anyone caught collecting it other than the emperor or his royal contingent would be put to death if it were found in his or her possession.

Glycyrrhiza glabra is perhaps one of the best known adaptogens because its saponins increase the half-life of cortisol by blocking 5-beta reductase. This effect leads to less output requirements from the adrenal glands. It also enhances our natural anti-inflammatory mechanisms and inhibits leukotriene formation, further reducing inflammation. This can make it useful for mitigating allergy response, especially in combination with ascorbic acid and quercetin. Another benefit is its antiviral effect on HSV, polio, DNA and RNA viruses, and Newcastle virus.²² *Glycyrrhiza* represents an example of an adaptogen that works on several different body systems, all with the end benefit of helping the patient adapt their body's physiological process to various stressors.

The late Dr. Bill Mitchell, ND argued that *Camellia sinensis* should be added to the list of adaptogens.²² Its epigallocatechin-gallate (EGCG) and other flavonoids have antioxidant properties that are equal to or better than ascorbic acid and mixed tocopherols. It also increases the detoxification process by activating enzymes such as glutathione peroxidases, reductases, transferases and catalases, and quinone reductase found in the small intestines, lungs and liver. Although it is a source of caffeine, it also contains the amino acid L-theanine. This amino acid can lead to internal calmness because it may elevate GABA, serotonin, dopamine and brain alpha waves.²⁶ It also boosts the anti-infection activity of gamma delta T-cells.²⁷

ALTERATIVES: *Sambucus nigra* was used by Kneipp as a spring tonic to rid the system of winter accumulations, stewed berries harvested in the autumn were added to frumenty or pap for blood cleansing, and elder root tea was decocted for dropsy. Frumenty is a medieval European dish of cracked wheat, eggs, milk, almonds, various fruits or berries, spices and venison, or fish if served during lent, while pap was a similar dish in which the grain base was corn. He was also a fan of the jam that his mother used to make as a food and for constipation.¹⁹ Its flavonoid content produces an anti-inflammatory effect, and the tincture can be used on weeping skin conditions such as eczema, poison oak, poison ivy or poison sumac. The tincture

is also useful in respiratory infections either alone if there are sniffles, or in combination with other botanicals for more significant viral infections such as influenza.

Taraxacum officinale is a well known alterative with tonic effects on several body systems. It was cited by Culpepper and others for its broad benefits on multiple body functions. It aids the kidneys, liver and digestive system. It supplies minerals, vitamins and some amino acids. It can help with mild hyperglycemic imbalances and can be taken alone or in combination with other botanicals to support the body system or systems that need its alterative support.¹⁹ It is a readily available plant, self renewing each spring.

Medicago sativa is an example of an endocrine alterative.²² Its triterpene saponins competitively bind at estrogen receptors producing a mild estrogen effect and preventing the effects of hyperestrogenism. As an alterative, its binding of the estrogen receptors can produce a mild estrogen effect in the case of hypoestrogenism. Other phenol constituents such as isoflavonoids, and lutein and carotenoids have beneficial effects on inflammation and body systems that may suffer oxidative stress.

Baptisia tinctoria was a favorite of the Eclectic physician to stimulate circulation and provide antiseptic, laxative and tonic benefits. Unfortunately, most modern naturopathic doctors seem to ignore this plant or fear it is too toxic. The quinolizidine alkaloids have antimicrobial effects, benefit the heart, and when taken in sufficient volume can produce an emetic effect.²² There are even constituents present that can produce an estrogenic effect. This alterative is very effective in respiratory infections where the patient is quite ill, fatigued, feverish and producing lots of mucus.

Solamun dulcamara is a lesser known alterative that was popular with the Eclectic physicians, John Bastyr and his contemporaries.²² They used it for acute nasal discharge, bronchial asthma, psoriasis, eczema, and rheumatic conditions. Key notes that might lead to it being prescribed is aggravation or onset of symptoms from cold and wet or cold and damp, and anger associated with the lack of compliance by others may be a part of the patient's disposition. The alkaloids have an anti-inflammatory effect and can produce an unusual sensation in the forehead.²²

The diverse botanical medicine traditions that have been adopted or culminated in modern naturopathic medicine have used botanicals

individually, in combination with other botanicals, or in combination with hydrotherapy. The focus had been on supporting and allowing the body's vis medicatrix naturae to heal itself. Adaptogens and alteratives are two categories or ways in which these botanicals can benefit our patients. Hopefully this brief review has stimulated you to reconsider some of your favorite botanicals in conditions where you may not have used them, and to use lesser known botanicals in conditions where you have not had the clinical success that you desired for you patients.

About the Author

Dr. Paul Saunders, Adjunct Professor of Materia Medica, CCNM, has a private practice in Dundas, Ontario, Canada, earned a PhD in plant ecology from Duke University, was on the faculty at Clemson University, and tenured at Washington State University. He earned his ND from Ontario (now Canadian) College of Naturopathic Medicine, and did additional training and residency at NCNM, earning a second ND, served as their interim Research Director and initiated their Institutional Review Board. Paul earned a DHANP and Certified Classical Homeopath (CCH) from the American Council on Homeopathic Certification in 1993. He completed chelation board examinations with the International College of Integrated Medicine in 1998. As Editor, *The Canadian Journal of Herbalism*, 2000-2002, he instituted peer-review. He does grant reviews for the NIH, NCCAM, was honoured as Ontario Naturopathic Doctor of the Year, 1994, 2002, has co-authored two books, been an expert witness, conducted clinical research, published numerous papers, and lectured frequently on naturopathic medicine.

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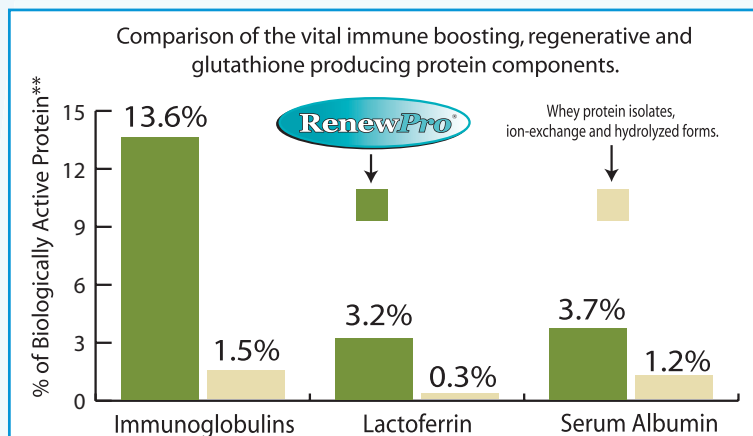
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Dr. Sussanna Czeranko, ND

Dr. Czeranko will be presenting her lecture entitled, "Bringing Water, Earth, Fire and Air into a Naturopathic Practice" at Health Fusion 2009, Saturday, June 6, 2009 from 4:00-5:30 pm. For program details visit www.cand.ca.

What is health? Health is life and life is love. Love of art, love of nature, love of all that is beautiful and sublime, these are the stimulants of life which are most essential to man if he would retain his health.
a John J. Ruegg, 1907

There is no question that our understanding of the 'vis' separates us philosophically from the allopathic doctor. There is also a gnawing concern among many contemporary naturopathic doctors that the abandonment of simpler approaches using the elements of water, air, earth and heat may well be separating us from our very roots. In fact, in some ways that difference from the mainstream biomedical doctor defined us from the very beginning. These days, though, there are those who believe that integration in some form might occur with the medical doctors. In any case, we are well versed in our differences and can quickly and unapologetically list our virtues and merits without blinking. We may even choose to bask in the knowledge that we have chosen a philosophical and career path with more sagacious and erudite skills in working with the mysterious 'vis' than the 'other guys'. In this article, I would like to suggest how precious and vital it is that we hold onto the differences that identify naturopathic medicine. As well, we will explore the evolution of the journey of the 'vis' with a peek through the historical window of our tumultuous past. History can teach valuable lessons and also play a hand in our future. Let's remember to read between the lines and appreciate the undeterred dedication of our elders to water, earth, fire and air.

So what are the virtues of our medicine that not only stay with us faithfully, but also sometimes ignite defensiveness when we are challenged. The foundation of naturopathic medicine lies in a key principle, 'vis medicatrix naturae' which states that health comes from nature

or from the 'life force' in living things. This respect for the 'vis' clearly has set us apart from the dominant 'biomedicine' profession, as Baer calls it.² The concept of vital force has always been our guiding principle and its evolution has been historically fascinating.

There were many more principles defining naturopathic medicine as it took form in the early decades of the 20th century than we tend to recount at our commencements today. For example, in an early issue of one of the first Naturopathic journals, *The Naturopath* [1902], Ludwig Staden ND identified naturopathy around 12 points.¹ The historical importance of the inclusivity and breadth of the vision of early naturopaths is reflected in these principles. By noting Staden's actual wording in its entirety, one can grasp the depth and vision of the early profession, notwithstanding the periodicity of the language. Despite the rhetoric, there is little doubt that these early NDs were profoundly dedicated to the power of nature in the medicine. In their view, the essence of Naturopathy included the following:

1. [Naturopathy] is the method of healing all diseases without medicines, drugs, poisons and almost without any operations.
2. It is based on the highest scientific principles: (a) on the harmony of our perceptive faculties with the physiological and psychological laws of nature; it stands on reason, conscience and experience. (b) The change of matter functioning normal or abnormal is the standard of physical health or disease. All physical life is based upon the change of matter functioning normal or abnormal is the standard of physical health or disease. All physical life is based upon the change of matter

of the cell or upon the vibration within the cell. The vibrative process in the physical cause of all disease and this is the problem which has to be solved in healing disease.

3. The power of healing is within us; Nature only, Nature alone, solves the problem; man processes the button, nature does the rest.
4. Naturopathy knows that there is but one disturbance which manifests itself in different forms, symptoms and names.
5. Being but one disturbance or disease, there can be but one original cause; this is divided into a psychical and a physical one; the first is the impure thought; the second the disturbed vibrative process in the cell, as mentioned above. The occasional causes are infinite just as the symptoms and forms are.
6. The most important differences of form and symptoms in disease that Naturopathy recognizes are acute and chronic disease.
7. Naturopathy's materia medica consists of the principle elements which are derived from nature: light, air, water, heat and clay, beside non-stimulating diet, exercise and rest, electricity, magnetism and massage, calisthenics, physical culture, mental culture, etc., etc.,
8. Naturopathy attacks always the original cause of every disease. The human body being an organism containing thousands of nerves, blood vessels, etc., which are all most intimately connected. Naturopathy consequently is always treating the entire body.
9. It looks upon the fever as the greatest natural healing process, which should never be suppressed by poisons like quinine, antipyrin, etc., but should be guarded like a wild fire. No healing method has ever had such an immense success in treating fever diseases as Naturopathy. Suppressed fever diseases cause chronic diseases. Chronic diseases therefore are developed if there is insufficient vitality in the system; if nature is healing a chronic disease it always produces a crisis of a more or less acute form, which may be repeated several times and finally finishes up with a fever. The fever is the sick man's friend.
10. In the action and reaction of extreme heat and cold Naturopathy finds the greatest

physical power to correct the inharmonious change of matter.

11. The food question is divided into a raw food diet consisting of fruits, berries and nuts of all kinds, besides such vegetables and cereals that can be eaten raw, and in a cooked food diet, based on the saline vegetarian theory of Dr. H. Lahmann, Dresden.
12. Stimulating and nerve-irritating food of any kind is entirely eschewed by strict Naturopathy, especially alcohol in any form, coffee and tea, meat, beef juice, beef extract, vinegar, spices etc., etc.

The evolution of these principles into the framework of Naturopathic Philosophy needs to be understood against the complex backdrop of the orthodox and heterodox medical systems which have emerged since Benedict Lust first set out to establish the new profession of naturopathic medicine in America. Defining those systems and figuring out where they fit in North American society, while not the key focus of this discussion, is a helpful consideration here.

In an editorial in *The Naturopathic and Herald of Health*, Benedict Lust himself in 1902 explained that naturopathy was "purposely a hybrid word". Alluding to the therapeutic practices of nature-cure doctors, homeopaths, and other health care practitioners such as Priessnitz (hydrotherapy), Woerishofen (the Kneipp cure), Kuhne (Serotherapy), Macfadden (Physical Medicine), Willmans (Mental Science), and finally A.T. Still (Osteopathy). Lust proclaimed a "new medicine" whose scope would encompass every "life-phase of the id, the embryo, the fetus, the birth, the babe, the child, the youth, the man, the lover, the husband, the father, the patriarch, the soul." (Lust, 1902, p. 4). Lust had been especially interested in the hydrotherapy principles and practice of Sebastian Kneipp. However, Lust called his new and eclectic naturopathy the "medicine of the future".

In 1902 Benedict Lust had a practice which focused principally on medical herbs, hydrotherapy, and exercise. He began to promote the concept and term "naturopathy" from a professional platform as a licensed osteopathic physician. To these therapies he gradually added homeopathy and "manipulative therapies". At the same time as Lust was promoting naturopathy, Andrew Taylor Still was promoting osteopathy and D.D. Palmer was establishing chiropractic aggressively all over America. As well, Henry Lindlahr was establishing a sanitarium in 1903 in Elmhurst, Illinois along with the Lindlahr

College of Natural Therapeutics. The “natural medicine” family tree, then, had innumerable roots and branches, but persistent among the filaments and story was the principle of the ‘vis’.

The ‘vis’ story is filled with intrigue, unsung bravery, horrific losses, and triumph. From the early notion of Bernarr MacFadden that “disease is self-generated by most of the individuals harboring it”³ to the very deliberate investment in strict biomedical science made by the allopathic profession there are many players and many events. After the dissemination of the Flexner Report in 1910/1911, and the decades of intervention into medical education by the Carnegie General Education Fund which financed the rapid development of clinical sciences in American medical schools, our medicine experienced detractors, but it also endured because of its effectiveness and its heroes.⁴

Perhaps a more familiar start to the story, though, might be when Benedict Lust returned in 1896 to New York, as a saved man and transformed with the fervency of a mission. His return coincided with the beginnings of a strict realigning of the old allopathic model with the new biomedicine model. Those beginnings paralleled, in many ways, Lust’s own biography. Throughout his childhood, he had been enthralled with the yearning to go to America. In 1892, at age twenty, his dream came true. He arrived in New York, his head filled with visions of riches of his new country, the land of milk and honey. Within several months, however, he was on his deathbed succumbing to tuberculosis. Wanting to die in his home country, he returned to Germany, but instead of his life concluding, the history of naturopathy in North America was launched.⁵ During this part of the story, Lust’s own experience, like that of medicine was riveted to the demanding urgency of tuberculosis. Within a few short years of his return from Europe, Lust had brought with him valuable knowledge and techniques to assist in this challenge, and central to this approach was his deep belief in the ‘vis’. The story is familiar to naturopathic doctors. While in Germany, Lust’s path crossed serendipitously with the wonders of water cure of Father Sebastian Kneipp and he was cured of tuberculosis and infused with passion and vision that lasted for more than fifty years.

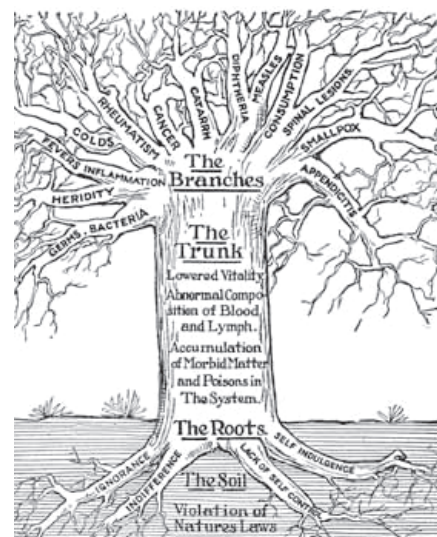
The ‘nature-cure’ doctors as well as the clinical climatologists treating tuberculosis patients in the health resorts identified three fundamental needs of the patient: fresh air, good food, and rest.⁶ The first two are needed first, last, and all the time; the third in

the beginning, all the time, and then coupled with exercise under the direction and orders of the physician. Fresh air is required every day and every night, the more the better.⁷

Even so, given the powerful restructuring

occurring in mainstream medicine all those years, how did this man stay the course with nature cure therapies? As naturopaths, how many of us have personally braved and persevered with cold douches that were the routine regimen of Father Kneipp’s saving treatment protocols? Of course, we might at the end of our daily shower turn the knob towards cooler temperatures; but to be showering in freezing cold water? Never! What is important to remember is that sick people traveled for weeks by horse, train, boat or foot to reach his remote bastion of water cure. Rich, famous, and the unsung poor chose the cold water cure treatments and left healthy, rejuvenated, and whole.

Such strong belief in the ‘vis’ came with a price tag. Other early architects of North American naturopathy were equally beloved and on many occasions, like Lust, were persecuted for their devotion to the newly introduced ‘nature cure’ medicine. Labeled as ‘irregulars’, these nature doctors went on to cure impossible diseases that the ‘regulars’ could not. These victories were not without costs. Lust, for example, impassioned about the medicine that saved his life, worked not only tirelessly, but also fearlessly to establish naturopathy amidst the hostile terrain of allopathic ‘regulars’. Punctuated by persecution by the allopaths, Lust and others found that the landscape had grown hotter than ever by the opening of the 20th century. The allopathic doctors were determined to achieve a regulated, unassailable monopoly in medicine and to exclude any other profession. The harsh and all too often vindictive measures that the regulars took to suppress the naturopathic profession show up as naturopaths paid the penalty for the violation of practicing medicine without a license as fines and time in jail.⁸



As early as 1899, Lust was arrested for the practice of medicine and surgery without a license, for giving a bath and massage to an agent of the County Medical Association. This agent, Mrs. Frances Benzecry, made a career of bringing charges against naturopaths and other irregular practitioners. She was responsible for the arrest of over 800 naturopathic doctors during a twelve-year period [New York Times July 14, 1914] Lust had been arrested 16 times by New York authorities and 3 times by federal authorities. When he was not arrested himself, Lust was frequently called in to bail out other naturopaths.⁹

The allegations and charges Lust and others endured were predicated on systematic disapproval of modalities which naturopaths knew to be central to the nature cure philosophy. Lust was a prolific writer and orator, frequently declaring the naturopathic path for relieving pain without the use of drugs. In an April/May 1946 article in *The Naturopathic Review*, for example, he delineated no fewer than 25 nature cure methods to deal with various presenting conditions of pain. Among these techniques were such treatments as alternate sponging, ice bag and fomentation, hot blanket packs, revulsive Sitz baths, and the infallible, wet sheet pack. Nevertheless, nature cure institutions and Kneipp establishments were raided in much the same manner that speakeasies were raided during the Prohibition era.¹⁰

Another way of understanding this period is to consider that there were two principle methods of treating disease: one was combative and the other, *preventative*.¹¹ The evolution of naturopathic medicine reflects these in that it has a rich history that stems from a polarization of two opposite medical systems, manifesting today in the form of preventative and heroic medical models. Within this climate Lust's fervent and zealous opinions of the allopathic contributions to society were not always diplomatic. In his mind, people,

... [were] under the lash of medical superstition, quackery and charlatanism; men and women and children who for want of proper education and understanding [were] groping about in darkness, and [were] constantly being imposed upon by human vipers who [thrived] upon the suffering and ignorance of less fortunate fellowmen.¹²

Significant as a lightning rod in this storm were debates about the use and abuse of drugs used routinely by the regulars, such as morphine, ether, and others. The naturopathic community viewed their use as criminal, perpetuating diseases rather than curing them. The 'irregulars' contended that many drugs only weakened

and paralyzed the body's vitality and obstructed nature's efforts to purify and heal.¹³

The realization that it was cheaper to prevent disease than cure disease was on the lips of naturopaths to drive home the message that the new movement, naturopathic medicine grounded in nature cure, was intent on bringing 'rational medicine' to the people.

Naturopathic medicine addressed the need to adopt preventative health care and nature cure philosophy. The task of implementing preventative health care into one's life, though, was easier said than done. Preventative health care involved healthy eating and habits, promotion of elimination, the teaching of correct breathing and exercise, correcting spinal lesions and establishing the right mental and emotional attitude.¹⁴ Important to point out, however, is that while naturopathic doctors and spokespersons for the profession lobbied vociferously for a natural medicine landscape which could have a legitimate place in health care, the nature cure movement itself was confused by competing and contradictory proclamations. For the person seeking health care, hearing the discord and cacophony of the latest wonder cures created too many ways to turn for the patient. The need to establish core principles was recognized and each visionary espoused his or her core messages in the various naturopathic publications, authored books, and established nature cure facilities or sanitarium. In no area was the confusion so evident as nutrition. The naturopathic diets came in every guise, with options ranging from strict veganism to full carnivore choices.

Interestingly enough, at the beginning of the nature cure movement, the term that we are so familiar with, 'vis medicatrix naturae' did not yet exist in the minds of the early naturopaths. The 'vis' was communicated as the 'vital force' by Lust, echoing Kneipp. Lindlahr used the term, the 'constructive principle', explaining that this was found in nature and it "builds up, improves and repairs".¹⁵ Staden labeled the 'vis' as the 'vibratory process'.¹⁶ Critical to the entire debate and struggle, in any case, was the consensus among the earlier naturopaths that nature was the heart of naturopathy [Lust, 1903].¹⁷

The naturopathic physician's job was to remove obstructions and establish normal conditions so that the healing power of nature could work to best advantage [Lindlahr, 1922].¹⁸ Listening to nature, as the early naturopaths were fond of saying, left room for intuitive discoveries of curative agencies. Naturopaths have often claimed a special talent or knack for healing

that comes from direct communion with nature and that could never be learned from science.¹⁹

Lust's admonitions about how to relieve pain without the use of drugs invariably involved non-toxic approaches. The nature cure philosophy embodied in the elements, earth, water, fire and air, manifested in the work of Adolf Just, for example, who believed that all disease could be cured if people returned to nature.²⁰ This therapeutic approach followed the idea that everything in nature, as in naturopathic medicine, is guided by simple fundamental laws and principles.

Another prominent naturopathic voice, Lindlahr explained why Nature Cure was not popular with the medical profession and public, pointing out that it was too simple.²¹ For many decades before biomedicine asserted itself into the public consciousness with the promise of science, technology, and pharmaceuticals, the cold morning bath had a widespread and high reputation as a wholesome measure for the sick and the well.¹⁹

The basic element, water, was mastered by the early naturopaths. As mentioned earlier, when compared to today's virtual abandonment of such simple approaches, their conviction and confidence in nature's simple elements are essential for us to remember and trust once more. The naturopathic historical record shows clinical outcomes involving life threatening illness successfully treated, such as:

... curing all inflammatory, feverish diseases, from simple colds to scarlet fever, diphtheria, cerebrospinal meningitis, small pox, appendicitis by hydropathy, fasting, and other natural methods without having resorting at all to the use of poisonous drugs, antitoxins and surgical operations.²⁰

The unwavering faith of the early naturopathic doctor and of many medical doctors in the power of nature manifested in large numbers of books, publications, and beautiful places of healing. Their faith in nature shone in their many sanitariums. These doctors spread the nature cure movement in cities and in tranquil and natural rustic environments. They advocated a return to nature where all disease could be healed if people would "heed ... the voice of nature, and thus choose the food that nature has laid before [them] from the beginning, and to bring [themselves] again into the relation with water, light and air, earth, etc., that nature originally designed for [them]."²¹

As the decades wore on, and despite the assaults of the rapidly forming biomedicine profession, the pioneers of naturopathy created guiding principles

intended to cement the young profession as it grew. Great efforts in primary care, education, and clinical practice, however, do not seem to have sustained the early pioneer's high ideals. Difficult and serious cases continue to be resolved, although less and less using nature cure techniques.

In order to achieve successful results using nature cure, a number of factors must be taken into account: the patient's vital force, the level of toxemia, environmental influences, mental and emotional factors, past surgeries, and medications. The sophistication of the medical education, clinical outreach and naturopathic research efforts of the profession have accumulated into today's seven accredited programs and upwards of 7,000 graduates in North America. The clinical outcomes continue to show success and promise. Even so, the number of young NDs utilizing nature cure has clearly diminished. There are, though, fine examples of outstanding results using the nature cure traditions. Using constitutional hydrotherapy for the treatment of acute septicemia, glomerular nephritis, chronic scleroderma, and Crohn's disease, Dr. Letitia Watrous of Washington State, for example, is achieving stellar successes today.²²

In modern North America, naturopathic medicine is being lured into a biomedical model in its attempt to be accepted by the mainstream. The departure from nature in naturopathy is witnessed by the lack of nature cure curricula in our naturopathic schools and manifested in CAM-like clinics (sometimes masquerading as "integrated medical clinics") set up by naturopathic graduates and doctors. There is disenfranchising and lapsing of core nature elements with naturopathy among many naturopathic doctors in order that the medicine might be perceived as more credible. For example, we are now fighting to use labs, do blood work, insert IVs, enhance our pharmacopoeia to include drugs and pharmaceuticals and take what amount to invasive short cuts. Like allopaths, naturopaths are in a hurry, too often looking for the magic pill to act as the panacea for their patients while valuing less nature's part in the healing process.

However, taking these short cuts may be more attractive than the challenge of reintegrating nature cure back into our philosophy and repertoire. Where it still endures, the presence of nature cure language and techniques in college curricula has been strengthened, some would argue, and especially since the early 1980s, toward science. Dr. Joseph Pizzorno, ND the founding president of

Bastyr University, argued for confidence, optimism, and professionalism in conjugating the art of naturopathic medicine through the probing lenses of experimental science, so strong were his and many naturopathic colleagues' faith in the relevance and efficacy of the medicine's material and modalities. The emergence of the Foundations of Naturopathic Medicine Project in 2003 is another marker of the strength of the medicine, but also thoughtfully includes writings which declare the prominence of nature cure in the roots and in the future of the medicine.

As we envision our profession in this new century, what do we want to see? Our naturopathic elders sacrificed the comforts of a mainstream vocation to create the profession that we have today. It is because of the sweat and blood of our dear elders, that we have a naturopathic profession at all. Their contributions to build a foundation for nature cure medicine were fueled by passion, immovable faith, and dedicated commitment. Their eyes never lost sight of nature, the central pillar of 'the vis' in naturopathy.

As we fill our dispensaries with the latest nutraceuticals in our constant search for the elusive cure, and as the allopaths busy themselves with the latest pharmaceutical, what is our path? Do our patients feel the presence of nature in their treatment and in their futures? Are we comfortable creating our clinics as settings that are "beautiful and sublime" and where the love of nature is the crucible that is "most essential to man if he would retain his health."? (Ruegg, 1907) If we are going to make a difference in the next century, let us bring nature and the 'vis' back into our medicine.

About the Author

Sussanna Czeranko ND, a CCNM graduate and an Ontario registrant since 1994 recently relocated to Portland, Oregon. She has incorporated her strong interests in Balneotherapy, Breathing therapy and Halotherapy into her naturopathic practice in both countries. She is currently developing a Balneotherapy program for naturopathic students and doctors at National College of Natural Medicine. When she lived in Ontario, she was the resident ND at Speleotherapy Clinic in Toronto that houses the only Halochamber in North America. That specialized clinical experience is a strong foundation for a current project of creating a curriculum and training program for professional health care practitioners in Halotherapy and Buteyko Breathing to be available in 2008 followed by a forthcoming

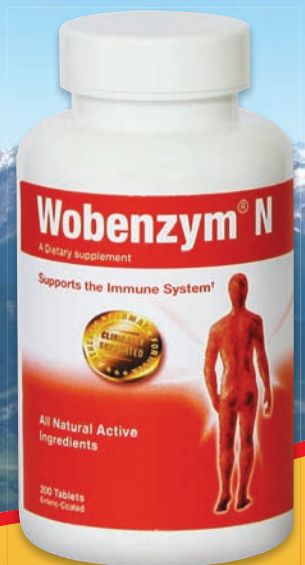
book on Naturopathic Breathing. A related project involves the creation of a "Physician Heal Thyself series" which involves balneotherapy, nature cure and herbal arts, jointly designed with Dr. Glen Nagel, ND, RH [AHG], beginning October 2008.

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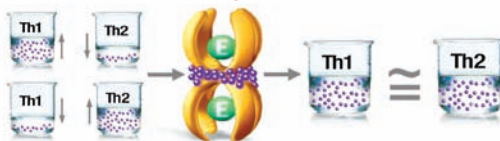
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Cancer injures a person at many levels. There is always an emotional component, from the fright and trauma of getting a diagnosis, to the strains it can place on one's social network. Cancer's metabolic poisoning can produce wasting, pain, weakness, malnutrition and myriad indignities. The sheer mechanical pressures of tumors crowding organs and vessels can be a misery, and worse. Even when the cancer cannot be cured, naturopathic healing can be successful in providing much needed care and comfort to the patient.

Medical oncology contributes many skills to the care of these malignant pathologies. Not the least of their contributions is in tumor de-bulking. All medical therapies used in the treatment of cancer have risks, none work all of the time and not all patients are fit to receive potentially curative care. There is clearly a need to improve on the therapies that are currently considered the medical standard of care. What little progress that is seen in cancer care by conventional medical oncology is coming at an unsustainable price.

Naturopathic oncology supports medical therapies^a, augmenting them with its own unique medical skills in mind-body healing, nutritional support, detoxification, homeopathy, botanical medicine, and nature cure. Our gentle medicines and healing arts have the potential to improve outcomes, while moderating iatrogenic impact.

Naturopathic doctors can improve the patient's fitness for rigorous cancer therapy by application of basic naturopathic treatments. For example, in my practice, a number of women whose

multi-gated acquisition scan (MUGA) of ventricular function showed their hearts were being severely injured by the breast cancer drug Herceptin. These women were returned to therapy after a short course of tinctures of *Convallaria* and *Cratageous* with a homeopathic kicker of *Naja 6C*. One patient whose heart was not well enough to even start on Herceptin was made fit, and stayed fit throughout the course of Herceptin therapy by this simple medicine. Since HER2/neu-targeted therapy is essential to success in cases which are HER2 positive, this integration of botanical medicine may have saved lives.

NDs can prepare a patient for surgery and help them heal. We review supplements and natural medicines for possible interactions with anaesthesia or blood clotting. We emphasize vitamins A and C, and the mineral zinc in the diet for wound healing and immune support. We remove dietary salt, which impairs wound healing. We offer homeopathics² such as *Engystol*, *Arnica*, *Hypericum* or *Staphysagria* for immune support, and healing of wounds and nerve or emotional trauma. We can offer nutraceuticals such as fractionated citrus powder³ to reduce the risk of the spread of cancer, particularly important in abdominal and pelvic surgery.

We can make radiation therapy more tolerable and at the same time more effective.⁴ Radiation disrupts tissue organization by removing vital immune and stem cells. We can protect this vital link in healing and help maintain tissue long term, by use of vitamin A,⁵ as well as curcumin^{6,7} and *Ashwagandha*,⁸ herbs from Ayurvedic and traditional Chinese medicine systems. Curcumin deserves special mention, as it is so useful in many phases of cancer care and is moving closer to becoming a mainstream oncology drug, largely based on the work by Aggarwal's group at MD Anderson in Houston. It cools the fire of inflammation,⁹ including that from ionizing

and photon radiation, while actually increasing the effectiveness of the therapy. We must never use any oil-based product on the skin during radiation therapy, as lipid peroxidation reactions can have devastating consequences. However, simple *Aloe vera* gel, rosehip and green tea extracts can soothe radiation burns. We can protect blood vessel endothelium from chronic sclerosis with omega 3 oils, vitamin A, grapeseed extract and the niacinamide form of vitamin B3. This slows the gradual loss of tissue integrity and healing ability that inevitably follows radiation.

We can assist greatly in making cytotoxic chemotherapy less damaging, and more likely to result in a remission of the cancer.¹⁰ This is a field for which a surprising volume of scientific evidence exists, yet it is discouraged by pharmacists looking for a level of proof equal to patent pharmaceutical drugs. Excellent safety data and good evidence of efficacy in humans does exist for many naturopathic medicines. There may be few really large scale randomized controlled trials, but there is no ethical barrier to applying the best available evidence. We can point to a recent Cochrane review which tells oncologists that mistletoe therapy helps both radiation and chemotherapy work better with less side-effects.¹¹ We can add the clinical experience of over 80 years use of mistletoe extracts in cancer, including the 2 out of 3 medical doctors in Germany who currently prescribe it during these therapies.¹² Many other natural supports have good evidence of positive interactions with chemo drugs.¹³ We can give Co-enzyme Q-10 to mitigate cardiac damage by the anthracycline chemo drugs such as Doxorubicin.¹⁴ We can also rely on years of accumulated clinical experience among the American Board of Naturopathic Oncologists (ABNO) and their Canadian peers, naturopathic physicians with practices focused in oncology, members of the Oncology Association of Naturopathic Physicians.

We can also contribute to the care of many side-effects of surgery, radiation¹⁵ and chemotherapy¹⁶. For those few who do not tolerate or benefit from the standard nausea drugs, we can offer ginger root, protein supplements,¹⁷ acupuncture,¹⁸ and homeopathic remedies such as *Tabacum*, *Arsenicum*, *Cuprum* or *Nux*. We can treat lymphedema with the “herbal simple” *Calendula officinalis* – topical and internal use of the marigold flower. We can treat mucositis with that gem from old Nature Cure, green cabbage extract. Metabolic cachexia responds to omega 3 marine oils rich in eicosapentanoic acid¹⁹, melatonin²⁰, and *Codonopsis* herb. When people fall through the cracks in the hospitals and oncology clinics, we can help most of them.

The most critical support NDs can offer is to help the patient’s immune system to survive the ravages of these medical therapies. Most people seem to have the idea that the immune system has killer cells which remove cancer cells, so if a person has cancer, their immune system must be weak. We all seem aware that the immune system can actually remove cancers and create the legendary “spontaneous remissions”²¹ – but rarely does so. However, *the immune system’s mandate is to protect and repair our own tissues, and attack everything else*. Cancer cells are just sick cells, crowded and stressed, and this summons immune cells bent on repairing the tumor. However, the immune system cannot fix the genetic damage in the cancer cells, and the cancer cells won’t switch themselves off as they should, so it becomes “the wound that will not heal”. The immune cells increase blood supply, release growth factors, and even switch off immune cells that approach the tumor in attack mode. The immune system is in fact quite healthy in most cancer patients, it’s just working for the tumor and not for the greater good of the organism.²²⁻²³

Naturopathic medicine can modulate the immune system with a variety of techniques, from ancient to modern. Hydro-therapy, both local and constitutional, has demonstrable effects on immune integrity. Detoxification can be the key to improving function in organs and immune tissues, not the least of which is the bone marrow. We can draw a link between heavy metals and pesticides and the blood cancers such as lymphoma, multiple myeloma and the leukemias. We can also link toxins such as endocrine disruptors to hormone-dependent cancers such as breast and prostate.²⁴ We use “forces of nature” such as far-infrared saunas for detox, as it is excellent for mobilizing and excreting solvents and chemical poisons, while directly increasing immune cell competence. We can apply very traditional bowel cleansing, including colonic irrigation in some cases. We have many wonderful foods plants and which modulate the immune system, such as astragalus,²⁵ ligusticum,²⁶ plant sterols & sterolins, larch arabinogalactans, alkylglycerols from shark liver oil, and traditional glandulars- spleen and thymus peptide extracts. Hot water extracts of the Asian mushrooms maitake, shiitake, reishi, agaricus and cordyceps are established oncology drugs in Japan. Most notable as an immune therapy for cancer is the anthroposophical medicine *Iscador* injectable mistletoe lectin extracts,²⁷ and related mistletoe products *Helixor* or *Viscum Compositum*.

Hormonal, targeted and immunological allopathic therapies can also benefit from naturopathic support.

For example, Tamoxifen helps suppress reoccurrence of breast cancer, but the Italians have shown it is far more effective when melatonin is taken concurrently. Even as a stand-alone therapy, melatonin may double life expectancy.²⁸ This is wonderful from a drug with over 30 years safe use and which costs pennies a day. Therapy with interleukin two (IL-2) can be supported with PSK mushroom extract.

Naturopathic physicians identify key growth factors, epigenetics and biochemical issues for specific forms and stages of cancer, to create targeted natural therapies.²⁹ For example we can squelch insulin-like growth factor one (IGF-1) with green tea³⁰ and grapeseed extracts, while prescribing a low-glycemic diet.³¹ This would be useful in breast, prostate and GI tract cancers. We can find natural inhibitors of aromatase,³² nuclear factor kappa B, COX-2, transcription factor STAT-3, epidermal growth factor, to name but a few. We also can easily demonstrate proteosomal regulators, and promoters of cell re-differentiation and of apoptosis. We have developed protocols for mitochondrial rescue,³³ reversing the Warburg effect.³⁴ There are not yet pharmaceutical drugs that do many of these important tasks, and it unlikely any of them to be developed will ever be able to claim they are food-grade. The cost-effectiveness of these natural medicines is extraordinary in relation to drug medicine.

Naturopathy is full of great medicines for serious medical complications and oncology issues. Boswellia extracts can have profound effects on brain tumors, reducing peritumoral edema³⁵ responsible for seizures, paralysis and other neurological symptoms. This can reduce or even eliminate the need for Dexamethasone, which can do much harm if used for very long. All cancers increase the risk of blood clots, from 3 to 30 times normal, depending on the type of cancer.³⁶ We can respond with nattokinase, bromelain, omega 3 marine oils, *Gingko biloba* and *Aesculus* or horse chestnut. Pleural effusions often benefit from homeopathics such as *Apocyanum canadensis* and *Apis mellifica*. Liver failure, at a stage that MDs have never before seen cured has been by corrected rapidly by a milk thistle extract³⁷ with dandelion, globe artichoke, curcumin and R+ alpha lipoic acid. Kidney failure has been averted by R+ alpha lipoic acid, Co-enzyme Q10, quercitin and delta tocopherols.

We are always cognizant that as physicians, our first duty is to do what is in the best interest of the patient, which includes being vigilant for medical emergencies where our allopathic colleagues are best consulted.

Healing the mind of fear and hopelessness is a triumph, even when physical cure is not possible. So often, it is the healing at the mental and emotional level which truly restores biological balance and takes a person out of disease and into real health and function. Improving self-expression through art and music, and restoring “zest for life” as Lawrence LeShan puts it, is a potent force for healing. Through interpersonal connection, spirituality, as well as practices of devotion and gratitude, patients can experience grace, peace, and restoration.³⁸ Medical oncology can be very grim and discouraging for sensitive patients. A discouraged, hopeless patient will not seek pure water, clean food,³⁹ and wholesome physical activity that are the keys to health.⁴⁰ Hope is a potent force for rallying the innate healing mechanisms such as the immune system, and enabling lifestyle changes necessary for healing. It is hard to understand how such a basic element of the caring relationship has been lost in conventional medicine.

Every naturopathic doctor has the skills to prescribe lifestyle changes such as improved diet and exercise, which are proven to impact cancer survival and quality of life. We can nurture the individual who presents with a cancer problem. The traditional Chinese medical term for this is *Fu Zheng Pai Beng*, which means support and nourish the patient to fight the disease. We can adjust treatment to their constitution. We can try to prevent harm, and act to heal when injury occurs from medical interventions. We can prolong remissions, increase the rate of cures, and yes, sometimes even cure cancer naturally.⁴¹ The vast majority of cancer patients are looking for and using complementary and alternative medicines. We are the profession that must be integrated into cancer care to make oncology rational and complete.

About the Author

Dr. Neil McKinney, BSc, ND

Born in Vancouver, BC, 1952. Graduated in Biosciences from Simon Fraser University in 1975. Worked several years in cancer research in the field of radiation biophysics. Attended the University of Waterloo, Waterloo, Kinesiology and Health Studies and the Ontario College of Naturopathic Medicine in 1981. Graduated from National College of Naturopathic Medicine in 1985. Concurrently did three years at the Oregon College of Oriental Medicine. Practiced about 16 years in Vernon, BC. Moved to Victoria in 2001 and shifted practice focus to oncology. Member of the Oncology Association of Naturopathic Physicians. Served many years on College Boards, was Registrar of CNPBC for

five years, an evaluator for CNME, and had many other roles as inspector, mediator and leader. Dr. McKinney has had many teaching roles, from lab instructor in microbiology at UVic and NCNM, at schools of traditional Chinese medicine, massage therapy, and finally as a professor at BINM. A founder of the BC Naturopathic Association and the Boucher Institute of Naturopathic Medicine. Author of many publications, including: *Naturally There's Hope - A Handbook for the Naturopathic Care of Cancer Patients* and *Naturally There's Always Hope – Healing Cancer with Natural Medicine*. Dr. McKinney is well known for his generous sharing of time and writings to mentor students and peers. He has received a number of awards for contributions to advancing the scope and standards of the naturopathic profession.

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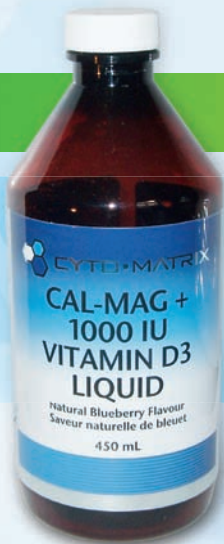
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