Clinical Naturopathic Medicine
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One of the greatest problems limiting the reemergence of naturopathic medicine has been the lack of modern textbooks, especially ones based on science. When I was a student in the early 1970s, the most current textbook in the US had been published the year I was born! For almost a century the mantra of conventional medicine has been that naturopathic medicine is not only not scientific, it is misguided, giving patients ‘false hope’ at best and, at worst, delaying needed medical interventions. I still remember a debate I had with an MD while I was working as a research associate at a medical school before I decided to enter naturopathic school. I had become a vegetarian and noticed many changes in my body and health. I asked one of my fellow researchers what these changes meant and was told, ‘These are errors in your observations, diet does not affect you.’ The problem for me in the debate, however, was that I did not have any research to refute him, only my experiences. Interestingly, when I asked a naturopathic doctor the same question, he took Guyton’s Medical Physiology – then a standard textbook for medical schools – off his bookshelf and showed me what was happening. I was very impressed that the naturopathic doctor knew physiology better than those I was working with in medical research. I asked him if I could spend a few days with him, watching him see patients. After seeing ‘incurable’ patient after ‘incurable’ patient get better with his care, I was convinced that there was something special here. Clearly diet and natural therapies – though discounted by conventional medicine – were indeed effective. But when I asked my mentor for research supporting his therapies, or modern books on naturopathic medicine to read, he had nothing to offer.

Happily, this problem is being addressed, albeit slowly. The first modern textbook of naturopathic medicine was co-authored in 1985 by Michael Murray, ND, and me. The Textbook of Natural Medicine broke an almost four decade hiatus. Now in its third edition, the Textbook’s major contribution was beginning the documentation of the research support for natural medicine. The 2000 page text cites over 10,000 references documenting the efficacy of natural therapies. Another important contribution was that we brought together for the first time naturopaths as the experts for a scholarly publication. And finally, we developed and documented protocols for the use of natural therapies in the treatment of a wide range of diseases. Unfortunately, it has for far too long been the lone standard for the profession. Finally, this has changed with the emergence of Hechtman’s Clinical Naturopathic Medicine.

The major contribution of Clinical Naturopathic Medicine (CNM) that differentiates it from the Textbook of Natural Medicine (TBNM) is that it is unabashedly focused entirely on naturopathic medicine. Hechtman and her colleagues expertly look at the historic origins of naturopathic concepts and therapies and then integrate these with scientific research to provide a strong foundation for modern clinical naturopathy. While there is plenty of science, I especially appreciate how the authors carefully considered traditional naturopathic approaches and therapies in the context of modern science to provide students and practitioners guidance on how to think about and treat patients. This is key strength of CNM: practical guidance.

As appropriate, almost every chapter covers not only what to do, but how to do it and optimize for the uniqueness of each patient. Nutrient dosages, herbal combinations, potential adverse interactions with conventional drugs, laboratory tests and clinical criteria identifying patient characteristics that require modification of the intervention, etc. are all covered. It is truly, a remarkable compilation of how to practice naturopathic medicine conscientiously, effectively and safely.

Another very interesting aspect of CNM is that it is systems, rather than disease, oriented. This means that most of the content is oriented towards physiological systems and what goes wrong rather than the disease the person has and how to treat it. While there is plenty of guidance on how to treat diseases, there is far more attention paid to understanding the function of the system, why it goes wrong and what to do about it. Included also is some very sophisticated guidance on understanding the adverse effects of the drugs used by conventional medicine for each disease and how to mitigate their effects without impairing their efficacy. This latter guidance is extremely important as few realize the prevalence of adverse drug reactions. Research has shown that 25% of patients suffer
an adverse event as a result of medical care.\textsuperscript{1} Worse, in the US adverse reaction to \textit{properly prescribed} drugs is the fourth leading cause of death.\textsuperscript{2} Fortunately, many of these adverse events can be prevented by the expert use of natural therapies or alternative to the drugs – both fully described in CNM. Don’t get me wrong here, as this is not a book about alternatives to conventional medicine but rather of naturopathic medicine as an integral part of the healthcare system. While there are plenty of examples of naturopathic therapies as alternatives to conventional medicine, there are also many examples of how these medicines can collaborate for the very best patient outcomes.

I am extremely impressed with this work and wish it had been available when I was a student. Conscientious clinicians will use the great resource every day. My congratulations go to Leah Hechtman and her expert colleagues. This outstanding book will have a profound impact on improving the clinical quality and efficacy of our profession.

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\textsuperscript{1} Gandhi TK, et al. Adverse drug events in ambulatory care. NEJM 2003; 348:1556-64.

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In Naturopathy, a clinician emerges whose sole intention is to find the cause of a patient’s complaint, to educate and empower them to understand their health manifestation, and to support their presentation with a natural means of treatment. This treatment has evolved over time to be both clinically effective but also rigorously researched and assessed. It is an essential part of the changing face of modern medicine.

The practice of Naturopathy currently finds itself in a unique position of change. Within Australia, our current status is the one that is moving towards greater integration within the healthcare system and closer to registration. As such, our treatments require greater responsibility and specificity and a willingness to share this information amongst our colleagues. Without this, our treatments and wisdom risk being lost to other disciplines. As naturopaths, we offer a unique perspective of health care and provide significant support and relief for patients. Our treatments encourage self-responsibility and involvement in the healing process. They foster gentle, restorative and ameliorating approaches to medical conditions. Their validity is time-tested and long-standing.

The structure of the text was crucial to the design of the project. It was important that the content was easily accessible, logical and articulate. The textbook has been divided into five sections: Part 1 – Principles of Naturopathic Medicine – providing an overview to our main treatment approaches; Part 2 – Naturopathic Treatments – a specific overview of the two main treatments, nutrition and herbal medicine; Part 3 – Body Systems – each system of the body and relevant major conditions; Part 4 – The Lifecycles – a naturopathic perspective to the major lifecycle events; and Part 5 – Appendices Relevant for the Student and Clinician.

Each section of this book has been arranged in a systematic manner; each chapter pertaining to a specific system of the body or unique topic; and each condition organised according to specified pedagogy that ensures that the content is comprehensively covered. Within each condition, the reader can view the content as an overview for quick access or as a detailed discussion that may provoke critical thought, reflection and consideration. The traditional approach to the topic has been incorporated and integrated into the carefully researched content that has followed. Each reference that was included was not solely as it supported a statement, but was considered and reflected to ensure that the content delivered was sound and accurate. At the conclusion of each condition, the reader is provided with a comprehensive case study. This ensures that each contributor’s unique clinical perspective enriches the content and translates the theory into realistic clinical practice.

At the heart of Naturopathy, we must lean on our elders whose traditional system knew that the essence of our treatment relied on the relationship that was formed between the patient and the clinician. Evidence-based medicine forms a component of our system of knowledge. It provides us with a lens to explain the efficacy of our treatment but can never replace the healing relationship. The consultation room continues to be the greatest environment for growth and understanding and ultimately the platform for change and healing.

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As we near the end of this project, I continue to be inspired at what a group of individuals can achieve. A book of this magnitude is near impossible without the support, dedication and commitment of everyone involved in the project.

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My colleagues on the board of NHAA educate, inspire and challenge me in positive ways. Thank you all for your unrelenting passion to drive our profession towards excellence. To my colleagues at the University of Western Sydney, Sydney University, fellow clinicians and other colleagues, my past lecturers, teachers and mentors – you each hold a place in my lineage and have provided me with inspiration and guidance and have helped me become the person and clinician that I am today.

To each patient who I have been fortunate enough to treat, you are my greatest teachers. Theory holds limited place in the consultation room and you have each reminded me to respect the innate healing ability of the body, the wisdom and gifts from nature and the tenderness and humility of the human spirit.

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PRINCIPLES OF NATUROPATHIC MEDICINE
Naturopathy is a term of recent origin; however, its philosophical basis is steeped in history. It’s basic principles are thousands of years old and retain a characteristic resonance today. The ancient Egyptian Ebers Papyrus dates back to the 16th century BC. Historians suggest much of the material it contained was orally transmitted from perhaps as much as five centuries before this. This 40-page document contains the earliest written record of healing practices. The Egyptians were well known for their holistic approach to treatment through the therapeutic use of herbs and food, massage, invocations and rituals.\[1\]

The Greek universe was ordered and understood according to four elements: fire, water, earth and air. On the same principle, Hippocrates (460 – 377 BC) understood that the body was governed by four corresponding humours: sanguine, melancholic, phlegmatic and choleric. He viewed health and disease in terms of fluid balance and classified herbs and food by their ability to affect this balance. The fundamental principle of the Hippocratic approach to healing was that the cure should be affected by nature and that the physician should only endeavour to facilitate and assist this natural healing process.\[2\]

Galen of Pergamum (AD 130 – 200) adopted the humoral approach favoured by Hippocrates and in his most famous work, *On the Natural Faculties*, furthered the understanding of the development, nature and composition of the humours in man and introduced the qualities of warmth, cold, dry and moist to the humoral doctrines. Much of Galen’s work underpinned Western knowledge of medicine throughout the Middle Ages.\[3\]

In AD 55 the Greek physician Dioscorides wrote a series of botanical volumes entitled *De Materia Medica*, which classified drugs according to categories of action; herbs came to be recognised for their warming, bitter, astringent, diuretic or tonifying characteristics. This work became the most authoritative source of information on therapeutic substances and remained so through most of the Christian era until modern times.\[4\]

Ibn Sina (AD 980 – 1037), or Avicenna as he became known in the West, was a Persian physician who lived during the late 900s and early 1000s. Avicenna wrote the most complex medical encyclopaedia of the time, the *Kitah al Qanun (Canon of Medicine)*, which was the summation of the medical knowledge of the time and influenced medical education for more than 600 years. Developed from the Galenic medical tradition, the *Kitah al Qanun* was translated into Latin in the 12th century and was used as medical text in French universities until the 18th century.\[5\]

Hippocrates, Galen, Avicenna and Dioscorides all acknowledged the need for internal and external balance for health to prevail. Underpinning much of ancient healing was recognition of the *vital force* that has been variously understood in terms of chi, prana, the temperaments, the humours and the elements. Regardless of semantics, the body’s energetics have always been considered important and the healing power of nature has been a unifying thread woven through all traditional healing practices.

NATURE CURE – EUROPE

Whilst there are a number of key players in the development of the European hydrotherapy and nature cure movement, the two most influential figures include Vincenz Priessnitz (1799–1852) and Sebastian Kneipp (1824–97). Their pioneering work in hydrotherapy was the subject of provincial rivalry and unrelenting professional jealousy from the medical community, yet laid the foundation for the practice of hydrotherapy and the nature cure movement throughout Europe.
Born into a peasant family in Austrian Silesia, Priessnitz received no official medical training. He began treating injuries from local farmyard accidents with cold water applications, wet bandages and compresses. From these early beginnings, Priessnitz experienced overwhelming clinical success as he developed his art of water cure, with Chopin and Napoleon III among those who sought his clinical expertise. His fame soon spread far beyond the confines of Austria and patients from Britain, France, Italy, Constantiople, Philadelphia and Berlin soon sought his guidance. Like Priessnitz, Kneipp came from humble beginnings. Too poor to afford medical help, he cured himself from debilitating tuberculosis with cold water therapy; nightly dips in the icy waters of the Danube during winter were the key to his success. Word of his successful water cures spread and he combined this therapy with the judicious use of herbs to effect cure. Kneipp’s popularity soon crossed the Atlantic and American institutions began treating patients and teaching students the basis of his healing system.

**NATUROPATHY – NORTH AMERICA**

Naturopathy evolved from the European hydrotherapy and nature cure tradition using the principles of nature cure in combination with other modalities like massage, homeopathy and spinal manipulation.

**THOMSONIANISM, PHYSIOMEDICALISM AND THE ECLECTICS**

Samuel Thomson (1769–1843) developed a method of healing that was heavily based on the use of Native American herbal remedies and sweat baths. His approach was labelled heroic but was considered less harmful than the orthodox medicines being used at the time. Thomsonianism developed from the over-enthusiastic use of bleeding, mercury and arsenic by medical practitioners of the time which left patients debilitated and often in a worse state than they were before treatment. Thomson’s simple healing system was based around the concepts of heat and cold; heat was considered life-supporting and cold was considered life-threatening. Substances that stimulated heat in the body, such as diaphoretics, were accepted while substances that introduced cold into the body, such as like mercury, aconite and opium, were avoided.

Thomson had a strong belief in an individual’s ability and right to self-treat and firmly believed that the practice of healing should remain with lay people. Underpinning his adamant belief that his system of healing should be only practised by householders was his strong aversion to medical education. He sold franchises to his healing method which he called ‘friendly botanic societies’ up until the time of his death, in 1843.

The physiomedicalist movement was initiated by one of Thomson’s assistants in reaction to Thomson’s rejection of educational progression. In 1835, Thomson enlisted the support of Alva Curtis, a young and popular practitioner from Ohio who claimed to have lost only one out of 200 patients. Curtis used this position bestowed upon him by Thomson to gather support for his own system of healing and led a breakaway movement in 1838 with the establishment of his Independent Thomsonian Botanic Society. In contrast to Thomson’s aversion to furthering medical knowledge, Curtis established medical schools to teach and develop his system of healing which was largely based on the use of herbal medicine.

The physiomedicalist movement also initiated the use of an energetic diagnostic system. Patients in deficient states were regarded as ‘asthenic’ and those in excessive states were regarded as ‘stenchic’. Diagnostic procedures such as tongue analysis and pulse diagnosis were also employed so that the most appropriate herbal remedies could be selected. Although physiomedicalism did not flourish in the United States, the system of healing was exported to Britain and was taught at the British School of Phytotherapy until the 1970s.

After initial work by Curtis and Cook, the physiomedicalist movement was further refined by Thurston in 1900 as a: medical philosophy founded on the Theorem of a vital force or energy, inherent in living matter of tissue-units, whose aggregate expression in health and disease is the functional activities of the organism and whose inherent tendency is integrative and constructive; resistive, eliminative, and reconstructive to intrinsical invasion, or disease-causations.

The detailed and comprehensive work of Thurston provided the physiomedicalist movement with a philosophical basis. In his 400-page document, Thurston provided a rational outline of the failure of regular medicine and went on to set out the theorems of physiomedicalism, the principles of the physiomedicalist movement, and a comprehensive manifesto on medical education, medical terminology, body systems, pathology, disease states, symptoms, diagnosis, food, immunity and the role of the physician.

Wooster Beach (1794–1868), established the ‘reformed botanic movement’ which drew on the professionalism of medicine and the heritage of indigenous herbal medicine and European and American healing traditions. As the numbers of practitioners and the popularity of this new movement increased, Beach’s influence diminished and the practice of this system of healing came to be known as the ‘eclectic’ movement. Beach is widely considered to be the founder of eclectic medicine. This movement allowed practitioners to incorporate modalities of other healing systems into their repertoire. Free to experiment with a range of healing modalities, the numbers of eclectic practitioners soared. At its peak, eclecticism claimed over 20,000 practitioners in the United States; these numbers presented serious competition for the practice of orthodox medicine.

**THE RISE AND FALL OF AMERICAN NATUROPATHY**

Naturopathy was formalised as a professional healing modality in the United States of America under the guidance of Benedict Lust in the early 20th century. Lust was a disciple of Kneipp and introduced the practice of Kneipp’s hydrotherapy to the United States. Trained in osteopathy...
and chiropractic, he opened the first health food shop in America and founded massage and chiropractic schools in New York. Lust purchased the rights to the term ‘Naturopathy’ from Dr John Scheel in 1902.[9,10]

In the United States, the popularity of naturopathy continued to increase during the 1920s and 1930s, a period often referred to as the ‘halcyon years’. Medicine had offered the public little up until this time and the general public were taken with this new healing art: when naturopathic conventions were held throughout the country, both professionals and the public flocked to them. In 1924, a naturopathic convention in Los Angeles drew a crowd of 10,000 people, naturopathic journals educated the public on disease prevention and health promotion and were widely read. Naturopaths began linking diet and chemical exposure with chronic disease; this thinking was revolutionary for the time.[19]

The 1940s and 1950s, however, brought revolutions in modern medicine and several definitive moments in modern medicine crippled the holistic approach to health. Penicillin was introduced in 1941[20] and by the end of 1945, treatment for pneumonia, syphilis, gonorrhea and scarlet fever had become available. Streptomycin was used to cure the first case of tuberculosis in 1950[21] and any notion preventative health care took a back seat with the introduction of the intensive care unit[22] and new methods of treatment for the polio epidemic.[23] The first heart lung bypass was conducted in 1953[24] and the drug chlorpromazine was used to treat schizophrenia in the early 1960s.[25] Within 30 years, modern medicine had become seemingly invincible. Such revolutionary developments transformed the public’s perceptions about the value and possibilities of medicine.

Augmenting the impact of new technology, naturopathy faced an impossible battle against the might of the American Medical Association (AMA). Under the guidance of George H. Simmons and Morris Fishbein, the AMA transformed itself into a powerful hegemony from advertising revenue derived primarily from drug companies and the tobacco industry. The AMA established a propaganda department in 1913 headed up by Morris Fishbein; the media was used to discredit, ridicule, suppress and quash any form of healing not condoned by either Fishbein or Simmons.[26]

The Flexner Report, published in 1910, also severely impacted the practice of both homeopathy and naturopathy in the United States. Although it has been praised for unifying the training of medical practitioners at the time,[27] the Flexner Report ensured that only schools endorsed by the AMA survived.[28] Allopathic, naturopathic, eclectic and homeopathic institutions alike folded; only one eclectic school and one homeopathic school survived. The Flexner Report saw the demise of eclectic, naturopathic and homeopathic medicine in the United States and determined the future path for medical education.

The popularity of miracle medicine, the rise in power and influence of the AMA, the Flexner Report, the death of Benedict Lust in 1945 and an un-unified naturopathic community plagued by inner conflict saw naturopathy in America decline and virtually disappear.

**NATUROPATHY IN AUSTRALIA**

**EARLY INFLUENCES, 1788–1861**

The successful introduction of naturopathy into Australia would not have been possible without the acknowledgment of medicine’s limitations since European colonisation. The prohibitive cost of medicines in the colonies encouraged the practice of self-prescription as a necessary form of primary health care; herbal cures for headaches, venereal disease and rheumatism that were either known as family recipes or found in English medical handbooks were popular. The influence of women as healers during the 1800s reveals a secret and hidden history of healing in Australia kept within the walls of the family home; the art of disease prevention, a tenet of naturopathy, was regarded as women’s work.[29]

The migration of hydrotherapy from Europe to America is well documented and early beginnings of naturopathy in Australia can also be traced back to a pamphlet that was published in Launceston, Tasmania, in 1846 detailing Priessnitzian hydrotherapy.[30] The Victoria Hydropathic Establishment opened for business in Malvern Hill in 1861 under the direction of Monsieur and Madame La Moile and offered overnight or daily hydrotherapy treatments. Turkish baths were also popular in central Melbourne and were promoted for their ability to cure illness.[29]

Australian naturopathy also has its traditions in the practice of herbalism and homeopathy as the first reported natural therapists in Australia were homeopaths and herbalists.[31] A growing community of Chinese gold prospectors saw Chinese herbalism introduced to the goldfields; by the late 1850s, numerous Chinese herbal shops had opened in central Melbourne. By 1867 it is estimated that 50 Chinese medical practitioners were operating on the Victorian goldfields alongside 25 legally registered doctors.[32]

Perhaps one of the most famous European herbal practitioners in Victoria during the 19th century was John Broadbent. Broadbent, the author of two publications, *The Australian Botanical Guide (1887)* and *Botanic Multim in Para* (1899).[33] established a herbal practice which thrived until the 1930s. His clinical practice at 109 Bourke Street, Melbourne, was famous for its shingle:


**THE EMERGENCE OF AUSTRALIAN NATUROPATHY, 1910–40**

The period of emergence is marked by the presence of Chinese herbalists on the Victorian goldfields; it has been suggested that Chinese herbalists were the largest group of practitioners using herbal medicines in Australia in the early 1900s.[35] Although naturopathy was only in its early incarnation, the popularity of herbalism at the time was reflected in the formation of Australia’s oldest medical...
association, the National Herbalists Association of Australia (NHAA), in 1920. In 1925, the Victorian parliament attempted to introduce a bill outlawing the practising of herbalism by anyone but pharmacists; Chinese herbalists in Victoria reportedly launched a publicity campaign and using petitions managed to gather 6000 signatures from a supportive general public. The bill was withdrawn.[32]

The herbal community in Sydney in the early 1900s was influenced heavily by the Newton and Wheeler families. Gilbert Wheeler was an early practitioner of herbalism in Sydney and came from a family who had practised herbal medicine in Australia from the days of early settlement. Edward James Newton, the grandson of Edward Allen Newton, was another popular herbalist and ran his clinical practice from an office in Pitt Street. Newton became a major importer and supplier of herbs and the herbal formulas handed down by his father were very popular with the local community.[36]

Australian naturopathy as we know it today would not have been able to develop without the insight, dedication and benevolence demonstrated by Frederick Roberts and Maurice Blackmore. Roberts (1892–1976) played a key role in the development of osteopathy, chiropractic and naturopathy in Australia. He trained at the London School of Natural Therapies and in 1929 he established the Robert’s Naturopathic Institute in Melbourne.[35] Roberts set up health clinics in Ballarat, Geelong, Brisbane, Ipswich, Newcastle, Toowoomba, Maryborough, Bundaberg, Mackay, Adelaide, Perth and Fremantle, effectively bringing naturopathy to regional Australia. Maurice Blackmore graduated from the British Naturopathic College and immigrated to Australia in 1923. Blackmore was another pioneer of naturopathy in Australia and opened both a naturopathic clinic and Australia’s first health food shop, in Brisbane in 1934.[37]

**THE POST-WAR PERIOD**

The practice of naturopathy in North America was profoundly affected by the development of pharmaceutical drugs and technological advances attributed to World War II; the American naturopathic professional fell into decline as great advances in technology dominated during this period. In Australia, the growing pharmaceutical industry began to dominate and dictate orthodoxy and the practice of Chinese herbalism in Victoria suffered with the continuing impact of the white Australia policy following Federation. Although the impact of these changes on naturopathy has not been specifically researched, natural therapies practitioners in Australia entered a difficult time.

A herbal teaching hospital was established in Francis Street near Hyde Park in Sydney in the early 1950s by the NHAA. The teaching hospital was used to train herbalists and free herbal treatment was offered to patients who queued for hours to receive treatment; those who could afford to left donations so that the rent on the premises could be paid. The herbal teaching hospital kept its doors open for 10 years, herbalists worked relentlessly for free to serve the community and all medicines were dispensed at no cost. Despite the success of the clinic and its increasing popularity with the local community, the NHAA was forced to close the hospital in the early 1960s as making repayments on the premises had become an impossibility.[36]

Despite the closure of the herbal hospital in Sydney, and difficult times faced in North America, naturopathy in Australia continued to grow through the 1960s as early pioneers like Maurice Blackmore and Cyril Flowers began to train other practitioners. Alf Jacka established naturopathic clinics in Melbourne and in regional Victorian towns during the 1950s, 1960s and 1970s and, with Blackmore’s encouragement, he established a naturopathic college in Melbourne in 1961.[35]

**NATUROPATHY – BOOM FROM THE 1970s ONWARDS**

Naturopathy experienced a resurgence in the late 1960s and early 1970s as the public became increasingly disillusioned with orthodox medicine. The tragic repercussions of thalidomide treatment in pregnancy became apparent and for the first time, the reductionist approach of medicine was being challenged. In 1962, Rachel Carson published *Silent Spring* and as a result became an eminent figure in the modern environmental movement. For the first time, the general public were warned about the indiscriminate use of pesticides and fertilisers and the book’s impact was not limited to North America. The 1960s and 1970s saw a worldwide interest in health and the evolution of human consciousness; the general public turned to alternative medicine for answers. Jacka[35] estimates that during the mid-1970s, the student intake at the Southern School of Natural Therapies increased by 400%, reflecting this worldwide trend.

The development of naturopathy in Australia has been heavily influenced by the practice of herbal medicine in particular. Denis Stewart established the Southern Cross Herbal School and in 1978, the school awarded Diplomas of Medical Herbalism to its first graduates. Since the original Friday night lectures at the Glebe Town Hall in Sydney, Stewart has been involved with the training of hundreds of students and some of Australia’s finest and most influential practitioners, with Nick Burgess, Andrew Pengelly, Anne Cowper and Christina Scalone all training under Stewart.

Stewart is well respected for his system of dosing which evolved from what he considered to be a lack of discipline in existing dosing regimes. Stewart was impressed by the dosing stipulations outlined in the *British Herbal Pharmacopoeia* of 1983 and began to use those doses in his formulations. Stewart has always maintained that unless a herb is prescribed within the stipulated dose range, maximum benefit from that benefit cannot be achieved. He has been a great exponent of the use of the 1:1 fluid extracts which were the basis of British and Commonwealth Herbal Medicine practitioner’s formulations (personal communication from D. Stewart, herbalist, 29 June 2009).

Denis Stewart and Dorothy Hall have been two key players who have helped shape the clinical practice and training of herbalists and naturopaths in Australia. Despite the
opposing dosage principles that underpin the philosophy of their individual styles of clinical practice, their dedication to naturopathic training established precedents for the movement of naturopathic training into the domain of private colleges and eventually, the university system.

Australian naturopathy has also been heavily influenced by the successes of several other individual practitioners. Robyn Kirby (*b.* 1936) was a practising herbalist for 26 years and ran successful clinics on the central coast and in Sydney. She was a student of Denis Stewart and the first female president of the National Herbalists Association of Australia. Kirby is widely respected for her Sinus Tonic, which is still manufactured and sold today. Kirby authored several books during her career which added valuable information to the practice of naturopathy in Australia (personal communication from R. Kirby, herbalist, 15 June 2009).

The presence of naturopathy in Australia can also be accredited to ongoing support provided by professional associations such as the National Herbalists Association of Australia. The success and popularity of the conferences organized by Anne Cowper and the quality of research published in the *Australian Journal of Medical Herbalism*, edited by Cowper, has allowed naturopathy in Australia to survive and grow underpinned by relentless and professional support. Cowper herself has also made significant contributions to the practice of herbal medicine in Australia, writing several publications on herbal manufacturing, running a successful private clinical practice since 1988 and teaching students at naturopathic colleges (personal communication from A. Cowper, herbalist, 18 June 2009).

In recent times, Kerry Bone has perhaps been one of the most influential contributors to the practice of naturopathy in Australia. Bone trained at the School of Herbal Medicine in the United Kingdom from 1980 to 1984 and was heavily influenced Simon Mills and Hein Zeylstra. Over the last 20 years, Bone has relentlessly promoted the value of herbal research to inform clinical practice, but not at the expense of traditional knowledge, and his dedication to research has provided the naturopathic profession with six textbooks that illustrate this approach. He established a masters course in clinical herbal medicine at the University of New England, which was the first of its kind in the world (personal communication from K. Bone, herbalist, 27 May 2009).

Augmenting the very ‘herbal’ influence on naturopathy is the nutritional approach to naturopathy. Henry Osiecki has been one of the key contributors to both the national and international naturopathic nutritional knowledge base over the past 25 years. Osiecki was professionally trained as a biochemist, dietitian and nutritionist and has been heavily involved in research and product development during his career. He has written a number of textbooks and his *Physician’s Handbook of Clinical Nutrition* has become a key undergraduate text and an important clinical reference. More recently, Osiecki has brought together medical models and traditional therapies to form a comprehensive understanding of the biochemical processes involved in cancer development and mood disorders (biography of H. Osiecki supplied by Bioconcepts, Brisbane (QLD), May 2009).

**WHAT IS MODERN AUSTRALIAN NATUROPATHY?**

The practice of naturopathy in Australia is evolving. From its early beginnings with the practice of herbal medicine in early settlements and on the goldfields to the more formalised practice of herbal medicine within clinical situations through the 1900s, the use of herbal medicine has always been a key naturopathic modality. With the influence of the European hydrotherapy movement and the new interest in nature cure which was booming in the United States, naturopathy in Australia came to represent the practice of herbal medicine and nutrition with the flexibility of other modalities such as massage, flower remedies, iridology, tissue salts and celloids.

The formalised teaching of naturopathy programs in private colleges and universities has predominantly influenced the practice of naturopaths in Australia. With increasing emphasis on herbal medicine and clinical nutrition, underpinned with sound knowledge in the health sciences (anatomy and physiology, pathology, pharmacology), naturopathy is becoming less of an umbrella term for an array of modalities and is streamlining into a practice heavily driven by herbal medicine and clinical nutrition. Naturopathy is taught at the advanced diploma and bachelor level at private colleges (accredited through the Vocational Education and Training Accreditation Board (VETAB)) and in line with current health training package requirements. A full time naturopathy program is also taught at an undergraduate level at two universities in Australia. Postgraduate qualifications are available through universities with herbal medicine and nutrition offered at masters level.

The eclectic and inclusive nature of the art of naturopathic healing, has seen the foundational modalities of herbal medicine, nutritional medicine and nutritional supplementation combined in clinical practice with optional modalities including iridology, flower essences, massage, chiropractic, osteopathy and homeopathy. This integration and practice of several modalities is a definite strength, allowing for flexibility in practice and multiple treatment options that can be chosen and tailored to suit the individual case presentation.

More recently, the term naturopathic medicine has emerged and embraces the original European concept of nature cure and the modalities of naturopathy and has placed them within the framework of modern science and medicine. Such placement has resulted in considerable focus on herbal medicine, nutrition and nutritional supplementation as key naturopathic modalities, with other modalities available as treatment electives. Such flexibility means that the practice of naturopathy can, however, be hard to quantify at times. Smith[33] regards the practice of naturopathy as a unique system of primary health care that is not limited to a single modality of healing that combines the art and science of medicine using traditional forms of healing and modern scientific knowledge to prevent and treat illness.
Notwithstanding the ability of the modern naturopath to don any cap required is significant not only for the current practice of naturopathic medicine but also for the development of the profession. With recognition of and respect for the limitations of practice, the naturopathic practitioner has the flexibility to direct and manage cases with the most appropriate therapeutic techniques. Lifestyle modifications are essential, and it could be argued that they often underpin the degree of clinical success in a case. Change strategies are important, but more important are the techniques that the naturopath uses so that long-term and life-altering change can be made by the client.

Motivational support is essential. For effective clinical practice and results, there is increasing demand on the practitioner to understand patient motivation and attitudes to health and success and to be able to fathom the patient’s physical, emotional, spiritual, familial, social, occupational and financial stressors. As such, it is important that the practitioner engage in the mindful practice of self-awareness. Once an understanding of self begins to develop, the practitioner then develops an ability to be able to see a case presentation more objectively and with greater clarity. The lived experience of the naturopath is an essential therapeutic tool; any work done on the self will directly benefit the type of patient who presents and the outcome for that patient. The ability to give and the extent of what is offered in a therapeutic situation is directly related to the amount that the clinician invests in his or her own health and self-awareness.

**NATUROPATHY WITHIN THE AUSTRALIAN HEALTHCARE SYSTEM**

There are three forms of regulation available to health practitioners in Australia. These include self-regulation, statutory registration and co-regulation. Naturopathy in Australia is self-regulated and is practised under common law, which allows for the practice of naturopathy without any training whatsoever. However, because of the strict educational and professional registration requirements imposed by health insurance companies, although in theory it is possible to set up and practise as a naturopath without qualifications, it is much more difficult in practice. Such unqualified practice also detracts from the professionalism and legitimisation that naturopathy practitioners seek from the health care system and public perception.

Although there is no official recognition for naturopaths within the Australian healthcare system, naturopathic practitioners are already working within a primary and allied healthcare network. Despite strong lobbying campaigns, naturopaths in Australia to this point have failed to obtain statutory registration even though naturopathy is taught at both a college and university level; chiropractors and osteopaths have managed to gain registration in all states and territories and Traditional Chinese Medicine practitioners have gained registration in Victoria. As such, naturopaths in Australia continue to take a back seat and are often relegated to being the ‘last port of call’ for patients with chronic or unresolvable conditions or for patients who suffer life-threatening illness and want to make sure all treatment bases are covered.

At present, there is a prevalence of complementary and alternative medicine use in Australia and research indicates that in 2006, 1.9 million naturopathy consultations were conducted. Australia is experiencing a quick evolution towards naturopathic professionalism, and, more and more, naturopathy is being accepted as mainstream. However, despite the progress in public awareness, a definitive split within the profession is apparent. One sector of the profession is rallying to retain the traditional principles of a healing art that has been viewed as a fringe modality, a cottage industry of sorts, that has prevailed throughout various political agendas of recent decades because of its underground nature. The other sector is striving for professional legitimisation of naturopathy and is pushing for statutory registration, giving naturopathy recognition that has until now been reserved for allied health professionals such as physiotherapists, podiatrists and osteopaths.

Such division within the profession leaves the practice of naturopathy undefined; a lack of cohesion within the profession provides an environment where therapeutic imperialism can thrive. The existence of a multitude of professional associations has stifled the voice of a unified profession and it is this lack of unity that has made government negotiation difficult. The push towards registration surely provides a framework which will ensure the survival of naturopathic practice. The movement towards registration has already begun; rather than question whether registration is in fact a necessity, the professional should be asking whether they want to drive the process, or whether they are satisfied to be mere passengers. A cohesive movement into the future is required to not only preserve traditional practices but also to legitimise current practice.

At present, increased interest in complementary medicine has been attributed to a decline in faith in the previously unquestioned power of modern medicine. Rather than being pushed away from orthodox medicine, however, studies have reported that the general public is pulled towards complementary medicine. The very foundations of naturopathy, once dismissed and ridiculed, are now being accepted. The importance of fresh food, fresh air, exercise, good quality sleep and rest are now accepted as is the need to limit the body’s toxic overload. Integrative medicine conferences now refer to the six maxims of naturopathy as fundamental principles of medicine. They may be the principles of healing in the future, but they certainly have not been the principles of medicine in the past.

The failure of modern medicine explains the increased popularity of integrative medicine. At present, integrative medicine at its worst relies on cherry picking evidence-based medicines that can be used in conjunction with or in place of pharmaceuticals. Its scope is overwhelmingly limited, but in effect still provides solutions to both general practitioners and patients. At this point, orthodox and integrative medicine cannot offer what naturopathy
can. Integrative practitioners are for the most part still dictated to by evidence-based research limited by the current scientific paradigm. Time constraints and strict medico-legal guidelines augment this. Naturopaths, on the other hand, are freer to explore both empirical and evidence-based knowledge from several healing modalities. The flexibility of naturopathic practice means that the naturopath’s toolkit can assume a Tardis-like status and naturopathic solutions to health problems far exceed what the few evidence-based herbs or supplements can offer.

We are perhaps, at this point, in the process of accumulating the research, ideas and concepts that will eventually instigate a shift in consciousness and a more evolved understanding of human health. Until that point, those players restricted by the paradigm within which they work must continue to further their understanding of health and disease. Those players not trapped by the paradigm of modern medicine must also continue to seek answers to questions that are so central to the human condition but relegated to the ‘fringe’. Each player must keep with them an appreciation of the limits of modern medicine and an understanding of the infinite possibilities of healing which have been demonstrated in the past, and which are still to be experienced. Each healer, whether orthodox or complementary, brings a unique set of experiences and values to their work, and consequently will attract patients who resonate with that experience.

THE PRINCIPLES OF NATUROPATHY

THE HEALING POWER OF NATURE (VIS MEDICATRIX NATURAE)

An understanding of the first tenet of naturopathy necessitates both an acceptance and an appreciation of the power of nature. This power exerts influence by dictating how the body responds to internal mechanisms that direct cure and external influences that support and encourage cure. Naturopathy recognises that nature is both perfectly balanced and organised intelligently to create, maintain, repair and destroy matter synchronistically. The body also has its own intuitive and sophisticated mechanism of healing that operates in congruence with the laws of nature. As nature regenerates itself without the need for human intervention so too does the human body. The use of nature’s healing agents (air, earth, water and sun) in combination with a clean diet, exercise, good sleep, relaxation, meditation and an optimistic outlook are examples of external factors that can influence and support the body’s innate ability to heal. The naturopath’s role is to support and facilitate the body’s natural ability to heal.

IDENTIFY AND TREAT THE CAUSE (TOLLE CAUSAM)

Underpinning this principle is the basic understanding that all illness must have a cause and for health to be restored and optimised the cause or causes of the disease state must be identified and removed. In this sense, symptoms are regarded as indicators of disharmony. They can be viewed as direct indicators of the cause of disease or as gross indicators of the intense homeostatic effort required to adapt and repair. A mechanic would never remove a warning light from a car’s dashboard to correct a mechanical problem detected during a service; in the same way symptoms should never be removed or suppressed from the body in order to restore health.

TREAT THE WHOLE PERSON (TOLLE TOTUM)

Health and disease are the results of an intricate and intimate interplay of physical, emotional, mental, spiritual, social, familial and occupational factors. Failure to address all aspects relevant to a patient’s pattern of health and disease fundamentally ignores the complexity of the human being. By its very nature, such ignorance motivates healing interventions that are reductionist, short-sighted and founded in the disease rather than a health-focused treatment model.

FIRST DO NO HARM (PRIMUM NON NOCERE)

The principle of inflicting no harm on patients is a naturopathic reaction to the heroic medical procedures of the past that saw the use of mercury, arsenic and the practice of bloodletting. An understanding of this principle necessitates an acknowledgment of the healing power of nature. The naturopath’s role is to facilitate the body’s natural ability to heal and if this approach underpins practice, then harmless practice will be a direct result. Naturopathic practice that respects the principle of harm-free treatment is traditionally non-invasive, and avoids the suppression of symptoms and the prescription of harmful doses of medicine.

DOCTOR AS TEACHER (DOCERE)

The word doctor has a Latin origin and originally meant ‘teacher’. The maxim doctor as teacher reiterates the principle that as part of nature, the body can heal without human intervention. The power to eliminate disease and optimise health lies with the body itself not with the naturopath, and in this sense the naturopath assumes the role of teacher so that the body’s natural healing mechanisms are supported. In this teaching role, the naturopath seeks to educate the patient and encourage self-education. The naturopath must be able to inspire and motivate the patient and encourage self-motivation. Ultimately, naturopathy seeks to empower the patient and encourage self-empowerment.

PREVENTION (PREVENTARE)

Seeing a naturopath to facilitate disease prevention is a concept that is becoming increasingly difficult to promote in a sickness-focused healthcare system. As a result of this, the principle of disease prevention is more readily applied once a person is already under the care of a naturopath. Treatment of the primary complaint can begin and through a process of risk factor analysis, constitutional
susceptibility and genetic tendency, naturopathy can be employed to prevent both the sequelae of disease states and the development of new states.

**THE NATUROPATHIC APPROACH**

The naturopathic approach to health and disease focuses on the restoration of health where health has deteriorated, the optimisation of health where good health prevails, and the prevention or slowing of health deterioration. Naturopathy, in its basic form, is a celebration of simplicity with the promotion of fresh air, clean water, adequate rest, nutritious food and the use of herbal remedies and nutrition to assist with the body’s self-healing processes. Despite the complexities of modern disease pathogenesis, astounding improvements in the patient’s quality of life can be achieved by adhering to simple yet effective techniques to encourage self-healing.

As a key feature of naturopathic practice, simplicity does not necessitate that the naturopathic approach is in any way unintelligent. The brilliance of this system of healing is the intelligence behind the simplicity. Comprehensive case taking plays a fundamental role in naturopathic practice as practitioners strive to find answers in the many causes of health deterioration rather than rely on a single diagnosis. Naturopathic clinicians are often presented with numerous therapeutic challenges; informed clinical reasoning and case management will ensure optimal client care. Modern medicine treats symptoms and often suppresses disease states. This method of approach does little to identify and understand the dynamic causal interplay of symptoms that can only be elicited with comprehensive care taking.

Integral to treatment and optimal patient care is the naturopath’s understanding of their role. This reveals a comprehension of the extent to which naturopathy can be used for patient benefit as well as an understanding of the limits of treatment. In any case, successful case management requires that the naturopathic practitioner draws on a network of qualified and experienced practitioners from other modalities (counsellors, acupuncturists, homeopaths, osteopaths), so that the patient is offered the best care.

A key strength of naturopathic practice is the ability to offer consultations (between 30 minutes and 1 hour) that enable and facilitate longer a comprehensive case taking process. The ability to offer appointments allows the practitioner and the patient to establish a rapport and provides a base where key issues (often not what the patient presents with) can be identified and discussed. This consultation time is what many patients seek, and fail to find, in the current healthcare system. Notwithstanding, naturopathy offers much more than just lending an ear to patients, but it is this ear that opens dialogue and can unfold issues that block healing.

An initial visit to a naturopath would usually begin with a complete health history. If necessary, physical examination or inspection will take place and the patient will be referred to a general practitioner if necessary. After the initial case has been taken, the naturopath may order pathology tests through private laboratories; these can be general, functional or specialised. Other specific diagnostic tests can be requested, for example: comprehensive diagnostic stool analysis (CDSA), gastrointestinal tract tests, functional liver detoxification profile (FLDP), *Helicobacter pylori* stool antigen (HpSA), intestinal permeability (IP), 3-day parasitology (3DP), genetic diagnostic testing, salivary hormone profiles, adrenal hormone profile, baseline hormone profiles, metabolic profiles, nutritional profiles, hair tissue mineral analysis (HTMA) and food sensitivity profiles. Some naturopaths choose to work with fewer laboratory investigations and rely on laboratory tests ordered through the patient’s doctor and good case taking to identify problems.

Augmenting the conventional medical history, the naturopathic assessment will also spend considerable time assessing dietary, lifestyle, occupational, social, environmental and emotional influences and the impact these have on patient health and illness. The naturopath will then formulate a treatment plan which addresses both symptomatic relief and the cause of the illness or disease the patient presents with. Herbal medicine, nutritional supplementation, nutritional advice and counselling are key practice components with homeopathy, with flower essences and massage being introduced where necessary. Follow-up appointments allow for treatments to be adapted, modified and tailored to suit ongoing or differing demands. The second or third appointment can often introduce the naturopath to many of the patient’s underlying drives that influence health. Follow-up appointments also allow for an approach to healing that is shared by both the patient and the practitioner as these appointments allow the patient to report progress, setbacks, insights and experiences – all components are essential to healing.

At all times the naturopath must remain cognisant of the need to do no harm. Often, patients will present with debilitation from conventional treatments, so the practitioner’s job is to first restore then optimise health with as much care for patient safety and wellbeing as possible. Mills and Bone[42] refer to the need to balance physiological enhancement with physiological compensation. In this instance, physiological enhancement aims to create a state of robustness by raising vitality and physiological compensation attempts to compensate for organs or organ systems that are over- or under-functioning.

**THERAPEUTIC ORDER**

The therapeutic order is the cornerstone of naturopathic treatment; it recognises the principles of naturopathic medicine and prioritises treatment according to these principles. This order fundamentally acknowledges the use of non-invasive and restorative agents as the first line of treatment. Treatments should then build in intensity as necessary. The therapeutic order is generally consistent for each patient; however, individual treatments should always be prescribed within the context of this therapeutic order. An Australian specific therapeutic order (after
the original US order authored by Zeff & Snyder) is generally understood to be as shown below:

1. Restore the basis of health by understanding and minimising the obstacles to cure and promoting opportunities for healing.
2. Identify potential obstacles to health and support/treat accordingly:
   a. Hereditary/genetic influences – including parental pre-conception health, inborn errors, epigenetics
   b. Lifestyle considerations – hygiene, environmental, spiritual, social, relaxation, exercise, socioeconomic, interrelationships, stress
   c. Previous medical history and treatment
   d. Dietary intake and assimilation.
3. Stimulate the body’s natural ability to heal by addressing the cause of the disease.
4. Modulate body systems – strengthen weakened organs and tonify overactive organs. The focus includes:
   a. Strengthening the immune system
   b. Eliminating toxins
   c. Reducing inflammation
   d. Tonifying the nervous system
   e. Balancing metabolic and hormonal activity
   f. Strengthening and toning other body systems as necessary.
5. Address structural disturbances – referral to a massage therapist or osteopath may be necessary.
6. Address specific pathology or conditions and prescribe accordingly once the cause has been identified and treated.
7. Refer for suppression or surgical intervention if required.

Adapted from A Hierarchy of Healing: The Therapeutic Order The Unifying Theory of Naturopathic Medicine, Jared Zeff, ND, LaPamela Snyder, ND, Stephen P. Myers, ND, BMed, PhD, in Textbook of Natural Medicine. This was originally adapted from Zeff J, Snyder P. Course syllabus: NM51 71, Naturopathic clinical theory. Seattle: Bastyr University, 1997 – 2005.

Although the therapeutic order in the United States continues and suggests diagnosis and treatment with drugs and the inclusion of surgery, in Australia the therapeutic order cannot progress unless the practitioner is qualified in conventional medicine or surgery. Referral at any necessary point during the therapeutic order is essential.

THE HOLISTIC PRACTITIONER

The holistic practitioner can be defined by the way that practitioner handles cases and relates to patients and family members of the patient, and by how other support is sourced, introduced and managed. Effective case taking and case management are imperative to holistic treatment and perhaps the ability to restore a patient’s health rests heavily on the quality of the case history that is taken. The tradition of follow-up consultations is also important in holistic treatment. Trust between the patient and practitioner develops over time as the therapeutic relationship develops and deepens, thus treatment can often address concerns that would have otherwise gone unnoticed without this relationship. The importance of follow-up consultations is imperative to this deepening therapeutic relationship.

Holistic treatment must also endeavour to ascertain what a practitioner can bring to a therapeutic arrangement. Qualities such as confidence, certainty, presence (or the ability to hold a space) and gratitude to the patient for sharing their healing journey are key components of a holistic approach to healing. An area of holistic treatment that is often overlooked, either ignorantly or unashamedly, is the health of the practitioner. With such emphasis on the optimisation of patient health, practitioner health is often overlooked and without investing in self-care, the practitioner will fail to deliver the qualities necessary for a truly holistic treatment approach.

The first tenet of naturopathy introduces the concept first do no harm. Traditionally this has been interpreted to explain the necessity of harmless practice and the importance of patient safety. A more holistic interpretation can see this tenet expanded to include the need for the naturopath to encourage the patient to do no harm to him/herself and for the naturopath to likewise do no harm to him/herself. This brings with it the notion of practitioner self-care.

An understanding of the principle doctor as teacher would not be complete without an understanding of disease as teacher. This transcendental view may not be appropriate at all times; however, patients facing terminal illness may address this topic in consultation without being prompted. In this teaching role, the naturopath also becomes a listener and a confidant. The ability to hold the space is a prerequisite; advice and opinion are far less powerful than open ears, an open mind and an open heart. An understanding of the principle doctor as teacher would not be complete without acknowledgement of the patient as teacher role in naturopathic practice. The ability of a patient to continually teach is reliant on the practitioner’s ability to continually learn from patients. Such an organic relationship is truly symbiotic and holistic.

MIND–BODY MEDICINE – ANCIENT TRADITIONS

All ancient cultures acknowledge a role for the spirit within. It has only been with the superimposition of allopathic medicine that this spirit has been dismissed and ridiculed as being unscientific. A Western understanding of health is founded in mechanistic biomedical theory. Founded in reductionism and rationalism, this understanding provides little framework within which non-dichotomous concepts of healing can exist. With the emergence of modern allopathic medicine, the holistic patient-specific model of healing was replaced by a disease-specific model with little room for mind–body understanding, acceptance or investigation, and also with allopathic medicine came a shift from the art of healing to the science of disease.

The interconnectedness of the body and mind is paramount to all ancient and indigenous systems of healing. Healing temples in Ancient Greece provided healing in the form of cleansing baths and fasts and the use of imagery and prayer, and hands-on healing was common practice. Paracelsus maintained a fundamental belief in the mind–body connection; he believed that faith and imagination were the true vehicles of healing and that physicians were only able to heal by tapping into the power of God. Australian aboriginal concepts of health have also traditionally been holistic and based heavily on
relationships between the people, the land and spiritual belief. Traditional Chinese Medicine relies on the force of chi, as Ayurveda relies on prana; the notion of universal energy connecting mind, body and spirit and generating each individual’s life force is fundamental to these healing traditions.

Early Research Questions the Mind–Body Dichotomy

The learned German abbess and mystic Hildegard of Bingen (1098–1179) practised mind–body medicine through her belief in the elements; the accumulation of black bile, for instance, was regarded not only as an imbalance in the natural humours but also as a build up of suppressed emotion. The dichotomous view can be traced back to the concept of dualism, which has largely been attributed to Descartes (1596–1650), who proposed that the mind and body are different substances. Newton presented a departure from Descartes’s approach and the accepted notion of Cartesian duality at the time. In his student notebooks he showed an early interest in the causal interdependence of the mind and body and expressed a particular interest in the connection between memory and physiology.

In 1905 Darwin alluded to the as yet undiscovered concept of mind–body medicine when he linked emotions with the potential of physical strength. He stated ‘a man or animal driven through terror is endowed with wonderful strength, and is notoriously dangerous in the highest degree’. The first scientific understanding of the mind–body connection was documented in the literature 6 years later by Walter Cannon. Cannon pioneered understanding of the emotional influence on disease states and the influence of hormonal and nerve transmission on bodily functions. In 1911 he published research that correlated emotional disturbances with digestion dysfunction in animals. In 1914, he documented the interaction between fear, rage and asphyxia on bodily function, and in revolutionary work in 1928 he suggested that emotions could be transported either to the hypothalamus to influence peripheral movement, or to the neo-cortex where higher brain activity was stimulated. In 1936 he published more extensive research on the role of emotion in disease formation. Cannon was the first investigator of this emerging field of psychosomatic medicine that attempted to link and explain emotional influences on disease states.

In groundbreaking work in 1949, MacLean identified and named the limbic system and suggested that psychosomatic disorders were the result of disrupted communication between the limbic system and the neo-cortex. In fact, the term psychosomatic was first introduced by MacLean; he described psychosomatics as the pursuit of knowledge that attempts to explain how and why psychological processes were expressed through physiological changes. In the 1950s, Alexander suggested that psychological disorder and conflict contributed to the development and pathogenesis of medical conditions; his work was criticised as it failed to link psychological function to the majority of disease states present at that time. The failings of such early models provoked more research and in the 1970s Engel presented a biopsychosocial model of illness that identified interrelationships among biological, psychological, and social systems that influence health and disease processes.

In 1980, the Nobel laureate and physicist David Bohm detailed the presence of energy that permeated and connected every subatomic particle, atom and molecule in the universe. Bohm argued that mind and matter could not be separated – he considered them two aspects of an indivisible reality and proposed that meaning which can be both mental and physical links but is not separate from them. Central to this theory is the concept of interconnectedness; the universe simply cannot be separated into material (body) or non-material (mind/spirit) components. Furthermore, the sense of interconnectedness does not imply superimposition of one state onto the other; the two forms are inseparable and form part of the whole. Isolating either the physical or the mental is as useless as attributing the power of a magnet to only one of its poles.

Psychoneuroimmunology is the study of the interactions between behaviour, neural and endocrine function, and immune system processes. This new field was introduced to the scientific community in 1981 by Ader, who revealed that immunoregulatory processes were influenced by the brain and that neural function, endocrine function and behaviour are in turn influenced by the immune system. Further insights into the power of mind–body medicine were revealed as studies on the ancient traditions of transcendental meditation, prayer and yoga as well as more Westernized concepts of imagery, relaxation and stress reduction were published.

There is an abundance of evidence in the scientific literature which documents the power of mind–body healing. So the question remains, why has modern medicine not overwhelmingly embraced this research? The problem herein perhaps lies not so much with the cohort of people who identify as mind–body medicine deniers, but with the inability of the reductionist, mechanistic paradigm of both Western medicine and current scientific research to effectively facilitate mind–body enquiry and practice.

The Placebo Effect

A placebo is an inert substance that is believed to have therapeutic effects through the mobilisation of the body’s natural healing powers. J. Haygarth reported it in an unusual 1800 publication entitled Of the Imagination, as a Cause and as a Cure of Disorders of the Body: Exemplified by Fictitious Tractors, and Epidemical Convulsions. Early work by Pepper, Osler, Wolf and Beecher laid the foundation for future investigations into the clinical significance of the placebo effect. The placebo effect has been the subject of numerous clinical trials and has sparked extensive clinical and ethical debate. The power of placebo has been demonstrated in the treatment of pain and insomnia and researchers have noted the placebo can increase immunity, alleviate depression, prevent asthma, improve angina...
and hasten the wound healing process.[74] Researchers have also concluded that certain types of placebos work more effectively than others; two placebo pills have more demonstrated efficacy than one, intravenous placebo injections are more powerful than pills, larger pills that are brown or purple in colour are more powerful than smaller pills, and extremely small red or yellow pills demonstrate most therapeutic effect.[5,76]

Much less reported than the placebo effect is the concept of the nocebo. The nocebo is a substance with inert properties that increases pain and results in health deterioration. It is estimated that 20–30% of patients receiving placebos experience mild side-effects such as diarrhoea, pain, nausea, skin rashes and heart palpitations.[77]

In a 2004 study,[78] patients with Parkinson’s disease underwent a surgical procedure in which human neurons were transplanted into participants’ brain tissue. Half of the study participants received no neurons but were told they had undergone the procedure. The power of placebo was demonstrated when the group who received no surgical intervention showed significant improvements in both brain and body function, leading the researchers to report evidence of a very strong placebo effect.

The mind and body cannot be separated; herbal medicines, nutrition and physical adjustments can be used to correct the physical. Remedies and interventions are employed to bring about change in organ systems, organs, tissues and cells. However, they also influence molecules, atoms, subatomic particles and energetic vibrations. Naturopathy, like Ayurveda and Traditional Chinese Medicine, is the embodiment of mind–body medicine; and let us not forget the basic tenets – the body has the power to heal itself.

REFERENCES