FIRST INTERNATIONAL
Editors Retreat
April 1-5, 2007
Stevenson, Washington
Welcome!

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<td>John Robinson</td>
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<td>David Schleich, PhD</td>
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<tr>
<td>Connie G. Zarndt, ND</td>
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University of Bridgeport, College of Naturopathic Medicine – *Retreat travel and lodging and research support through student Co-Liaison (Naturopathic Society)

Boucher Institute of Naturopathic Medicine – student *Retreat volunteer and travel costs

Southwest College of Naturopathic Medicine, Naturopathic Society – research support through student Co-Liaison and *Retreat travel

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Naturopathic Medicine Program, National University of Health Sciences - *Retreat travel and lodging

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Naturopathic Doctor News and Review – media, printing and public relations

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The Integrator Blog News and Reports – media and public relations

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Without the vision, heart, and commitment of the naturopathic professionals, scholars and thought leaders who are contributing their time and knowledge to this project, and the financial and in-kind support from our corporate and individual donors, this visionary and timely work would not be possible!

Thank You
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RETREAT OVERVIEW
Monday | April 1-5, 2007

This is a place holder for the landscape overview of the retreat.
## AGENDA
April 1-6, 2007

### First International Editors Retreat Schedule of Sessions

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<td>12:00 pm - 1:00 pm</td>
<td>TOUR of the National College of Natural Medicine (NCNM)</td>
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<td>1:00 pm - 2:30 pm</td>
<td>President Keppler and Priscilla Morehouse’s Kickoff Reception</td>
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<td>4:00 pm - 5:00 pm</td>
<td>BLESSING CEREMONY</td>
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<td>5:00 pm - 7:00 pm</td>
<td>VISION PLENARY Sharing the Roots of Our Vision</td>
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#### DAY 1
deepening our common context

Monday | April 2, 2007

7:00 am - 8:00 am  Breakfast in dining room
8:00 am - 9:00 am  Welcome

9:00 am - 10:30 am The Healing Power of Nature Towards a Common Understanding and Assessment of the Vis Medicatrix Naturae Jared Zeff, ND, LAc presenting for William A. Mitchell, Jr., ND; Wayne Jonas, MD, PhD; James Sensenig, ND; Leanna Standish, ND, PhD, LAc; Stephen P. Myers, PhD, BMed, ND; Iris Bell, MD, PhD

10:30 pm - 11:00 am Break
11:00 am - 11:30 am Facilitated Dialogue
11:30 am - 12:30 pm BREAKOUT GROUPS
12:30 pm - 1:30 pm  Lunch
1:30 pm - 2:30 pm  Plenary Reports
2:30 pm - 3:15 pm  Systems Theory

#### DAY 2
deepening our common context

Tuesday | April 3, 2007

7:00 am - 8:00 am  Breakfast in dining room
8:00 am - 8:15 am  Welcome / Review of Day
8:15 am - 9:00 am  Epistemology & Medical Phenomenology

#### DAY 3
extending our common context

Wednesday | April 4, 2007

7:00 am - 8:00 am  Breakfast in dining room
8:00 am - 8:30 am  Welcome / Review of Day
8:30 am - 9:30 am  The Healing Power of Nature
9:30 am - 10:45 am  Break
10:45 am - 11:45 am  A Primer with Implications for Naturopathic Theory & the Foundations’ Text
11:45 am - 12:30 pm  Reflective Dialogue
12:30 pm - 2:30 pm  Lunch
2:30 pm - 3:30 pm  systems Theory
3:30 pm - 4:30 pm  Epistemology & Medical Phenomenology
4:30 pm - 5:30 pm  The Healer's Art
5:30 pm - 6:30 pm  Break
6:30 pm - 7:30 pm  Dinner

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Researching Nursing Theory: How We Did It:
A Matrix Analysis Exemplar of Lindlahr’s Nature Cure
Mary Koithan, RN, PhD, APRN, CNS

Jared Zeff, ND, LAc with Pamela Snider, ND; Stephen P. Myers, ND, BMed, PhD; & James Sensenig, ND

Reflective Voices—The Process of Healing
   CCACO and FNM Delphi Survey—Early Trends—
Christina Arbogast, ND
Genomics and Functional Medicine Principles-Implications
Joseph Pizzorno, ND
The Nature of Disease, the Adaptation Response; Toxemia Today
Roger Newman Turner, ND
Assessment, Individualization and the Therapeutic Order
Iva Lloyd, ND
Homeopathic Perspectives
Herb Joiner-Bey ND, DHANP
A Cosmology: Context for the Process of Healing
Mitchell Stargrove, ND, LAc

New Executive Summary of Theoretical Framework & Graphic
Jared Zeff, ND, LAc, Pamela Snider, ND; Stephen P. Myers, ND, BMed, PhD; & James Sensenig, ND, Joe Pizzorno, ND

11:45 pm - 12:15 pm  Critical Inquiry Dialogue
12:15 pm - 1:15 pm  Lunch
1:15 pm - 3:15 pm  BREAKOUT GROUPS including a break
Towards a Unified Theory Mapping Naturopathic Philosophy, Theory, Principles & Laws

3:15 pm - 4:15 pm  PLENARY Reports
Revisions & Coherence for a Unified Theory Mapping Naturopathic Philosophy, Theory, Principles & Laws

4:15 pm - 4:45 pm  Break and refreshments
4:45 pm - 5:15 pm  PANEL PLENARY on Education
Making Naturopathic Education More Naturopathic
Don Warren, ND, DHANP; Christina Arbogast, ND; Rita Bettenburg, ND

5:15 pm - 6:15 pm  World Café
Visioning an Ideal Naturopathic Graduate & Implications for Skills, Transformation & Applied Philosophy

6:15 pm - 6:30 pm  Summary of Day / Preview of Evening & Day 3
6:30 pm - 7:30 pm  Dinner
7:30 pm - 8:00 pm  World Café Plenary Sharing
8:00 pm - 9:00 pm  Moodle Training
A Practical Session Providing Input to CCACO (AANMC) on National Competencies in Naturopathic Philosophy
David Odiorne, MS, DC

DAY 3
Creating coherent clinical applications
Wednesday | April 4, 2007

7:00 am - 8:00 am  Breakfast in dining room
8:00 am - 10:30 am  Critical Information
Text Structure, Milestones, Timeline & International Executive & Senior Editors
Jared Zeff, ND, LAc; Pamela Snider, ND; James Sensenig, ND; Joseph E. Pizzorno, ND
Implications for NPLEX on Text Structure
Christa Louise, PhD, MS
International Panel
Roger Newman Turner, ND, NO; Stephen P. Myers, ND, BMed, PhD

10:30 pm - 11:00 am  Break
11:00 am - 12:00 pm  PANEL PLENARY
Section Three: Part VIII  Nature Cure
Cathy Rogers, ND; Letitia Watrous, ND

Section Three: Part IX  Modalities  Voices of the Elders
Stephen P. Myers, ND, BMed, PhD; James Sensenig, ND

12:00 pm - 1:00 pm  Lunch  International Networking Tables
Stephen P. Myers, ND, BMed, PhD; Roger Newman-Turner, ND, DO; Don Warren, ND; David Schleich, Ph.D; Iva Lloyd, ND

1:00 pm - 3:00 pm  BREAKOUT GROUPS  including a break
Nature Cure
Modalities  Voices of the Elders

3:00 pm - 4:00 pm  PLENARY Reports
Nature Cure
Modalities  Voices of the Elders

4:00 pm - 5:00 pm  PANEL PLENARY
Section Three: Part IX  Elements of Naturopathic Primary Care
Bruce Milliman, ND; Roger Newman Turner, ND, NO; Stephen P. Myers, ND, BMed, PhD

Section Three: Part XI  Clinical Specialties
Tom Kruzel, ND; Paul Orrock, ND, DO, RN

5:00 pm - 5:15 pm  Summary/Check In

6:00 pm - 7:00 pm  Dinner

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**DAY 4**
creating coherent clinical applications
Thursday | April 5, 2007

7:00 am - 8:00 am  Breakfast in dining room

8:00 pm - 8:15 pm  Preview of Day 4

8:15 pm - 9:45 pm  BREAKOUT GROUPS
Elements of Naturopathic Primary Care
Clinical Specialties

9:45 am - 10:45 am  PLENARY Reports
Elements of Naturopathic Primary Care
Clinical Specialties

11:15 am - 12:15 am  PANEL PLENARY
Section Three: Part III  Naturopathic Case Analysis & Management
Fraser Smith, ND; Stephen P. Myers, ND, BMed, PhD

Section Three: Part VIII  Clinical Algorithms & Guidelines
Herb Joiner-Bey, ND; Patricia Herman, ND; Ryan Bradley, ND (invited)

12:15 pm - 1:15 pm  Lunch  History Networking Tables
Jared Zeff, ND, LAc; Mitchell Stargrove, ND, LAc

1:15 pm - 3:15 pm  BREAKOUT GROUPS  (including break)
Naturopathic Case Analysis & Management
Clinical Algorithms & Guidelines

3:15 pm - 4:15 pm  PLENARY Reports
Naturopathic Case Analysis & Management
Clinical Algorithms & Guidelines

4:15 pm - 5:45 pm  CLOSING PLENARY
Dinner

CELEBRATION – P A R T Y !!!
Celebrating the work accomplished, new and old friendships
and Presidential Transition at NCNM for William Keppler, PhD and David Schleich, PhD
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<td>7:00 am - 9:00 am</td>
<td>Breakfast in dining room</td>
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<tr>
<td>12:00 pm - 5:00 pm</td>
<td>Lecture Series at NCNM</td>
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Roger Newman Turner, ND, NO
Welcoming day

Sunday | April 1, 2007

**RECEPTION**
1:00 – 2:30 pm
at National College of Natural Medicine

Co-Hosts
William J. Keppler, PhD, President NCNM; Priscilla Morehouse, FNHM Friend

Focus
This welcoming event will mark the beginning of the Editors Retreat in our Academic Home and provide time for participants to meet faculty, staff, students, and volunteers associated with the National College of Natural Medicine. Celebration along with casual mixing and networking will be in order.

Deliverables and Goals
The intention is to launch the Editors Retreat with the explicit support and positive declaration of anticipations for the Retreat’s success from our Academic Home. It will also be an opportunity to show our appreciation to NCNM President William Keppler, his staff, our sponsors, and the many other NCNM staff, faculty and students who enable the Foundations Project at every turn.

**BLESSING AND INVOCATION**
4:00 – 5:00 pm
| not required but, all are invited |

Guides
Pamela Snider, ND; Jared Zeff, ND, LAc; Emma Bezy, MSW; Louise Edwards, ND, LAc

Focus
This ceremony will provide a way for all who wish to gather in a sacred circle to share blessings and intentions for the Retreat. Special attention will be taken to honor Dr. William A. Mitchell, as a beloved mentor, friend and teacher. Care will be taken to encourage participation and sharing from diverse traditions while standing in the outdoors in nature and utilizing the Medicine Wheel rubrics which were honored by Dr. Mitchell.

Deliverables and Goals
The intention is to begin the Editors Retreat with positive and strong intentionality, honor and respect to Dr. Mitchell and to our gathering and work, and call in positive energy for our time together.

**VISION PLENARY**
5:00 – 7 pm
Sharing the Roots of Our Vision and Hearing from All Participants

Facilitator
Valerie Campbell

Charge
This vision plenary is intended to have participants share their passion and vision, provide crystallization to the whole purpose of the Retreat, and begin the work with an energizing session that connects participants at a deep level. This will be primarily an open session to 1) share participants’ passions for naturopathic medicine, 2) reflect on what “jewels” participants wish to pass on to the next generation of naturopathic doctors, and 3) claim the intended accomplishments for the Retreat. This session will introduce everyone and connect them at a level of deep enthusiasm for this work for the field of naturopathic medicine. Thoughtful and inclusive participation from all is invited. Senior Editors, besides sharing their deepest hopes for the Project, will be able to show their appreciation for everyone’s presence by presenting each with a gift.

Deliverables and Goals
The group will have bonded at a deep level to enable strong, heartfelt, intellectually rigorous, respectful, collegial, and open dialogue and deliberations throughout the Retreat time. This session will set the tone of deep enthusiasm for the retreat time working together.
**OPENING PLENARY**

8:00 – 9:00 am

Conveners
Pamela Snider, ND; Valerie Campbell

**Charge**
The purpose of this plenary is to set out the rationale, objectives, deliverables, and ground rules for the Retreat.

**INTERNATIONAL EDITORS RETREAT – DELIVERABLES & GOALS**

**THE KEY DELIVERABLE**

*Proceedings which capture the following for each session and related section of the text*

What insights do we have about shared agreements and problems in core textbook sections?

- **Coherence:** Where is there a convergence of views? Where is concordance?
- **Diversity:** Where do we see important and valued diversity?
- **Omissions:** Did we forget anything? Is anything missing in this text section?
- **Controversy:** Where is there any discord? Is there outright conflict?

**PRIMARY DELIVERABLES**

**The Healing Power of Nature (Vis Medicatrix Naturae)**

- Proceedings on the Vis Medicatrix Naturae which capture coherence, concordance, diversity, conflict, areas missing among the editors; and form the base for an “operational” definition of the VMN.
- Six chapter drafts on the Vis Medicatrix Naturae which, with appropriate revision, will be publishable in the textbook and scientific journals

**The Process of Healing**

- Proceedings on the Process of Healing Theory in the form of outlines, executive summaries and visual models which capture coherence, concordance, diversity, conflict, areas missing towards a coherent theory on the process of healing. These proceedings will capture determinants of health and the nature of disease and incorporating naturopathic philosophy principles, laws, our critical inquiry, and Delphi data.
- Exemplar of Lindlahr’s matrix analysis, with Lindlahr’s concepts connected to concepts in new sciences such as Systems Theory.
- The proceedings for this session captured visually and in the form of revised executive summaries and outlines of this section.

**Draft Definition of Spirituality Modality in NM Practice**

Spirit and the VMN Session proceedings which capture a definition (or its elements) that address these criteria and questions:

- Applicable to the cosmology, clinical practice and research of Naturopathic Medicine
- Inclusive of both scientific and phenomenological evidence
- Inclusive of evolving definition of the Vis Medicatrix Naturae
- Humanistic, theistic, non-theistic
- Understandable by anyone watching “Oprah”

What are the defining elements of spirituality? Is consciousness the same as the spirit? Is the Vis/vital force: a manifestation of the spirit? A force used by the spirit? The source of the spirit? The same as the spirit? Unrelated to the spirit? What role does spirituality have in optimal health?
History
Selection and distribution of a sampling of key historical articles for all primary text sections provided to Editors to enhance preparation of their section’s historical foundations.

CLINICAL APPLICATIONS DELIVERABLES
The key deliverable for the clinical application sessions will be proceedings that capture the following for each, and/or resolve key issues specific to these sections through feedback on core and sample chapters. What insights do we have about problems and agreements in these core textbook sections?

- **Coherence**: Where is there a convergence of views? Where is concordance?
- **Diversity**: Where do we see important and valued diversity?
- **Omissions**: Did we forget anything? Is anything missing in this text section?
- **Controversy**: Where is there any discord? Is there outright conflict?

Making Naturopathic Education More Naturopathic
- Vision of the ideal ND graduate
- Changes needed in the content and education process to achieve this ideal future ND graduate

Nature Cure
- Proceedings regarding the definition of nature cure yesterday, today and tomorrow
- Proceedings on coherence, diversity, omissions, controversy in the chapter summary

Primary Care
- Proceedings on the elements of naturopathic primary care
- Proceedings drafted by Ms. Campbell which capture the following for the Primary Care section and session, and/or resolve key issues specific to this section through feedback on core and sample chapters.
- What insights do we have about problems and agreements in these core sections? Did we forget anything? Anything missing? Where is concordance? Where is discordance? Outright conflict? Where do we see important diversity?

Modalities
- Proceedings which capture the following for the Modalities section and session, and/or resolve key issues specific to this section through feedback on core and sample chapters.
- Proceedings which capture feedback on introductory chapter
- Revised section taxonomy
- Review of sample chapter(s): physical medicine, hydrotherapy, other modalities
- What insights do we have about problems and agreements in these core sections? Did we forget anything? Anything missing? Where is concordance? Where is discordance? Outright conflict? Where do we see important diversity? What guidance have we received from the profession’s elders?

Naturopathic Case Analysis and Management (NCAM)
- Proceedings which catalogue revisions to draft NCAM cognitive model pertaining to the core deliverable in terms of:
  - Basic consensus on what should be in an NCAM model
  - Clarity around difference between NCAM, clinical theory, philosophy
  - Insight into what areas of NCAM need further development or clarification
  - Identification of key areas of the reasoning process and conceptual framework of the ND
  - Outline for further development of what case management is in terms of the naturopathic physician’s role and in particular as primary care providers

Clinical Specialties
- Proceedings capturing recommendations to the challenges raised by the editors of this section
- Feedback on the chapter’s format, including revisions to chapter sequence, structural feedback, subheadings/structure consistency with NM codification vs. reductionism, disease oriented or ‘green allopathic’ codification Recommendations captured regarding each of the chapter core importance to the text
• Recommendations on how to allow for the maximum of creativity in the writing of each section

**Algorithms and Guidelines**
• Revisions to and agreements regarding model core algorithm: Where is there coherence? Where is there diversity, which should be reflected in the algorithm? Are there notable conflicts? Are there components of the algorithm missing?
• Participants will understand the distinction between role of algorithms and guidelines

**Moodle Education Site Proceedings**
• Key input to CCACO Philosophy Competencies

**Agency Liaison Proceedings**
• Capturing communications, concerns, requests regarding aspects of the text related to agency standards, positions, core mission

**Overall Text**
• Draft Phase Two Project Timeline reviewed, discussed, understood, agreed upon
• Contracts and policy forms signed and tracked.
• Proceedings documenting restructure, omissions and redundancies in the text outline

**Editors Development**
1. Editors will have an overview of text structure, structure of selected individual sections key issues of these sections to increase coherence between sections.
2. Editors will be able to understand the principles, theory and philosophy of naturopathic medicine in relationship to epistemology, medical phenomenology and the philosophy of science.
3. Editors will be familiarized with the matrix analysis methodology used to develop modern nursing theory, which incorporates the traditional concepts of early nursing literature.
4. Editors will understand how this Matrix Analysis methodology can be applied to concepts in Lindlahr’s Nature Cure, current text models, and new sciences as an editing tool for conceptual coherence (used by the Senior Editors) as they finalize the text.
5. Editors will understand an overview of Systems Theory and how it applies to core models in the text; and will explore solutions for problems raised concerning the core models of the text re order and individualization.

**ADDITIONAL GOALS**
• To connect editors, leads and liaisons to each other as resources and through their passion and vision for the foundations of naturopathic medicine
• To provide Editors, leads and liaisons opportunity to network
• To increase rigor & capacity for scientific exploration of concepts in naturopathic philosophy
• To increase editorial team skills in epistemology, medical phenomenology and systems theory as applicable to naturopathic theory, textbook structure and language.
• To provide Editors with history support pertain to their areas
• To track requests for information for primary sections on international and historical issues
• To provide updated project management and policy overview and the opportunity for questions, clarifications, changes during a critical information session
THE HEALING POWER OF NATURE SESSION

Toward a Common Understanding and Assessment of the Vis Medicatrix Naturaee

9:00 – 10:30 am

Moderators
Pamela Snider, ND, Leanna Standish, ND, PhD, LAc

Panel
The Vis Defined: An Equation– Jared Zeff, ND, LAc presenting for William A. Mitchell, Jr., ND
The Vis Defined – From Vitalism to Paradigm Shift– James Sensenig, ND
NMRA Directives and a Scientific Analysis of the VMN Concept (including comments on spirituality) – Leanna Standish, ND, PhD, LAc
The VMN Defined: Wholism and Whole Person Perspectives– Stephen P. Myers, PhD, BMed, ND
Defining the Vis: The Samueli Institute Model– Wayne Jonas, MD, PhD
Defining the VMN and the Vital Force– Iris Bell, MD, PhD

Charge
The panel will address the question: What is the VMN or the Healing Power of Nature? Each presenter will present a paper (draft chapter with references) and an executive summary of their paper to be included in the editor’s notebook.

- Is the concept of the VMN valid or useful?
- If it is valid or useful then, what is it?
- If it’s useful, can it be measured? Is it important to measure it?
- Is there a transcendent domain of organization that creates the self organizing principle of living organisms and systems?

The paper will address the question which is the subject of the panel. In addressing questions to panel members, participants are invited to explore questions of clarity.

Deliverables and Goals

- Proceedings on the Vis Medicatrix Naturaee which capture coherence, concordance, diversity, conflict, areas missing among the editors; and form the base for an “operational” definition of the VMN.
- Six chapter drafts on the Healing Power of Nature which, with appropriate revision, will be publishable in the textbook and scientific journals
- To increase rigor & capacity for scientific exploration of concepts in naturopathic philosophy
- Draft common elements of the VMN
- Draft models and frameworks for presentation of elements
- Feedback summaries for editors

FACILITATED DIALOGUE

11:00 – 11:30 am

Facilitator
Valerie Campbell

An open dialogue and a breakout session will follow the panel presentations. Following a break after all of the presentations, the entire group will reflect on the implications of what was presented, especially identifying coherence, diversity, conflict, and omissions in understanding and defining the VMN.
BREAKOUT GROUPS
Defining the Elements of the Healing Power of Nature
11:30 – 12:30 pm
Facilitator
Valerie Campbell
Four small groups will further work through their feedback on the panel presentations on the VMN. Each group will be tasked to come up with their recommendations to ensure the core deliverables are met to provide to the editors writing this section of the manuscript.

PLENARY REPORTS
1:30 – 2:30 pm
A spokesperson from the breakout group will report back to the entire group in the plenary after lunch for further group reflection on these results.
EXECUTIVE SUMMARY

The Vis Defined I & II: An Equation

William A. Mitchell, Jr., ND
Co-Founder and Faculty, Bastyr University
Associate Editor

Presented at the Retreat by
Jared Zeff, ND, Senior Editor
Faculty, Bastyr University
Former Dean, National College of Naturopathic Medicine

Intentionally, no executive summary will be provided. Participants are encouraged to read and consider Dr. Mitchell’s chapter in its entirety, as it speaks for itself. As Dr. Mitchell submitted his chapter on the Vis Medicatrix Naturae, he encouraged the editorial team to share it for discussion as soon as possible. In this panel, we honor and celebrate his last wishes as he expressed them to our team three weeks before he died.
EXECUTIVE SUMMARY

Foundations Project Draft Chapter 2

James Sensenig, ND, Senior Editor
Faculty, Southwest College of Naturopathic Medicine
Founding Dean and Faculty, University of Bridgeport College of Naturopathic Medicine

Vis medicatrix naturae
The concept of the Vis Medicatrix Naturae (The Healing Power of Nature) or the physics and its clinical implications is central to the practice of naturopathic medicine.

Precise definitions of these terms are difficult to come by. They are often used in different ways or even interchangeably. To complicate matters further other terms such as vital force, vitality, simple substance, constructive force in nature, and dynamics, are historically used in naturopathic medicine. Similar terms are found in the indigenous healing traditions of most cultures including, prana, chi, life force and others.

In addition the materialistic (Newtonian, Aristotelian) sciences of recent centuries has rejected the idea of a “vital principle” at work in nature. The argument being that the behavior of the physical universe can be explained by physics and therefore one need not allude to an unquantifiable force or agency.

However it is interesting to note that in many areas of science the issue of an intelligent force or organizing principle is an open discussion (1).

Brief History

It is clear that mankind has always striven to understand the world in which he finds himself. With an environment and forces over which he seemingly has no control he has tried to make sense of things through various explanations and models of how things work. The objective reality which is knowable or observable to most everyone appears to have no meaning unless it is understood in the context of something greater or at least more inclusive. As one author puts it, “facts are facts, but facts are never self-interpreting. There is no quarrel with the facts, what the facts mean is another story entirely.”

It is this need to understand what facts mean that has lead man to explain them in a larger context. Historically, this has been the realm of beliefs and stories, of myths and tradition. The world view and one’s relationship to it eventually evolved into common cultural themes and eventually into formal codes. It is the stuff of religion and the stuff of science. There was a time in human history when the keeper and teacher of this knowledge was essentially the same individual, the shaman, the priest, the medicine man.

Later, in the more formal academia of Western Europe, it became the realm of the natural philosopher. Medicine and man’s place in the universe were inseparable.

As the inquiry into nature and things natural became more academic so, too, did it becomes more reductionism and material. By the nineteenth century the developing tools of inquiry and the resulting “science” had succeeded in separating man and medicine from the larger context of the natural world. All phenomena were explained by a material model which did not require the non-Aristolean reality unavailable to “modern science”.

Hence medicine and its practice were separated from the larger context of natural phenomena.

The entry for physician in a medical dictionary from 1868 is revealing in this regard:

PHYSICIAN (from nature). This term once designated the natural philosopher, who was also the medical man; but when the investigation of nature was separated from the art of healing, the name “physician” continued to designate the later only, the former being obliged to seek some other distinctive title.

The physician in the days of Hippocrates and before was acutely aware of the tendency in nature and in the human body to move in the direction of healing and correction of disturbance. This gave rise to the invoking of a concept that there was or is a natural “force” or tendency which always strives “to restore the perfect type” (3) in nature.

This is the physics of Hippocrates and the Vis Medicatrix Naturae of the later European physicians.

This force or power may not be a force or power at all but rather could be understood as the tendency of living systems to maintain life through the constant dynamic equilibrium which characterizes life.
Its clinical importance cannot be underestimated, however, as the manner in which this organizing principle expresses itself through the changes in the organism is observable and can serve as a guide to the physician in his or her intervention. To know whether one is working with or against this tendency is paramount to rational therapeutics and crucial to the practice of medicine.

Interestingly, at the close of the Twentieth Century, the question of an intelligent, organizing, and perhaps beneficent principle behind or beyond all life is the subject of increasing interest in most areas of the materialist sciences.

**Note to colleagues**

There are at least three phenomena which we loosely describe by the terms, vital force, physics, and vis medicatrix naturae. For the publication of this book and for the clarity of purpose needed to describe these ideas we must decide what these terms mean.

Bill Mitchell, was arguing before his untimely death, that *Vis Medicatrix Naturae* describes a natural phenomena, a law of nature, if you will, much like the law of gravity or the second law of thermodynamics. This Law then is always operational and it stands for all time. Different variables interact according to the Law, but the Law by definition never changes. Much like $f=ma$ or $e=mc^2$. In this model, vitality is one of the variables. However, with all due respect to one of our great thinkers, this is not the historical use of the term, as I understand it. Don’t get me wrong. I am not arguing with Dr. Mitchell’s idea, but I do think that we need more rigor in our application is these terms.

*Vitality* can simply be thought of as the amount or magnitude of the energy of resistance to disease, and this is also the historical use of *vis medicatrix naturae*.

The phenomena that we are trying to describe are, I believe,

1. That which resists disease and restores health (the vitality, *vis medicatrix naturae*)
2. The normal or undisturbed field in which the physical body resides (the simple substance of Hahnemann), and
3. The organizing principle of nature, the tendency to balance and perfection.
EXECUTIVE SUMMARY
What Is The ‘Vis’ and Is It a Useful Concept?

Leanna Standish, ND, PhD, LAc
Professor, Bastyr University
Science Section Lead

Naturopathic medicine distinguishes itself philosophically from mainstream medicine by its core principle Vis medicatrix naturae, the healing power of nature. Its insistence on referring to the ‘vital force’ has served to isolate, and perhaps sideline, naturopathic medicine from mainstream conventional and pharmaceutical medicine of the second half of the 20th century, which has been historically based exclusively on scientific materialism. However, the experimental findings from quantum mechanics in physics, neuroscience, and the distant healing literature suggests that scientific materialism is an incomplete description of reality and thus cannot be the sole philosophy of modern medicine. The findings of the ‘new science’ support the concept of biological field effects, macro-entanglement, non-local interaction, and downward causation. A ‘new medicine’ is emerging in the 21st century. Because these concepts have been part of naturopathic medicine for the last 50 years it is naturopathic physicians that are best prepared to enter fully into modern non-Cartesian 21st century medicine.

This short presentation will summarize the diverse contemporary views on the definition of the ‘vis medicatrix naturae’ and describe a potentially useful way to categorize the various concepts. The Vis concept is especially useful if it directs our deep scientific inquiry. In this talk Dr. Standish will suggest methods to address the most cogent ‘Vis’ concepts.
EXECUTIVE SUMMARY

Whole Person Medicine

Stephen P. Myers, PhD, BMed, ND
Director, NatMed Research, The Natural and Complementary Medicine Research Unit
Department of Natural and Complementary Medicine*
Professor, School of Health and Human Services
Southern Cross University
Senior Editor

The concept of treating the whole person derives from an understanding that only treating the physical aspects of an individual is often inadequate to uncover the core of their illness. At its heart is the notion that an individual has many dimensions of which the physical is only one. Intrinsic to this concept is that these dimensions are unified to provide a whole individual who is greater than the simple sum of their parts. While the broad field of naturopathic medicine would agree with these statements, there is no real consensus as to what make up these many dimensions. Different philosophies and world views have different models of the individual that differ significantly.

In order to teach this concept and to share a common language of holism the staff at Southern Cross University’s School of Natural and Complementary Medicine defined a basic model of holism (see diagram). It was important in this defining process to acknowledge that this was only one way of perceiving the individual hence the terminology, a basic model. To remain semantically neutral the model was called ‘A Basic Model of (W)holistic Medicine’.

The model outlines a multi-dimensional approach to the individual, perceiving the individual as having physical, mental and spiritual dimensions that are fundamentally inter-related and inseparable. Physical is defined as the realm of matter; mental as the realm of thoughts and emotions; and spiritual as that dimension of the individual that contains their core beliefs and values which gives rise to their ‘life purpose’, ‘joie de vivre’ and ‘will to live’. While the spiritual dimension of an individual may involve religion and religious beliefs, the concept is equally applicable to individuals who are either agnostic or atheistic.

It is also important to recognise that the individual does not exist in isolation. In this model the individual is placed in a social and ecological continuum of family, community and environment. Here family is defined as all the important relationships in an individual’s life; community as the broader social group or groups of which the individual is a part; and environment the physical eco-system in which the individual lives. In total six elements of whole person care have been defined, which are 1) Physical; 2) Mental; 3) Spiritual; 4) Family; 5) Community; and 6) Environment.

The purpose of this model is to stimulate an understanding of the multi-dimensional nature of the individual and to describe a common language that can facilitate discussion and education. The educational goal of this model is to ensure that naturopathic medicine students have a basic framework on which to base a whole person practice, especially as they make the difficult transition of moving from being a student to a student clinician.
Figure 1: Southern Cross University School of Natural and Complementary Medicine Basic Model of (W)Holistic Medicine 1999.
EXECUTIVE SUMMARY

Defining the Vis Medicatrix Naturae
The Healing Power of Nature
Wayne B. Jonas, MD
President and CEO, Samueli Institute

Objectives
To define healing* and compare and contrast it with cure.
To identify the seven domains of an optimal healing environment.
To explore the naturopathic principle which defines the Vis Medicatrix Naturae¹ and compare and contrast it with the definition of healing* and OHE’s.
To describe approaches for research and evaluation of OHEs in health care.

Summary
Healing is facilitated through the development of proper attitudes and intentions in both the provider and the recipient, use of personal self-care practices that integrate mind and body, creating healing relationships, applying behavioral medicine to development of healthy lifestyles and the appropriate integration of complementary and conventional medical practices. An optimal healing environment [OHE] is one where the social, psychological, spiritual, physical and behavioral components of health care are oriented toward support and stimulation of healing and the achievement of wholeness. This talk will outline the domains of an OHE and discuss challenges and opportunities for the evaluation of the impact of OHEs in health care.

Suggested Reading

¹ Vis Medicatrix Naturae (The Healing Power of Nature) www.naturopathic.org

AANP Definition
The healing power of nature is the inherent self-organizing and healing process of living systems, which establishes, maintains and restores health. Naturopathic medicine recognizes this healing process to be ordered and intelligent. It is the naturopathic physician’s role to support, facilitate and augment this process by identifying and removing obstacles to health and recovery, and by supporting the creation of a healthy internal and external environment.
OVERVIEW OF DEFINITIONS

Definitions

Paragraph Definition of Naturopathic Medicine
Naturopathic medicine is a distinct method of primary health care -an art, science, philosophy and practice of
diagnosis, treatment, and prevention of illness. Naturopathic physicians seek to restore and maintain optimum
health in their patients by emphasizing nature's inherent self-healing process, the vis medicatrix naturae. This is
accomplished through education and the rational use of natural therapeutics.

The Healing Power of Nature (Vis Medicatrix Naturae): Naturopathic medicine recognizes an inherent self-healing
process in the person which is ordered and intelligent. Naturopathic physicians act to identify and remove obstacles
to healing and recovery, and to facilitate and augment this inherent self-healing process.

The Healing Power of Nature (Vis Medicatrix Naturae)
The healing power of nature is the inherent self-organizing and healing process of living systems which establishes,
maintains and restores health. Naturopathic medicine recognizes this healing process to be ordered and intelligent.
It is the naturopathic physician's role to support, facilitate and augment this process by identifying and removing
obstacles to health and recovery, and by supporting the creation of a healthy internal and external environment.

Brief Definitions
The power possessed by the human body of resisting disease and of restoring health.
(Hoblín 1868)

The primary force of all forces, coming from the great central source of all life; an expression of divine intelligence.
(Lindlahr, 1913)

The motive, plan, or spirit animating mind and body expressed as physiological and psychological functionality and
adaptability
(Calabrese)

The self-organizing property of living organisms.
(Standish 1987)
SYSTEMS THEORY PANEL SESSION

Systems Theory: Dynamic Solutions for Complex Problems in Naturopathic Theory & Practice
2:30-3:15 pm

Moderator
TBD

Panel

- Systems Principles and Naturopathic Philosophy: The Human Being as a Complex System
  Christa Louise, PhD, MSW
- Iris Bell’s Presentation on Systems Theory
  Iris Bell, MD, PhD

Charge

The panel is designed as an opportunity for editor development and reflection in support of exploration and improved conceptual rigor and critical inquiry concerning the foundational concepts of the Vis Medicatrix Naturae, spirituality and the process of healing.

The panel will address systems theory providing the editorial team with an overview of the field and its main concepts and terms from Drs. Louise and Bell. Presenters will also address the systems principles that underlie naturopathic clinical theory and discuss the human being as a complex system. Possible solutions for the for problem areas in clinical theory; such as hierarchy vs. holarchy; homeodynamics vs. homeostasis; innate or natural healing order vs. individualization; specific vs. non-specific effects; the Vis as an epiphenomenon of complexity; and nested systems and the web-like interconnections between naturopathic principles and the therapeutic order will be discussed.

Each presenter will present a paper (draft chapter with references) and an executive summary of their paper to be included in the editor’s notebook. The paper will address the subject of the panel. A facilitated reflection with all participants will follow the Panel.

Deliverables and Goals

- Editors will understand an overview of Systems Theory and how it applies to core models in the text; and will explore solutions for problems raised concerning the core models of the text regarding order and individualization
- To increase rigor and capacity for scientific exploration of concepts in naturopathic philosophy

FACILITATED REFLECTION

3:15 – 3:45 pm

Facilitator
Valerie Campbell

A guided conversation will capture reflections on this session, especially as it sheds light on how systems theories can inform the organization and structure of the book and how its foundational concepts fit together.

Editors will understand an overview of Systems Theory and how it applies to core models in the text; and will explore solutions for problems raised concerning the core models of the text regarding order and individualization. Proceedings will capture the key points and conclusions.
EXECUTIVE SUMMARY

Systems Principles and Naturopathic Philosophy: The Human Being as a Complex System

Christa Louise, MS, Ph.D
Executive Director, NPLEX
Associate Editor

The prevailing scientific paradigm (“normal science”) is based on the principles of reductionism, determinism, linear causality, mechanism, positivism, objectivism, and dualism. In medicine, this paradigm breaks down in the acknowledgement of complexity and holism (i.e., phenomena cannot be reduced to simple parts without losing essential properties of the whole), uncertainty (i.e., although events might be determined if one were able to completely characterize the algorithm, the complexity of the human being always involves some things that cannot be known), recognition of variable interactions and feedback loops (i.e., linear causality can only happen in a closed system with few variables, a condition that is not characteristic of any biological system), noetic sciences (i.e., that there are ways of “knowing” that are beyond the limitations of empirical, positivistic methodologies), an understanding of the role of the observer (i.e., the human as observer cannot be totally objective, and subjectivity adds another variable to the system), and acknowledgement of connection between the mind and the body (i.e., body and mind are not dual, separate systems).

At its worst, the current allopathic paradigm is based on a nomothetic science (i.e., one characterized by inviolable “scientific laws”. In this dualistic paradigm, “disease” and “illness” are distinct: disease is caused by external pathogens or internal malfunction, illness is the patient’s perception of the state of her/his health. The process in the allopathic paradigm is on diagnosis (identifying the disease type and classifying it as to an ICD code), and then on treating that disease. “Objective” findings (e.g., lab test results) are pre-eminent. Treatment is primarily pharmacological or surgical, and (supposedly) only those drugs are used for which there is evidence of efficacy and a known mechanism of action. Health outcomes are the result of the physician’s actions, and the goal of therapy is cure, although palliation of symptoms is often the best one can hope for. “Side effects” (i.e., undesirable effects of drugs) are usually treated with additional drugs.

The allopathic paradigm breaks down in several ways. Allopathic medicine is generally ineffective when it comes to treating chronic disease. As lifestyle is increasingly recognized as a primary contributing factor in the pathogenesis of many diseases, the idea that health outcomes are the result of the physician’s actions becomes untenable. Adverse drug reactions (ADRs) are often the cause of morbidity and mortality. Healthcare costs are rapidly rising due to drugs (advertising) and high tech approaches. Patients are increasingly dissatisfied with the cost, the ineffectiveness and side effects of drugs, and the authoritarianism of physicians.

The failure of the prevailing scientific paradigm to account for healing phenomena, and the breakdown of the predominant healthcare system in the United States have led to the emergence of a new scientific paradigm. This entails a move from rationalistic analysis to intuitive synthesis, from linear causality to recognition of mutual causality, from authoritarianism to collaborative partnership, from emphasis on quantity to emphasis on quality, from reductionism to holism and complexity, and from “normal science” to systems science. Naturopathic philosophy embodies the characteristics of this new paradigm. And it is naturopathic philosophy that sets it apart from allopathic medicine and every CAM modality.

Living systems are complex, non-linear, self-organizing systems that constantly exchange energy with their surroundings in a dynamic process in order to maintain themselves (Rubik, 2005). As a living system, the human being is an open system, i.e., it requires input from its environment. Open systems are necessarily complex in the number of variables that affect the system. Complex systems behave in ways that cannot be predicted by analyzing individual parts. Open systems are open to their environment, which makes them are uncontrollable, unpredictable, and necessarily adaptable. Living systems cannot be understood through analysis alone, as they are dynamically complex, parts can relate in many different ways. Complex systems have some surprising properties that run counter to linear common sense, and what seems to be the obvious answer may be exactly the wrong thing to do. The obvious way out in a complex system often leads back in. Complex systems are governed by systems principles.

This leads to the question of how complexity and systems principles are related. The ability to think about complex systems requires systems thinking. Systems thinking requires that one be able to hold multiple perspectives, to be
able to look at a problem in all its dimensions (lateral, vertical, horizontal, deep, circular). It requires the ability to synthesize (bring together) rather than analyze (to break things apart), and to recognize that living systems especially are dynamic, and non-linear. Changing one aspect of a system invariably changes all the others (even if imperceptibly).

Although systems principles can be easily mapped to principles inherent to naturopathic philosophy, it is difficult to determine how these principles should be listed, as naturopathic philosophy is its own system, and all principles in some way interrelate with all the others. The following is a description of some of the principles covered in my chapter; however, the linear nature of a list does not allow a demonstration of the interrelatedness of the principles.

In regard to naturopathic philosophy, perhaps the most apparent systems principle is that of holism. This is the recognition that as an open system, the human being receives input and must function at multiple levels. For example, at the molecular level, the quality of the food (input) the patient eats will affect the body’s ability to function properly; at the level of the subsystem, the state of the patient’s immune system (function) will affect her/his response to a pathogen; at the level of the person, the quality of the patient’s relationships will affect her/his perception of health/illness; at the level of the community, the support the patient receives will affect her his prognosis.

As a modality used by naturopathic physicians, homeopathy takes a holistic view of the patient. In taking a case and considering which homeopathic preparation would best address a patient’s presentation, the practitioner must consider all levels of the patient (at least, that which can be gleaned from an oral interview), including physical symptoms, emotional states, and mental processes. The homeopathic practitioner obtains information from the patient and uses that information to prescribe a homeopathic preparation. One theory regarding the efficacy of homeopathic dilutions (which are diluted beyond the point at which any molecules of the original substance are present), is that the correct remedy retains a molecular signature, or the information the body requires to heal itself.

Another important systems principle is that of hierarchy, or more accurately, holarchy. Every system is part of a suprasystem and it has one or more subsystems. A suprasystem of a human being would be the family. A subsystem of the human being would be the immune system. A subsystem of the immune system would be the lymph system, and the list goes on and on. In this context, the word holarchy is more appropriate than that of hierarchy, because holarchy implies an inextricable nesting. In terms of naturopathic philosophy, the therapeutic order is one such holarchy. No level excludes any other level, and all levels are equally important and work together. Pathology does not proceed neatly from the first level on. And if the level at which the pathology exists is not addressed, healing cannot occur. For example, if a woman’s stomach pain is really a result of the stress in her marriage (at the psychological level), treating her pain only at the physical level can at best palliate the symptom.

The task of the naturopathic physician is to identify that point at which a minor adjustment - e.g., homeopathic preparation- can produce a major change throughout the system. This concept of leverage points is a key aspect when looking at a system from a system dynamics perspective. Naturopathic philosophy recognizes bioindividuality as the pattern of the individual patients’ imbalance. The naturopathic physician must identify the individual patient’s pattern. For example, a naturopathic physician might be able to discern four individual patterns of disharmony in four patients who have been diagnosed - allopathically - with a single disease state). Naturopathic philosophy specifically addresses the idea of self-regulation (the recognition that the body heals itself and the role of the physician is to remove the obstacles to that self-healing), and self-organization (the respect for the patient’s own individual healing process).

A very key concept in naturopathic philosophy is that of emergence. For example, an oxygen molecule combined with two hydrogen molecules may emerge as water, a substance that has the properties of neither the hydrogen by itself or the oxygen by itself. The properties of water could not be predicted by looking at the properties of the two elements individually. Furthermore, one may be able to break water into its constituent parts of hydrogen, oxygen, and energy, but knowing what the parts are and even how the energy is infused does not explain why the properties of the whole (water) are so different from the properties of the parts. From a naturopathic point of view, the Vis Medicatrix may be the ultimate emergent property, one which will never be fully explained even if the constituents can be precisely identified.

Systems science has taught me that human attempts at explanation can be, at best, approximations of reality, because from an empirical viewpoint, human minds cannot simultaneously hold lateral, vertical, horizontal, deep, and circular perspectives. The noetic sciences perhaps have more to offer in explanation of the effects of
naturopathic medicine than the physical sciences, because they represent a synthesis that cannot be attained through the analysis required by the prevailing scientific paradigm. Recognition of systems principles and the need for systems thinking is a potential bridge between the two.
SPIRITUALITY SESSION

"The Vis or More Than the Vis? This is the Question."
Toward a Definition of Spirituality in Naturopathic Medicine

4:15 – 5:45 pm

Facilitator
Valerie Campbell

Panel
Emma Bezy, MSW; Louise Edwards, ND, LAc

Charge
This session will address the definition challenge of spirituality and its relationship to naturopathic medicine. A definition will be explored that can be applicable to the cosmology, clinical practice and research of naturopathic medicine. It needs to be inclusive of evolving the definition of the Vis Medicatrix Naturae, humanistic, theistic, non-theistic, and understandable by anyone watching The Oprah Show.

Basic Premises
1. All healing occurs because of inherent, intelligent self ordering, independent of conscious intent or focus.
2. Consciousness exists and thoughts are manifestations of consciousness.
3. Thoughts directly affect biochemistry and physiology
   → Consciousness/spirit > Mind/Emotions > Biochem. > Physiology
4. There is scientific evidence of being able to:
   a. Create/influence internal and external form and events through intention, prayer, and meditation:
   b. Can affect physiology (i.e. placebo/nocebo)
   c. Can affect other individuals, groups and conditions in environment.
   d. Gain information without using 5 senses via remote perception, intuition, dreams
5. Groups potentiate the effects of prayer, meditation, intention = co-creation.
6. According to current theories in quantum physics:
   a. There are no boundaries or margins therefore all things are interrelated and interdependent.
   b. All matter is organized energy emerging from fields of potential.
   c. Basic particles flick in and out of existence.
   d. Events can be non-local meaning: happening immediately, over any distance without application of any force, energy or signal.
   e. Time is not linear.
7. According to systems theory, with increasing levels of complexity there are emergent properties that can not be predicted by studying the preceding, simpler level.
8. Love/compassion is a theme in all world traditions as source of healing.
   a. Measurable effect on physiology and psychology.
   b. Re-establishes “harmony” within self and with the greater whole
9. Participation in spiritual practice correlated with multiple beneficial effects:
   a. i.e. longer life span, shorter hospital stays, fewer reoccurrences,
   b. lower levels of meds
10. Spiritual development can enhance effectiveness of healer and patient’s ability to heal.
11. There is coherence among the basic principles of most of the world’s major spiritual traditions and with the principles of Naturopathic Medicine and with the premises listed above. (ref. “Roots Chapter” summary)

Questions
1. What are the defining elements of spirituality?
2. Is consciousness the same as the spirit?
3. Is the vis/vital force:
   a. a manifestation of the spirit
   b. a force used by the spirit
   c. the source of the spirit
   d. the same as the spirit
   e. unrelated to the spirit
4. What role does spirituality have in optimal health?

**Deliverables and Goals**
Clarification or articulated conflict about the consensus of how spirituality is a part of naturopathic medicine and its practice. It will be very helpful to be able to weave spirituality into the text based upon the decisions and dialogue that happens at the Editors Retreat.

Spirit and the VMN Session proceedings which capture a definition (or its elements) that address these criteria and questions. Criteria should be applicable to cosmology, clinical practice and research of naturopathic medicine, inclusive of both scientific and phenomenological evidence, inclusive of evolving definition of the Vis Medicatrix Naturae, humanistic, theistic and non-theistic; understandable by anyone watching *The Oprah Show*. The questions above will be discussed and editors will see where those present at the Retreat stand in relationship to the questions.
EXECUTIVE SUMMARY

Spirituality

Emma Bezy, MSW; Louise Edwards, ND

“I want to demonstrate that spiritual values have naturalistic meaning, that they are not the exclusive possession of organized churches, that they do not need supernatural concepts to validate them, that they are well within the jurisdiction of a suitably enlarged science, and that, therefore they are the general responsibility of all mankind.”

Religions, Values and Peak Experiences, Abraham Maslow

“As we go forward, let us be bold and creative, but let us also be humble...we might adopt as a motto for this field the comment of astronomer-physicist Sir Arthur Eddington: “Something unknown is doing we don’t know what”

“How Healing Happens: Exploring the Non-Local Gap” Larry Dossey, MD

Components used to define “Spirituality”

- Transcendent dimension
- Sacredness of Life
- Idealism

Meaning and Purpose in life
Material Values
Awareness of the Tragic
Mission in Life
Altruism
Fruits of Spirituality

Toward a Humanistic Phenomenological Spirituality, Definition, Description and Measurement - Full article in retreat materials

Existential Reality: Experiences, Meaning/purpose in life, Hope
Connectedness/Relationship with Self, Others, Nature & Higher Being Characterized by: Love, Harmony and Integrative wholeness

Transcendence

- Power/Force/Energy: Creative energy
- Guidance: Inspiration
- Life Giving: Life Giving

“An Integrative Review of the Concept of Spirituality in the Health Sciences”

- Search for Meaning and Purpose
- Sense of Connection with Others
- Transcendence of Self
- Sense of Inner Peace and Well Being
- Faith

Cleveland State U., School of Nursing, Cheryl Delgado, RN, MSN

- Personal life principle
- animator being God
- quality relationship transcendent

Nursing literature search, 1963-1989, screened for key words in definitions of spirituality, Trinity Christian College

Definitions of “Spirituality” (spirit and spiritual)

“Spirit” is the animating center of the individual, the foundational core from which the individual encounters the larger universe. Jared Zeff, ND, LAc.

“Spiritual”

1. Belonging, referring or relating to the spirit or soul rather than to the body or to physical things.
   - Synonym: incorporeal, spectral, astral, disembodied, psychic, mental;
   - Antonym: physical, material.
2. Belonging, referring or relating to religion; sacred, holy or divine.
   - Synonym: sacred, holy, religious, devotional, ecclesiastical
   - Antonym: secular, worldly.
3. Belonging
   - Referring or relating to, or arising from, the mind or intellect;
   - Highly refined in thought, feelings, etc.
4. Belonging, referring or relating to spirits, ghosts, etc. http://www.allwords.com/word-spirituality.html
“Spirituality, which comes from the Latin, spiritus meaning “breath of life,” is a way of being and experiencing that comes about through awareness of a transcendent dimension and that is characterized by certain identifiable values in regard to self, others, nature, life and whatever one considers to be the Ultimate.” -Toward a Humanistic-Phenomenological Spirituality: Definition, Description and Measurement. J of Humanistic Psych 1988; 28; 5-17

“A high level of faith, hope and commitment in relation to a well-defined world view or belief system that provides a sense of meaning and purpose to existence in general and that offers an ethical path to personal connectedness with self, others and a higher power or larger reality.” -Review of spiritual health: definition, role, and intervention strategies in health promotion. Am J Health Promote. 1995;9:371-381

By ‘spiritual,’ I mean the sense of connectedness with a factor in the universe that is wiser and more powerful than the individual sense of self and that is infinite in space and time. -How Healing Happens: Exploring the Non-Local Gap, Larry Dossey, MD
APPENDIX

1 SPIRITUALITY DEFINITION

“A high level of faith, hope and commitment in relation to a well-defined world view or belief system that provides a sense of meaning and purpose to existence in general and that offers an ethical path to personal connectedness with self, others and a higher power or larger reality.”

2 ROOT CHAPTER SUMMARY

Summary/Abstract: Basic Philosophical Principles Shared by Major World Religions and Naturopathic Medical Philosophy with some Organon Refs. to Spirit,

Emma Bezy, MSW
from Chap. 38, Roots of Naturopathic Medicine and World Religions

Philosophies of naturopathic medicine and of major world religions share beliefs that:

• Life is inherently and innately intelligent, self-ordering, unified
• Life is one interconnected whole
• Illness arises from disruption of that order (illness is compensatory attempt to regain balance, demonstrates order)
• Life is based on a powerful invisible ‘force’
• The human body is sacred, and it’s important to eat healthily and regularly, spend quiet time in prayer, reflection, meditation, etc.
• Disease symptoms are messages to find underlying cause, which often relate to disconnection and alienation from one’s Creator/Source
• It’s best to do gentle corrections/interventions first
• Similar restorative practices are recommended by both
• It’s important to see illness in context of family, culture, environment, patterns, rhythms, forces of nature
• The quality of relationship that the person has with their doctor or spiritual elder is important to healing
• Illness is caused and healing stimulated by thoughts, emotions, physical factors and spiritual issues
• Thought, word and deed are all facets of the continuum of creation
• The body is in the cosmos and cosmos in the body
• Disease is a result/reflection of disharmony/imbalance within the person, and that balance must be restored
• It’s important to maintain balance within the person and with nature

Homeopathic leader Samuel Hahnemann articulated the centrality of spirit to health and healing in these paragraphs of The Organon:

• It is the disease-tuned life-force alone that brings forth diseases…The disappearance…of all disease manifestations…just as certainly involves the restoration of the integrity of the life principle and…necessarily presupposes the return of the health of the entire organism. (#12)
• Symptoms are the outward reflection of the suffering of the life force. (#7).
• In the healthy human state the spirit-like life force that enlivens the material organism as dynamis, governs without restriction and keeps all parts of the organism in admirable, harmonious, vital operation, as regards both feelings and functions, so that our indwelling rational spirit can freely avail itself of this living, healthy instrument for the higher purposes of our existence. (#9) Similarly, world religions all teach beliefs, practices, and behavioral guidelines for establishing and restoring harmony within/between people, making them ‘healthy instruments’ in service of the higher purposes
• The material organism…produces its life functions solely by means of the life principle, the life force that enlivens the material organism in health and in disease. (#10)
• When a person falls ill, it is initially only this spirit-like, autonomic life-force (life principle), everywhere present in the organism, that is mistuned…to abnormality, inducing the irregular functions we call disease. (#11)
• The only way the medical-arts practitioner can remove diseases …is by the spirit-like tunement-altering energies of the serviceable medicines acting upon our spirit-like life force. (#16)
3 SPIRITUALITY MODALITY CHAPTER OUTLINE

Emma Bezy, MSW
Louise N. Edwards, ND, LAc

I. Introduction (keep it brief)
   1. Universality of Spirituality
      a. Not unique to Naturopathic Medicine
      b. Reference Emma’s Chapter on Roots
   2. Distinction & overlap between Spirituality and Religion
      a. Compare and Contrast
         i. Doctrines and Faith
         ii. Intersession & Personal relationship with “Divine”
      b. Commonalities among religious doctrines & scriptures
         reference but don’t list
         include references to chapters & books that cover
         i. Respect for all traditions
            - Even if practitioner is agnostic or atheist, must
            acknowledge the power of beliefs held by pt. and family
      c. Need for doctor to declare any religious agendas
         i. Reference to Clinical section, Chapter 83
      d. Agnostics
         i. Work without belief - religious or spiritual
         ii. May work better with belief

II. Brief History of Spirituality in the Profession
   a. (Our checkered past)
      Was spirituality included more in past?
      Check history in old schools before their demise
      Spirituality in current education - not much
      Did emphasis on science contribute to less focus on spirit
      Personal practice freq, not as much in clinical
      Now allopathic schools include it in curric. more than we do
   b. Do not have common tradition or language in profession
      i. Frequently included, written about and used in practice
      ii. Mostly religious
   c. We are distinguished by wholistic perspective of the pt.
      i. Any form of medicine, done consciously and with awareness of the whole organism being
         treated and it’s relationship to it’s environment and context is by nature spiritual medicine.
         (Emma)

III. Definition
   1. Historical
   2. Current (Process of creating definition may be included if appropriate)
      a. Strengths & Inadequacies (if necessary)
      b. Discuss things that are raised in the definition
      c. Connection with Nature as spiritual experience
         i. connection with life force and cycles of nature

IV. Spirituality and the Vis Medicatrix Naturae
   1. Spirituality, Consciousness, The Vis and Energy
a. Are they the same single source, or different
   Vis is similar to what most religions consider as God/life force
b. Correlations and distinctions between Spirit and Consciousness
c. Do they emerge from one another
d. Models of interrelationships
e. Vitalism and Mechanistic perspectives
f. Evolution of Consciousness
   “We are not humans having a spiritual experience, rather we are spirits having a human
   experience.”  Teilhard de Chardin

V. Spirituality and Science
   (This section may be redundant. May include if not duplicative of other chapters. Checking with other writers on
   this.)
   1. History of division (just note, not detailed)
      a. Acknowledge the Mystery & limits of science
   2. Pioneers in interfacing Spirituality and Science
      a. Who are Naturopathic Pioneers?
         (Bastyr, Lindlahr, Spittler, need more research on this)
      b. Non MDs
         Candace Pert, Bruce Lipton, Larry Dossey, John Aston, Stanford (per Pamela Snider), Ken
         Wilber’s Integral model
   3. Quantum Physics
      i. New definition of reality
      ii. Support for invisible/energetic being equally real as solid matter.
         iii. Local and non-local consciousness
   4. Wholism vs. reductionism
      i. Systems Theory vs. Scientific Method
   5. Psychoneuroimmunology
      a. Beliefs, emotions affect biochemistry, physiology
         Beliefs about how God judges our behavior, rewards or punishes us, forgives us or condemns us,
         can all relate to causes of illness and ability or inability to heal
      b. Placebo and Nocebo
   6. Brain research
   7. Heartmath studies: Showing the heart’s energy field & what can influence it

VI. Correlations with Naturopathic Principles
   1. “Tolle Causum” - “Identify and treat the cause”
      a. Spiritual “imbalances” as Cause
   2. “Tolle Totum” - “Treat the whole person”
      a. Inextricable interrelationship of Spirit, Mind, Emotions
         & Body
         i. Biochemical cascades triggered by person’s “State”
            psychoneuroimmunology principles
         ii. Illnesses aggravated by:
             loss of faith, guilt, self judgment
             living out of alignment with beliefs & values
      b. Whole person within the context of the greater Whole
         i. Awareness of the interconnectedness of all beings.
   3. Spirituality as a “Determinant of Health”

VII. Application in Practice
   1. Love and Compassion
   2. Prayer and Intention (distant intentionality)
a. Co-creation
b. Guilt, shame and self blame about “creating illness”
   i. No blame if unaware of correlation
   ii. Teach to be conscious of intentions & creation
   iii. Measurement or energy fields created when groups pray together
   iv. Doctor must also be nonjudgmental
      - avoid blaming
c. Effects without belief or knowledge of prayer
3. Meditation
   a. Cumulative effect of multiple meditators
      i. TM studies that demonstrated decrease in crime rates etc....
4. Conscious Breathing
5. Mindfulness, Reflection, Contemplation
6. Intuition, Revelation and Dreams
   a. Demonstrated ability for conscious human intention to impact other living organisms: cells, seeds, plants, animals, people
      - In close physical proximity, at a distance,
      - Separated by lead lined Faraday booths
   b. Patient and Practitioner
   c. Psychosis vs. spiritual lens
7. Meaning, Purpose and Connection to “Higher Power”
   a. Suffering, Learning and Healing
      i. Spirituality gives life context, meaning, purpose
      ii. Illness as opportunity/crisis challenging one's sense of meaning
         - Can trigger a reassessment of life's meaning and beliefs about how we get health, illness, healing and what that has to do with God.
         - “Life as a lesson plan”
   b. Disconnection from Divine as obstacle to cure
      i. i.e. abuse, lack of self worth, isolation, lack of purpose, feeling abandoned by God.
8. Faith and Hope
   a. Overlap with placebo research
      ref. Chapt. 40, g on Placebo Effect, Standish
   b. Stages of Faith, James Fowler
9. Forgiveness
   a. Emphasized in all religions
   b. If the patient perceives they have been harmed act of forgiving may be key to their healing
   c. Self forgiveness
   d. Stanford forgiveness project, Fred Luskin
10. Service/altruism
11. Ritual
   a. Clarify quality of ritual and presence consciousness, intention, focus
12. Communion/community
   a. People who actively participate in some religious or spiritual practice or community DO live longer, are healthier, have fewer hospital days, can use less medication etc.
13. Joy/celebration
14. Gratitude
15. Spiritual Biography
   a. Correlations with health and disease
16. Illness as stimulus for spiritual reflections & connection
17. “Healing” into Death (this could be it’s own section)
   a. Spirit’s transcendence of body

VIII. Therapeutic Order and Relationship to other Modalities
1. Place in the Therapeutic Order
   a. “Re-establish the basis for Health”
   b. “Stimulate the Vis”
2. Other Modalities
   a. Homeopathy
   b. Counseling
   c. Yoga
   d. Energy therapies
   e. Nutrition
   f. Craniosacral
   g. Hydrotherapy
      i. baptism, cleansing
   h. Music & Art
   i. Movement, Dance
   j. Essential Oils and Incense
3. Practices in common among most spiritual traditions on the planet

IX. Docere and Prevention
1. Teaching, empowerment and prevention
   a. By teaching all of the above
   b. Help patients reframe illness from being random, God's punishment, etc, into
      a meaningful opportunity.

      “May we always remember where we come from.
      May we see the whole in every part.
      May your blessings pour through to everyone,
      as love pours from my heart.”
DAY 2
deepening our common context
Tuesday | April 3, 2007

EPISTEMOLOGY & MEDICAL PHENOMENOLOGY SESSION
A Primer with Implications for Naturopathic Theory
8:15 – 9:00 am
Moderator
TBD
Presentation
Setting Principles of Naturopathic Medicine within Philosophy of Science
Christine R. Grontkowski, PhD

Charge
The presentation is designed as an opportunity for editor development and dialogue expanding conceptual rigor and sophistication concerning the foundational concepts of naturopathic philosophy as a whole system in the context of classical epistemology and medical phenomenology.

Dr. Grontkowski will distinguish between epistemology and ontology (metaphysics), exploring the kinds of questions philosophers ask, leading to distinctions between observation and theory and the role of language in the sciences. In addition, she will address:

- What there is (what do we admit into our ontologies?) and how do we know or judge the truth value of what there is (what constitutes our epistemology?).
- The above in the tradition of phenomenology, emphasizing the difference between being as a single essential quality and being as an object in context. Expand context from the material to communal, societal, and historic.
- The field of phenomenology and medicine, giving examples of the physician-patient relationship.
- Invite comments relating the practice of naturopathic medicine to all of the above.

Deliverables and Goals
- To increase rigor & capacity for scientific exploration of concepts in naturopathic philosophy.
- Editors will be able to understand the principles, theory and philosophy of naturopathic medicine in relationship to epistemology, medical phenomenology and the philosophy of science.

REFLECTIVE DIALOGUE
9:00 – 9:30 am
Facilitator
Valerie Campbell

A facilitated discussion will follow this presentation reflecting on editors’ understanding, discoveries and questions as they explore the objective of setting philosophy, principles and theory of naturopathic medicine within the discipline of the Philosophy of Science.
EXECUTIVE SUMMARY

Setting Principles of Naturopathic Medicine within Philosophy of Science—

Christine R. Grontkowski, PhD
Professor (retired)
Former Provost and Academic Vice-President,
Frostburg State University, University System of Maryland

Objective
To set principles of naturopathic medicine within Philosophy of Science

To lead into the question of medical epistemology it is fitting to review some of the background in Philosophy of Science. Epistemology is literally, from the Greek, the study of knowledge. This distinguishes epistemology from ontology, literally the study of things. Ontology is linguistically and in contemporary usage equivalent to the term “metaphysics.” The significant distinction between these two terms is that philosophers ask different kinds of questions in the attempt to understand and articulate the relationship between external objects/entities and our understanding of them. Ontology is the study of what there is, what kinds of things there are, what is real. Epistemology is the study of what we know and how we know it.

Philosophers ask, for example, “What do scientists mean when they say that statement x is true or not true?” What is the status of truth claims in science? What are our criteria and what is the evidence for these? Answers to these epistemological questions require consideration of metaphysics: What kinds of things are there? What is real? Otherwise stated: What do we admit into our ontologies? This in turn leads to the concept of conceptual frameworks: what do philosophers really do when they reflect on/write about science?

Contemporary conceptual frameworks require a distinction between observation and theory and this raises questions about the status of theoretical entities. The two major positions in the last half of the twentieth century are characterized as realism and instrumentalism. In brief, realism maintains that theoretical entities such as atoms, electrons, and neutrons do actually exist and they make up the microphysical reality of observable physical objects. Instrumentalism maintains that theoretical entities are tools for understanding the characteristics of observable objects and are not “truly real” in the way those macrophysical objects are. Further questions about the status of theories include: what is the explanatory power of any given theory? What makes one theory better than another? More comprehensive? Tighter? What are the kinds of theories: coherence? Correspondence?

There is much overlap between epistemology and logic, one of the most important being the relationship of inductive to deductive reasoning concerning the empirical strength of the former and the logical-mathematical strength of the latter. There are also questions about whether quantum logic has to be non-classical, that is, whether the both-and form of complementarity is compatible with the either-or form of traditional Western logic. These issues also raise questions about the nature of mind and what is prior: mind or experience? Are there a priori elements to which experience conforms or are these the results of sense experience, generalized and extrapolated?

The most significant theories in epistemology in general are dependent on positions taken with regard to the following distinctions: mind/matter, essence/appearance, knowledge/belief, and subject/object. In almost all classical cases these are forms of dualism and the first term is considered to be prior to and more significant than the second. Hence, for example, in the Platonic-Cartesian framework, mind is fundamental and all experience is explained according to the manner in which mind organizes it. The essence/appearance distinction is the most ontologically rigid, with the search for knowledge being completely dependent upon the priority of “the thing in itself.” Appearance is relegated to that which is changeable or accidental as opposed to that which is essential and, in order to understand anything we must first know what is real as distinguished from how a thing appears.

Knowledge and belief are similarly connected. Knowledge is of the essence of something; belief refers to the appearance and its truth value is never as high as the truth value of knowledge. Subject/object dualism has an epistemologically more complicated history. For Descartes, Hume, and even Kant purely philosophically, the subjective is without question the most significant component. For the sciences, however, beginning as early as the time of Newton the matter component of mind/matter and the object component of subject/object are primary. Kant’s final position on the synthetic a priori is aligned with that of the sciences.
For scientists objects are known outside of or independently of the subject. Consequently, there are many safeguards for objectivity: no investigative bias, double-blind experiments, replicable experimental results, proper experimental design. Much of the 19th century scientific effort was spent to establish science as free of the influence of the subjective. With the 20th century came the recognition that this is not always possible. Quantum mechanics places the observer at the very heart of the experiment and establishes the perturbation theory of measurement. Another example is that of Eddington’s “two tables.” Which is the real world? If the macrophysical is the real, what is the status of theoretical particles? If the microphysical is the real, what is the status of classical objects? Such questions lead to further reflection on the history of science itself and ultimately to questions about revolution in the sciences. How does the history of a problem contribute to its present formulation? One might illustrate this by considering three different “pictures” of the universe: the Aristotelian, the Newtonian, and the Einsteinian. Is there one world which the sciences describe and explain? Or is there a series of world views which the sciences describe and explain but whose truth value is with respect to one another and not to the world?

In his Structure of Scientific Revolutions, Thomas Kuhn distinguishes several patterns of discovery. The first is what he terms normal science which sets the conceptual framework for a certain period of time. The second is the occurrence of an anomaly, something which does not and cannot be made to fit the normal pattern. The third is the result of re-thinking assumptions, patterns, and experimental data and of devising a whole new theory, the revolution.

Another philosophical development that is central to contemporary epistemology is that of phenomenology. The term from the Greek means the study of appearance and can be traced in the Western philosophical tradition to Husserl, Heidegger, and Merleau-Ponty. In this tradition, however, appearance is not contrasted with reality or essence as it is in the more dualistic approaches. The term “phenomenon” is used rather as a way of describing entities in context. Phenomenology emphasizes that our understanding of the natural world arises from the multiple ways in which entities appear. Heidegger in particular stresses the concept of entities (objects, things, state of affairs) as appearances in the “Lifeworld” (literally “Lebenswelt”). The relationship between phenomenology and metaphysics, then, can best be described as one that allows the phenomenological perspective to enrich traditional metaphysics by regarding that-which-is in perceptual, communal, cultural, and historical diversity.

The history of Western medicine has followed very closely the development of the natural sciences---physics, chemistry, and biology. Intellectual inquiry, research programs, and clinical practices reflect those traditional values. As Christa Louise points out, the conventional 20th century allopathic explanatory strategy has been described as adhering to the following principles: objectivism, dualism, reductionism, positivism, determinism, and mechanism. (Systems Principles and Methodologies Within a New Research Paradigm: Assessing the Effects of Naturopathic Medicine. Portland State University, 2000). Much of the content of these principles, and hence the medical practice, is heavily involved in both diagnosis and treatment of illness and disease. Once the cause of the disease, whether a bacterium, a virus, a genetic disorder, or an organic malfunction, has been established treatment is directed at the specific causal agent.

A very new field in the philosophy of science is phenomenology of medicine. This approach emphasizes that it is important to consider Heidegger’s concept of the Lifeworld as at least as valuable as conventional medicine and more inclusive of other areas of human experience. Patrick Heelan, in describing this viewpoint, notes that each human subject “inherits. . .language, culture, community, a set of cares. . .that give meaning, structure, and purpose to the Lifeworld one shares with one or more communities.” (in Handbook of Phenomenology and Medicine, edited by Kay S. Toombs, Kluwer Academic Publishers 2001, p. 50). This field concerns itself, not only with illness, but with such concepts as “the lived body.” As such the body is not merely an existing object but also an intentional entity that reveals a dynamic relationship between body and world or an embodied consciousness that is engaged in the surrounding world. Thus, the lived body exists and operates in a context that is mental, emotional, and social, as well as physical. Consequently, physicians who practice within the broader context of phenomenology of medicine are concerned not only with the immediate cause of a disease (although that and its treatment are of paramount importance) but with the implications for the whole individual. Toombs emphasizes the need for effective communication with patients, recognizing and alleviating suffering both physical and emotional, grasping the experiential characteristics of illness such as pain, and understanding the long-term effects of chronic illness and disability. She also points out that “in the context of clinical medicine, ethical discussion and decision-making must necessarily address the existential predicament of the particular suffering individual who seeks help. . .”
As such, it seems to me that the field of phenomenology is enormously compatible with the principles of naturopathic medicine and that there will be much more mutual influence in the literature of the future. I welcome questions and comments relating the practice of naturopathic medicine to all of the above.
PRESENTATION OUTLINE

Epistemology & Medical Phenomenology

Christine R. Grontkowski, PhD

Objective

To set principles of naturopathic medicine within the context of philosophy of science.

1. Distinguish between epistemology and ontology (metaphysics). Epistemology is literally the study of what we know and how we know it. Ontology is the study of what there is, what kinds of things are there, what is real.
2. Kinds of questions philosophers ask: What do scientists mean when they say _____? What is the status of truth claims in science? This in turn leads to the distinction between observation and theory.
3. Questions about the status of theoretical entities: distinguish between realism and instrumentalism; consider the difference between either-or logic and both-and logic. What is the explanatory power of any given theory?
4. Questions about the role of language in the sciences.
5. All of this is in the effort to say what there is (what do we admit into our ontologies?) and how do we know or judge the truth value of what there is (what constitutes our epistemology?).
6. The most significant theories in epistemology are dependent on positions taken with regard to the following distinctions: mind/matter, essence/appearance, knowledge/belief, subject/object.
7. Address the above in the tradition of phenomenology, emphasizing the difference between being as a single essential quality and being as an object in context. Expand context from the material to communal, societal, and historic.
8. Introduce the field of phenomenology and medicine, giving examples of the physician-patient relationship.
9. Invite comments relating the practice of naturopathic medicine to all of the above.
KEY TERMS
Epistemology & Medical Phenomenology Presentation

Epistemology: the study of what we know and how we know it
Ontology or metaphysics: the study of what there is, what is real
Phenomenology: a sub unit of ontology in which that which is real is considered in a context (this may be physical, cultural, moral, social, etc.)
Cosmology: the study of the world/universe to the extent that we can know it; a world view.
Principles: fundamental or general articulation of applying what is known to process or usage within a discipline
Theory: an overarching conceptual framework
Doctrine: that which is taught within a discipline
Laws: statements or procedures that establish the relationship between principles and theories
Rules: a subset of laws, often in more detail
Tenets: a set of beliefs shared by a profession, group, etc.
THE PROCESS OF HEALING SESSION

_Towards a Unified Theory Mapping Naturopathic Philosophy, Theory, Principles & Laws_

10:00 – 11:45 am

**Moderator**
Roger Newman Turner, ND, DO

**Panel**

**Introduction**
Pamela Snider, ND; Jared Zeff, ND, LAc; Stephen P. Myers, ND, BMed, PhD
James Sensenig, ND; & Joseph E. Pizzorno, ND

**Researching Nursing Theory: How We Did It:**
_A Matrix Analysis Exemplar of Lindlahr’s Nature Cure_
Mary Koithan, RN, PhD, APRN, CNS

Jared Zeff, ND, LAc, Pamela Snider, ND; Stephen P. Myers, ND, BMed, PhD; & James Sensenig, ND

**Reflective Voices—The Process of Healing**

_CCACO and FNM Delphi Survey-Early Trends_
Christina Arbogast, ND

_Genomics and Functional Medicine Principles-Implications_
Joseph Pizzorno, ND

_The Nature of Disease, the Adaptation Response; Toxemia Today_
Roger Newman Turner, ND, NO

_Assessment, Individualization and the Therapeutic Order_
Iva Lloyd, ND

_Homeopathic Perspectives_
Herb Joiner-Bey, ND

_A Cosmology: Context for the Process of Healing_
Mitchell Stargrove, ND, L.Ac

**New Executive Summary of Theoretical Framework & Graphic**
Jared Zeff, ND, LAc, Pamela Snider, ND; Stephen P. Myers, ND, BMed, PhD; & James Sensenig, ND, Joe Pizzorno, ND

**Charge**
The panel will address emerging constructs in naturopathic clinical theory and philosophies which express naturopathic physicians' world view, understanding of the process of healing, how disease or illness develops, and what creates, sustains, and supports health and vitality, and what disturbs or obstructs it. Panel members will base their presentations on the world views and core models on naturopathic theory, principles and laws used as the basis for contributors' submissions. A Draft Executive Summary and visual “map” of clinical theory will be represented which captures key trends as a next. Discussion will invite exploration of language, and the relationship between theory, principles and philosophy in presenting a coherent theory.

**Aim**
This panel is the “think tank” preceding small group work on refining the naturopathic clinical theory executive summary and graphic map in the breakout sessions to follow. These important perspectives, criticisms, and recommendations form the critical inquiry necessary to refine naturopathic clinical theory which reflects the traditional heart of naturopathic philosophy, principles and laws and tenets of healing and correlates it with emerging perspectives in the field and among thought leaders in other health and scientific disciplines.

Each presenter will present an executive summary of their paper to be included in the editor’s notebook. The paper will specifically make recommendations for written or visual changes to the chapter and the models in the chapter: _Hierarchy of Healing, the Therapeutic Order_, applying the subject of the presentation to the chapters theory and models (Therapeutic Order, Model of Healing, Determinants of Health and Laws of Healing (Lindlahr, Sensenig); and AANP principles. Panel members are invited to explore or address the questions below, among others. An open dialogue inviting collective critical thinking and breakout sessions will follow the Panel. Presenters should expect that participants will have read supporting materials.
Deliverables and Goals
Proceedings on the Process of Healing in the form of outlines, executive summaries and visual models which capture coherence, concordance, diversity, conflict, areas missing towards a coherent theory on the process of healing. These proceedings will capture determinants of health and the nature of disease and incorporating naturopathic philosophy principles, laws, our critical inquiry, and Delphi data.
Exemplar of Lindlahr matrix analysis, with Lindlahr’s concepts connected to concepts in new sciences such as Systems Theory.
The proceedings for this session captured visually and in the form of revised executive summaries or outlines and visual depictions of this section.

Editors Development
1. Editors will have an overview of text structure, structure of selected individual sections key issues of these sections to increase coherence between sections.
2. Editors will be able to understand the principles, theory and philosophy of naturopathic medicine in relationship to epistemology, medical phenomenology and the philosophy of science.
3. Editors will be familiarized with the matrix analysis methodology used to develop modern nursing theory, which incorporates the traditional concepts of early nursing literature.
4. Editors will understand how this Matrix Analysis methodology can be applied to concepts in Lindlahr’s Nature Cure, current text models, and new sciences as an editing tool for conceptual coherence (used by the Senior Editors) as they finalize the text.

CRITICAL INQUIRY DIALOGUE
11:45 am – 12:15 pm
Facilitator
Valerie Campbell
A dialogue will be facilitated for the entire group to bring critical inquiry to their reflections on the panel presentations giving participants the opportunity to share discoveries, excitement, questions, and concerns to take into the Breakout Groups for further refinement to clarify the convergence and discord.

BREAKOUT GROUPS
Towards a Unified Theory Mapping Naturopathic Philosophy, Theory, Principles & Laws
1:15 pm – 3:15 pm
Facilitator
Valerie Campbell
Four groups will move into breakout sessions. Each group is charged to create an executive summary and/or outline and a visual presentation of the Process of Healing theory and chapter. Creative materials will be available for use. This exercise will be an effort to unify the submissions received so far on the current models and chapter.
Visual depictions can be diagrams, charts or other illustrations. Each group will have nearly two hours for their deliberations. Each group will select a spokesperson and report back at the Plenary at 3:15 for 5 minutes.

PLENARY REPORTS
Revisions & Coherence for a Unified Theory Mapping Naturopathic Philosophy, Theory, Principles & Laws
3:15 pm – 4:15 pm
Facilitator
Valerie Campbell and Spokespersons from each breakout group
The breakout groups will present their determinations in a diagram or illustration of the Process of Healing. The entire plenary will then reflect upon these results and determine where there is coherence, diversity, missing elements or concepts, new epiphanies or breakthroughs, and how what insights have been gained about how these concepts relate to each other.
EXECUTIVE SUMMARY

Researching Nursing Theory: How We Did It:
A Matrix Analysis Exemplar of Lindlahr’s Nature Cure

Mary Koithan, RN, PhD, APRN, CNS
SUMMARY

Pamela Snider, ND,
Executive and Senior Editor
Associate Professor, National College of Natural Medicine

Jared Zeff, ND, Senior Editor
Faculty, Bastyr University
Former Dean, National College of Naturopathic Medicine

Stephen P. Myers, PhD, BMed, ND
Director NatMed Research, The Natural and Complementary Medicine Research Unit
Department of Natural and Complementary Medicine*
Professor, School of Health and Human Services
Southern Cross University
Senior Editor

James Sensenig, ND, Senior Editor
Faculty, Southwest College of Naturopathic Medicine
Founding Dean and Faculty, University of Bridgeport College of Naturopathic Medicine
SUMMARY

Reflective Voices—The Process of Healing
CCACO and FNM Delphi Survey—Early Trends

Christina Arbogast Woolard, ND, Agency Liaison
Agency Liaison to CCACO
Associate Dean, University of Bridgeport College of Naturopathic Medicine
SUMMARY

Reflective Voices—The Process of Healing and the Therapeutic Order Theory
Perspectives from Functional Medicine, Genomics, Pathophysiology, and Symptom Suppression

Joseph E. Pizzorno, ND
President Emeritus and Co-Founder, Bastyr University
President, SaluGenecists
Senior Editor

Introduction

Fundamental to naturopathic philosophy and practice is personalization of intervention and supporting the body’s natural healing processes. This requires understanding the true causes of disease and where the *vis medicatrix naturae* may be stuck and need help.

Over the years, I have given this concept considerable thought. While these ideas are relatively easy to state, their understanding and implementation, especially if a rigorous scientific approach is taken, is complex and ill-defined.

I believe that better understanding of pathophysiology, genomics, symptom suppression, and the science of physiological restoration can provide us a much more rigorous understanding of our core philosophical concepts and provide a firm scientific foundation for research and clinical application.

I further believe that much of the “personalization” currently practiced in naturopathic medicine is based more on the education, perceptions and therapeutic preferences of the clinician than the actual uniqueness of the patient.

This chapter provides a basic blueprint for developing a scientific foundation for naturopathic medicine principles.

Concepts

**Functional Medicine**

Functional medicine can most simply be defined as improving health and reversing disease by understanding where a patient’s physiology has become dysfunctional, determining why this happened and then prescribing interventions that remove the causes and restore normal physiological function.

Assessment determines the patient’s core physiological dysfunctions, environmental inputs, and genetic predispositions. Interventions include all available tools—natural, lifestyle or synthetic—to restore health and function, rather than simply controlling signs and symptoms. Physiological imbalances produce most signs and symptoms and underlie the disease process.

Functional medicine uses a “matrix” to define the core clinical imbalances that need to be addressed:

1. Hormonal and neurotransmitter imbalances
2. Oxidation-reduction imbalances and mitochondriopathy
3. Detoxification and biotransformational imbalances
4. Immune and inflammatory imbalances
5. Digestive, absorptive, and microbiological imbalances
6. Structural imbalances from cellular membrane function to the musculoskeletal system

The functional medicine matrix can be graphically seen in the following diagram.
Seven basic principles influence the functional medicine approach:

1. Science-based medicine that connects the emerging research base to clinical practice.
2. Biochemical individuality based on genetic and environmental uniqueness.
3. Patient-centered care rather than disease-focused.
4. Dynamic balance of internal and external factors.
5. Web-like interconnections of physiological processes.
6. Health as a positive vitality—not merely the absence of disease.
7. Promotion of organ reserve—healthspan.

Notice the substantial overlap with the concepts and principles of naturopathic medicine. Most do not realize that when Jeff Bland, PhD was evolving the functional medicine paradigm several ND graduates of Bastyr University were working for him.

**Genomics**

Surprisingly, the human genome contains only between 20,000 and 25,000 genes. However, there are millions of variations of these genes, called single nucleotide polymorphisms (SNPs), which produce the remarkable diversity of human physiology. These polymorphisms are variations in which at least 1% of the allele is present in the population. Somewhat arbitrarily, those occurring in less than 1% are considered mutations. While some SNPs do not appear to be clinically significant, many lead to differences in the enzymes produced by an individual. To further complicate matters, expression of some of these differences may depend upon environmental factors.

These genetic variations are the core of biochemical individuality and must be fully understood for actual personalization of therapy. This is well demonstrated by considering the effects of just one genomic variation: CYP1A2 alleles 1A and 1F.

A most interesting study looked at the association between myocardial infarction and coffee consumption.
What made it especially interesting is that the researchers also measured cytochrome P450 1A2 (CYP1A2), the liver enzyme which detoxifies caffeine. They studied 2,014 adult men and women and what they found was highly instructive. As can be seen from the following table, those with the CYP1A2*1A allele (rapid caffeine metabolizers) actually decrease their risk of MI by drinking coffee, while those with variant CYP1A2*1F (slow caffeine metabolizers) dramatically increased their risk. There are huge variations in this genome in population groups—for example about 50% of Caucasians have the slow variant compared to only 14% of Japanese.2

Table. Risk of MI and Coffee Consumption for Adults Younger than 59 Years of Age

<table>
<thead>
<tr>
<th>Number of Cups Per Day</th>
<th>Fast Metabolizers</th>
<th>Slow Metabolizers</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;1</td>
<td>1.00</td>
<td>1.00</td>
</tr>
<tr>
<td>1</td>
<td>0.48</td>
<td>1.24</td>
</tr>
<tr>
<td>2-3</td>
<td>0.57</td>
<td>1.67</td>
</tr>
<tr>
<td>4+</td>
<td>0.83</td>
<td>2.60</td>
</tr>
</tbody>
</table>

CYP1A2 accounts for nearly 15% of the cytochrome P450 in the human liver. Researchers have found a 15-fold variation in activity of this inducible enzyme.3 In addition to caffeine, 20 commonly prescribed drugs are detoxified by this enzyme. This enzyme is inhibited by oral contraceptives and induced by cruciferous vegetables.4 CYP1A2 is also induced by beta-carotene.5 Several highly publicized studies have shown that supplemental beta carotene increases the risk of cancer in smokers. CYP1A2 is a key enzyme in the activation of major classes of procarcinogens (i.e., polycyclic aromatic hydrocarbons (PAHs), nitrosamines (NA), aromatic and heterocyclic amines (HAs)).6

What does this mean to the concept of personalized medicine? Without knowing the genomics of the patient, we can’t really tell a person which lifestyle factors are most important to their health (how many times have you been asked by a patient if coffee is bad for them?) and we may inadvertent cause disease in our patients by the use of apparently safe natural therapies that adversely interact with their genetics.

The concept that disease mechanisms originate at the molecular biological level and are directly the result of the interaction between the environment, lifestyle and genes is fundamental to a scientific naturopathic philosophy.

Pathophysiology From a Naturopathic Medicine Perspective

One of my greatest frustrations as a student 35 years ago was the lack of textbooks that addressed pathophysiology, the space between normal physiology and pathology. I could find only one textbook in the area (MacBryde’s Signs and Symptoms, now long out of print) and it was so oriented to conventional medicine considerations that it was not very useful.

I am now working with Dr. Myron Shultz, a pathology faculty from South Africa, to write a textbook on pathophysiology from a natural medicine perspective. This is the most excited I have ever been for a book project because it provides for the first time the potential for a strong scientific foundation for the therapeutic order. Following is an example diagram that shows the concepts we are developing.
As can be seen, understanding where the person is in the disease process can have a huge effect on the appropriate intervention. In the early stages, simple lifestyle advice may be all that is needed. Later on, perhaps inflammation is overactive and natural therapies are needed to tune down the inflammatory enzymes while the underlying causes are normalized. Late in the disease process after it has taken on a life of its own independent of the originating factors, overt pathology may require heavy drug intervention to preserve organ function and prevent disease.

Appropriate intervention requires not just understanding of the patient’s unique physiology, but also where in the disease process they are.

**Symptom Suppression**

I realize the following is to some degree an over simplification, but it highlights important principles.

How do drugs work? This may seem obvious, but I had not truly realized it until a few years ago and I am frequently surprised by how often this is a revelation to healthcare audiences when I mention it. What is the key difference between drugs and nutrients? Drugs poison enzymes while in stark contrast nutrients are necessary cofactors for enzymes to work. Of course, some drugs (like insulin) function quite differently, but for the vast majority and virtually all of those most commonly prescribed, this is what drugs do. And of course, some nutrients, life flavonoids and carotenoids can function as enzyme inhibitors, but none do so at near the totality of drugs. Symptom suppression is simply drugs poisoning single enzymes in the pathway that produces symptoms to that the patient experiences symptom relief while the underlying disease processes continue unabated. Although they did not understand the physiology, this is the key insight of our forbearers. They could see that while the medical drugs provided temporary symptom relief, the patients were actually getting progressively sicker.

**Recommendations**

From these concepts, I make the following recommendations on how we could update and make more scientific our naturopathic concepts and principles:

1. Revise the Therapeutic Order to incorporate the physiological phases of disease progression.
2. More explicitly define personalization of therapy, perhaps by increasing emphasis on the biochemical uniqueness of each individual.
3. More explicitly recognize the interaction of genomics, lifestyle and environment.
4. Better scientifically describe symptom suppression and the fundamental problem with the enzyme poisoning approach of conventional medicine treatment leading to progressively worse health.
5. Explicitly incorporate the concept of physiological normalization into our principles.
SUMMARY

Reflective Voices—The Process of Healing
The Nature of Disease—An Examination of the Naturopathic View of Disease

Roger Newman Turner, ND, DO, BAc
Associate Editor

A basic tenet of naturopathic medicine is that it is patient-centred and that it focuses on health promotion. The identification of specific diseases is less important than enabling the innate self-healing capacity of the individual to function. Naturopathic philosophy and practice embraces a different model of health and disease from that generally accepted in mainstream medicine.

While the modern biomedicine paradigm is based on the belief that there is a distinct boundary between health and disease and its diagnosis is essential before confrontation, largely by allopathic and surgical procedures, naturopathy suggests that health and disease may be a continuum. Indeed, the symptoms of disease may in some circumstances be regarded as an indication of the process of healing at work (see Adaptation and the Process of Healing).

In this paper I shall examine the main elements of ill health or disease from a naturopathic perspective. Our understanding of such phenomena as toxaemia, inflammation, contagion, and acute and chronic illness has important implications for the Therapeutic Order and the formulation of treatment protocols.

We should first consider the unitary theory in health as the foundation of naturopathic practice.

Unitary principles

There is little doubt that disease is a natural phenomenon, occurring as it does throughout the plant and animal kingdoms, but the naturopathic view is that this represents a disturbance of normal function. Dr Henry Lindlahr described it as

‘abnormal or inharmonious vibration of the elements and forces composing the human entity on one or more planes of being’

These disturbances, he maintained, come about as a result of

- lowered vitality
- abnormal composition of blood and lymph
- accumulation of morbid materials and poisons

The ‘nature of disease’ was the term used by an English surgeon, J E R McDonagh, to describe his extensive studies of the foundations of ill health. His Unitary Theory of Disease suggested that

- there is only one disease
- disease is fundamentally the same in plants, animals, and mankind
- there are several manifestations of disease
- the manifestations occur because of disturbances in the protein of the blood of animals and man

McDonagh’s theories are too complex to consider in detail here but he regarded the disturbances as rhythmical changes in blood proteins – thus reflecting Lindlahr’s ‘inharmonious vibration’ - and considered that these were brought about by ‘invaders’ such as climatic factors, poor food, and pathogenic activity from intestinal bacteria. One view of modern particle physics is that vitality is expressed as the vibrational quality of living matter. More detailed consideration of vitalistic principles and the vis medicatrix naturae is to be found in Chapter??

Inflammation

Long associated with acute symptoms in the body, inflammation is now considered to be the underlying pathology of many chronic disorders, such as arteriosclerosis, heart disease and fibromyalgia. From a naturopathic standpoint inflammation has both positive and negative connotations – the good, the bad, and the ugly – and is an essential feature of the General Adaptation Syndrome as proposed by Hans Selye (see Adaptation and the Process of Healing). The pros and cons of inflammation and its connection with the general adaptation syndrome are shown in Table 1.
### Table 1 Inflammation

<table>
<thead>
<tr>
<th>Quality</th>
<th>Effects</th>
<th>GAS Correlation</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Good</td>
<td>Expression of vitality, body defence, adaptation response</td>
<td>Alarm stage</td>
</tr>
<tr>
<td>The Bad</td>
<td>Prolonged inflammation erodes defences of the vulnerable organism</td>
<td>Stage of resistance</td>
</tr>
<tr>
<td>The Ugly</td>
<td>Inflammation destroys tissue, degenerative change</td>
<td>Stage of exhaustion</td>
</tr>
</tbody>
</table>

### Contagion

The germ theory of disease had a stranglehold on medical thought in the 20th century. Louis Pasteur’s suggestion that specific bacteria are the cause of many diseases and that their eradication would bring about a cure seemed a very plausible explanation for many of the afflictions of the late 19th century but the massive financial gains from producing ways of killing or preventing microbes tended to overwhelm any attempts to put forward alternative views of disease management.

Pasteur initially suggested that healthy animals have bacteriological sterile tissues and that any disease must be caused by invasion of germs from external sources. His contemporary, Antoine Bechamp, was, however, able to demonstrate that animal tissues are not sterile and microbes could develop spontaneously in tissue isolated from external influences. Pasteur is reputed to have conceded on his deathbed that Claude Bernard, another of his contemporaries, was right in emphasising the importance of the terrain or *milieu interieure*.

It was Rene Dubos, professor of microbiology at Rockefeller University, who re-affirmed the importance of the internal environment:

> ‘On the one hand most micro-organisms commonly harboured by the body in the state of health are capable of exerting a wide range of pathological effects under special conditions. On the other hand, many of the micro-organisms classified as pathogens, indeed probably all of them, often persist in vivo without causing overt disease.’

Given that body chemistry maintains a fairly constant state of equilibrium, is there any evidence that we can modify our susceptibility to infection or are we under constant threat from the invisible and malicious forces of our environment? Naturopathic medicine does offer an approach that can remove the fear of contagion that is so prevalent in modern society. It lies in understanding how our vulnerabilities are come about.

### The Flow Equilibrium

Kollath wrote of the ‘slow, imperceptible decline in the health of the cell owing to poor nutrition’ a process he described as ‘mesotrophy’ and which may be regarded as the basis of the Toxaemia Theories.

The regulation of intermediate metabolism is believed to take place in the transit mesenchyme (connective tissues) by the process described by Kollath as the flow equilibrium. This depends on good quality nourishment, balanced by an adequacy of eliminative functions through skin, lungs, bowels, and kidneys (see figure 1).
Toxaemia theories

Toxins, traditionally regarded as ‘products of focal bacterial activity’ are now recognised as any compound likely to be damaging to cellular structure or function. What Lindlahr described as ‘morbid materials’ and McDonagh labelled ‘invaders’ are now considered to derive not only from the breakdown products of metabolism (endogenous) but xenobiotic compounds from the environment and food (exogenous) to which we are exposed. The advent of free radical biochemistry has deepened our understanding of the role of what the pioneers of naturopathic medicine regarded as a primary objective – detoxification.

Knowledge of the processes of biotransformation – rendering toxic compounds into a form which can be eliminated is moving forward at a considerable rate.

(More detailed consideration of the development of toxaemia theories is given in a separate paper but could be expanded in this section.)

As part of its adaptation response to challenges by endogenous and exogenous toxins the body has a complex mechanism of detoxification involving principally the liver and gastrointestinal mucosa. The metabolism of detoxification is considered more fully elsewhere in this text.

The Focus Concept

One development of the toxaemia concept is the belief that a major source of trouble may be specific toxic foci which create ‘fields of disturbance’. Local irritation from foci in teeth, tonsils, or even traumatic or mechanical damage may lead to acidosis of surrounding tissues which results in changes in mineral ratios in the blood. Such foci may work through the transit mesenchyme acting as a silent inflammation which, over time, disrupts enzyme processes and builds a low level of toxicity leading to chronic intractable illnesses.

Schimmel has put forward the hypothesis that disturbances in specific organs systems such as the biliary tract and pancreas can give rise to secondary pathologies (functional disturbances) in other organs leading to pathogenic patterns and causal chains which must be identified in order to be treated effectively. He suggests these may become established through the classic acupuncture meridians and their secondary vessels and that these are functional/energetic mechanisms.

Neuromuscular foci resulting from mechanical stress or trauma, for example, may act initially through neural pathways but can disturb biochemical equilibrium.

Does this necessarily involve free radical activity?
Question for biochemists: do all endogenous and exogenous toxic compounds generate free radicals?

Public Health Policy

Much public health policy is driven by 19th and 20th C views of contagion. How does the policy of rigid hygiene and procedures such as immunization (e.g. MMR) and mass medication (fluoridation) square with naturopathic principles?

Confrontational therapies and preventive policies (e.g. antibiotics, NSAIDS, vaccines) have lowered resistance and compromised adaptation energy while failing to address the real causes of poor immunity in the population. The consequence of this policy has undoubtedly weakened the gene pool and increased the virulence of pathogenic microorganisms. Faced with the dangers of AIDS, MRSA, Eboli, and others it is unlikely that an alternative policy would make any impact but, perhaps, we should be proactive in developing ways of supporting immune competence alongside these measures.

Recommendations

This material probably belongs in basic clinical theory although it has implications for the TO and Determinants of Health

References

Pizzorno, J., & Murray, M. Textbook of Natural Medicine (full ref to complete)
Lindlahr, H., Philosophy of Natural Therapeutics, Maidstone Osteopathic Clinic, Maidstone 1975
Dubos, R., Man Adapting, Yale University Press, Newhaven CT, 1965
Kollath, W., Uber die Mesotrophie, ihre Ursachen und Praktische Bedeutung in Schriftenreihe d. Gansheits-Medizin, Band 3, Hippokrates-Verlag, Stuttgart
Schimmel, H.W. Basic Pathogenetic Patterns and Causal Chains, Trs Holmes, S., Pascoe, Giessen, 1991
SUMMARY

Adaptation and the Process of Healing

Roger Newman Turner, ND, DO, BAc

Introduction

The vis medicatrix naturae crystalises the concept that the body has inbuilt regulatory mechanisms to ensure survival and the ability to cope with the challenges of its environment. Before the advent of the biological sciences this could only be attributed to an indefinable vital force. Vitalistic theories can be traced back to the beginnings of medicine. Hippocrates described the toil of the body to achieve normality as ponnos. Aristotle wrote of a life force having purpose. Though the ages attempts to define this vital force have ranged from religious thinking with the concept of a higher being to more material explanations as science gained the tools to look in greater detail at the functions of living things.

The elucidation of the means by which the body survives in a hostile environment was advanced considerably by Dr Hans Selye’s work and his hypothesis of the General Adaptation Syndrome (GAS). The GAS also provides a clear direction for the naturopathic understanding of the process of healing.

Henry Lindlahr wrote of the ‘divine energy” which sets in motion atoms, molecules and other elements of matter. He stated:

‘the question is not what matter is in the final analysis but how matter affects us. We have to take it and treat it as we find it. We must be as obedient to the laws of matter as to those of the higher planes of being.’

In other words, what really matters is matter!

Adaptation

It was not until the mid-20th century that some physiological explanation of the self-healing capabilities of the body became clear. In his theory of the General Adaptation Syndrome, Hans Selye described how the body responds at a hormonal and cellular level to challenges or stress. This was primarily associated with physical trauma but is evident in any challenges to the body, whether structural, biochemical, or emotional. Selye postulated a three stage process:

- **The alarm stage.** The initial response to a stressor, such as injury, prolonged trauma (e.g. joints under constant friction), or microbial invasion is usually pain and inflammation. This represents what Selye described as the ‘generalised call to arms of the defensive forces in the organism’.
- **Stage of resistance.** If the initial stimulus is prolonged initial defensive activities subside and the body adapts to the noxious agent or injury. For example, the initial inflammatory response of a joint to trauma diminishes and pain and inflammation may no longer be evident although friction may, nevertheless, continue to take its toll for days, months, or years.
- **Stage of exhaustion** in which there is a breakdown of adaptation and degeneration of tissue or breakdown of organ integrity sets in.

Selye also described a local adaptation syndrome (LAS) as a defensive reaction in localised areas of the body. The stimulus to the mobilisation of the GAS is generally referred to as stress. Selye struggled with this term but succeeded in expanding its meaning from that of nervous strain and, as in physics, elasticity, to mean any challenge to the well-being of the organism. Stress, therefore, is sometimes a threat but always a challenge without which we would not have evolved the means to survive in our environment.

Homoestasis

The process of self-regulation was described by WB Cannon as homoestasis Homoestasis can be either catatoxic (expelling inimical threats to health) or syntoxic (accommodating or adapting to invaders). Steven Rose has pointed out that homoestasis implies a set point of stability which in reality does not remain constant in living things. He therefore suggests the replacement of the term homoestasis with the richer concept of homoeodynamics. *(This term has also been taken up by Jeffrey Bland – not sure who got there first)*

Selye also introduced the term heterostasis to describe the action of external forces to stimulate the GAS(see figure 1). This is evident where the potentiation of healing processes by treatment such as fever therapy and constitutional hydrotherapy is applied to upregulate body defence.
The Law of Cure

The activity of the GAS is implicit in the Law of Cure as expounded by the homoeopath Constanz Hering. The notion that recovery from chronic illness may sometimes necessitate a return of the more active symptoms the initial alarm stage is widely held among systems of natural medicine. The various levels of activity in acute and chronic disease are represented in figure 2 together with arbitrary examples of illnesses in these phases.

Acute symptoms are regarded as an indication of greater vitality and greater vibrational activity (the Healing Crisis or Aggravation in homoeopathic parlance) whilst a reduction in vitality and capacity to respond in long term chronic ill health may lead to what Lindlahr described as the Disease Crisis.

A H Reckeweg, 6 a German physician who studied toxaemia in great detail, gave an alternative view of the levels of disease by distinguished three main categories of illness as:
1. **Excretory events** – common cold, diarrhoea, vaginal or intestinal discharges, abnormal sweating, eczematous secretions
2. **Depository events** – fatty tissues, lipomas, calculi, rheumatic nodules, cysts, atheromas
3. **Degenerative events** – liver cirrhosis, pernicious anaemia leukaemia, carcinoma, sarcoma.

The challenge for the naturopathic physician is to determine the stage of adaptation or mal-adaptation at which the individual patient is functioning. A very careful assessment of the Determinants of Health in the patient must be made before formulation of the Therapeutic Order can be undertaken. This also has significant implications for the successful practise of integrated medicine, where potential conflicts can be encountered in the management of chronic disorders that enter a phase of acute symptoms. Table 1 makes some attempt to provide guidelines on such evaluations.

**Table 1 Aggravations**

<table>
<thead>
<tr>
<th>HEALING CRISIS</th>
<th>DISEASE CRISIS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good vital reserve</td>
<td>Poor vital reserve</td>
</tr>
<tr>
<td>Vital signs move towards stability</td>
<td>Vital signs move towards instability</td>
</tr>
<tr>
<td>Febrile response short term</td>
<td>Febrile phase prolonged or recurrent</td>
</tr>
<tr>
<td>Vitality tends to increase</td>
<td>Vitality declines</td>
</tr>
<tr>
<td>Patient feels better in self though symptoms may be worse</td>
<td>Patient deteriorates</td>
</tr>
</tbody>
</table>

From *Naturopathic Medicine –treating the whole person* R. Newman Turner (HeALL,2000)

**Assessing the Potential for Health**

An assessment of the adaptive state of the patient is a priority to guage the level and strength of intervention before the implementation of the therapeutic order. Some attempt may be needed to determine the vital reserve both generally and at the level of individual organs. Selye described this as adaptation energy – the ability to sustain an adaptive response.

The Determinants of Health addresses this issue to some extent but may need to take more account of individual markers of vital reserve which can include such assessments as connective tissue tone, cardiovascular index (CVI), iris signs and biotypology. Medical history and genomic profiles can be important tolls in this process.( See J. Pizzorno - Perspective paper)

**Mal-adaptation and Compensation Patterns**

One of the ways in which the stage of resistance is sustained is for compensatory patterns of function to become established. For example, physical trauma may create a faulty postural pattern which leads to altered muscle tensions that enable the individual to move and function. Removal of those tension patterns without regard to the primary source of disturbance can result in the breakdown of adaptation. In establishing the ‘conditions for health’ care must therefore be exercised in removal of disturbing factors without attention to the underlying support mechanisms the body may have to fall back on.

The German term *bedeutungsdiagnose* (significance diagnosis) entails evaluating the relevant importance of signs and symptoms to the needs of the patient at any particular time.

**Recommendations**

- Integrate the GAS as an explanation for the process of illness.
- Develop protocols to ‘identify the relevant determinants of health’
- Introduce the concept of *bedeutungsdiagnose* (significance diagnosis), perhaps as a prerequisite to establishing the ‘conditions for health’.

**References**

Lindlahr, H., *Philosophy of Natural Therapeutics*, Maidstone Osteopathic Clinic, Maidstone 1975
Selye, H., *Ibid*

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SUMMARY

Reflective Voices—The Process of Healing
Assessment, Individualization and the Therapeutic Order

Iva Lloyd, ND
SUMMARY

Reflective Voices—The Process of Healing
Homeopathic Perspectives

Herb Joiner-Bey, ND

Aphorism #2 of the Organon
“The highest ideal of cure is rapid, gentle, and permanent restoration of health, or removal and annihilation of the disease in its whole extent, in the shortest, most reliable, and most harmless way, on easily comprehensible principles.”

Healing with vitalistic principles using immeasurables, unquantifiables, and imponderables.
1. Science tends to acknowledge the existence of only that which is measurable, quantifiable, and reproducible. Limitations: technology of instrumentation and techniques of measurement.
2. “…evidence of things not seen…”
3. Examples: spiritual healing, homeopathy, Qigong, acupuncture.
5. Quantum physics: interface of mind and living matter.
6. Psycho-neuro-patho-physiology: Organon Aphorism #212: “…the chief ingredient of all disease is the altered mental and emotional state…”
7. Organon Aphorism #19: “the curative power of medicines” rests solely upon their power to alter the human condition…that resides in feelings and functions.”
8. Organon Aphorism # 225: “…the emotional disease develops southwards from the emotional mind due to persistent worry, mortification, vexation, abuse, or repeated exposure to great fear or fright…”
9. Water and other substances as vehicles of energetic memory traces.

What is Disease?
Disease as energy state
1. Susceptibility + stressor → disease.
2. Disease is an energy state -- amalgam of energy state of living system susceptibility plus energy state of stressor.
3. Homeopaths prescribe on the amalgamated energy state of disease, as it is expressed in signs and symptoms.
4. Kent: Disease arises from resistance to flow of symptoms from interior to exterior.
5. Symptoms / signs are individualized, unique expressions of the living system’s attempt to maintain itself despite the burden of disease energy state.
6. Intensity / severity of symptoms is a function of severity of disturbance and strength (ability to react) of living system.
7. The One Disease is living system imbalance arising from living system susceptibility plus exciting cause (stressor).
8. Disease flows along unique lines of weakness of individual living system.
10. Chronic disease states (chronic reaction mode): familial inheritance of illness tendency arising not just from DNA genetics, but also energetic inheritance.

Key Questions Based on Aphorism #3 of the Organon:
1. What is curable in the patient? (knowledge of disease indication)
2. What is curative in medicines? (knowledge of medicinal powers)
3. How does one adapt what is curative in medicines to induce a resolution of what is curable in the patient?
4. Upon what basis does one determine suitability of the medicine most appropriate according to its mode of action to the case? (choice of the remedy, the medicine indicated)
5. What is the best mode of preparation and quantity of it required? (proper dose)
6. What is the proper period for repeating the dose or intervention?
7. What obstacles to recovery are present and what is the most effective way to remove them?
Hering’s “Law” of Cure: Progression of Healing

1. From most vital organs to less vital organs.
2. From interior to exterior.
3. From anatomical superior to inferior.
4. In reverse chronological order (reverse order of appearance) – last symptoms may represent a deepening of pathosis.
5. [Patient experiences increasing energy and vitality.]

Healing Crisis

1. In order for a living system to move from one energy state to another, it must pass through temporary chaos.
2. Homeopathic aggravation.
SUMMARY

Reflective Voices—The Process of Healing
A Cosmology: Context for the Process of Healing

Mitchell Stargrove, ND, LAc
SUMMARY

Reflective Voices—The Process of Healing
Naturopathic Philosophy: Thinking Out Loud

James Sensenig, ND
Third Annual Naturopathic Gathering
February 10-12, 2006
National College of Naturopathic Medicine

Naturopathic Principles
- Adopted by the American Association of Naturopathic Physicians in 1989
- Culmination of 3 years of meetings, interviews and discussions for the purpose of defining Naturopathic Medicine
- Consensus document involving all associations and agencies as well as over 1000 physicians

Naturopathic Principles
- The Healing Power of Nature
- Identify and Treat the Cause
- First Do No Harm
- Doctor as Teacher
- Treat the Whole Person
- Prevention

Naturopathic Principles--Laws of Healing
- Unique and individual concepts
- None contains or overlaps another
- Each describes an aspect of the vitalist view
- Taken together they comprise a cogent whole philosophy
- Universally applicable

Doctrine (The Oxford Universal Dictionary on Historical Principles, Third Edition)
1. A lesson, a precept
2. That which is laid down as true concerning a particular department of knowledge as religion, politics, science, etc.
3. A body or system of principles, a theory

Doctrines of Naturopathic Medicine
- Viz Medicatrix Naturae
- Health as Balance
- Suppression
- Individualization
- Signature
- Minimum Dose
- Dual Effect

Doctrine of Viz Medicatrix Naturae
- The Healing Power of Nature is the inherent self-organizing and healing process of living systems which establishes, maintains and restores health.
- Naturopathic medicine recognizes this healing process to be ordered and intelligent.

Doctrine of Viz Medicatrix Naturae
- It is the physician’s role to support, facilitate and augment this process by:
  - identifying and removing obstacles to recovery of health and,
  - by supporting the creation of a healthy internal and external environment

Doctrine of Viz Medicatrix Naturae
- Symptoms are the “labor of the body”
• “Disease” represents the attempts of the organism to restore by its own strength the derangement of its integrity.
• Thus the symptoms show the method of cure.
• Doctrine of Viz Medicatrix Naturae
  The physicians role is to assist Nature through: Supporting the symptoms, or Artificially creating similar symptoms. Hence, Similia Similibus Curenter

**Doctrine of Viz Medicatrix Naturae**
• The Doctrine of Viz Medicatrix Naturae relates to the following concepts: The Model of Healing
  - Acute and Chronic Disease
  - Healing Crisis
  - Disease Crisis

**Doctrine of Health as Balance**
• Health is normal and harmonious vibration of the elements and forces composing the human being on the physical, mental and moral planes of being, in conformity with the constructive principle in nature applied to individual life. Lindlahr, Nature Cure

**Doctrine of Health as Balance**
Nothing of value can be added the normal environment. Spitler, Basic Naturopathy

**Doctrine of Health as Balance**
• In the healthy condition of man, the spiritual vital force, the dynamis that animates the material body, rules with unbounded sway, and retains all the parts of the organism in admirable, harmonious, vital operation, as regards both sensations and functions, so that our indwelling, reason-gifted mind can freely employ this living healthy instrument for the higher purposes of our existence. Hahnemann, Paragraph 9, Organon of Medicine.

**Doctrine of Health as Balance**
• The physician’s high and only mission is to restore the sick to health, to cure, as it is termed. Hahnemann, Paragraph 1, Organon of Medicine.

**Doctrine of Health as Balance**
• The Doctrine of Health as Balance relates to the following concepts:
  - “Disease” as any state other than balance - Laws of Cure (Herring’s Rules) Determinants of Health

**Doctrine of Suppression**
• Treatments not in conformity with (the constructive principle in) Nature are inimical to the Viz Medicatrix Naturae, resulting in increased “effects of disease” on the organism, i.e.,
  - Decreased vitality
  - Abnormal composition of the blood and lymph, and
  - Accumulation of waste matter, morbid materials and poisons.

**Doctrine of Suppression**
• Treatments which are in conformity with (the constructive principle in) Nature lead to restoration of balance, and by definition, elimination of symptoms.

**Doctrine of Suppression**
• The Doctrine of Suppression relates to the following concepts:
  - Do No Harm
  - Therapeutic Order

**Doctrine of Individualization**
• Things which disagree with some, are well borne by others; while on the contrary, if something were dangerous to all mankind, it would have the same effect on everybody, which is not true. Hippocrates

**Doctrine of Individualization**
• All (the) perceptible signs represent the disease in its whole extent, that is, together they form the true and only conceivable portrait of the disease. Hahnemann, Paragraph 6, Organon of Medicine.

**Doctrine of Individualization**
• Constitutional types: Paracelsus, Hippocrates, Hahnemann, Rocine
• Genetotrophic Theory of Disease: Williams
• Nutrigenomics: Bland
• Genetics
**Doctrine of Individualization**
- The Doctrine of Individualization relates to the following concepts:
  - Treat the Whole Person
  - Determinants of Health
  - Therapeutic Order

**Doctrine of Signatures**
- First Law of Hermes: As above, so below
- And God said, Let there be light: and there was light.
- Crude matter...is but an expression of the Life Force, itself a manifestation of the Great Creative Intelligence which some call God, others Nature, the Oversoul, Brahma, Prana, The Great Spirit, etc., each according to his best understanding.

**Doctrine of Signatures**
- Concerning the Nature of Things, Book the Ninth – Signatures of Man
- All things are a manifestation of their inner essence.
- The physical is a reflection of higher levels on intelligence, organization, and energy.

**Doctrine of Signatures**
- The Doctrine of Signatures relates to the following concepts:
  - Consciousness
  - Prayer
  - Intention
  - Spirituality

**Doctrine of Minimum Dose**
- Die milde Macht ist gross.  Hahnemann
- Less is More
- Suggests that the physician strives to use the least number of medicines in the smallest possible dose as infrequently as possible to encourage the desired outcome –restoration of health.
- The Elegance in Medicine

**Doctrine of the Minimum Dose**
- The Doctrine of the Minimum Dose relates to the following concepts:
  - Single remedy
  - Therapeutic Order
  - Treat the Whole Person
  - Doctrine of Compensation
- Also known as the Law of Dual Effect
- For every action there is an equal and opposite reaction
- Every agent affecting the human organism produces two effects: a first temporary effect, and a second, lasting effect.
- Allopathy versus Homeopathy

**Doctrine of Compensation**
- The Doctrine of Compensation relates to the following concepts:
  - Suppression and elimination
  - Do No Harm
  - Determinants of Health
  - Therapeutic Order

**Summary of Doctrines**
- Doctrine of Viz Medicatrix Naturae
- Doctrine of Health as Balance
- Doctrine of Suppression
- Doctrine of Individualization
- Doctrine of Signatures
- Doctrine of the Minimum Dose
- Doctrine of Compensation

**What’s the Answer?**
- There ain’t no answer.
- There ain’t going to be any answer.
- There never has been an answer.
- That’s the answer.

- Gertrude Stein
EXECUTIVE SUMMARY

New Executive Summary of Theoretical Framework & Graphic

Jared Zeff, ND, LAc
Pamela Snider, ND
Stephen P. Myers, ND, BMed, PhD
James Sensenig, ND,
Joe Pizzorno, ND
APPENDICES

NEW DIAGRAM OF THE PROCESS OF HEALING
Steven Sandberg-Lewis, ND, DHANP

ACUTE INFLAMMATION / INFECTION

resolution  →  suppression

CHRONIC INFLAMMATION / altered vital force

structural imbalance
unresolved emotions
energetic disturbance

continued suppression
deficiency
toxicity

METAPLASIA/DYSPLASIA

resolution

“spontaneous remission”

Acute inflammation or infection

Naturopathic intervention

NEOPLASIA

Radiation
Chemotherapy
surgery

suppression
“cure”
recurrence

IN SITU

METASTASIS

WELL DIFFERENTIATED

POORLY DIFFERENTIATED

PHYSICAL RECYCLING / DEATH

C Steven Sandberg-Lewis, ND, DHANP, 2001
PANEL PLENARY SESSION
ON EDUCATION

Making Naturopathic Education More Naturopathic
4:45 pm – 5:15 pm

Moderator
Rita Bettenburg, ND

Presentations

Visioning Our Future N.D. Graduates
Don Warren, ND, DHANP

Creating National Competencies in Naturopathic Philosophy
Christina Arbogast, ND

Respondent
Rita Bettenburg, ND, Dean

Charge
The panel will address visioning our future ND graduates and how such a vision might influence the future evolution of naturopathic medical education. Naturopathic education is both a process of knowledge and skill development, and is a process of personal and professional transformation. Who then is the graduate that naturopathic educators envision? What are their qualities and characteristics? What skills or competencies do they demonstrate as primary health care professionals? What knowledge and understanding in the foundations of naturopathic medicine, and its philosophical and theoretical framework will they demonstrate in the clinical setting? Understanding this vision of the ND graduate will assist in supporting their journey effectively from student to naturopathic doctor. Textbooks, competencies, curricula and learning environments for naturopathic students should support training in this set of skills and support the creation of future teachers and healers.

An executive summary of the Foundations chapter on naturopathic education will be presented by Dr. Warren as the basis for a visioning workshop which will take place in the format of a “world café”. Following the panel Dr. Arbogast will present draft competencies in development on naturopathic philosophy by the Association of Accredited Naturopathic Medical Colleges (AANMC) and Committee of Chief Academic and Clinic Officers (CCACO) as the basis for the Moodle Workshop Tuesday evening, in which participants will provide input to CCACO on this draft. Dr. Warren will provide comments on behalf of the CNME regarding the competencies and their future application. Dynamic and fun World Café conversations will follow the panel, engaging participants in the vision of the ideal future ND graduate.

Deliverables and Goals

• Vision of the ideal ND graduate
• Changes needed in the content and education process to achieve the “ideal future ND graduate”
WORLD CAFÉ ON EDUCATION
5:15 pm – 6:15 pm

Facilitator
Valerie Campbell

This session will allow participants to respond to small groups of other participants regarding the elements and characteristics that should be included in future naturopathic physician graduates, share what might be missing and provide specific chapter feedback to the Education editors. Participants will engage in conversations at tables and will rotate to other tables with different people to explore the key questions raised by the education panel. The idea is to bring movement, fun and an engaging interchange among participants to capture the insights and feedback of the Retreat on this important question regarding the direction of naturopathic medicine education.

WORLD CAFÉ PLENARY ON EDUCATION
5:15 pm – 6:15 pm

Facilitator
Valerie Campbell

Following dinner, participants will convene for a dynamic discussion and facilitated dialogue to determine the top three changes in naturopathic education which are pivotal in achieving this ideal identified in the World Cafe.

MOODLE TRAINING
A Practical Session Providing Input to CCACO (AANMC) on National Competencies in Naturopathic Philosophy
8:00 pm – 9:00 pm

Trainer
David Odiorne, MS, DC

Charge
This “hands-on” training on MOODLE, the Foundations Project’s virtual learning platform where contributing authors across the globe can begin to work together online to review drafts, exchange resources, discuss concepts, and edit text on their own computer. Each participant is encouraged to bring a laptop to best learn MOODLE.

Deliverables and Goals
Proceedings on key input to CCACO’s draft Philosophy of Competencies.
EXECUTIVE SUMMARY

Naturopathic Medical Education

Don Warren, ND, DHANP, Lead
David Schleich, PhD, Co-Lead
Contributors: Eric Blake, Maria Boorman-Payne, Christine Girard, Iva Lloyd, Cathy Rogers, Ron Saranchuck, David Scotten, Pamela Snider, David Schleich, Jim Sensenig, Letitia Watrous, Don Warren, Jared Zeff

The goal of this chapter is to stimulate thought and provide tools, frameworks and examples which will assist colleges of naturopathic medicine in creating curricula that optimize naturopathic medical education with the following ends in mind:

**Graduates will be:**
1. fully knowledgeable in naturopathic philosophy, principles and clinical theory and competent in its effective clinical application.
2. competent in naturopathic primary health care including nature cure.
3. able to demonstrate the knowledge, attitudes, skills and personal values that will ensure their success and safe practice as a primary health care provider.
4. trained to conduct and publish case-based research.
5. skilled in management of time and resources with regards to patient care.
6. skilled in business management required for successful practice.
7. competent in collaborative health care practice, demonstrating knowledge, respect and skills for referral to conventional health care practitioners as well as other CAM providers.
8. generally healthier than when they began the program; i.e. students have experienced naturopathic medicine as part of their training in way that is transformative.

The chapter begins with a discussion of naturopathic medical education and the naturopathic paradigm of health care. The second section covers the history of naturopathic medical education from its earliest stages of formal education in the U.S. to the present day. The next sections deal with the modernization and integration of naturopathic philosophy and theory, education as transformation (from student to naturopathic doctor), optimizing curricular structure and delivery, and graduate naturopathic medical education. The last section (which is yet unwritten) is visioning our future graduates and how to make naturopathic medical education “more naturopathic”.

Naturopathic medicine springs from a world view that differs philosophically from that found within conventional medical education, yet at the same time the education structure and training resembles in many ways conventional medical education. Students use the same text books and are immersed in the same basic sciences to gain the knowledge of health and disease and the clinical skills to serve as primary healthy care practitioners. The educational process becomes a delicate balance between teaching the conventional understanding of health and disease and gaining a deep appreciation and understanding of the naturopathic paradigm as it relates to health, disease, healing and the processes for the restoration and maintenance of health.

Over the past several decades there has been a growing call for the need to reform allopathic medical education. Educators are freely speaking about the need to change from the “Flexner model” (two years of basic sciences followed by two or more years of clinical sciences). Whether it is Harvard Medical School, Stanford or Emory . . . they are all talking about a more integrated, humanistic medical education curriculum. Not only is the curriculum changing, but the method of delivery has shifted from traditional direct instruction to indirect, interactive and experiential learning. The question is . . . how much of our naturopathic medical education is structured after and delivered by methods that even the allopathic medical schools are recognizing deficient for training primary care physicians.

The future of the profession will be impacted by the kind of graduate our schools are producing. In the past 5 years, the number of practicing ND’s from CNME accredited schools has almost doubled. This means that newer graduates will not only predominate but will gradually be taking over leadership roles in the profession. Professional formation is complex; however, undoubtedly education plays the dominant role in the professional formation of the naturopathic physician.

The question educators and the profession must ask is – how do we envision the future naturopathic doctor? And once defined how do we design and manage our curricula and mode of delivery to be sure that we are graduating
the N.D. that we have envisioned? We could also ask how we can make naturopathic medical education more naturopathic.

Another challenge for the writers of the chapter is . . . how do assure that we are accurately recording our history when there is such little documentation available . . . and what about the evolution of Naturopathic medical education in other countries around the world? How do we best record the evolution of the profession from an education view point world wide?

The contributors to this chapter are looking for a dynamic and profitable discussion on these issues so that the textbook will benefit from the broadest input from the attendees of the editor’s retreat. Thank you for giving this some creative thought prior to our meeting.

EXECUTIVE SUMMARY
The Development of Philosophy Competencies for the Naturopathic Medical Colleges Competency Based Curriculum
Christina Arbogast Woolard, ND
Agency Liaison to (CCACO) (AANMC)
Associate Dean, University of Bridgeport College of Naturopathic Medicine

The Council of Chief Academic and Clinic Officers (CCACO), a division of the Association of Accredited Naturopathic Medical Colleges (AANMC), has been charged with the task of creating an educational mandate for a competency-based curriculum based on the goals for the ideal naturopathic graduate. Roles have been identified and are being developed from general to specific through a descriptive statement, professional competencies and sub-competencies. Each school will then develop the individual learning objectives according to their own mission statement and resources. This educational mandate is designed to provide consistent naturopathic educational goals among the colleges, as well as to provide a clear statement regarding the core education of the naturopathic graduate.

The roles identified by CCACO include:

**Naturopathic Medical Practitioner**
1. Naturopathic Philosophy
2. Naturopathic Medical Knowledge
3. Patient Care and Case Management
4. Practice Manager and Leader

**Accountable Professional**

**Health Educator and Advocate**

The development of Naturopathic Philosophy competencies has been assigned to a committee based out of the University of Bridgeport, College of Naturopathic Medicine. The placement of Philosophy as a professional competency provides a particular challenge, as the philosophy lies at the core of the education and is applicable to all roles, and yet its distinctiveness requires a delineation of its fundamental nature. At the current point in its development, the philosophy category has been defined both within the general mandate and as separate competencies under the Medical Practitioner role. The philosophy committee would like to present this work at the Foundations editor’s retreat for feedback on the following issues:

1. Philosophy and history within the general mandate.
2. Consideration of philosophy as a separate role.
3. Appropriate placement of distinctive philosophical components within the established roles including history, principles and relevant theories.

As naturopathic philosophy is the heart of our profession, the goals of the Foundation group and CCACO are closely aligned: to clearly state that philosophy in a manner that instructs the development of our profession. We welcome your input to our process.
DAY 3
creating coherent clinical applications
Wednesday | April 4, 2007

CRITICAL INFORMATION SESSION
8:00 am – 10:30 pm

Moderator
TBD

Presenters
Senior Editors: Pamela Snider, ND; Jared Zeff, ND; James Sensenig, ND; Joseph E. Pizzorno, ND; Stephen P. Myers, ND, BMed, PhD
International Editors: Stephen P. Myers, ND, BMed, PhD; Roger Newman Turner, ND, DO; Paul Orrock, ND, DO, RN; Iva Lloyd, ND; Don Warren, ND, DHANP

Accessiblity of Information for NPLEX Testing
Christa Louise, MS, PhD

Charge
The Critical Information session is designed to provide a project management and policy overview and the opportunity for questions, problem solving on deadline management, clarifications, and changes. The Session will address the new chapter outline, contracts, copyright issues, editorial policies and procedures and launch a new production timeline designed to deliver the manuscript to Elsevier by December 2008. International issues, accessibility and rigor of information will be discussed. An international networking luncheon is scheduled to provide an opportunity to consult with the international team and request information.

Deliverables and Goals
• Draft Phase Two Project timeline reviewed, discussed, understood, and agreed upon.
• Contracts and policy forms signed and tracked
• Proceedings (general) on structural concerns, changes to text documented, if any.
PANEL PLENARY: NATURE CURE & MODALITIES SESSION
A-Nature Cure: Honoring the Heart of Naturopathic Medicine
B-Naturopathic Medicine Modalities: Evolving with the Progress of Knowledge
11:00 am – 12:00 pm

Moderator
TBD

Panel Presentations
Nature Cure and Clinical Applications: Definition, Traditions and the Future Charge—
Cathy Rogers, ND; Letitia Watrous, ND
Defining Modalities in the Context of Naturopathic Medicine—Stephen P. Myers, ND, BMed, PhD
Voices of the Elders—James Sensenig, ND

BREAKOUT GROUPS
Nature Cure: Honoring the Heart of Naturopathic Medicine
Naturopathic Medicine Modalities: Evolving with the Progress of Knowledge
1:00 pm – 3:00 pm

Facilitator
Valerie Campbell and 2 groups for each topic with a spokesperson from each breakout group
Two groups of eight each work on discerning the coherence, concordance, diversion, discord, missing, core issues, and points of revision for each of the two topics presented: Nature Cure and Modalities. Each group will have nearly two hours for their work and select a spokesperson to report back at the Plenary at 3:00 for 5 minutes.

PLENARY REPORTS
Revisions & Coherence for Nature Cure and Naturopathic Medicine Modalities
3:00 pm – 4:00 pm

Facilitator
Valerie Campbell and Spokespersons from each breakout group
The breakout groups will present their reports and the entire group will reflect and discern important revisions and direction for the editors of these sections of the text.
PANEL PLENARY: NATURE CURE
SESSION A
Nature Cure: Honoring the Heart of Naturopathic Medicine
11:00 am – 11:30 am
Moderator
TBD
Panel Presentations
Nature Cure and Clinical Applications: Definition, Traditions and the Future Charge
Cathy Rogers, ND; Letitia Watrous, ND

Charge
Drs. Rogers and Watrous will present a summary of authors’ perspectives on and definition of Nature Cure in naturopathic medicine, yesterday, today and tomorrow. How is nature cure defined today? What are the breakthroughs and discoveries ahead of us, key challenges, and the future of nature cure in naturopathic medicine? Drs. Rogers and Watrous will explore the interface between Nature Cure, naturopathic philosophy, and clinical applications – and invite us to clarify the potency of nature cure today as the underlying identity of naturopathic medicine.

The presentation is designed to lead participants into breakout sessions which will explore the definition of nature cure, and the chapter itself. Participants will be asked to answer the following questions to provide focused editorial recommendations to our Nature Cure Editor and Co-lead on their chapter, and on the application of Nature cure to the rest of the text.

• Did we forget anything? Anything missing?
• Convergence: Where is concordance?
• Controversy: Where is discordance? Outright conflict?
• Where do we see important and valued diversity?
• Where or how, if at all should nature cure be better represented in the text?

Deliverables and Goals
Proceedings drafted by Ms. Campbell which capture the following for the Nature Cure Section and session, and/or resolve key issues specific to these sections through feedback on core and sample chapters.

Proceedings regarding the definition and advance of nature cure yesterday, today and tomorrow.

• What insights do we have about problems and agreements in this core section?
• Did we forget anything? Anything missing? Where is concordance? Where is discord? Outright conflict?
  Where do we see important diversity?
EXECUTIVE SUMMARY

Nature Cure Section of the Foundations Project Book

Cathy Rogers, ND and Letitia Watrous, ND

1) Introduction

The Nature Cure section describes physician qualities and forms of practice whose lineage can be traced back to classical antiquity. From Hippocrates’s Cos School’s concepts of *Vis medicatrix naturae* and *treat the whole person*; through the use by 19th century intuitive healers Vincent Priessnitz and Father Sebastian Kneipp, world renowned for applying water therapies, healing foods and plants, outdoor activity in nature, physical and mental rest, air and sun bathing in rustic natural environments to renew patients’ health; to the creation in mid-19th century America of over 213 health retreats and sanitoria offering natural therapies by health reformers from various medical sects, including regulars, hydropaths, and homeopaths.

During the 1970s and ‘80s, naturopathic physicians trained in North America created new academic and regulatory institutions to rekindle the profession, including reaffirming its guiding principles, both to distinguish itself from conventional biomedicine and establish its foundation natural science, and to foster assimilation into the larger biomedical culture. This development is discussed elsewhere in this volume.

At the foundation of Nature Cure is the observation that there is a connection between all living things, and it is in the nature of living things to heal themselves. Nature Cure philosophy, the energetic spring of naturopathic medicine, has been grounded since Hippocrates in the *Vis medicatrix naturae*, the inherent self-healing power of body and spirit to restore health, to grow and become a unique being, energetically connected to all living things. This section will describe a variety of modern naturopathic practices, still guided by the following central tenets of Nature Cure:

1. Acute illness is the body’s natural, spontaneous and intelligent reaction to disturbing factors which serves to restore health, rather than the consequence of a foreign invasion of the body to be defeated or suppressed.

2. Germs flourish in already damaged tissues, the body’s terrain disturbed by poor hygiene, poor digestion, contaminated environment, social isolation, lack of connection, or unremitting stress. The healing reaction is the curative process of inflammation and discharge which flows from the application of natural therapies, over time, in a particular therapeutic order.

3. The suppression of acute reactions with toxic drugs weakens the body’s capacity to mount a healing reaction, allowing disturbing factors and toxins to further accumulate, which moves a person toward chronic illness.

4. Healing is brought about by supporting or stimulating a person’s innate healing potential through teaching and applying the preventive, hygienic practices of cleansing, fasting, rebuilding health through diet, outdoor activity in nature, air and sun bathing, mental and physical rest, hydrotherapy, touch therapies; and by selectively using herbs and homeopathy to renew health.

5. The physician’s duty is to understand the person as a whole and to individualize preventive practices and natural treatments that optimize health through physical, mental and spiritual balance.

6. In clinical interactions, it is the intention of the Nature Cure doctor to stay present to the patient; hear the narrative of his illness and glimpse its essence; and understand the patient’s vision of health. Then, using her unique nature; individual knowledge and eclectic gifts (touch, water, plants, mental healing); self-knowing awareness; and empathy, the physician acts as a guide and ally in a person’s search for health.

Being in a healthy state is possible even as we move toward death.

Nature Cure philosophy and practice were never more relevant than in the 21st century. Perhaps 50% of the most common causes of death in the U.S. are related to modifiable behaviors. Seventy to ninety per cent of visits to primary care physicians in America are related to the somatic effects of stress, which are poorly treated by pharmaceuticals and more responsive to mind-body therapies.

Between 70 and 90% of deaths from chronic disease in the U.S. are caused by poor nutrition, sedentary lifestyle, and tobacco use. The largest reductions in chronic disease prevalence are expected when individuals adopt and maintain lifestyles that include a healthy diet and regular physical activity. With over 100 million people in the U.S. coping with chronic disease, there is much evidence that current forms of conventional medical practice and
organization of health care delivery are inadequate to address the needs of these patients. Patient satisfaction in the U.S. is last among industrialized countries.

Western biomedicine, despite broad scientific endorsement for including biological, psychological, social and behavioral factors in understanding the pathogenesis of disease and improve human health, does not train conventional physicians to apply this understanding to physicians’ daily clinical interactions with patients. Indeed, biomedicine has moved even further into high-tech, high-cost diagnostic and therapeutic procedures that either contribute to or deal with the end stages of chronic health problems (cardiovascular disease, cancer, diabetes) that are better prevented or managed through lifestyle changes.

Naturopathic physicians with a focus in Nature Cure practice are uniquely suited to working with these chronic patients because of their training, philosophy and practice, as outlined in this chapter.

2) Purify the Body

**Cleanse the Blood and Individualize the Diet to Address Chronic Illness**

A review with clinical examples of three different whole-person approaches to the purification of the body to stimulate vitality and restore health. Each system has a method to identify symptom-producing foods to be eliminated and to specify health-building foods to emphasize. Together with dietary change, each system uses a variety of different modalities of physical cleansing to stimulate metabolism and effect changes in the blood. Demonstrating a causal relationship between food ingestion and provocation of symptoms is essential for successful management. A patient’s physically felt sense of the connection between symptoms and diet offers a skill of “self-knowing awareness,” which is an important step toward mental and physical health.

**Constitutional Hydrotherapy and Food Intolerance Testing**

Constitutional Hydrotherapy is the therapeutic system of alternately applying hot and cold wet towels to the chest and then to the back in conjunction with electrical muscle stimulation (EMS) for the purpose of rebuilding the blood and supporting the body to heal. The Carroll Food Intolerance Test determines an imbalance in the genetic predisposition to digest particular foods or food groups. Food intolerance means that a person does not digest or metabolize a particular food well. As a consequence, toxic metabolites form in the intestine and enter the blood, interfering with the normal function of the body. The maldigestion leads to depleted or hyperactive states, which are an important risk factor in chronic illness.

**Drainage, Food Intolerance Evaluation, and Physical Cleansing**

Drainage is the process of detoxifying the body by using homeopathic dilutions to assist the eliminative organs to discharge toxic accumulations. Its purpose is to ensure that detoxification does not exceed the body’s capacity to remove toxins. This system utilizes UNDA numbers and single homeopathics, if indicated, as well as supportive physical measures (skin brushing, contrast showers, castor oil packs, and relaxation exercises) to enhance metabolism through the digestive system and eliminative organs, keeping them open throughout the healing process.

Food-intolerance/irritant evaluation is done using EAV (Electro-acupuncture according to Voll) testing, an acupuncture-based non-invasive energetic evaluation of a patient which uses a galvanometer to identify energy imbalances. Adjunct methods: food diary and symptom chart; known reactions.

To come: Depuration approach to heavy-metal detoxification using lab testing, exercise, sauna, colonics, diet, supplements CR requested this of Amy Dirkson, ND.

3) Rebuild Vitality • Teach Patients to Eat Well

This section explores two dietary approaches to build vitality and restore health. The first is based on blood-type diet concept that people are genetically predisposed to thrive on certain foods. Secondly, one naturopathic physician’s eclectic clinical approach to individualize diet and help patients learn to eat well. Various nutritive systems are integrated -- food’s warming or cooling effects; food combining; acid/alkaline balance; yin/yang theory; macrobiotics; Five Element theory; and nutritional science.

4) Fasting and Natural Hygiene

There are few disease conditions that cannot be improved by the physiologic changes noted in fasting. The digestive system is rested, the intake of toxins is minimized, elimination is enhanced and the immune system is free to focus on repair work. Therapeutic fasting in a modern clinic is discussed in the context of a brief history of the hygienic movement.
To come: Fasting and Natural Hygiene Pam Snider

5) Stimulate Self-Healing Power • Water Therapies

Hydrotherapy is the application of water in any form, either externally or internally, in the treatment of disease and the maintenance of health.

Hydropaths used contact, touch, attention, listening, faith and trust as a part of the healing process... The source of hydropathic success... utilizes curative aspects of the healer-patient dyad: presence, touch, communication, arousing hope and expectancy of cure, and the reinforcement of ties with the social group, thus minimizing the sense of isolation that so often accompanies sickness. Water cure as a system and as a world view promoted sense of meaning, ordering, power and control. Once patients began controlling their physical lives, the entire spectrum of self-determination and choice was within reach. --Susan Cayleff, PhD, 1988.

Balneology (the science of baths and their therapeutic uses) is a well established medical specialty in Europe and Japan, where conventionally trained physicians complete residencies in balneotherapy and rehabilitation to become spa physicians in the many health resorts in those countries. Two practices in North America based on hydrotherapy treatments are described with clinical examples. To come from CR and Les Moore:

Hydrotherapy is not simply a physical-medicine modality. An interview with Dr. Glynnis Bridges, ND, on her use of Watsu, illustrates the effects of water and the therapeutic relationship on the psyche, emotions and physical body.

To come – Interview with Glynnis Bridges, ND

6) From Exhaustion to Resilience • Suppressed Patients and Healing Reactions

There is an essential conflict between what our bodies and brains were naturally designed for and what life presents us now – physical inactivity; the breakdown of the family and community; the lack of meaningful work, of contact with nature, of natural sleep, of intimate relationships, and so forth. The effects of chronic perpetual stress, environmental degradation, a devitalized food and water supply, and toxic food selection contribute to physical depletion, hypersensitivity and the psychoemotional and spiritual ennui that is pervasive in Western culture.

A key defining characteristic of Nature Cure practice is facilitating a patient’s healing reaction: the process of inflammation, discharge and repair crucial in the restoration of health. This section offers clinical examples of the operation of the Vis, supported by methods naturopathic physicians use to foster and manage healing reactions, including parameters for treating suppressed patients.

Transcribe Paul Bergner’s talk from AANP

To come CR and Tish

7) Nature and Healing

In the context of an elemental, material connection between life on earth and our personal well being, the therapeutics of plants and various elements applied by naturopathic physicians are explored. The healing qualities of experiencing nature are outlined.

Articles in hand:

*Botanical Medicine Jill Stansbury
*Light and Color Therapy Cheryl Deroin
*Breathing Therapy S Czeranko

Transcribe Bill Mitchell’s piece on Mother Earth

To come: CR on the experience of nature

To come: the benefits of sunlight – students’ research?

Should Touch be here?

8) The Environment of Healing and Learning Self-Care

The section discusses a patient’s self-care as a goal of the therapeutic encounter and a primary determinant of health. It presents a clinical approach based on small group process with the goal to develop patients’ cognitive/sensory awareness and self-care skills to effect therapeutic lifestyle change.

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3 Speaking of 19th- & 20th-century practitioners
The physician’s creating a safe emotional and physical space for patients and physicians to be authentic and have a therapeutic exchange is discussed.

To come CR

9) Touch • Manual Therapies
Add manipulation, manual therapies, and other currently used like cranial sacral, other types of bodywork used by naturopaths.

Transcribe Bill Mitchell’s AANP lecture on Manipulation of Robert Overton who might write this? Andrew Perry?

10) Medical Spa
The Nature Cure section closes by describing the emerging forms and practices of naturopathic medical spas, a developing form in American healthcare. The history and efficacy of health retreats, including the water cure institutions and sanatoriums in the U.S. in the mid-19th century, will be covered. We imagine an in-patient environment that would most support the healing work of Nature Cure practitioners and discuss current practices that offer elements of the healing retreat. KuprowskySpaMed

To come: piece by Cathy Rogers
**PANEL PLENARY: MODALITIES SESSION B**

*Naturopathic Medicine Modalities: Evolving with the Progress of Knowledge*

11:30 am – 12:00 pm

**Moderator**

TBD

**Panel Presentations**

- *Defining Modalities in the Context of Naturopathic Medicine*– Stephen P. Myers, ND, BMed, PhD
- *Voices of the Elders*– James Sensenig, ND

**Charge**

“Naturopathic Methods

Naturopathic medicine is defined primarily by its fundamental principles. Methods and modalities are selected and applied based upon these principles in relationship to the individual needs of each patient. Diagnostic and therapeutic methods are selected from various sources and systems and will continue to evolve with the progress of knowledge.”

The presentation of naturopathic modalities in the context of the whole practice of naturopathic medicine is the section topic. Modality chapters are seeking to produce the first definitional statements of naturopathic modalities in the context of naturopathic philosophy and theory; and to represent the full range of expression extant by ND’s whose practice emphasis and jurisdiction scope vary.

Based on a model developed by Dr. Myers and a team of 40 nutrition faculty in Australia, Dr. Myers will present an overview and definition of naturopathic modalities in the whole practice of naturopathic medicine, a pictorial taxonomy developed by the definitions and terms task Force at the National Education Dialogue to Advance Integrated Health Care, and several draft modality chapters for discussion to illustrate key editorial issues in this section of the text. A new structure and grouping will be explored. Dr. James Sensenig will summarize key points of wisdom and guidance offered to us from our elder naturopathic physicians, obtained through the Voices of The Elders Series taped at the NWC by Drs. Sensenig, Palka and Forwell, and transcribed by the NCNM Library and Audio services team.

**Key Issues**

- Groupings
- Modalities within modalities
- Traditional and emerging modalities: Frontier or Unreal
- Whole practice
- Jurisdiction and scope variations

The presentation is designed to lead participants into breakout sessions to explore the key issues. Participants will be asked to answer the following questions to provide focused editorial recommendations to our Modality Editor and Senior Editor.

- How do we best handle modalities – as clusters or as individual components?
- Did we forget anything? Anything missing?
- Convergence: Where is concordance?
- Controversy: Where is discordance? Outright conflict?
- Where do we see important and valued diversity?

**Breakout Sessions**

From the sessions and chapters presented on the Panel:

- How do we best handle modalities – as clusters or as individual components?
- Did we forget anything? Anything missing?
- Convergence: Where is concordance?
- Controversy: Where is discordance? Outright conflict?
- Where do we see important and valued diversity?

**Deliverables and Goals**

Proceedings drafted by Ms. Campbell which capture the following for the Modalities section and session, and/or resolve key issues specific to these sections through feedback on core and sample chapters.
What insights do we have about problems and agreements in this core section? Is anything missing? Where is concordance? Where is discord? Outright conflict? Where do we see important diversity?
EXECUTIVE SUMMARY

Naturopathic Medicine Modalities: Evolving with the Progress of Knowledge

Stephen P. Myers, ND, BMed, PhD

Key Elements
The American Association of Naturopathic Physicians definition of Naturopathic Medicine, adopted at the Rippling River Convention in 1989, states that naturopathic medicine is defined by its principles and further that its methods and modalities are selected and applied based upon these principles in relationship to the individual needs of each patient. The definition provides an outline of naturopathic practice which includes a listing of naturopathic modalities as follows:

Naturopathic Practice
Naturopathic practice includes the following diagnostic and treatment modalities: utilization of all methods of clinical and laboratory diagnostic testing including diagnostic radiology and other imaging techniques; nutritional medicine, dietetics and therapeutic fasting; medicines of mineral, animal and botanical origin; hygiene and public health measures; naturopathic physical medicine including naturopathic manipulative therapies; the use of water, heat, cold, light, electricity, air, earth, electromagnetic and mechanical devices, ultrasound, and therapeutic exercise; homeopathy; acupuncture; psychotherapy and counseling; minor surgery and naturopathic obstetrics (natural childbirth). Naturopathic practice excludes major surgery and the use of most synthetic drugs.

The practice of a modality within the context of naturopathic medicine will refine and change the nature of the modality as practiced by other health professional groups. A critical element of the definition of modalities within naturopathic medicine is their contextualization within the practice of naturopathic medicine. The definitions need to be anchored in the practice of naturopathic medicine, as opposed to the practice of the modality independently.

The interaction between modalities is a product of clinical experience. It is important to value the voices of the professions elders in how modalities interact and how to effectively engage in multi-modal practice.

The practice of naturopathic medicine will differ in the modalities used based on jurisdictional differences in the scope of practice, educational differences between colleges and the personal differences between practitioners.

Key Questions
What is a modality and how is it different from a system of practice?
Is taxonomy important?
How do modalities cluster?
What modalities should be clustered with what?
What emphasis within a given cluster should specific modalities have? Equal or unequal?
How should clusters be named?
What value does clustering provide?

Critical Decision
How do we approach modalities – as individual approaches or as cognitive clusters?
APPENDIX MATERIAL

PART IX. NATUROPATHIC MODALITIES

Stephen P. Myers, ND, BMed, PhD

64. Introduction to Naturopathic Modalities
   Authors: Stephen Myers (lead)
   Contributing Authors: Pamela Snider, Jared Zeff
   Address the larger ND principles involved in digestive disease; Describe gastroenterology as a primary system for ND’s updating Lindlahr, gastro as largest neuro-endocrine system, underlies many functional syndromes. Determinants of health...Therapeutic order...Breakdown...disease. Include the science of trophology: extracting nutrients from the environment.

65. Application of Naturopathic Modalities using the Principles of Practice and the Therapeutic Order
   Authors: (Introduction, framework, synthesis) Jared Zeff,
   Contributing Authors: Robert Broadwell, Pamela Snider, Louise Edwards, Stephen Myers, Counsel of elders TBA
   Address the question here of how energy medicine is present throughout many of the modalities Authors to define the naturopathic modality in terms of the principles, and therapeutic order, laws of healing, and practice of naturopathic medicine. Definition should be agreed on by 4-6 scholars/clinicians/faculty in the area being defined. Use the Definition of Naturopathic Nutrition by Stephen Myers et al at Southern Cross University, Australia (done by 40 faculty) as an example
   Title TBA
   Author: Stephen Myers (lead), PS

66. Integrating Modalities and Therapies: Voices of the Elders.
   Authors: Jim Sensenig (lead), Robert Broadwell
   Contributing Authors: Cheryl Deroin, The Naturopathic Society, Kim Palka
   (Nasha Winters?)
   Counsel and participation of elders will be developed with the assistance of Dr. Robert Broadwell, interviews on strategies and rational for integrating and combining therapies will be conducted by Naturopathic Society student members who will be listed as co-authors on this submission.

67. Nutrition
   Author: Stephen Myers
   Contributing Authors: Steve Sandberg-Lewis, Steve Milkis, JP, Peter D’Adamo, Eric Jones, Tini Gruner
   (AUSTRALIAN)
   Resources:

68. Detoxification and Fasting
   Author: John Hibbs?
   Contributing Authors: Steve Bailey, Alan Goldhamer, Michael Byrne
   Resources: Kelly Fitzpatrick

69. Homeopathy
   Author: Michael Traub
   Contributing Authors: Richard Mann, Ellen Goldman, Nadia Bakir, Amy Rothenberg, Paul Herscu, Tutti Gould, Will Taylor, Stephen Messer, Ian Howden (AUSTRALIAN)
   Resources: Eric Udell? Stephen Messers
   Address Complex Homeopathy and what is in the field
70. Hydrotherapy Medical Hydrology  
Author: Tish Watrous  
Contributing Authors: CR, Charley Cropley, Trevour Salloum, Benjamin Lynch, Gaia (PS), Les Moore  
Resources:  

71. Botanical Medicine and Vitalistic Practice  
Author: Jill Stansbury  
Contributing Authors: BM, Little Dancing Crow (Deborah Frances), Mary Bove, Nancy Solliven, Eric Yarnell, Rowen Hamilton, Lise Alschuler, Robin DiPasqale, Deb Brammer, Anthony Godfrey, Sue Evans, Hans Wohlmuth (AUSTRALIA)  
Resources:  

72. Physical Medicine  
Authors: Nick Buratovitch (lead),  
Contributing Authors: Jim Sensenig, Paul O’rrock, Michael Cronin, Dean Neary, Doug Lewis, Leon Chaitow  
Concepts:  
Electrotherapy changing blood flow; non-musculoskeletal conditions and naturopathic manipulation is defining feature  

73. Physical Culture: Exercise Science  
Author: Les Moore?  
Contributing Authors:  

74. Spirituality, Health and Medicine  
Author: Christy Lee-Engel  
Contributing Authors: Emmy Bezy, Lara Pizzorno, JZ, Konrad Kail, Michael Byrne  
Resources:  

75. Mind Body Medicine (Split these two)  
Authors: John Dye, Dennis Marier, Michael Byrne;  
Contributing Authors:  
Join Counseling and Health Psychology?  

*75. a. Energy Medicine -- Konrad Kail, Zora DeGrandpre  

76. Counseling and Health Psychology  
Authors: Steve Sandberg-Lewis, Cathy Rogers  
Contributing Authors: John Dye,  
Resources: Maureen O’Keefe, Hilary Farberow-Stuart, Patricia Timberlake, Michael Byrne  
Concepts:  
Combining energetic psychology with homeopathic medicine: Oliver Sacks  
Energy psychology: Steve Sandberg-Lewis  

77. Minor Office Procedures  
Author: Fernando Vega (lead),  
Contributing Authors: Bruce Milliman, et al.  

78. Pharmaceutical and Prescriptive Medicine  
Author: Bruce Milliman (lead)  
Contributing Authors: Fernando Vega, Tom Drost, et al.  

79. The Evolution of New and Renewal of Traditional Modalities Based on the Principles of Naturopathic Medicine
Foundations of Naturopathic Medicine Project
Codifying our knowledge. It's time

Authors:
Contributing Authors:

Editors address concept in one to two pages ("modalities evolve with the progress of knowledge" AANP 1989): address traditional therapies emerging or re-emerging modalities consistent with NM principles which should be reconsidered and investigated, and used by ND’s

A. Iris Diagnosis in the 21st Century
   Authors: Edie Pett (lead), Catherine Morter

B. Animal Assisted Therapy: The VMN and The Interconnectedness of Living Beings in Nature (or The Place of Animal Medicine in Nature Cure)
   Authors: Bill Benda, Pamela Houghton
   Consider moving to part of nature cure section

C. Injections, IV Therapy and Naturopathic Needling:
   Author: Michael Cronin (lead), Virginia Osborne

D. EAV
   Authors: Konrad Kail

E. Radionics
   Authors: Jared Zeff, Tish Watrous
APPENDIX

PART IX. NATUROPATHIC MODALITIES

Authors Guidelines - Version 1

Aim
The aim of this section of the book is to provide a concise overview of each of the modalities of Naturopathic Medicine. To do this effectively each of the modalities will require a definition that encompasses the practice and principles of that modality within the practice of naturopathic medicine. Ideally, this definition should be broad consensual one and reflect the spirit of the modality as practiced by naturopathic physicians. Pragmatically for the first edition of the text the editorial team has accepted that a wide consensual process may not be feasible and the modality teams are requested to be as inclusive as possible in reaching the modality definitions.

Critical Elements
- The definition for each modality should be seen as a being a parallel component of the definition of Naturopathic Medicine adopted by the AANP. The definition needs to reflect the principles of naturopathic medicine outlined in this definition.
- Take particular care in recognizing the principle of the VMN and the effect on the VMN (i.e. the process of healing) when the modality is applied.
- The definition needs to reflect the therapeutic order, laws of healing, determinants of health and a holistic model of health. These are core concepts of the philosophy of naturopathic medicine and need to be incorporated within the definition.
- The definition needs to be anchored in the practice of naturopathic medicine (as opposed to the practice of the modality).

Approach
The definition needs to be a modern statement of the modality, however, it is important that the authors reflect on and where appropriate incorporate older ideas from the pioneers of naturopathic medicine.

The authors are requested to:
- Review modern and historical texts in naturopathic medicine and the specific modality.
- Specific historical texts recommended by the editorial team for all authors to review include Lindlahr and Spitler
- Locate any existing definitions of the modality
- Review ND college catalogs, modality department and course descriptions
- Review relevant AANP position papers and any international equivalents.

Once this has been undertaken the team need to draft a statement defining the modality in the context of naturopathic medicine. Please note that this may be relatively short and contained within 1-2 typed pages. The rest of the section can be expanding on the ideas expounded in the definition.

The definition of Naturopathic Nutrition produced by faculty teaching naturopathic nutrition in Australian Naturopathic Medicine Colleges is appended to these Author Guidelines. This definition was the work of 40 faculty across two symposia over two years.

The Physical Medicine Team commenced this process earlier in 2005 and will provide an example of a modality section for the other Modality Teams to be used as a guideline. This will be distributed prior to the Team Leaders meeting on the 5th October 2005.

To better understand the process of constructing this section the goals of the Physical Medicine (PM) Team were:
1. Define what is physical medicine (PM) – global inclusion, AANP, colleges, NPLEX
2. Determine and define components of PM – historically and emergent
3. Translation of historical language into more rigorous scientific language
4. Stake out our territory – what we can provide PM
5. Be sensitive to political implications with other practice systems
6. Identify unique aspects of naturopathic PM – How is it naturopathic
7. How does PM fit into a general ND practice
8. Relate to therapeutic order and model of healing
9. Relate to the vis medicatrix naturae and ND philosophy – prime directive

**Deliverables and Timeline:**

**Length:** 16 pages of typed text (will translate to approximately 4 printed book pages)

**Font:** Times New Roman 12pt

**Line Spacing:** Double Spaced

**Deadline:** 31st March 2006
WORKING DEFINITION

Naturopathic Nutrition
Byron Bay June 2003

Preamble
Naturopathic medicine is a distinct system of primary health care – an art, science, philosophy and practice of diagnosis, treatment and prevention of illness. Naturopathic medicine is distinguished by the principles which underlie and determine its practice. These principles include the healing power of nature (Vis Medicatrix Naturae), identify and treat the causes (Tolle Causam), first do no harm (Primum Non Nocere), doctor as teacher (Docere), treating the whole person and emphasis on prevention. These principles give rise to a practice that emphasises the individual and empowers them to greater responsibility in their own health care and maintenance.

Definition
Naturopathic Nutrition is the practice of nutrition in the context of naturopathic medicine. Naturopathic Nutrition integrates both scientific nutrition and the principles of naturopathic medicine into a distinct approach to nutritional practice.

Core components of Naturopathic Nutrition are:

- A respect for the traditional and empirical naturopathic approach to nutritional knowledge.
- The value of food as medicine.
- An understanding that whole foods are greater than the sum of their parts and recognises that they have Vitality (properties beyond physiochemical constituents)
- That individuals have a unique interaction with their nutritional environment.

Practice
In the context of the definition, and with respect to the Therapeutic Order, the practice of Naturopathic Nutrition may include the appropriate use of:

- Behavioural and Lifestyle Counselling
- Diet Therapy (including Health Maintenance, Therapeutic Diets and Dietary Modification)
- Food Selection, Preparation and Medicinal Cooking
- Therapeutic application of foods with specific functions
- Traditional approaches to detoxification
- Therapeutic fasting strategies
- Nutritional Supplementation

This Working Definition was produced by 40 Nutrition Faculty teaching nutrition in Australian Naturopathic Medicine Colleges and was facilitated by the Naturopathic Nutrition Panel. The definition was the result of two symposia held in 2000 and 2003.
HEALTH CARE SYSTEMS TAXONOMY

Health Care Systems and Professions

Approaches
Mechanistic, Eastern, Western, Holistic, Vitalistic, Mind/Body, Natural, Evidence Based, etc.

Disciplines and Whole Systems of Health Care

- Conventional Nursing
- Holistic Nursing
- Public Health
- Holistic Medicine
- Integrative Medicine
- Conventional Medicine
- Acupuncture/Oriental Medicine
- Direct Entry Midwifery
- Chiropractic Medicine
- Naturopathic Medicine
- Massage Therapy
- Ayurvedic Medicine

Theories, Philosophies, Organizing Principles, etc.

Modalities
- Physical / Manual
- Detox and Fasting
- Lifestyle and Wellness Promotion
- Botanical Medicine
- Counseling and Health Psychology
- Spiritual / Energetic Healing
- Therapeutic Exercise
- Hydrotherapy
- Pharmaceutical Medicine
- Homeopathic Medicine
- Minor Surgery and Office Procedures
- Nature Care

Therapy or Intervention

Please note that the disciplines, whole systems of health care and modalities are NOT comprehensive lists. They simply represent a sampling.


www.lhpc.info
Please note this is NOT a comprehensive list of approaches, modalities, and therapies, but simply a sampling


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NATUROPATHIC PHYSICAL MEDICINE TAXONOMY

Naturopathic Medicine

Approaches
Mechanistic, Eastern, Western, Holistic, Vitalistic, Mind/Body, Natural, Evidence-Based, etc.

Naturopathic Principles and Clinical Theory

Modalities
Physical Medicine
Detoxification and Fasting
Lifestyle and Wellness Promotion
Botanical Medicine
Spirituality and Energy Medicine
Counseling and Health Psychology
Pharmaceutical Medicine
Minor Surgery and Office Procedures
Homeopathic Medicine

Theories, Philosophies, Organizing Principles, etc.

Therapies or Interventions

Client

Please note this is NOT a comprehensive list of approaches and modalities, but simply a sampling.

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DAY 3 & 4
creating coherent clinical applications

Wednesday & Thursday | April 4-5, 2007

PLENARY PANELS

PRIMARY CARE & CLINICAL SPECIALTIES

April 4 | 4:00 pm – 5:00 pm

Session A
The Elements of Naturopathic Primary Care: Evaluation, Management and the Ecology of Healing

Session B
Application of Naturopathic Theory to Population Groups and Clinical Specialties: A Naturopathic Approach to Whole Practice, the Whole Person and the Ecology of Healing

Moderator
TBA

Presentation
Towards the Future of Modern Naturopathic Primary Care: Definitions, Trends, Models: Implications for Professional Identity–Bruce Milliman, ND, Thomas Kruzel, ND, Rita Bettenburg, ND

Clinical Subgroups and Categories – Keeping Them Naturopathic and Individualized

Thomas Kruzel, ND; Paul Orrock, ND, DO, RN

BREAKOUT GROUPS

April 5 | 8:15 – 9:45 am

Session A
The Elements of Naturopathic Primary Care: Evaluation, Management and the Ecology of Healing

Session B
A Naturopathic Approach to Whole Practice, the Whole Person and the Ecology of Healing

Facilitator
Valerie Campbell and 2 groups for each topic with a spokesperson from each breakout group

Charge
Two groups of eight each work on discerning the coherence, concordance, diversion, discord, missing, core issues, and points of revision for each of the two topics presented: Primary Care and Clinical Specialties. Each group will have an hour and a half for their work and will select a spokesperson to report back at the Plenary at 3:00 for 5 minutes.

PLENARY REPORTS

April 4 | 9:45 am – 10:45 am

Revisions & Coherence for Primary Care and Clinical Specialties Text Sections

Facilitator
Valerie Campbell and spokespersons from each breakout group

Charge
The breakout groups will present their reports and the entire group will reflect on these reports and discern important revisions and direction for the editors of these sections of the text.
PLENARY PANEL PRIMARY CARE
SESSION A
4:00 pm – 4:30 pm

The Elements of Naturopathic Primary Care: Evaluation, Management
and the Ecology of Healing

Moderator
TBA

Presentation
Towards the Future of Modern Naturopathic Primary Care: Definitions, Trends, Models: Implications for
Professional Identity—Bruce Milliman, ND, Thomas Kruzel, ND, Rita Bettenburg, ND

Charge
Dr. Milliman will present a synthesis of the chapter team’s definitional work on the elements of modern naturopathic
primary care in the context of naturopathic philosophy, traditional naturopathic practice and the classic principles of
primary care evaluation and management. In finalizing the chapter to reflect the heart of modern naturopathic primary
care, we need to address scope, access and integrity of naturopathic philosophy in naturopathic practice. We need to
address the following:

• What are the distinct elements of care, evaluation and management that define the naturopathic model; and
• What elements do we hold in common with conventional primary care providers?
• What impacts do issues of safety, efficacy, cost effectiveness, and accessibility have on advancing our
model while maintaining its integrity?
• What is the transformative potential of modern naturopathic primary care for the health care delivery
system?
• What are the elements of naturopathic primary care that are central in conveying the unique identity and
practices based on the profession’s foundational philosophy? For example, physical medicine and the
healing modalities are unique features of naturopathic primary care practice.

“Who are we, and who will we be” vs. ‘will we be included’ are amongst the most vital issues for our health care
profession today. Emerging trends and needs in health care including patient centered collaborative care, wellness,
health promotion, access and reimbursement for healing practices will be addressed. Dr. Tom Kruzel and Dr. Rita
Bettenburg will comment on implications for national professional identity, standards of practice and emerging trends
in community and public health.

International training and scope implications will be discussed.

Implications for editing the final chapter on modern naturopathic primary care will be addressed in the breakout session
which follows.

The presentation is designed to lead participants into the breakout sessions to explore the definition and elements of
modern naturopathic primary care. Participants will be asked to answer the following questions to provide focused
editorial recommendations to the primary care section lead and team.

Breakout Sessions
From the sessions and chapters presented on the Panel, participants will engage in a lively and respectful discussion
regarding the issues of scope, access and integrity of naturopathic practice. The questions identified in the charge of this
panel will inform the facilitated dialogue.

Deliverables and Goals
Proceedings will capture responses to the questions raised by the charge of this panel, as well as the following:
What insights do we have about problems and agreements in this core section? Where is coherence or concordance?
Where is there important diversity which should be reflected in this section? Are there any conflicts? Is there anything
missing?
EXECUTIVE SUMMARY
NATUROPATHIC PRIMARY CARE
Bruce Milliman, ND

Key Elements
The draft chapter “Naturopathic Primary Care” is the result of the collective thoughts, experience and writings of eight naturopathic physicians engaged in either or both community based and institutionally platformed naturopathic primary care: The contributors are Drs. J Booker, C Downey, H Gbedawo, S El Hashemy, K Cronin, C Meletis, M Morstein and my self, B Milliman. The descriptor ‘modern’ appears before the words ‘naturopathic primary care’, in an attempt to, while preserving our roots, principles and unique distinguishing features, acknowledge the necessity for full participation in the emerging shape and texture of primary health care of the new millennium. This has compelled such previously unthinkable shifts in professional prerogatives: Expansion of scope of practice into those which were traditionally reserved for conventional medicine; participation in third party reimbursement systems; and the acquisition of a broadened prescriptive authority.

Specific questions addressed include the definition of primary care in general, and that of modern naturopathic primary care in particular: How do we ‘fit in’ to the larger health care arena, where are we perceived to ‘fit in’ by the other stakeholders and how do we perceive our own place in the health care continuum? What are the underpinnings (principles) of modern naturopathic primary care and how do these inform its’ practice and integration into the larger health care arena? What is the nature of the medical education of the modern naturopathic medical school graduate and how does that education objectively compare with that of their conventional medical school counterparts? What are the historical antecedents of this segment of the naturopathic community? What can be said about the complex regulatory environment and its successes and challenges in the many jurisdictions represented where our medicine is practiced? How does modern naturopathic primary care mesh with our philosophy? What, if any, is the impact on the escalating cost of health care by providing access by patients to modern naturopathic primary care services? How does the modern naturopathic primary care provider function in the evaluation and management of acute and chronic conditions, in routine exams, in preventive medicine services and in the arena of health promotion; what is similar to services provided by conventional primary care providers and what is unique?

Key Issues
1. Colleagues vary in their willingness and ability to embrace the responsibilities, risks and costs associated with assuming the ultimate responsibility for evaluation and management associated with being a primary care provider. Jurisdictions vary in the level of regulation, licensure and authority conferred to graduates of accredited naturopathic medical schools: Broad scope and formulary is provided in some, limited in others and many have no regulatory support whatsoever. These factors significantly affect the posture and perspective of naturopathic physicians located within these varying jurisdictions.

2. There are varying attitudes ranging from an exclusive orientation towards personal advancement to ‘populist’, when it comes to working towards and/or participating in third party reimbursement mechanisms. Some feel such participation is harmful to the ‘physician prerogatives’. Some feel that the demands of the insurer cause undo physician work, often without commensurate compensation. Others feel that the provision of access to patients, regardless of ability to separately pay, is paramount.

3. There are concerns regarding the potential conflict between scope expansion (the inevitable companion of full primary care responsibility assumption) and preservation of the heart of naturopathic medicine as it has been traditionally practiced and passed down. There are concerns that functioning as primary care providers could compromise the integrity of our mission, while others feel that such participation is imperative to our effectiveness as physicians, our credibility and perhaps our survival as a distinct field. The former group seems to indicate that scope expansion and increased formulary causes practitioners to resort to higher levels of intervention, bypassing lower force, yet effective naturopathic approaches to care. The latter group feels that increases in scope and formulary provide a broader range of management potential, thus keeping the patient under naturopathic care, where transference of care could cause even greater harm (the use of the ‘least force’, embraced in our ‘do no harm’ principle, may reconcile this apparent dilemma).
These three issues are among the most important facing not only those who do, and aspire to, take on the responsibilities and have commensurate scope and prescriptive authority necessary for assumption of the role of modern naturopathic primary care provider, but for the entire profession of naturopathic medicine. We need to have a lively and respectful discussion take place regarding the issues of:

- Scope
- Access
- Integrity of Naturopathic practice
PANEL PLENARY: CLINICAL SPECIALTIES
SESSION B

Application of Naturopathic Theory to Population Groups and Clinical Specialties:
A Naturopathic Approach to Whole Practice, the Whole Person
and the Ecology of Healing

4:30 pm – 5:00 pm

Moderator
TBA

Presentation
Clinical Subgroups and Categories – Keeping Them Naturopathic and Individualized

Thomas Kruzel, ND; Paul Orrock, ND, DO, RN

Charge
“Naturopathic physicians treat disease by restoring health.” [AANP Definition of Naturopathic Medicine]

“Biological and social systems are inherently complex, so it is hardly surprising that few if any human illnesses can be said to have a single ‘cause’ or ‘cure.’” [Wilson T. & Holt T. British Medical Journal, 2001; 323:685-688]

While naturopathic physicians are trained and practice as primary care providers, population subgroups and clinical specialty areas are an important part of the naturopathic medical education and practice demographics. Many ND’s specialize in populations and specialty areas including body systems or approaches (gynecology or men’s health, cardiology, minor surgery, obstetrics, environmental medicine, nutrition, etc). Our Editor and section lead seek to present an innovative section design and internal chapter framework which reflects the heart of naturopathic medicine yet is recognizable to conventional providers, in effect creating an accessible framework for presenting the full scope and context of naturopathic clinical medicine as described in naturopathic principles and theory. In particular, the Editorial team seeks to avoid presenting a disease and pathology-based, reductionistic, or segregated orientation to the whole-person approach ND’s use clinically. Drs Kruzel and Orrock will present the methodology they have developed in revising the existing chapter structure, which includes a substantial overview of how naturopathic medicine considers the unique and interrelated features of human health as pivotal to its management. This overview prepares the context of the chapters on population groups and specialties, utilising physiological systems reflecting a whole systems approach.

In Breakout sessions to follow, participants will help problem solve and guide the development of innovative solutions in the chapter.

Deliverables and Goals
Proceedings will capture responses to the challenges raised and request for recommendations made by the editors during the panel presentation. Proceedings will provide:

Feed back on the chapter’s format, including revisions to chapter sequence, structural feedback, subheadings/ structure consistency with NM codification vs. reductionism, disease oriented or ‘green allopathic’ codification

• Advice regarding each of the chapter’s core importance to the text
• How to allow for the maximum of creativity in the writing of each section
EXECUTIVE SUMMARY

Application of Naturopathic Theory to Population Groups and Clinical Specialties

Thomas Kruzel, ND; Paul Orrock, ND, DO, RN

I. Summary and Status

This chapter brings the text to the coalface of practice, and can be envisioned as a look inside the thought processes of the ND as they go about their work. It was explicitly agreed by the team (Thomas Kruzel ND and Paul Orrock ND DO – co-leads, Pamela Snider ND and Stephen P. Myers, ND, BMed, PhD - editorial) that this chapter would avoid giving clinical treatment plans and protocols from clinicians – rather it was to establish and explore the unique naturopathic approach to what are established categories in medical and health practice.

The lead authors have met with the editorial team and specific authors regularly on teleconference (co-lead is Australian). The chapter originally aimed to include 24 sections – 5 population subgroups and 19 clinical specialties based on standard medical systems terminology. Foundation work was completed on establishing limits on what to request of authors, drafting introductory chapters for each section and templates as writing guidelines. Discussion commenced on what these systems meant to the ND – how we could ensure they reflected naturopathic philosophy whilst remaining accessible and readable to medical professionals and undergraduate students of naturopathic medicine. The authors worked on developing author lists and attempting to retain an international focus.

We have considered the principles of Functional Medicine, and looked at how philosophically framed practices of medicine becomes hard to define and map at the clinical end of the spectrum. The individualization of diagnosis and particularly therapy is at the heart of holism, and creating artificial constructs around patient presentations appears to contradict our tenets. Although, if the text is to be a bridge across medical disciplines, and make sense to a variety of readers, then certain constructs were considered necessary. This issue, and the effect it has on the chapter structure, is still current and lively.

The current status of the chapter is that there are 2 draft introductions, 4 good drafts of chapters and 2-3 more early chapter plans submitted. This is disappointing, and the authors are in discussion with regards to design and prioritizing. The plan was always to envision the ideal list of subjects, but only accept well-written and grounded submissions. The retreat will greatly assist in this discussion.

KEY ELEMENTS of Presentation:

1. Methodology in keeping sub groups and specialties grounded in naturopathic philosophy
2. Structure of chapter
3. Prioritising chapters – what could/must not be left out
4. Problem solve author issues – workload, commitment

II. Key Issues

To date the biggest challenges have been in recruiting section writers, setting up a working template/outline for them to follow, and keeping them on track. Additionally it has been difficult for us to conceptualize how to write each chapter without continually repeating what has already been written about. It has been difficult for the section editors/writers to produce materials in part due to a lack of clarity on our part as to what things should look like, and what we are trying to accomplish.

Our key issues revolve around how to integrate a “specialty” into the holistic model that is naturopathic medicine, what is it that makes us unique and not trying to be like allopathic medicine. Additionally, how this should be presented so that it is understandable and not overly esoteric. In addition, the editors are trying to maintain the uniqueness that characterized naturopathic medicine in the writing of the chapters so that we do not fall into the trap of cook book medicine.

III. Challenges and Recommendations

What the editors would like are:

1. Suggestions as to how we can obtain better clarity as to this sections goals,
2. Feedback on the chapters format, and
3. Advice regarding each of the chapter’s core importance to the text
4. Suggestions on how to allow for the maximum of creativity in the writing of each section.
APPENDICES

CLINICAL SPECIALTIES CHAPTER LIST

Part XI. Application of Naturopathic Theory to Clinical Specialty Areas

86. Introduction to Naturopathic Clinical Specialties
   Authors: Tom Kruzel (Team lead) Paul Orrock (Co-Lead)
   Contributing Authors: Eric Jones, Stephen Myers
   Resources: Stephen Myers, Fraser Smith, Gannady Raskin, Guru Sandesh Khalsa, Nadia Bakir, (PS, JP, BM, JS)
   Concepts: Get rigorous submissions from faculty teaching these sciences. What makes them naturopathic? How is philosophy and theory represented in clinical application? Populations, Conditions, Clinical Specialties

Chapter and Author List: Special Population Groups

87. Introduction to Special Population Groups
   Gerontology, Pediatrics, Women’s Medicine, Men’s Medicine:
   Lead Author: Tom Kruzel
   Contributing Authors: Paul Orrock, then Eric Jones Stephen Myers, then senior editors, selected editors, cohort and specialty area leads

88. Gerontology
   Author: Tom Kruzel, (Lead), Eric Jones
   Contributing Authors: Sonia Brownie, ND, PhD (Paul)
   Resources: Include Davis Lamson’s submission Vitality in the Elderly: Response to Therapeutics

89. Pediatrics, Adolescent and Children’s Health
   Author: Rita Bettenberg (lead),
   Contributing Authors: Linda Dyson, Hatha Gbedawo, Katie Baker
   Resources: Molly Linton

90. Women’s Medicine
   Author: Cheryl Proctor
   Contributing Authors: Tori Hudson, Dana Keaton, Debbie Smolinski, Ruth Trickey (written most used text for women’s health in Australia; Assunta Hunter with Master’s in Women’s Health)
   Resources: Jane Guiltinan,

91. Men’s Medicine (Men’s Health)
   Author: Eric Yarnell
   Contributing Authors: Tom Kruzel, Phranq Tamburri ND (SCNM)
   Tim Peace ND, PhD (SCNM), Mitch Stargrove ND, Mark James ND (Flagstaff)

92. Naturopathic Midwifery Obstetrics and Natural Childbirth
   Authors: Susan Roberts
   Contributing Authors: Beth Gaby, Sara Thyr, Morgan Martin, Farra Swan, Molly Linton,
   Resources: Kathy Naughton, Naturopathic Midwifery Society

Chapter and Author List: Clinical Specialties

93. Cardiovascular Medicine (Cardiology)
   Author: Decker Weiss
   Contributing Authors:
Foundations of Naturopathic Medicine Project
Codifying our knowledge. It's time

Resources: Maurice Werness

94. Dermatology
   Author: Michael Traub
   Contributing Authors: Kevin Conroy, Steve Milkis? Michael’s significant other?

95. Endocrinology
   Author: Dirk Powell;
   Contributing Authors: Mona Morstein, Guru Sandesh Khalsa, Konrad Kail

96. *Environmental Medicine and Depuration
   Author: Walter Crinnion
   Contributing Authors: Kelly Fitzpatrick; Chris Spooner
   Resources: John Hibbs may be willing to author

97. Gastroenterology (Clinical Gastroenterology: A Naturopathic Approach)
   Author: Steve Sandberg-Lewis
   Contributing Authors: Jason Hawrelak BNat PhD (Australian – done Clinical trials on dysbiosois), Stephen Myers, Lise Alschuler, Mona Morstein; John Collins

98. HEENT (HANG)

99. Hematology (HANG)

100. Hepatology
   Author: Lynne Patrick ND (Suggested Lead – Tom to contact her)
   Contributing Authors:

101. Immunology & Infectious Diseases (double pages)
   A. Naturopathic Treatment of Infectious Disease
      Author: Jared Zeff
      Contributing Authors: HIV Aids-Peter de Reyter (via Paul Orrock), Tom Kruzels, Bruce Milliman
   
   B. Naturopathic Approach to Infectious Disease and Enhancing Immunity
      Author: David Lescheid (lead), Bruce Milliman, Jared Zeff, Homeopath?
      Contributing Authors:

102. Rheumatology, Musculoskeletal and Orthopedic Health Care (double pgs)
   Authors: Paul J. Orrock (Lead)
   Contributing Authors: Alex Vasquez, David Tallman

103. Nephrology
   Authors: Cheryl Tilgner ND (Suggested Lead)
   Contributing Authors:

104. Neurology (HANG)

105. Nutritional, Functional and Metabolic Disorders
   Author: Russell Marz ND
   Contributing Authors: Steve Austin ND, Alan Gaby MD

106. *Diabetes and Nature Cure (likely to combine with above)
   Author: Mona Morstein
   Contributing Authors: John Dye, Leon Hecht, NCNM? Dr Tini Gruner (Via Paul)
Reviewer: Dan Luckaczer has offered to review and/or co-author

107. Oncology
Author: Les Moore,
Contributing Authors: Dan Rubin, Jason Harmon, Lead- Tim Birdsall? Lise Alschuler? (CTCA, ONCANP)

108. Pulmonary Medicine (HANG)
Author:
Contributing Author:

109. Reproductive Medicine & Fertility (HANG)
Author:
Contributing Author:

110. *Clinical Genomics
Author: Peter D’ Adamo ND
Contributing Author: Joe Pizzorno ND, maybe Ian Bier ND
Naturopathic Medicine is both a science and art; it is the practice of medicine based upon the principles, philosophy and theory of Naturopathic medicine outlined in sections. The practitioner of NM sees the patient through a lens of these principles, and applies sound medical, scientific and traditional knowledge bases to diagnose and treat ill-health and disease and also to ensure health optimisation.

This process is an integration of this principled thought with medical practice, and has a unique character that defines NM. The practitioner does not actually treat the disease, which is a label based on biomedical rules and knowledge, but treats the whole person on order to enhance, remediate and stimulate the healing response. (See the “Prime Directive” written by the Phys Med modality team; refers to the core purpose of the text is to address how NDs treat disease by restoring health-one line definition of NM in the AANP definition position paper PS)

This treatment of the Vis Medicatrix Naturae, although appearing to be a generalist approach, becomes intrinsic to the practice of NM when faced with the question of why a patient has not recovered from an acute illness. In searching for the obstacles to cure, the PNM may find a system/organ/functional disturbance that predisposes, and maintains the illness.

The treatment for this dysfunctional state may be similar across a number of disease states, because the PNM is looking at the central healing processes in the body. These include broad functional terms like immunity, digestion, detoxification, metabolic and hormonal balance – all of which can affect any number of subsystems (Is cybernetic theory in text earlier PO).

This approach is clearly outlined in the “Hierarchy of Healing” (Zeff…section…), where the therapies are generalist at the commencement of management, as the “vital force is stimulated and renewed” (Zeff p.), important systems of function are toned and nourished, the physical structure is balanced and made to work optimally – all before specific therapeutic agents are applied. This is in sharp contrast to other medical practices, particularly western biomedicine, which goes to singular causes of singular disease entities.

For example, the patient with allergic asthma may have a lowered immunity from repetitive unresolved infections, and gastrointestinal dysfunction from poor diet, repeated antibiotic ingestion causing altered bowel flora, and emotional stress causing irritable bowel. The PNM will look to support the body’s response to the asthma by treating general immunity, the GIT system, and the emotional coping mechanisms. None of these treatments are specifically respiratory in direction, but are individualised plans of management to enable the body to experience less asthma, and maximise the possibility of healing. (introduce term and concept “Toxemia” define in terms of existing work in text, expand on it as applicable here…Newman Turner, Lindlahr, etc…PS)

Therefore the sections that follow are not truly reflective of the practice of NM, as many patients fall across the systems and specialties, and the PNM (we’ll have to work through these terms-in US we are physicians, you have practitioners...open to suggestions-maybe PPNM? In the intro we should have a section on global implications, global benchmarks

In scope of practice…to contextualize the range) treats them in an integrated and wholistic manner based on the multifactorial diagnosis and the principles of healing.

In the world of the health care clinic, patients arrive with primary complaints that are often understood in a biomedical sense of belonging in a single system or specialty.

(Suggest introducing topic of co-morbidity here…annals of family medicine -Grumbach-a call for a new primary care model. This may also be introduced in the primary care section-and referred to in your section. See pg __ for references. PS). For this reason, it is worth putting focus onto these in a defined way, for the clinical minded physician to understand better the complexity and uniqueness of the practice of NM. (Paul Orrock draft sent to Tom Kruzel, Snider edits underlined, comments in small type. To be expanded by TK))
Naturopathic physicians are trained as primary care/family practice physicians from the inception of their medical school careers. The student clinician learns that not only are the principals and philosophy of naturopathic medicine applied to the diagnosis and treatment of the patient but to the greater system as well including the family and community. By the time of graduation the new physician possesses a solid grounding in naturopathic principals and philosophy which is then translated to patient care. It is the principals and philosophies that make naturopathic medicine a unique healing art and science, but it is also these entities that often put it at odds with the prevailing system of medicine.

Naturopathic medicine has undergone considerable transformation since its inception over 100 years ago. It has always held the philosophy that as a profession, naturopathic medicine would critically evaluate new therapies and thought in medicine, retaining that which was viable and withstood the test of time and eschewing that which did not. Because of this it has expanded its scope of training and practice to more model the conventional system while embracing that which benefits patient care and drawing attention to that which does not. What it hasn’t done is to eschew its principals such as working with the patient’s vital force and utilizing the healing power of nature, having incorporated them into this model.

Additionally, naturopathic medicine has often stood as a lone voice in the wilderness warning of the problems and pitfalls that come from the uncritical acceptance of new drugs and a growing medical-industrial complex. While naturopathic medicine has a sound basis in scientific medicine, it is its acceptance and utilization of the art of medicine that allows it to often be at the forefront of medical thought. This is often in contradistinction to allopathy which, despite overwhelming clinical evidence, will not accept a beneficial therapy unless it is “scientifically” validated. Naturopathic medicine will not replace the present system of medicine, but because of its propensity to challenge the status quo in the face of economic and legislative obstacles, it will continue to transform the face of medicine.

Because medicine has become so complex and its knowledge base has increased exponentially, medical specialties have arisen to address the need to keep up with it all. In the process of delving deeper and deeper in order to reduce medicine to its lowest common denominator, clinical specialization has become the rule rather than the exception. In the process, viewing the patient as a whole being and as an interconnectedness of all their parts has largely been lost.

Naturopathic medicine too has elected to specialize somewhat for the same reasons as their allopathic counterparts. However, the patient benefits even within a naturopathic “specialty” as the principals of naturopathic medicine allow them to be treated as a whole person rather than as a disease or body system. This allows the naturopathic physician to address other, interconnected areas of concern rather than just the clinical specialty.

The following sections do not discuss specific therapeutic approaches. What they do discuss is how specific conditions are viewed within the naturopathic medicine model of healing as determined by its principals. It is this view of the patient and their disease process that makes naturopathic medicine inherently attractive to those seeking a restoration of health. The ultimate advantage to the medical consumer is seen with patient care in that patient’s will benefit from the best of both worlds when given choices.
CLINICAL SPECIALTY WRITING GUIDELINES

A Sample Outline

Introduction
1. Who constitutes the cohort group?
2. Patients and their relationship to naturopathic medicine.
3. Demographics – understanding the characteristics and needs of the patient population; current state of clinical knowledge and research; understanding demographic trends such as gender, living arrangements, financial resources, health & functionality, ethnic diversity, and geography.

Naturopathic Perspectives on [name of specialty area]
The following topic areas are essential for inclusion when writing about naturopathic perspectives:
1. Health promotion
2. Preventive medicine including disease prevention
3. Health maintenance
4. Identify, mediate, and modify risk factors
5. Sleep
6. Nutrition
7. Exercise and physical activity
8. Emotional health and wellbeing
9. Family and social issues, such as ethics, access, cost, community resources, public health agencies, and other resources and support systems for patients.
10. Cultural awareness and diversity, including naturopathic health care for ethnically diverse populations
11. Maximize quality and quantity of life
12. Be sure to include any other perspectives you might have that are not listed here.

Key Issues
Include the following key issues when writing about your specialty area. In addition, add other key issues that you think pertain to your specialty area:

Diagnostic Issues
1. Etiology
2. Unity in the causes of disease and unifying strategies in the approach to the patient.
3. Assessment, including history, physical exam, laboratory, and diagnostics
4. Quality of life
5. Compare and contrast the differences between naturopathic medicine and conventional medicine.
6. What should each patient expect as a minimum when seeing a naturopathic physician?

Therapeutics Issues:
1. Clinical application of the principles, theory, therapeutic order, and hierarchy of therapeutics.
3. Evaluate the quality of life and care: physical, mental, psychological and emotional, spiritual (inner nurturing), and social (outer nurturing).
4. Modalities
5. Integration
6. Iatrogenic disease – naturopathic medicine vs. conventional medicine.
7. Look at points of concordance between naturopathic medicine and conventional medicine, & situations where co-management would be a good option.
8. Outcomes, including the status of the evidence.

IV. Cases
1. Present three cases to illustrate and support naturopathic medicine in your specialty area.
2. Utilize the standardized case report format when presenting your three cases.
3. Summarize how the principles of naturopathic medicine are applied to each case.
4. [Paul will send a copy of the case report format]
Attachments

1. Include clinical guidelines and algorithms. These algorithms should represent the clinical thought process of an ND. They should serve as a visual representation.

References

(include all references used)
FORMAT FOR CASE STUDIES

300 WORD LIMIT
Cases should be illustrating an important feature of naturopathic management within the system or specialty. The majority of the word count should be in the discussion at the end.

USE THE FOLLOWING HEADINGS

1 Patient Identifier (Anonymous)
e.g. 35 year old female book keeper, married with 2 teenage children

2 Presenting Complaints
Describe in note form the main and relevant secondary complaints, including onset, course, modalities, and severity. Include any specific characteristics that are interesting to the case report, e.g. onset during divorce, or pain aggravated by exercise.

3 Examination Findings
Physical examination, laboratory and other diagnostic results. Use accepted note form for brevity. Include significant negative findings.

4 Diagnosis
Summarise the working diagnosis, including medical and naturopathic labels.

5 Management
Set out management plan, summarise number of consultations, modalities used, list specific therapeutic agents (dose and preparation), and mention future management plan

6 Outcomes
Grade main and secondary complaints after management; give overview of other measures of improvement e.g. quality of life.

7 Discussion
Main theme of interest in the case. Discuss issues of why there was improvement (or not) and the difficulties or surprising elements of this case. Let the reader know of the thought process behind the diagnosis and management and any further research necessary for the case to be progressed (with references).

References (5 Maximum)
Use method consistent with textbook
PANEL PLENARY: CASE ANALYSIS AND MANAGEMENT & CLINICAL ALGORITHMS AND GUIDELINES

Session A
Towards a Model of Naturopathic Case Management: A Light for Our Path

Session B
Algorithms and Guidelines: Our Philosophy in Action

11:15 am – 12:15 pm

Moderator
TBA

Presentations
A Cognitive Model for Applied Naturopathic Theory— Fraser Smith, ND
International Experience in Transformative Case Management— Stephen P. Myers, ND, BMed, PhD
Towards a Model Algorithm for Applying Philosophy to Clinical Decisions— Herb Joiner-Bey, ND
Integrating Naturopathic Principles and the Therapeutic Order— Patricia Herman, ND
Algorithms and Guidelines in Action: AANP Guidelines in Development— Ryan Bradley, ND

BREAKOUT GROUPS
1:15 pm – 3:15 pm

Determining Recommendations for Case Management and Clinical Algorithms and Guidelines for the Text

Facilitator
Valerie Campbell

Participants will work in two groups each on the following two topics to explore recommendations to the Case Management and Clinical Algorithms leads. The questions will be considered and the model algorithm revised.

What is the best way to present NCAM and Algorithms Guidelines (light on the theory, heavy on case example?) Can our case analysis and management be captured in a description: or is it demonstrable but ineffable? If it can be described – what is the best manner: illustrative examples, some model of systems thinking, holistic thinking, etc.?

Revisions to and agreements on the model core algorithm will be developed in the breakout groups.

PLENARY REPORTS
3:15 – 4:15 pm

Facilitator
Valerie Campbell

The breakout groups will present their reports and the entire group will reflect and discern important revisions and direction for the editors of these sections of the text.
PLENARY PANEL: CASE MANAGEMENT AND ANALYSIS
SESSION A
Towards a Model of Naturopathic Case Management: A Light for Our Path
11:15 am – 11:45 pm
Moderator
TBA
Presentations
A Cognitive Model for Applied Naturopathic Theory— Fraser Smith, ND
International Experience in Transformative Case Management— Stephen P. Myers, ND, BMed, PhD
Charge
The panel will address the question: What is a model for naturopathic case management which explicitly applies naturopathic philosophy, principles and theory to practice?
This includes:
• What do we mean by primary care case management?
• What are the unique aspects of naturopathic case management?
• What are the aspects that overlap with other types of physicians (i.e. allopathic medicine)
Dr. Smith will present a draft model and framework for organizing clinical thinking in naturopathic medicine, which explicitly addresses the domains represented by Naturopathic theory which apply to the flow and process of case management. Dr. Myers will follow with comments on these frameworks in terms of a transformative approach to case management based on international experience. The following questions will be raised for exploration by participants and recommendations to the NCAM leads:
• What is the best way to present NCAM (light on the theory, heavy on case example?)
• Can our case analysis and management be captured in a description: or is it demonstrable but ineffable?
• If it can be described – what is the best manner: illustrative examples, some model of systems thinking, holistic thinking, etc.? How would this specifically affect the draft model, chapter and framework?
Breakout Sessions
Deliverables and Goals
Core deliverables in terms of:
• Basic consensus on what should be in an NCAM model
• Clarity around difference between NCAM, clinical theory, philosophy
• Insight into what areas of NCAM need further development or clarification
• Identify key areas of the reasoning process and conceptual framework of the ND
• Outline for further development of what case management is in terms of the naturopathic physician’s role and in particular as primary care providers
EXECUTIVE SUMMARY

Towards a Model of Naturopathic Case Management: A Light for our Path

Fraser Smith, ND
Stephen Myers, ND, BMed, PhD
I. What is naturopathic case management?
II. Outlining the key components of a naturopathic case management system
III. Case management in relation to clinical theory, practice model, philosophy etc.
IV. Implications for practice
V. Frontiers for discussion

Most naturopathic physicians can describe what happened in a visit with a patient. More challenging is to discuss what our approach to case analysis and management is. There is no question that our approach is distinct, powerful and in many instances more effective than the standard medicine approach. This chapter outlines our approach to naturopathic case analysis and management (NCAM).

The overview chapter, NCAM I, simply summarizes the major issues. It does explore the naturopathic principles, and the therapeutic order. Diagrams that show the flow of the visit are included.

The subject of NCAM is explored through a model in NCAM II. This chapter opens with a model that explores the various cognitive domains or modes of thought of the naturopathic approach. These range from basic pathology and medical diagnosis to the human interaction. The premise is that naturopathic physicians operate in these domains simultaneously. One look at our varied curriculum or one of our charts would suggest this. This also makes naturopathic medicine energetically, intellectually and emotionally demanding.

The NCAM 2 chapter also includes the mechanics of the interview, SOAP charter and the reasoning process. We go into some detail about the way in which the ND really learns about the patient and intensively studies them. The relationship itself is explored, as this doctor-patient (or doctor-client) relationship has everything to do with our success.

These topics are related to theoretical issues of importance such as the therapeutic order. The implications for practice are that our expertise in these areas makes us effective as physicians and unique and unsurpassed as a distinct profession.

Discuss ought to focus on the challenges in describing the reasoning process of the ND, and the issues for case management when all of the described factors are brought to bear on a primary care role of treating the sick in our contemporary setting.

We can also critique the proposed model of cognitive domains. Are there more that we did not mention? Does this prism distort the nature of the work? Is there some other model or lens through which we can understand our work?

Any mature discipline has a practice model or theoretical framework and if it is a vital, growing discipline, that model is constantly being discussed, debated and revised. We hope that that process can occur in the rich terrain of NCAM.

Key Issues and Challenges

1. What is the best way to present NCAM (light on the theory, heavy on case example?)
2. Can our case analysis and management be captured in a description: or is it demonstrable but ineffable?
3. If it can be described – what is the best manner: illustrative examples, some model of systems thinking, holistic thinking, etc.?


APPENDIX MATERIAL

DEFINITIONS

Philosophy
The rational investigation of truths and principles. (Webster’s Dictionary)

Theory
A system of rules or principles dealing with the methods of a science or art…explaining a class of phenomena. (Webster’s Dictionary)

Principle
1. Accepted or professed rule of conduct.
2. A primary or general law from which others are derived (physics)
3. A fundamental doctrine or tenet…exemplified in natural phenomena. (Webster’s Dictionary)

Definition
The act of making definite or clear. (Webster’s Dictionary)

Professional Practice Model
Provides the framework for achieving clinical outcomes, and is driven by critical thinkers and strong decision-makers.

Key Components
1. Values that affirm our work
2. Philosophy statement that synthesizes our beliefs
3. Standards of practice
4. Collaborative decision-making that empowers clinicians
5. Professional development, including career-advancement programs
6. Patient-care delivery system
7. Privileging, credentialing and peer-review systems
8. Research-based practice
9. Theories from profession-specific experts

DESCRIPTIVE-THEORY MODELS

Theory is a term we all use regularly. However, putting theory into practice is not an idea we often discuss. The challenges of our current practice environment present us with an opportunity to reflect on our practice-to articulate the “whys” of what we do. Understanding the philosophical and theoretical foundation of our practice is an important part of professional development and the overall change processes we are undertaking.

Theory provides a vision of the central concepts of any discipline. Theory construction is essential in all disciplines as it helps to describe, explain, predict and prescribe phenomena and situations. Clinicians use theories as a means of guiding their practice and influencing their interventions. Other models have demonstrated that practice, which is guided by theory, is consistent because clinicians are given a framework by which to view situations and plan care. When clinicians interact with patients and other members of the healthcare team, they are giving life to the assumptions, beliefs and concepts that make up a theory.
Theories exist to explain critical concepts and to describe the relationships that connect those concepts. For example, a theory would guide how a practitioner connects pieces of a puzzle. First, theory helps to identify which piece(s) of the puzzle a practitioner is accountable for connecting. Then, it may help to determine which pieces the practitioner is to start with. It is a guide that helps us to get to the clearest picture in the shortest amount of time. The strength and direction of those connections are constantly shaped and challenged by ongoing practice and research. If pieces that appear to fit together are moved and you get a clearer picture, then the theory is adjusted, or a new theory emerges altogether. http://www.massgeneral.org/pcs/abt_prof.asp

**Case Management**

Case management is a collaborative process of assessment, planning, facilitation and advocacy for options and services to meet an individual’s health needs through communication and available resources to promote quality cost effective outcomes.

The definition of case management notes the focus upon the meeting of a client’s health needs. Within the Australian context, case management can be placed within a social model of health. This framework allows for the client and case manager to work on the various aspects of the client’s life that influence the client’s health.

A social model of health is described as: A conceptual framework within which improvement in health and well-being are achieved by directing efforts towards addressing the social and environmental determinants of health, in tandem with biological and medical factors. (Department of Human Services (Vic.), 2002, p. 42) National Standards of Practice for Case Management document in 2004. The Case Management Society of Australia has chosen to adopt this new definition to assist with international communication and comparisons.
PANEL PLENARY: CLINICAL ALGORITHMS AND GUIDELINES
SESSION B

Algorithms and Guidelines: Our Philosophy in Action
11:45 am – 12:15 pm

Moderator
TBA

Presentations

Towards a Model Algorithm for Applying Philosophy to Clinical Decisions—Herb Joiner-Bey, ND
Integrating Naturopathic Principles and the Therapeutic Order—Patricia Herman, ND
Algorithms and Guidelines in Action: AANP Guidelines in Development—Ryan Bradley, ND

Charge

The Algorithms and Guidelines Section Lead and Co-Lead (Drs. Joiner-Bey and Herman) will seek to present graphic depictions of the overall thought process by which naturopathic physicians inquire, perceive, ponder, and intervene in the health of the individual patient. They will visually explore with us the manner in which the assumptions and philosophical principles of naturopathic medicine are applied realistically in a clinical setting. The core presentation of the chapter is a flowchart of the Therapeutic Order that prioritizes interventions for the optimal well-being of the patient according to naturopathic philosophy as expressed by the naturopathic principles.

The therapeutic order may also be seen as a template (a model or guide) for an algorithm, but not itself an algorithm. This perspective will also be explored. An algorithm is often said to be like a recipe—containing specific instructions for how to get from A to B. The therapeutic order gives guidance on steps to consider in any algorithm that calls itself a naturopathic algorithm, but it is more like saying ‘gather your ingredients, measure carefully, mix in the right order, make sure you have the right temperature, and time your baking than a recipe.

Finally Dr Bradley, Chair of the AANP Guidelines Subcommittee will define algorithms and guidelines, their different purposes and uses and brief us on the charge of the AANP Guidelines development process. A current working draft will be presented depicting inclusion of key elements of naturopathic theory and principles.

The final Algorithms and Guidelines section will contain subchapters with sample algorithms, guidelines and monographs from a range of naturopathic physician authors to assist students and faculty in conceptualizing the clinical decision pathways in applied theory.

Revisions to and agreements on the model core algorithm will be developed in the breakout groups to follow.

Deliverables and Goals

• Revisions to and agreements regarding model core algorithm: Where is there coherence? Where is there diversity, which should be reflected in the algorithm? Are there notable conflicts? Are there components of the algorithm missing?

Editors Development

• Editors will understand the distinction between clinical algorithms and clinical guidelines and their roles in clinical practice and professional activity.
EXECUTIVE SUMMARY

Algorithms and Guidelines Chapter

Herb Joiner-Bey, ND

The algorithms chapter seeks to depict graphically the overall thought process by which naturopathic physicians inquire, perceive, ponder, and intervene into the health of the individual patient. It attempts to display visually the manner in which the assumptions and philosophical principles of naturopathic medicine are applied realistically in a clinical setting.

The core presentation of the chapter is a flowchart of the Therapeutic Order that prioritizes interventions for the optimal well-being of the patient according to naturopathic philosophy as expressed by the Naturopathic Principles. It is founded on work previously published by Jared Zeff, Pamela Snider, and Stephen Myers, and conceptual insights by Patricia Herman. This model is not intended to be a rigid, dogmatic pronouncement of any ultimate truth. Rather, it is intended to be a flexible guideline based on working hypotheses that are subject to change as new understanding, arising from intuitive insight, scientific investigation, and clinical experience, are forthcoming.

At each stage along the path of the Therapeutic Order, the Naturopathic Principles which pertain to that point in the thought process are stated. Thus, a connection is made between the lofty heights of the conceptual philosophy and intention of the Naturopathic Principles into the challenging practical realities of application in clinical settings.

The Therapeutic Order is suggested as an overarching framework that precedes, informs, and accompanies therapeutic considerations and approaches for conventionally diagnosed states of disease in the patient. It offers a conceptual and practical infrastructure for patient care management. After acute crises have been eliminated, the Therapeutic Order directs attention step-by-step, from those factors affecting the overall health of the patient and contributing to illness, to specific interventions to support and restore the tissues and organs most affected by the disease process. In other words, the model moves from the generals to the particulars, from underlying causes and factors adversely affecting the overall state of the entire living system of the patient to the tissues where the pathological process is being most intensely expressed.

Although the Therapeutic Order is depicted as a linear progression, it is understood that in reality thought process and medical intervention in clinical practice are actually multi-dimensional and simultaneous, with ideas and modalities occurring concurrently. Obstacles to healing are removed while healing modalities are being applied. The model provides an ordered checklist of matters to be considered and addressed, as patient need and clinical judgments indicate.

To enhance the attractiveness and clinical usefulness of the Foundation textbook, this chapter will also include a number of subchapters on clinical disorders written by other colleagues who have conducted in-depth inquiries and investigations into their respective topics. Each of these subchapters will include an intervention algorithm depicting the application of the Therapeutic Order to that particular clinical disease.

Assumptions

1. The Naturopathic Principles constitute the bedrock of naturopathic medical practice and guide every decision and choice a naturopathic physician makes in clinical practice.
2. There is an order of clinical interventions that applies the Naturopathic Principles in a way that maximizes the potential for optimal clinical outcomes by implementing concepts and modalities in a fashion harmonious with the inherent self-healing properties of each patient’s living system.
3. It is possible to graphically express this order and the complex, multi-dimensional thought process of a naturopathic physician who applies it to the unique medical needs of each individual patient.
4. It is possible to devise algorithms for clinical interventions that pertain to conventionally categorized disease states while tailoring interventions to the specific needs of individual patients.

Challenges and Needs

1. Ensure that the Therapeutic Order algorithm accurately represents our best current understanding of how the Naturopathic Principles are ideally applied in clinical practice for maximum clinical efficacy.
2. Ensure that the Therapeutic Order algorithm accurately reflects the most clinically savvy thought process and prioritization of interventions that best serves the needs of patients in accordance with the Naturopathic Principles.
3. Ensure that the disease-specific algorithms reflect the intentions of the authors of the respective subchapters and are consistent with the model of the Therapeutic Order.

Questions

1. Does the Therapeutic Order algorithm fulfill its purpose as a model guideline for clinically applying the Naturopathic Principles?
2. How can it be improved?
3. Do the format and presentation of action steps depicted in the disease-specific flowcharts express clinical logic consistent with the Therapeutic Order model?
4. How can they be improved?
CLOSING PLENARY
4:15 – 5:45 pm

Facilitators
Valerie Campbell and Executive and Senior Editors

Charge
This session is intended to pull together the findings of the entire Retreat, re-articulating the discoveries, breakthroughs, key issues, convergence, dissonance, resilient conflict, and text revision directions. Insights learned regarding the editorial process, skills and rigor sought for in this project will be shared. Finally, the group will close with thanks for the work accomplished, a blessing for their journey home, and an invitation to the Presidential Party and Celebration!
Foundations of Naturopathic Medicine Project
Codifying our knowledge. It’s time

CORE MODELS

FOUNDATIONS OF NATUROPATHIC MEDICINE TEXTBOOK: THE PRIME DIRECTIVE
Author’s Guidelines Addendum

• Naturopathic Physicians work with nature to restore people’s health.
• AANP Position paper 1989.
• The physician’s high and only mission is to restore the sick to health, to cure as it is termed. Hahnemann, Paragraph 1, The Organon of Medicine
• The physician is the servant of nature, not her master. Therefore it behooves the physician to follow the will of nature. Paracelsus

The primary question for this text to answer is: How does the naturopathic physician work with nature to restore health?

In the vitalist tradition health is seen as balance. Movement away from balance results in the adaptations that we call symptoms. The Vital Force is always striving to maintain or restore balance. The naturopathic physician works with the Vis medicatrix naturae in its effort to restore balance, not against it by treating or suppressing the adaptations or symptoms generated by the attempt by the body to restore itself.

Our book takes this fundamental question, lays out the theoretic basis of our medicine and examines it in some detail. We begin with an examination of the principles by which we have defined our medicine. We then examine the clinical theory which has grown out of these principles. This leads to an examination of some (all?) of the various specialty and modality aspects of the medicine and discusses them in relationship to the fundamental question: how they are applied and integrated to help the naturopathic physician restore health. For example, chapters on modalities should address how each modality works with nature to restore health rather than discuss the technical details of the application of this modality. If medicine is an art, the naturopathic physician is an artist well schooled in a number of different therapeutic modalities, whose expertise integrates the many healing modalities into the restoration of health. How does any therapeutic intervention further the goal of restoring health and integrate with the overall objective of the naturopathic physician?

All other goals and objectives defined in this textbook initiative rest on this fundamental question. Answering this throughout the text is the voice of the text, which is also the further development and articulation of our understanding of naturopathic medicine into the 21st century. The Foundations of Naturopathic Medicine will bring the voices of almost two hundred doctor/artists to answer the prime question. These many voices are stitched into one by this common thread: The physician assists nature in restoring the sick to health.

(This short message grew out of discussions with several of the working groups in trying to articulate more clearly the unifying theme or voice of this project.)

Jim Sensenig, ND, Jared Zeff, ND, Pamela Snider, ND
PRINCIPLES, THEORY, MODELS

A. DEFINITION OF NATUROPATHIC MEDICINE POSITION PAPER

Adopted November 1, 1989, Rippling River Convention

“SOUND BYTE” - “SLOGAN”

Naturopathic Physicians work with nature to restore people's health.
Naturopathic Medicine - working with nature to restore people's health.

BRIEF DEFINITION OF NATUROPATHIC MEDICINE

Naturopathic medicine is a distinct primary health care profession, emphasizing prevention, treatment and optimal health through the use of therapeutic methods and substances which encourage the person's inherent self-healing process, the vis medicatrix naturae.

PARAGRAPH DEFINITION OF NATUROPATHIC MEDICINE

Naturopathic medicine is a distinct method of primary health care - an art, science, philosophy and practice of diagnosis, treatment, and prevention of illness. Naturopathic physicians seek to restore and maintain optimum health in their patients by emphasizing nature's inherent self-healing process, the vis medicatrix naturae. This is accomplished through education and the rational use of natural therapeutics.

SHORT DEFINITION

Naturopathic medicine is a distinct system of primary health care - an art, science and practice of preventing, diagnosing and treating conditions of the human mind and body.

Naturopathic physicians work with their patients to prevent and treat acute and chronic illness and disease, restore health and establish optimal fitness by supporting the person’s inherent self-healing process, the vis medicatrix naturae. This is accomplished through:

- **Prevention**: Prevention of disease is emphasized through public health measures and hygiene as well as the encouragement and guidance of persons to adopt lifestyles which are conducive to optimal health.
- **Diagnosis**: Diagnosis and evaluation of the individual’s state of health are accomplished by integrated modern and traditional, clinical and laboratory diagnostic methods.
- **Treatment and Care**: Therapeutic methods and substances are used which work in harmony with the person’s inherent self-healing process, the vis medicatrix naturae, including: dietetics and nutritional substances, botanical medicine, psychotherapy, naturopathic physical medicine including naturopathic manipulative therapy, minor surgery, naturopathic obstetrics (natural childbirth), homeopathy, and acupuncture.

One Page Definition of Naturopathic Medicine

Prepared for the Special Committee on the Definition of Naturopathic Medicine
Dr. Pamela Snider and Dr. Jared Zeff, Co-Chairs

Naturopathic medicine is a distinct system of primary health care - an art, science, philosophy and practice of diagnosis, treatment and prevention of illness. Naturopathic medicine is distinguished by the principles upon which its practice is based. These principles are continually reexamined in the light of scientific advances. The techniques of naturopathic medicine include modern and traditional, scientific and empirical methods. The following principles are the foundation of naturopathic medical practice:

PRINCIPLES

The Healing Power of Nature (Vis Medicatrix Naturae): Naturopathic medicine recognizes an inherent self-healing process in the person which is ordered and intelligent. Naturopathic physicians act to identify and remove obstacles to healing and recovery, and to facilitate and augment this inherent self-healing process.

Identify and Treat the Causes (Tolle Causam): The naturopathic physician seeks to identify and remove the underlying causes of illness, rather than to merely eliminate or suppress symptoms.

First Do No Harm (Primum Non Nocere): Naturopathic physicians follow three guidelines to avoid harming the patient:

- Utilize methods and medicinal substances which minimize the risk of harmful side effects, using the least force necessary to diagnose and treat
- Avoid when possible the harmful suppression of symptoms
• Acknowledge, respect and work with the individual’s self-healing process

**Doctor As Teacher** (*Docere*): Naturopathic physicians educate their patients and encourage self-responsibility for health. They also recognize and employ the therapeutic potential of the doctor-patient relationship.

**Treat the Whole Person**: Naturopathic physicians treat each patient by taking into account individual physical, mental, emotional, genetic, environmental, social and other factors. Since total health also includes spiritual health, naturopathic physicians encourage individuals to pursue their personal spiritual development.

**Prevention**: Naturopathic physicians emphasize the prevention of disease - assessing risk factors, heredity and susceptibility to disease and making appropriate interventions in partnership with their patients to prevent illness. Naturopathic medicine is committed to the creation of a healthy world in which humanity may thrive.

**PRACTICE**

**Naturopathic Methods**: Naturopathic medicine is defined by its principles. Methods and modalities are selected and applied based upon these principles in relationship to the individual needs of each patient. Diagnostic and therapeutic methods are selected from various sources and systems, and will continue to evolve with the progress of knowledge.

**Naturopathic Practice**: Naturopathic practice includes the following diagnostic and therapeutic modalities: nutritional medicine; botanical medicine; naturopathic physical medicine including naturopathic manipulative therapy; public health measures and hygiene; counseling; minor surgery; homeopathy; acupuncture; naturopathic obstetrics (natural childbirth) and appropriate methods of laboratory and clinical diagnosis.

**Comprehensive Definition of Naturopathic Medicine**

Naturopathic medicine is a distinct system of primary health care - an art, science, philosophy and practice of diagnosis, treatment and prevention of illness. Naturopathic medicine is distinguished by the principles, which underlie and determine its practice. These principles are based upon the objective observation of the nature of health and disease, and are continually reexamined in the light of scientific advances. Methods used are consistent with these principles and are chosen upon the basis of patient individuality. Naturopathic physicians are primary health care practitioners, whose diverse techniques include modern and traditional, scientific and empirical methods. The following principles are the foundation for the practice of naturopathic medicine:

**PRINCIPLES**

**The Healing Power of Nature** (*Vis Medicatrix Naturae*)

The healing power of nature is the inherent self-organizing and healing process of living systems which establishes, maintains and restores health. Naturopathic medicine recognizes this healing process to be ordered and intelligent. It is the naturopathic physician’s role to support, facilitate and augment this process by identifying and removing obstacles to health and recovery, and by supporting the creation of a healthy internal and external environment.

**Identify and Treat the Causes** (*Tolle Causam*)

Illness does not occur without cause. Causes may originate in many areas. Underlying causes of illness and disease must be identified and removed before complete recovery can occur. Symptoms can be expressions of the body’s attempt to defend itself, to adapt and recover, to heal itself, or may be results of the causes of disease. The naturopathic physician seeks to treat the causes of disease, rather than to merely eliminate or suppress symptoms.

**First Do No Harm** (*Primum Non Nocere*)

Naturopathic physicians follow three precepts to avoid harming the patient:

- Naturopathic physicians utilize methods and medicinal substances, which minimize the risk of harmful effects, and apply the least possible force or intervention necessary to diagnose illness and restore health.
- Whenever possible the suppression of symptoms is avoided as suppression generally interferes with the healing process.
- Naturopathic physicians respect and work with the *vis medicatrix naturae* in diagnosis, treatment and counseling, for if this self-healing process is not respected the patient may be harmed.

**Doctor As Teacher** (*Docere*)

The original meaning of the word “doctor” is teacher. A principal objective of naturopathic medicine is to educate the patient and emphasize self-responsibility for health. Naturopathic physicians also recognize and employ the therapeutic potential of the doctor-patient relationship.

**Treat the Whole Person**

Health and disease result from a complex of physical, mental, emotional, genetic, environmental, social, and other
factors. Since total health also includes spiritual health, naturopathic physicians encourage individuals to pursue their personal spiritual development. Naturopathic medicine recognizes the harmonious functioning of all aspects of the individual as being essential to health. The multifactorial nature of health and disease requires a personalized and comprehensive approach to diagnosis and treatment. Naturopathic physicians treat the whole person taking all of these factors into account.

Prevention
Naturopathic medical colleges emphasize the study of health as well as disease. The prevention of disease and the attainment of optimal health in patients are primary objectives of naturopathic medicine. In practice, these objectives are accomplished through education and the promotion of healthy ways of living. Naturopathic physicians assess risk factors, heredity and susceptibility to disease, and make appropriate interventions in partnership with their patients to prevent illness. Naturopathic medicine asserts that one cannot be healthy in an unhealthy environment and is committed to the creation of a world in which humanity may thrive.

PRACTICE
Naturopathic Methods
Naturopathic medicine is defined primarily by its fundamental principles. Methods and modalities are selected and applied based upon these principles in relationship to the individual needs of each patient. Diagnostic and therapeutic methods are selected from various sources and systems and will continue to evolve with the progress of knowledge.

Naturopathic Practice
Naturopathic practice includes the following diagnostic and treatment modalities: utilization of all methods of clinical and laboratory diagnostic testing including diagnostic radiology and other imaging techniques; nutritional medicine, dietetics and therapeutic fasting; medicines of mineral, animal and botanical origin; hygiene and public health measures; naturopathic physical medicine including naturopathic manipulative therapies; the use of water, heat, cold, light, electricity, air, earth, electromagnetic and mechanical devices, ultrasound, and therapeutic exercise; homeopathy; acupuncture; psychotherapy and counseling; minor surgery and naturopathic obstetrics: (natural childbirth). Naturopathic practice excludes major surgery and the use of most synthetic drugs.
B. NATUROPATHIC MODEL OF HEALING

Disease and Healing as Process

(Original Health)

↓

Normal Health

Disturbance

↓

Discharge

Disturbance of Function

↓

Reaction (inflammation, etc.)

↓

Chronic Reaction

↓

Degeneration (ulceration, tumor, scar, atrophy, paralysis, etc.)
C. THE DETERMINANTS OF HEALTH

In order to understand what disturbs health, one must understand what determines health. Consequently ND’s study the determinants of health. A determinant of health becomes a disturbance when it is absent or is present but distorted.

Inborn

- Genetic make-up (genotype)
- Intrauterine/congenital
- Maternal exposures
  - drugs
  - toxins
  - viruses
  - psycho-emotional
- Maternal nutrition
- Maternal lifestyle
- Constitution: determines susceptibility

Disturbances

- Illnesses: pathobiography
- Medical interventions (or lack of)
- Physical and emotional exposures, stresses, and trauma
- Toxic and harmful substances

HYGIENIC FACTORS/LIFESTYLE FACTORS: HOW WE LIVE

Environment, lifestyle, psychoemotional and spiritual health

- spiritual life
  - self assessment
  - relationship to larger universe
- fresh air
- exposure to nature
- clean water
- light
- diet, nutrition, and digestion
  - unadulterated food
  - toxemia
- rest
- exercise
- socio-economic factors
- culture
- stress (physical, emotional)
- trauma (physical/emotional)
  - illnesses: pathobiography
  - medical interventions (or lack of)
    - surgeries
    - suppressions
  - physical and emotional exposures, stresses, and trauma
  - toxic and harmful substances
  - addictions
- loving and being loved
- meaningful work
- community

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D. THE THERAPEUTIC ORDER; THE HIERARCHY OF HEALING/ THE HEALING ORDER

A. Address Acute Concerns
1. Establish the conditions for health
   • Identify and remove disturbing factors
   • Institute a more healthful regimen
2. Stimulate the healing power of nature (VMN): the self-healing processes
   (Botanical medicine, physical medicine, homeopathy, nutrition, diet, counseling and health psychology, nature cure, detoxification and cleansing, natural hygiene, mind body practices, spirituality and healing, other traditional and indigenous world medicine disciplines and practices)
3. Address weakened or damaged systems or organs
   • Strengthen the immune system,
   • Decrease toxicity,
   • Normalize inflammatory function,
   • Optimize metabolic function,
   • Balance regulatory systems,
   • Enhance regeneration,
   • Harmonize with your life force (37)
4. Correct structural integrity
5. Address pathology: use specific natural substances, modalities or interventions
6. Address pathology: use specific pharmacological or synthetic substances
7. Suppress or surgically remove pathology

The Patient*
The actual Therapeutic Order may change, depending on the individual patient’s needs for safe, effective care

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E. THE THERAPEUTIC ORDER; THE HIERARCHY OF HEALING/ THE HEALING ORDER (2006 VERSION)

The Therapeutic Order
The Process of Healing

➢ Note: Address Acute Concerns

1. Establish the conditions for health
By addressing the determinants of health (see Determinants of Health handout)
   • Identify and remove disturbing factors
   • Institute a more healthful regimen

2. Stimulate the healing power of nature
   (vis medicatrix naturae); and the self healing processes

   All modalities and systems have methods to support the VMN: botanical, homeopathic, nutritional, hydrotherapy, psychological-spiritual medicine, physical medicine, hydrotherapy, Ayurvedic, Tibetan, TCM, acupuncture and others

3. Tonify weakened systems
   All modalities can affect physiological and energy systems therapeutically
   Strengthen the immune system,
   Decrease toxicity, Normalize inflammatory function,
   Optimize metabolic function, Balance regulatory systems,
   Enhance regeneration, Harmonize with your life force

4. Correct structural integrity

   Therapeutic exercise, manipulation, massage, surgery

5. Address pathology: Use specific natural substances, modalities, or interventions

6. Address pathology: Use specific pharmacologic or synthetic substances

7. Suppress or surgically remove pathology; use higher force interventions such as radiation and chemotherapy

“The Patient”
The actual Therapeutic Order may change, depending on the individual patient’s needs for safe and effective care.
The needs of the Patient are primary in determining the appropriate approach to therapy.

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F. SELECTED LAWS AND RULES OF HEALING

Doctrine of Sign: Disease is the outwardly reflected picture of the internal essence of the disease, that is, of the affection of the vital force (Hahnemann 1921).

Healing crisis: An acute reaction resulting from the ascendency of nature and the organism’s healing forces over disease conditions. Its tendency is toward recovery (Lindlahr 1913).

Hering’s Rules of Cure: Symptoms disappear from within, out; from the top, down; from the more severe to the less severe, and in the reverse order of appearance (Hahnemann 1921).

Rules of Cure

- Early disorder is less severe than late disorder. Early symptoms tend to be more superficial both in terms of each instance, as in acute illness, and in terms of the person’s life.
- Symptoms proceed from outer, less vital layers to deeper, more vital layers.
- [Hering’s Rules: Symptoms disappear from within, out; from the top, down; from the more severe to the less severe, and in the reverse order of appearance (Hahnemann 1921)]

Law of the Normal: The “normal” state of the human being (and all living systems) is to be healthy or whole, according to naturopathic medical authors:

- “Once the normal environment has been established nothing of value can be added.” (Spitler, 1948)
- “God made us to be healthy and happy.” (Wendel 1951)
- “Health is normal and harmonious vibration of the elements and forces composing the human entity on the physical, mental and moral planes of being, in conformity with the constructive principle in nature applied to individual life” (Lindlahr 1913).

Theory of the Minimum Dose:
The minimum dose of a drug is that which has the least toxic effect on the body when administered (Kent 1979).

“...so it follows that when medicines act as remedies, they can only bring their curative property into play by means of this their power of altering man’s state of health by the production of peculiar symptoms; and that, therefore, we have only to rely on the morbid phenomena which the medicines produce in the healthy body as the sole possible revelation of their indwelling curative power...” (Hahnemann 1921)

Use the fewest number of substances or interventions in the smallest possible dose as infrequently as possible. (Hahnemann 1921).

Unity of Disease: “The primary cause of all disease is the violation of nature’s laws. “Departures from normal and harmonious vibration result in adaptations which are called disease” (Lindlahr 1913).

Lust’s Program of Naturopathic Cure “The natural system for curing disease is based on a return to nature in regulating the diet, breathing, exercising, bathing and the employment of various forces to eliminate the poisonous products in the system, and so raise the vitality of the patient to a proper standard of health.”

- ELIMINATION OF EVIL HABITS, or the weeds of life, such as over-eating, alcoholic drinks, drugs, the use of tea, coffee and cocoa that contain poisons, meat eating, improper hours of living, waste of vital forces, lowered vitality, sexual and social aberrations, worry, etc.
- CORRECTIVE HABITS. Correct breathing, correct exercise, right mental attitude. Moderation in the pursuit of health and wealth.
- NEW PRINCIPLES OF LIVING. Proper fasting, selection of food, hydropathy, light and air baths, mud baths, osteopathy, chiropractic and other forms of mechano-therapy, mineral salts obtained in organic form, electropathy, heliopathy, steam or Turkish baths, sitz baths, etc.

LAWS AND TENETS OF HEALING
DEFINITIONS

GROUP ONE
Rita Bettenburg, ND, Dean, National College of Natural Medicine
Pamela Snider, ND

Philosophy: The rational investigation of truths and principles. (Webster’s Dictionary)
Theory: A system of rules or principles dealing with the methods of a science or art…explaining a class of phenomena. (Webster’s Dictionary)
Principle: 1) An accepted or professed rule of conduct; 2) A primary or general law from which others are derived (physics); 3) A fundamental doctrine or tenet…exemplified in natural phenomena. (Webster's Dictionary)
Definition: The act of making definite or clear. (Webster’s Dictionary)

Professional Practice Model: provides the framework for achieving clinical outcomes, and is driven by critical thinkers and strong decision-makers.

Key Components
- Values that affirm our work
- Philosophy statement that synthesizes our beliefs
- Standards of practice
- Collaborative decision-making that empowers clinicians
- Professional development, including career-advancement programs
- Patient-care delivery system
- Privileging, credentialing and peer-review systems
- Research-based practice
- Theories from profession-specific experts

DESCRIPTIVE-THEORY MODELS
Theory is a term we all use regularly. However, putting theory into practice is not an idea we often discuss. The challenges of our current practice environment present us with an opportunity to reflect on our practice-to articulate the “whys” of what we do. Understanding the philosophical and theoretical foundation of our practice is an important part of professional development and the overall change processes we are undertaking.

Theory provides a vision of the central concepts of any discipline. Theory construction is essential in all disciplines as it helps to describe, explain, predict and prescribe phenomena and situations. Clinicians use theories as a means of guiding their practice and influencing their interventions. Other models have demonstrated that practice, which is guided by theory, is consistent because clinicians are given a framework by which to view situations and plan care. When clinicians interact with patients and other members of the healthcare team, they are giving life to the assumptions, beliefs and concepts that make up a theory.

Theories exist to explain critical concepts and to describe the relationships that connect those concepts. For example, a theory would guide how a practitioner connects pieces of a puzzle. First, theory helps to identify which piece(s) of the puzzle a practitioner is accountable for connecting. Then, it may help to determine which pieces the practitioner is to start with. It is a guide that helps us to get to the clearest picture in the shortest amount of time. The strength and direction of those connections are constantly shaped and challenged by ongoing practice and research. If pieces that appear to fit together are moved and you get a clearer picture, then the theory is adjusted, or a new theory emerges altogether. http://www.massgeneral.org/pcs/abt_prof.asp
GROUP 2

Belief
1. the state of believing; conviction or acceptance that certain things are true or real
2. faith, especially religious faith
3. trust or confidence
4. anything believed or accepted as true
5. an opinion, expectation or judgment

Dogma
1. a doctrine, tenet, belief
2. a positive arrogant assertion of opinion

Epistemology
The study or theory of the origin of the origin, nature, methods and limits of knowledge

Exclusive
1. excluding or tending to exclude all others; shutting out other considerations, happenings, existences
2. excluding all but what has been specified
3. given or belonging to no other; not shared or divided
4. excluding certain persons or groups as for social or economic reasons

Deduction
1. Logic: the act or process of deducing (to infer by logical reasoning); reasoning from a known principle to an unknown one, from the general to the specific, or from a premise to a logical conclusion

Inclusive
1. including or tending to include; taking everything into account

Intuition
1. The direct knowing or learning of something without the conscious use of reasoning; immediate apprehension or understanding
2. Something known or learned in this way
3. the ability to perceive or know things without conscious reasoning

Invalid
1. not well; sickly, infirm, especially one who is chronically ill or infirm
2. not valid: having no force; null or void

Knowledge
1. the act, fact or state of knowing
2. acquaintance with facts; range of information, awareness or understanding
3. all that has been grasped or perceived by the mind; learning, enlightenment
4. the body of facts, principles, accumulated by human kind

Opinion
1. a belief not based on absolute certainty or positive knowledge but on what seems true, valid, or probable to one’s own mind; judgment
2. an evaluation, impression, or estimation of the quality or worth of a person or thing
3. the formal judgment of an expert on a matter in which his advice is being sought

Syn: Opinion
refers to a conclusion or judgment which, while it remains open to dispute, seems true or probable to one’s own mind; belief refers to the mental acceptance of an idea or conclusion, , often a doctrine or dogma proposed to one for acceptance ; a view is an opinion affected by one’s personal manner of looking at things; a conviction is a strong belief about whose truth one has no doubts; sentiment refers to an opinion that is the result of deliberation but colored with emotion; persuasion refers to a strong belief that is unshakable because one wishes to believe in its truth

Organic
1. of or having to do with a bodily organ
2. of or involving the basic makeup of a thing: inherent, inborn, constitutional
3. made up of systematically interrelated parts; organized
4. designation of any compound containing a carbon atom
5. having the characteristics of or derived from living organisms
6. med: producing or involving alteration in the structure of an organ

**Philosophy**
1. origin: love of, or the search for, wisdom or knowledge
2. theory or logical analysis of the principles underlying conduct, thought, knowledge, or the nature of the universe; included in philosophy are ethics, aesthetics, logic, epistemology, metaphysics, etc.
3. The general principles or laws of a field of knowledge, activity, etc.
4. a particular system of principles for the conduct of life
5. a study of human morals, character, and behavior
6. mental balance or composure thought of as resulting from this: calmness

**Principle**
1. A general truth or law, basic to other truths
2. A law or rule of personal conduct
3. Moral standards collectively
4. That which is inherent in anything, determining its nature, essence
5. An established mode of action or operation in natural phenomena
6. A source or cause form which a thing proceeds
7. An essential constituent of a compound or substance that gives character to it
8. In Christian Science: God

**Professionalism**
Behavior that manifests respect, honesty, integrity, consistency, compassion, sincerity, knowledge, and doing one’s best

**Reality**
1. the quality or fact of being real
2. a person or thing that is real: fact
3. the quality of being true to life; fidelity to nature
4. Philos: that which is real

**Reductionism**
1. Any method of reducing data, processes or statements to seeming equivalents that are less complex or developed: usually a disparaging term

**Religion**
1. any specific system of belief, worship, conduct etc., often involving a code of ethics and a philosophy
2. a belief in divine or superhuman power or powers to be obeyed and worshiped as the creator(s) and ruler(s) of the universe or the expression of such a belief in conduct and ritual

**Science**
1. (orig.) the state or fact of knowing; knowledge
2. systematized knowledge derived from observation, study, and experimentation carried on in order to determine the nature or principles of what is being studied
3. a branch of knowledge or study esp. one concerned with establishing and systematizing facts, principles and methods, as by experiments and hypotheses
4. the systematized knowledge of nature and the physical world
5. skill or technique based upon systematized training

**Truth**
1. the quality or state of being true specif. a) orig.: loyalty, trustworthiness b) sincerity, genuineness, honesty; c) the quality of being in accordance with facts, experience, reality, d) reality, actual existence, e) agreement with a standard, rule, e.g. correctness;
2. that which is true: statement that accords with facts or reality
3. An established or verified fact, principle, etc.
4. a particular belief or teaching regarded by the speaker as the true one (often with “the”)
Observation and experience integrated with thought-----philosophy
How is philosophy different from religion, Truth, dogma, rules, government, and law???
GROUP 3

Paragraph Definition of Naturopathic Medicine

Naturopathic medicine is a distinct method of primary health care—an art, science, philosophy and practice of diagnosis, treatment, and prevention of illness. Naturopathic physicians seek to restore and maintain optimum health in their patients by emphasizing nature’s inherent self-healing process, the vis medicatrix naturae. This is accomplished through education and the rational use of natural therapeutics.

The Healing Power of Nature (Vis Medicatrix Naturae): Naturopathic medicine recognizes an inherent self-healing process in the person which is ordered and intelligent. Naturopathic physicians act to identify and remove obstacles to healing and recovery, and to facilitate and augment this inherent self-healing process.

The Healing Power of Nature (Vis Medicatrix Naturae)

The healing power of nature is the inherent self-organizing and healing process of living systems which establishes, maintains and restores health. Naturopathic medicine recognizes this healing process to be ordered and intelligent. It is the naturopathic physician’s role to support, facilitate and augment this process by identifying and removing obstacles to health and recovery, and by supporting the creation of a healthy internal and external environment.

Select Committee on the Definition of Naturopathic Medicine: House of Delegates; AANP 1989; Snider, Zeff Co-Chairs, Select Committee on the Definition of Naturopathic Medicine

The power possessed by the human body of resisting disease and of restoring health. (Hoblyn 1868)

The primary force of all forces, coming from the great central source of all life is an expression of divine intelligence. (Lindlahr, 1913)

The motive, plan, or spirit animating mind and body expressed as physiological and psychological functionality and adaptability (Calabrese)

The self-organizing property of living organisms. (Standish 1987)