

THERAPEUTIC PRESENCE AND THE NATUROPATHIC DOCTOR: BRINGING ONE'S WHOLE SELF INTO THE ENCOUNTER WITH THE PATIENT

By Shari Geller, Ph.D.

*When we are mindful,
Deeply in touch with the present moment,
Our understanding of what is going on deepens,
And we begin to be filled with acceptance, joy, peace and love*

-Thich Nhat Hanh

Take a moment to imagine: What would happen if we were not always trying to get on to the next project, the next patient, the next activity? What would happen if we were fully in the moment — in touch with all the subtleties of being here, right now?

Therapeutic presence involves bringing one's whole self into the encounter with the patient, being completely in the moment on a multiplicity of levels, physically, emotionally, cognitively and spiritually. For holistic practitioners, therapeutic presence is being grounded in one's self, while simultaneously being focused and in contact with their patient's in-the-moment experience. Therapeutic presence means having a sense of spaciousness, openness, acceptance and compassion with what is emerging in the moment.

The naturopathic doctor's presence is essential for their patients to feel accepted, heard and understood, which contributes to the development of a positive therapeutic relationship. The therapeutic relationship is the basis

and foundation for true healing, and allows patients to feel cared for, to feel they are being helped, and to feel open and trusting when sharing their experience.

Presence is a way of using the essence of one's self as an instrument to better understand and respond to the patient. Presence enhances the ability for naturopathic doctors to listen with all of their senses, and to really *hear* what is expressed and experienced in the moment. This allows naturopathic doctors to develop awareness and trust of their own intuition and knowledge, and become more responsive to the unique needs and experiences of each of their patients.

The Experience of Therapeutic Presence:

The experience of therapeutic presence has four essential qualities. First, the health practitioner is fully immersed in the moment with the patient. The naturopathic doctor is absorbed in

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the depth of experience that is being expressed by the patient and is intensely involved in the present experience of being with the other.

Second, the health practitioner experiences a sense of expansion or spaciousness. While the naturopathic doctor feels the intensity of the details of the in-the-moment experience, he or she is also connected to a larger expanse of energy and knowledge.

Third, the health practitioner feels grounded and centered within his or her self. The naturopathic doctor may feel a merging as they connect to the patient's deep inner world, and may feel the intensity of the patient's experience or pain, but is also connected to a sense of their self as separate, grounded, and centered.

Fourth, the health practitioner's presence and in-the-moment experience is guided by the intention of being in service of the patient's healing journey. The naturopathic doctor is not just present for the sake of presence itself, but with the intention of being with-and-for the patient. Therapeutic presence takes a certain level of self-development and commitment to presence in the person's own life.

What does it mean to NOT be present?

If you reflect on your own experience, you can probably remember a time of feeling misunderstood or not heard by a doctor, therapist, friend or family member when presenting an issue or difficulty. The therapist or doctor may have responded in a distant,

technical or disregarding manner. As a result, you may have left feeling empty or dissatisfied. This is what patients feel when we are not present with them.

As health practitioners, we can all think of a diversity of ways in which we are not present with our patients. When we are focused on which remedy to give, when the patient has just began to share his or her experience, we are not present. When we are thinking about what we are making for dinner that night or how many minutes are left until the session is over, we are not present. When we are judgmental towards the patient or ourselves, we are not present. We have all had moments (entire sessions!) where we are not present, no matter how much practice we do! Awareness of not being present in session can be used, however, as an indicator to bring our attention back to the moment with the patient.

When health practitioners are not present, the response is often cold and technical, and they themselves may feel closed, tight, distant, cut-off and isolated. As a result, technique and intervention are offered without true relating and deep level meeting of "I and thou." Health practitioners from a variety of disciplines including, medicine, naturopathy and psychology are beginning to recognize that a lack of presence can not only have negative effects for their patients, but ultimately for the health practitioner as well.

Therapeutic presence is a tricky balance between "not being too distant" from the patient and "not being overly enmeshed" to the point where naturopathic doctors can lose

a sense of their selves. Presence involves being in deep level contact with the patient, while at the same time staying in contact with one's own center and sense of grounding.

Therapeutic Presence and Intuition

Presence calls on naturopathic doctors to trust the knowledge and body wisdom within both themselves and in their patients. It requires a placing aside of cognitive interpretations and quick "fixes," and instead allowing the patient's experience to simmer inside as it interacts with one's own experience, intuition and learned knowledge. From that inner place, a response or intervention that resonates with the patient's deeper needs and experiences will emerge. Presence calls on naturopathic doctors to have a deep-level comfort and trust in the unknown and in their own intuition and knowledge of how to help.

Being present does not mean that we should throw away the books and assume that there is nothing left to learn. On the contrary! Study and knowledge are essential. However, presence involves letting go of preconceived notions or therapy plans at the moment of meeting the patient. Instead, the naturopathic doctor allows this unique individual composed of a particular history, experience, eating habits, emotional and psychological makeup, and spirituality, at this particular moment in time, to fully enter into his or her being. Naturopathic doctors' response or intervention can be seen as a complex interaction of their inner in-the-moment experience of their patient, combined with their own

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The *PULSE* is a publication of the Ontario Association of Naturopathic Doctors and is sent to Naturopathic Doctors and interested others in Ontario 4 times per year.

Subscription Price:

\$125/year in Canada

Publisher:

OAND
344 Bloor St. W., Suite 602
Toronto, Ontario M5S 3A7
416-233-2001

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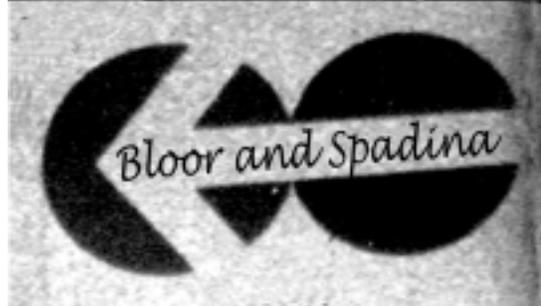
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professional and personal knowledge.

How to Develop Presence with a Patient:

While presence cannot be assured in a session, naturopathic doctors can engage in intentions and processes that prepare the ground for presence to emerge. Two major areas in which presence can be cultivated occur prior to session and in everyday life.

Prior to Session:

- **CLEAR A SPACE.** Clear a space inside to enhance your presence by putting aside personal issues, needs, concerns, judgements and preconceptions, so that there is room inside to take in the depth of the patient's experience. This process can be facilitated through visualizing clearing a space inside, through breathing, or through movement such as stretching.
- **BREATHE AND GROUND.** One of

the most powerful ways of cultivating presence and coming into the present moment is to breathe. Take a few breaths prior to session and feel your feet on the ground as an aid to let go of the past, to center yourself, to expand your own energy, and to open up to the patient you are about to see. Do not underestimate the power of this simple technique.

- **SET AN INTENTION.** Set an intention to be fully present with the next patient. The intention can be held and revisited during the session as you notice your attention wandering off. A simple self-reminder to return to the present moment or an aware breath can be helpful in this regard.
- **TAKE TIME.** Take a few minutes between sessions to help make the transition from one patient to the next. Have a closing ritual to help let go of the last session, such as completing notes or closing files. Review past clinical notes of the patient you are about to see as a

way to achieve focus for the next patient.

- **MINIMIZE DISTRACTIONS.** Create your physical environment to support presence. Some ways of doing this is to turn off the phones, put up a "do not disturb" sign when in session, and make sure the office is relatively soundproof and your surroundings are quiet.

Practice in Life:

- **PRACTICE PRESENCE.** Understanding and practicing presence in your own life, with friends, partners, children, and in every day encounters can also help to facilitate this quality in your professional practice.
- **COMMITMENT TO PERSONAL GROWTH.** Committing your self to your own personal growth and self-development, taking care of your own health, and attending to your own personal issues allows for greater presence with patients.
- **DAILY PRACTICE.** Daily practice of meditation or breathing, time in nature, and time to connect to your self can allow presence to be achieved more readily in session.
- **SELF-CARE.** Caring for your bodily needs, such as eating well, having adequate sleep, drinking water, taking nutritional supplements, and engaging in regular exercise and creativity, is also helpful in enhancing the capacity for presence.

How is Presence Helpful?

Being fully present with a patient helps health practitioners to feel more energized during and after a session. This heightened energy is

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THE EFFECTS OF RETAIL SALES TAX (RST) ON NATUROPATHIC SALES

By Rai Nandan, CGA

Many naturopathic doctors not only provide services for their clients, but they also often have a small stock of products on hand to provide greater service. The question arises then as to the taxation on the sale of these products.

Products sold by naturopathic doctors are covered under the *Food Products Guide* since they are sold for human consumption.

The Ontario *RST Guide* (#500) states:

"Substances or mixture of substances that may be used for the diagnosis, treatment, mitigation or prevention of disease or that may be used in restoring, correcting or modifying bodily functions are regarded as drugs or medicines and are subject to RST.

Any dietary supplement or adjunct, including herbs and enzymes sold in capsule or tonic form, whose product will restore, correct, modify, or the like, a bodily function is considered a drug or medicine for the purposes of the Retail Sales Act and is subject to RST....

Vitamins or tea remain exempt regardless of any claims made on the product label."

What does this mean to the naturopathic doctor? RST is charged on all patent medicines or products claiming to correct or modify bodily functions. This includes items, such as throat lozenges, appetite suppressants, stimulants and tonics unless they are sold by prescription from a dentist or physician.

For the naturopathic doctor, this requires a careful review of the product label. Look for claims to "restore, correct, modify or the like, a bodily function," in order to determine whether the product is considered a drug or medicine. If such claims are found, then a client would have to be charged the Ontario rate of eight per cent RST.

The only exceptions to this are vitamins, teas, meal replacement bars, powders or shakes that are exempt from RST, even though they may make the same claims as other products. Products that are for external use (e.g., skin care items, dried herbs and oils) are not food products and are subject to RST.

Rai Nandan is a certified general accountant specializing in small business accounting and taxation. His accounting practice is located in the Keele Street and Highway 401 area in Toronto. He can be reached at 416-638-3300 or by sending an e-mail message to <nandan@accubook.com>.



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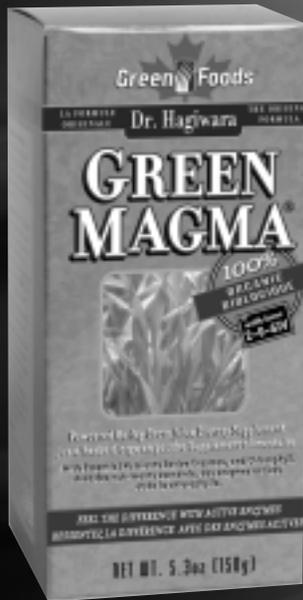
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Therapeutic Presence (Continued from page 4)

enhanced by continuously clearing a space inside before and between each patient, which can in turn help to prevent burn-out. Therapeutic presence also helps to make a complete transition from one patient to the next. The process of being and becoming present can allow naturopathic doctors to let go of the patient they have just seen and feel more present and available with-and-for the next patient.

Therapeutic presence also invites the patient to become more present and aware of his or her moment-to-moment experience. Through an awareness of bodily experience, the patient has more opportunity to hear what is toxic for the body and what is helpful, which generates greater responsibility in the patient for his or her own health and wellness. Greater bodily awareness can also help patients to communicate to the naturopathic doctor what they are experiencing.

Therapeutic presence also helps the naturopathic doctor to know when to help and when to refer. For example, if the naturopath doctor begins to feel emotionally overwhelmed or flooded in response to taking in the experience of the patient, it may be an indication of the need to refer.

Therapeutic Presence as a Way of Being

It is essential for naturopathic doctors, as holistic healers, to cultivate their personal practice of therapeutic presence. Presence allows naturopathic doctors to bridge the gap between themselves and their patients, and between the mundane and the sacred. Therapeutic presence can help health practitioners to develop and trust their own bodily wisdom and experience as a guide for facilitating their patients' recovery, as well as help patients to awaken their own presence and to the healing capacity that exists deeply within their own being.

Dr. Shari Geller has her Ph.D. in Clinical Psychology and is a Buddhist practitioner. Dr. Geller created the term "therapeutic presence" for her doctoral dissertation, which explores psychotherapist's experience of presence in the therapeutic encounter. Dr. Geller has a psychotherapy practice in downtown Toronto and is a member of the teaching faculty at York University.

(cont'd on p. 9)

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REFERENCES:

Heal Thy Self - Saki Santorelli

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Jon Kabat Zinn

A Heart as Wide as the World -
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HEALING INTO DEATH

Denis T. Marier, N.D.

"You matter right up to the last moment of your life"

-Cicely Saunders

(Founder of the first "modern" hospice)

The healing journey of Treya Wilber is beautifully recounted by her husband Ken Wilber in the book *Grace and Grit*¹. Treya Wilber died surrounded by friends and family. In death, lines which had seemed permanently etched on her face by pain softened and disappeared, replaced by a serene smile. Treya died a peaceful death. Her cancer wasn't cured, but she died healed, and those around her found healing in her dying journey. But like the concept of it taking the whole village to raise a child, the same village is needed to help one die. Naturopathic doctors need to recognize their position in this global village, not necessarily as bringers of a cure, but as agents of healing. The role of naturopathic doctors in palliative care has, to date, been under-explored, under-utilized and under-funded.

As naturopathic doctors, our training includes such mantras as "don't palliate" and "don't suppress." The word palliate is from the Latin *pallidum* which means a "cloak." This is essentially the work of palliative care, to cloak someone's suffering, to provide nurturing. It is said beautifully in the Koran: "May you be wrapped in tenderness, you my brother, as if in a cloak." As providers of natural health care, we find ourselves perfectly situated to support the dying patient, and yes, even to palliate troubling symptoms. One of the main principles of naturopathic medicine, *vis medicatrix naturae*, guides us to trust in the healing power of nature, and by extension, the vital force. What is death but simply a transformation of vital force, regardless of religion, creed or spiritual belief? As naturopathic doctors, treating the vital force by giving it the tools it needs to find healing within the organism, we enable the dying patient to find healing within their disease. By respecting their vital force, we are acknowledging the very core of their being. We are guided by our principles to work with patients, not just in terms of their suffering, but also in terms of their culture, communities, and their deepest nature.

To a large extent our Western culture and allopathic advances have managed to remove dying as a sacred Rite of Passage of life, and relegate it to a place of failure. As a result, many dying patients are marginalized in the health care system. They are set aside and people are afraid to be with them, to the point where this fear can be felt as a sort of contagion. This fear, all too often, leads to isolation and loneliness. There is also the fear of pain and suffering, both mental and physical. The fear of the unknown can be tantamount, as it addresses our underlying

... a vision of dying and death that can release patients from anxiety, pain and suffering, and move them into participation with dying

collective fear of annihilation. Furthermore, there may be shame and guilt associated with dying, as if the dying person has somehow failed at "winning" the Game of Life. Heroic interventions made by the modern medical establishment, when they don't succeed in prolonging a person's life (and possibly increasing their suffering), are regarded as "failures". Indeed, the increased economic burden on an already stressed health care system is worth considering in the care and management of the dying patient, as these interventions in the final months, weeks, days and hours, could be unnecessary, for some individuals.

As naturopathic doctors, we need to develop a vision of dying and death that can release patients from anxiety, pain and suffering, and move them into participation with dying that can be of profound service. Joan Halifax, Ph.D. says death can serve the patient, the family, and the professional caregiver. It can serve a dying person by bringing them to peace

with dying, whatever their style of dying. Death can also serve the dying person's family by helping them to realize that death is a mystery, and that it is a reflection of existence. The dying experience can develop courage and openness in a family and allow reconciliation to happen that would not have been possible unless this kind of profound event was taking place. There are many decisions to be made that can deepen our experience, especially around interventions at the time of death. Most people want to die peacefully, not overwhelmed by technology. Most people do not want to die alone; they want someone present who is peaceful and calm. Not everyone wants to die consciously, but certainly they want to die peacefully and free of pain.

Death can serve the professional caregiver by allowing them to discover a framework which gives meaning to living, and meaning to dying and to death. Death allows us to develop a spiritual perspective that is so integral to the art and science of naturopathic medicine, and helps us discover how we relate to impermanence and suffering. It helps us learn how to build the ground of trust between us and the dying patient, how to stabilize our minds and how to develop compassion. Death can bring some very special perspectives into working with some of the disturbing elements of dying: being with suffering and pain, denial, fear, anger, confusion, depression or resistance, love and hate, blame and forgiveness. The poet R.M. Rilke addresses this brilliantly: "Love and death are the great gifts that are given to us. Mostly they are passed on unopened." Death is our greatest teacher, and therefore, our greatest gift. The professional caregiver also needs to deal with the experience of projection. Joan Halifax, Ph.D. also warns that dying patients often will project onto their professional caregiver, "You're their saviour, their angel of mercy, or they can demonize you. You have to deal with their

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projections, and your projections onto them." ⁱⁱ

As Naturopathic Doctors, we can be integral elements of a dying patient's team of healing professionals. We have modalities available to us that can ease mental and physical suffering and allow a patient to experience a conscious and peaceful transition. Acupuncture, for example, can ease mild to moderate pain, and help calm a person's mental state. The same can be said for botanical preparations. It is important to recognize that some types of terminal illness result in catastrophic pain that needs to be controlled with high doses of pharmaceuticals. That is where the practice of mind body medicine can be integral to the healing journey. The evidence for the efficacy of guided visualizations for pain control has been scientifically proven. The pharmacology of pain control is not always available and is not always effective, so it is important for us to know other strategies for managing pain. Sometimes nothing will touch the pain, and all we can do is sit there and be present with suffering, to join fully in the act of compassion. Everyone is a caregiver, everyone can share compassion.

Homeopathy may prove to be one of the most useful modalities in the healing journey, as it works directly with the vital force. One little known concept that requires more research is that of "curing into death." Simply put, this is the principle that a person's constitutional remedy, when given in a high potency at or near the time of death, will rally their vital force in such a way as to direct it into the dying process, facilitating their transition. This would be especially valuable in circumstances where the patient is struggling with the dying process. Certain remedies have been shown to have specificity for certain aspects of the process.

Most importantly, we cannot discount the value of the counseling process in a dying patient's healing journey. As naturopathic doctors, we need to recognize our role not only in a person's physical well being, but emotionally as well. What can we do to help a dying patient spiritually and psychologically? We can help them find forgiveness for themselves and others by creating a setting where reconciliation can take place. In terms of positive psychology, we can emphasize the good

events and positive aspects of their life to help calm their state of mind and ease anxiety over "unfinished business." In many spiritual systems, the last thoughts of a dying person are considered to be very important in helping them move on to a higher state of consciousness. As caregivers we can help open their mind into the beauty of dying, trying to awaken the deepest spiritual dimension within the individual. We can utilize physical manifestations of beauty, such as music, poetry, paintings, and pictures – whatever is appropriate for this person to create a sense of peace around them.

Joan Halifax, Ph.D. advises that there are three things to remember when dealing with the dying patient:

(1) Let the dying person take the lead. Let them have whatever they want, including vices that may have contributed to their disease. If a patient is dying from lung cancer, but finds smoking calming, light their cigarette for them.

... the last thoughts of a dying person are considered to be very important in helping them move on to a higher state of consciousness

(2) It is important for the caregiver to remind themselves constantly, "I'm doing the best I can."

(3) We really can't give anything that will change the course of their journey, but the greatest gift and highest honour we can give is to have no fear.

As naturopathic doctors, we also need to recognize the necessity of caring for ourselves. "So many of us work off of a heroic model and that model produces absolute burn out from the overweening ego pushing us beyond our limits." ⁱⁱⁱ We can do this work from the standpoint of pure motivation – that is, out of real love and concern for the well being of others – or we can do it out of shadow motivation, which is very unhealthy. This would include the desire to be recognized for doing good deeds, or out of anxiety created by wanting to relieve suffering, instead of accepting suffering for what it is.

Let us develop a model of working with dying patients that fully embraces the philosophies of naturopathic medicine.

This includes more emphasis on training and experiential practices surrounding the dying process. As providers of natural therapies, we need to recognize our value and worth in the most natural mystery of all – death. Perhaps the most important paradigm shift we need to recognize in bringing naturopathic medicine into a palliative medical model is to embrace the idea that not everyone can be cured, but everyone can be healed.

ⁱ Wilber, Ken. *Grace and Grit*, Shambala Publications, Boston, MA, 1991

ⁱⁱ Halifax, Joan. *Being With Dying: Contemplative Practices and Teachings*, (Audio series), Sounds True, Boulder, CO, 1997.

ⁱⁱⁱ Halifax, Joan. *Being With Dying*.

DENIS T. MARIER, B.SC., N.D has done volunteer work at Mother Teresa's Home for the Dying Destitute in Calcutta, India, and is currently a volunteer at Hill House Hospice in Richmond Hill, ON. He is in private practice at Mind Body Medicine Canada in Toronto, ON, and is currently researching the role of naturopathic medicine in medical relief work and naturopathic approaches to palliative care.

Recommended Reading:

- Wilber, Ken. *Grace and Grit*, Shambala Publications, Boston, MA, 1991
ISBN: 0-87773-698-7
- Buckman, Robert. *"I Don't Know What to Say...": How to Help and Support Someone Who is Dying*, Key Porter Books, Toronto, ON, 1996
ISBN: 1-558013-092-7
- Levine, Stephen. *Who Dies?*, Random House, New York, NY, 1982
ISBN: 0-385-26221-3
- Nuland, Sherwin B. *How We Die*, Random House, New York, NY, 1995
ISBN: 0-679-74244-1

Audio Series:

- Halifax, Joan. *Being With Dying: Contemplative Practices and Teachings* (6 cassettes), Sounds True, Boulder, CO, 1997

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BOOK REVIEW

EFFECTIVE TREATMENT APPROACHES FOR THE COMMON COMPLAINT OF PAIN

By: Eric Marsden

Title: *The Treatment of Pain with Chinese Herbs and Acupuncture*

Author: Sun Peilin

Publisher: Churchill Livingstone

ISBN: 0-443-07127-6

Price: \$96.00

Pain is one of the most common complaints that patients present with at the physician's office. Recent epidemiological studies estimate the incidence of chronic pain in the general population at almost 40%.

The conventional approach to pain management involves the use of NSAID's and, in patients with severe pain, opiate-like pharmaceuticals. Chronic use of NSAID's has been shown to cause a variety of diseases, most notably gastric ulcers. An article written in the *Annals of Internal Medicine* reported that over 41.5% of NSAID prescriptions made by internists were unnecessary, and that 75% of the side effects caused by chronic NSAID use were not appropriately addressed by medical personnel.

Acupuncture has been used successfully for over 2000 years for the treatment of pain. Recent research into the efficacy and mode of action of acupuncture has shown that this therapy can modify/reduce nociceptive pain signal transduction within the spinal cord as well as increase the amounts of endorphin release. In his book *The Treatment of Pain with Chinese Herbs and Acupuncture* Dr. Sun Peilin provides practitioners already familiar with Chinese Medical theory and practice an effective approach for the diagnosis and treatment of a wide variety of painful conditions.

In the first section of the book Dr. Peilin reviews core concepts like the model of pain as it relates to both Conventional (i.e. gate theory) and Chinese Medicine (i.e. disorders of Qi and Blood circulation). He then describes aetiology and pathology of pain including pernicious influences, emotional factors and diet and how they affect Qi and Blood. The final chapter in this section concerning point selection is possibly one of the best discussions of point combinations I have yet to find.

Section 2 focuses on the approach to generalized pain. This includes pain which effects the entire body like the common cold or influenza, polymyalgia rheumatica, fibromyalgia and poliomyelitis. It also contains a special section on the treatment of pain caused by cancer. Peilin describes cancer as mixed excess and deficient condition caused by cancer toxins or some blockage in Qi and blood circulation. Treatment approaches focus on alleviating blocked Qi and blood while resolving pathological disorders in the Zang-Fu organs.

Sections 3 – 9 provide in-depth analysis of all forms of pain organized in an anatomical fashion. Sections include Sense Organ Pain, Head and Neck Pain,

Pain in the Front of the Trunk, Back Pain, Upper Limb Pain, Lower Limb Pain, and Genital Pain. Each section describes potential aetiology and Zang-Fu organ indications along with guidelines for differentiation of syndromes and finally treatment using needling, herbal combinations and patent formulas. The treatment plans for each syndrome include detailed explanations for point and patent selections.

The Treatment of Pain with Chinese Herbs and Acupuncture is a comprehensive, well-organized text for healthcare practitioners with experience in the field of Chinese Medicine. The only shortfall of this book is the absence of diagrams to illustrate pathologies and/or core concepts. This book is a "must read" for practitioners interested in the use of Chinese Medicine for Pain.

Available at BMS Resources 416-502-0665, www.bmsresources.com

Other Books on this Topic:

Rheumatology in Chinese Medicine, By: Guillaume and Chieu

Close to the Bone, By: Legge

The Acupuncture Treatment of Pain, By: Chaitow

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Building Relationships for Life

EVENTS LISTING

April 12th – Student Reception at the OAND Offices – Pizza and Beer being served.

April 17th – Paul Saunders "Practical Cardiology" 7-10 pm \$25 for members, call the OAND Office to register. 416-233-2001 Ext. 41.

April 25th – 28th NorthWest Naturopathic Physician's Convention – Vancouver, BC. Check out the details online at www.nwpc.com.

May 11th – OAND Annual General Meeting, Mini-conference and Reception. Please fax back your RSVP as soon as possible. Free for members including lunch and education sessions. Call the OAND office for more info 416-233-2001, dial ext. 41 to register.

May 15th – 18th "Breaking Down Barriers – Building Bridges". First North American Holistic Medicine Scientific Conference. This is the first time that the meeting of the American Holistic Medical Association is being held in Canada in combination with the Canadian Complementary Medical Association and the Ontario Society of Physicians for Complementary Medicine. Find the details online at www.holisticmedicine.com.

May 15th – FACT Flavours of Harmony Banquet at the Bayview Gardens in the Colony Park Hotel (downtown Toronto) - Experience Chinese Healing Cuisine with a commentary by Dr. Steven Aung. Hear musical entertainment and see a calligraphy demonstration. Call FACT to reserve tickets @ \$60. 416-299-5113.

May 23rd - John Redden – Topical Botanicals. A reprise-plus from the 2001 convention as we had so many requests for more! 7-10 pm OAND Offices. Participation is limited so register ASAP. Call 416-233-2001 Ext. 41 to register.

June 8th – UNWIND at the Mockingbird – watch for details and your invitation to this inexpensive social evening for NDs and guests, in Toronto and vicinity.

June 2002 – Compounding for Naturopathic Doctors, with Peter Smith, B.Sc. Phm. A compounding pharmacist presents formulations, available to NDs, including vaginal and rectal suppositories, tinctures, creams – topical and vaginal, eye drops, injectables, troches and more. . .FREE for members.

August 11th – Second Annual OAND Picnic, Kelso Conservation Area (tentative date).

Nov. 2nd and 3rd – OAND Annual Convention at the Burlington Convention Centre. Speakers include: Bill Mitchell, ND; Judyth Reichnberg-Ullman, ND; Dick Thom, DDS, ND; Lyn Patrick, ND; Dan Rubin, ND; Jake Fratkin, OMD; Phil Waddington, ND is invited but unconfirmed. If you would like to work on the awards dinner and auction, call the office – 416-233-2001.

ISSUES AND RESOURCES

Health Canada warns public not to use Hua Fo.

OTTAWA - Health Canada is warning consumers not to use Hua Fo tablets, an unapproved herbal product that claims to enhance sexual function. Health Canada analyzed samples of Hua Fo tablets and found that they contained sildenafil. Sildenafil is a drug approved as prescription only for male erectile dysfunction, sold under the brand name Viagra®. Use of sildenafil without medical supervision could cause severe adverse reactions.

Sildenafil should not be used by individuals who are taking any nitrate medication sold by prescription or over the counter. Nitrate medications are commonly used for angina. Concurrent use could result in the development of potentially life-threatening low blood pressure.

RHPA Petitions.

We still have not had the petitions tabled in the Legislature – but they should be back at work soon. So, if you have still got petitions in your office, please get them signed and returned to us ASAP. If you would like another blank copy sent to you, please call the office at 416-233-2001 ext. 28.

OAND Website.

In June, you will be able to log onto our new website that will include a "members only" section. You will be issued a member ID and password. If you have ideas for an effective use of this tool, please let us know. Call Margaret Anne @ 416-233-2001 ext. 23.

What's New at CCNM?

Naturopathic Medicine Preparatory Program

The Canadian College of Naturopathic Medicine (CCNM) has designed a program, which allows applicants whose university academic background has not included the sciences to obtain required credits and to demonstrate that they have the knowledge and competency to enter CCNM's four-year ND program. The *Naturopathic College Preparatory Program* (NCP) will provide a thorough academic introduction to naturopathic medicine and relevant science subjects through an intensive science-based curriculum. CCNM aims to remove barriers and enhance access to admission into the ND program for qualified candidates.

"We want to reach those people who have a strong interest in naturopathic medicine," says Cory Ross, MSc, DC, DPH (cc), FRSH, Executive Director, Institutional Development. "For example there have been many qualified mature students, strong CCNM applicants, who are looking for second or third careers in the health care profession. The NCP encourages potential students to demonstrate that they are capable and prepared to succeed in the four-year ND program while they attend and excel at the 12-week intensive program."

The first NCP program will run from June 3 to August 23, 2002. Classes will be held Monday through Thursday from 6 p.m. – 10 p.m. To facilitate small group learning and personal attention, classes will be limited to 40 students. For more information call the NCP Admissions Office at 416-498-1255 ext. 245 or email ncpp@ccnm.edu.

CCNM Resources at your disposal:

ND News is a regular information service compiled by the Learning Resources Centre at CCNM. ND News includes notices of recent CAM research reports, upcoming conferences and other short items of interest to Naturopathic Doctors. If you would like ND News emailed to you regularly (as a Microsoft Word attachment), please send an email to LRC Director, siverson@ccnm.edu. Copies can also be downloaded from the CCNM Site at www.ccnm.edu/lrc.

The LRC also has an annotated list of useful websites related to naturopathic medicine. It is a very valuable tool when seeking information on the web. There is also a selection called "using electronic resources" which is a guide to searching for information on the web. CCNM has generously made the site accessible to the public and all naturopathic doctors – so use it, and recommend it to your patients!

ISSUES AND RESOURCES (cont'd)

GRAND ROUNDS AT CCNM

Implemented to provide a forum in which naturopathic doctors can share current knowledge, the new Grand Rounds Program at The Canadian College of Naturopathic Medicine (CCNM) presents information on basic disease mechanisms, diagnostic approaches and clinical management using a case-based approach.

The objective of the program is to bring faculty, staff, students, and practicing NDs together to enhance learning through a problem-based learning environment, integrate classroom knowledge with clinical applications, evaluate clinical reasoning, increase exposure to a spectrum of clinical conditions and scenarios, and to stimulate discussion. The concept of the Grand Rounds program was initiated by Cory Ross, DC, DPH (cc), COHS, FRSH, Executive Director of Institutional Development, and was developed by Jonathan Prousky, B.Sc., BPHE, ND, Clinic Faculty. "This is a great way for a variety of people to discuss cases and get some insights into different modalities that can be effective in treating specific illnesses," says Prousky.

The topics for Grand Rounds are directly generated from patients seen at The Robert Schad Naturopathic Clinic. College residents Misa Kawasaki, B.Sc., ND, and Rana Singh, B.Sc., ND, are responsible for gathering and presenting research on the pathophysiology and recommended naturopathic treatments for a specified topic at each session. The presentations, which have been well received by attendees, have included such topics as the treatment of Parkinson's disease, hyperthyroidism, Anorexia Nervosa and Hepatitis C. Potential future topics for the Grand Rounds include alcohol addiction, Attention Deficit Hyperactivity Disorder (ADHD), breast cancer, depression emphysema, hypothyroidism, lung cancer, and Polycystic Ovarian Syndrome (PCOS).

What's New at the Board of Directors of Drugless Therapy – Naturopathy

The terms of Mary O'Reilly, ND and Jeri Bertlik, ND have both come to an end. Thank you, from the profession, for their service.

The chair of the Board is once again, Angela Moore, ND of Toronto. Scott Clack, ND of Mississauga, and Robert Dronyk, ND of London, have been appointed to the Board. Brian Timothy, ND and Nancy Barnes (public member) remain in place.

Ingrid Kreisel, who staffed the board for the last 2 1/2 years, has left the employ of the Board. Heather MacFarlane, who previously held positions as the Executive Director of the CNA and the Government Affairs Director of the CNA and the OAND, has been hired as Executive Director of the BDDT-N. A search is underway for a full-time administrative assistant.

What's New at the CNA

As noted above, Heather MacFarlane has resigned from the Government Affairs position at the CNA and will be joining the BDDT-N as Executive Director.

Cassie Lyon, Executive Director of the CNA for almost the last five years has also submitted her resignation. Cassie is returning to school in September and has resigned as of the end of June 2002. A search is being organized for a full-time Executive Director, deadline for applications is May 10th. For information or a job description, you can call the CNA office at 416-496-8633.

NOTICE to MEMBERS

Re: Patient Handouts

We hear from members, that every new practitioner has to prepare handouts for patients. Although, there are many differences among practitioners, your handouts can probably be of assistance to other NDs.

The OAND wants to prepare a package of patient handouts appropriate for ND patients on a variety of topics. **The first handout which will be available around the end of September is a "Who's Who in Natural Medicine."** It explains the difference between NDs and other practitioners of complementary and alternative medicine (e.g. chiropractors, massage therapists, iridologists, homeopaths, etc.)

Do you have handouts that you think should or could be used province wide? If you have a patient handout that you are willing to share with your colleagues, after the OAND edits, lays out and prints, please send it to the OAND office by mail, email or fax. *Please let us know if we may edit and share it, and whether you would like to be credited.*

Send to:

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NuLife Sciences Applied Live Blood and Dry Blood Analysis. Microscopy Certification Course – Introductory Level. Toronto, June and October, 2002. For details, www.nulifesciences.com. Contact Lynne Hinton, 905-294-9720.

Looking for a Naturopathic Doctor to join a Chiropractic/Naturopathic clinic in North/York. PT or FT availability. Call Dr. Jacob Scheer at 416-739-7766.

Space available for a Naturopathic Doctor, on a full-time basis in an established Chiropractic and Massage Clinic located in Central Mississauga, north of Square One. Plenty of highway access. Terms are negotiable. Call Dr. Kevin Pulis B.Sc., D.C. or Mr. Alberto Simas R.M.T. at 905-568-4444.

Well-established, wellness-oriented chiropractic/massage therapy clinic has opportunity for naturopath to join our team. Contact Dr. Haydene Lee @ 905-881-8733.

East Scarborough Physiotherapy is looking for a Naturopath to share space in a busy, established, multidisciplinary clinic. We are located in a high-traffic plaza in the heart of a growing, lakeside, residential neighbourhood, which is currently lacking a naturopath. www.esphysio.ca. Call 416-283-6893.

N.D. required for busy established homeopathic practice in Eglinton-Bathurst area. Presentation skills required. Resumes to fax # 416-787-4822 or email to vonelmo2001. New graduates welcome!

Forest Hill Chiropractic wellness center is looking for a motivated and energetic ND to work in a multi-disciplinary setting. Great opportunity for an individual to work together with other alternative healthcare practitioners. Please contact Dr. Bosnar at 416-487-9056.

Bright, private studio space in new Bikram Yoga studio. Broadview/Danforth, June 1. Contact 416-894-0908. See www.ccnm.edu.

Riveroaks Chiropractic Wellness Centre in north Oakville looking for ND, flexible terms. Call Dr. Williams 905-257-9960.

Physiotherapist owned multi-disciplinary clinic seeking Naturopathic Doctor. Located in north east Brampton. Interested applicants please call Springdale Physiotherapy at 905-793-9684 and/or fax 905-793-7482.

Yorkville: 1-2 offices available with reception in prestigious, accessible health building close to Bloor/Bay. Great potential for new or experienced Naturopathic Doctor in this high growth area. Fax 416-928-1536.

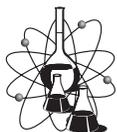
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RESEARCH BITES

By Rahim B. Habib BSc, ND

Premature infants, bone density, and exercise

Bone formation is greatest in the third trimester of pregnancy, which explains why osteopenia in premature infants is very common. Premature infants also have a higher rate of bone fractures, and the rate of osteopenia is inversely correlated with the birth weight. Standard medical practice involves nutritional supplementation with calcium and phosphorus, and can include vitamin D. A recent study in the *International Journal of Sports Medicine* (Int J Sports Med 2002; 23: 82-85) highlights the dramatic results of incorporating an exercise routine to facilitate increased bone density and weight in the premature infant. In this study, twenty-four very low birth weight premature infants were divided into control and exercise groups. The exercise consisted of extension and flexion movements (of the wrist, elbow, shoulder, ankle, knee, and hip joints), range of motion movements with passive resistance of both the upper and lower extremities – this was performed five times per week for four weeks. The control infants had a similar time of interactive periods of holding and stroking. Biochemical evidence for bone formation was significantly increased, with increased bone specific alkaline phosphatase (BSAP). Evidence for decreased bone resorption was also evident with a significantly reduced C-terminal cross-links telopeptide of type-I collagen (ICTP). Additionally, there was a significantly greater increase in weight gain in the exercise group. Considering that prior studies have shown reduced bone mineralization in 8 year-old children who were born prematurely, a simple exercise procedure such as this one could significantly improve the physical health of developing children. The study discussion also suggests that other likely effects of this exercise protocol may include an earlier discharge from the neonatal intensive care unit (due to the greater increase in body weight).

Acupuncture and Muscle Performance

A study of 42 athletes examined the effect of local acupuncture on the excitability of the quadriceps muscle, using an isometric strength test linked to an electromyogram (Dt Ztschr f Akup 2000; 43: 104-107). After tonifying stimulation of the acupuncture points ST-32 and ST-36, the quadriceps femoris muscle showed significantly increased EMG-amplitudes (29% on average), and increased maximum strength (10%) in the retest. A placebo acupuncture group showed no improvement in the retest. This study suggests increased excitability of muscles in response to acupuncture, and a potential for increased performance, or rehabilitation. The study did not suggest how long the effect might last, nor whether it was connected to actual differences in coordinated muscle-group performance through activity.

Open House for CCNM Students:

The OAND held its first event at the new Bloor Street office on Friday April 12th with its annual Open House for CCNM Students. Approximately 25 CCNM students, OAND Board Members and OAND staff enjoyed pizza, beer and mingling on this rainy afternoon. The new OAND space will provide an excellent venue for future OAND sponsored seminars and social events.



Dugald Seely, CCNM Student Rep., Arvin Jenab, OAND Board Member, and Christina Lessels, OAND Staff Member



Heather Fleck prepares for the 2002 OAND Open House for CCNM Students



A CCNM student and Ruth Anne Baron, OAND President



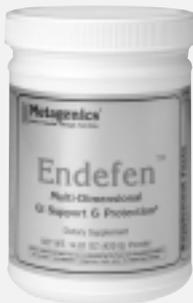
CCNM students at the Open House

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