

LETTERS TO THE EDITOR

RESEARCH IN NATURAL MEDICINE

Recently I was asked by a research unit at a major university to develop a document addressing diseases and health conditions which have been demonstrated, in peer-reviewed published work, to be successfully addressed by naturopathic medicine. Though the challenge was taken up, part of my initial answer was that there are no instances of such evidence. Many of our ND colleagues are shocked to hear of this response and immediately begin citing studies about *Hypericum* for depression, or homeopathy for hay fever. There are, of course, hundreds of such studies. They are not, however, naturopathy which, briefly described, is the use of a variety of modalities applied within a set of principles. There are many good reasons that the needed research has not been done. The evaluation of naturopathic medicine as a whole practice presents difficult methodological problems when considered by the current standard of rigorous research which is oriented toward pharmaceutical development. But in another instance, the American Association of Naturopathic Physicians (AANP) this year was asked to provide descriptive data on naturopathic practice to the office of a state insurance commissioner. Descriptive work entails considerably fewer methodological problems. It is a critical element for gaining insurance coverage and influencing legislative decisions as well as being fundamental to further analytical studies. Yet, the embarrassing answer from our national professional association was that no one had given us the money to do this kind of work and therefore we couldn't provide the information.

As public interest in alternative and complementary medicine has grown, and with the establishment of the Office of Alternative Medicine at the National Institutes of Health (NIH), research in our practices has been validated as a field of endeavor. Scientists from many institutions are beginning to attend to research opportunities inherent in our clinical work. Recently, I was asked to consult with non-naturopathic researchers who are proposing to do descriptive work of the practices of several licensed alternative health care professions, including naturopaths, with an adaptation of the methodology of the National Ambulatory Medical Care Survey. At a publically-supported integrated conventional and natural medicine clinic near Seattle, research is being conducted by a private research corporation, under contract

with the state, on the effectiveness of naturopathic approaches to various diseases. We consult on these projects and are very supportive of them because we are convinced of the value of the work and in order to assure that the clinical values of NDs are preserved in the development of study design and measures.

But note that this work is not conceived of nor funded by naturopathic agencies and that their principal investigators are not naturopathic physicians nor scientists from our academic centers. If scientists outside the profession frame the questions, design the methods, and interpret the results of studies on naturopathy, no matter how benignly motivated and well-qualified they may be, we cannot assure that the values — for example, the principles espoused by the AANP — nor the integrity of the practice will be honored. What should the naturopathic profession do to avoid scientific co-optation and the parsing out of the practice? How do we develop the scientific power to answer questions of fundamental importance to the profession itself? The answer is simple and large.

1. Support an effective scientific agenda. Each agency of the profession — the AANP, the state associations, the Institute for Natural Medicine, industry partners, and, above all, the academic centers — needs an effectively accomplished scientific mission. Each agency should honestly evaluate its ability and contribute where it is most able whether in scientific expertise, organization, and/or funding. There are no agencies external to the profession which are specifically interested in the evaluation and scientific development of naturopathic medicine. If the profession itself does not provide at least preliminary data supporting the theories of its practice, it is unlikely that others will have the motivation to organize and fund further research effort. Part of the scientific agenda should be simply to develop the capacity to respond to questions as they arise in the different research domains including basic sciences, epidemiology, and clinical practice. More specifically and immediately, we should frame and collectively commit to answering specific scientific questions whether external funding is available or not.

2. Separate the scientific agenda from the political one. Without disinterested attention to the results of our therapies, we have only a weak claim to being an ethical health care profession. Research is a long term proposition and very different from short and middle term political goals. The purpose is not to prove that naturopathy "works" but to examine and improve its practice. A negative result in an effectiveness study is as valuable as a positive one, though it may not be as useful in a political context.

The good news is that a great deal of work has taken place over the last few years to transform the profession's few small efforts at research into a genuine research establishment devoted to natural medicine research. These efforts have had more luck being supported by the research interests of industry or government, but the capacities that have been developed can be tuned to answer the questions of greatest interest for NDs and their patients. Most notable among recent activities is a consortium of researchers at Canadian, Southwest, and National Colleges of Naturopathic Medicine and Bastyr University. They are developing preliminary studies around the question "What is the health impact of six months of naturopathic care?" Health is defined as health status as measured by the MOS-36 as well as a newly developing proximal measure of future health. The studies will at a minimum provide descriptive information on academically-based naturopathic medicine (demographics of patient populations, distribution of presenting diagnoses, distribution of applied therapies) and develop the infrastructure for the collection of data for effectiveness studies at the schools' clinics. Happily, it has attracted the interest and support of the administration at each institution, especially at Canadian and Southwest. It warrants the active support of all naturopathic professional agencies.

It could be that 100 years is the age of majority for a health care profession. If so, perhaps we can soon congratulate ourselves on the self-directed responsibility that necessarily attends that milestone of maturity.

Carlo Calabrese, ND, MPH

Co-director, Bastyr University Research Institute
14500 Juanita Dr NE
Bothell, WA 98011



APPENDICITIS

I'd like to present a case of integrated care for ruptured appendix. Henry Lindlahr, MD, a Nature Cure doctor of the early 1900s, is reported to have had "a continuous record of more than 20 years successful treatment of appendicitis without surgery and without a death" (1). Two of my deceased mentors, Opal Jensen, ND, DC and Leland Jensen, ND, DC related similar successes. But, in my clinical training at the National College of Naturopathic Medicine, from 1978-1980, no cases of appendicitis were observed or discussed.

I have, however, managed two cases of acute appendicitis in my practice. First was a male, 23, with mild fever, nausea, pain in the lower right quadrant (worse on motion, better on flexion), with tenderness and guarding—possible symptoms and signs of early appendicitis. Unfortunately, this case was not confirmed by laboratory testing nor a second medical opinion. The symptoms resolved completely in 24 hours with fasting, herbal *Echinacea* tincture (30 to 40 drops every 2-4 hours), reflexology, polarity therapy and the homeopathic remedies *Echinacea* (6x) and *Colocynthis* (30C).

The other case, in 1995, involved a 13 year old male. He presented with severe nausea and vomiting followed by fever and generalized abdominal pain. His mother thought these symptoms were due to gastroenteritis and fasted him on clear liquids only, including water, diluted grape and apple juice and vegetable broth. She also gave her son *Echinacea* and vitamin C liberally for 4 days at home before bringing him to me for physical examination. Examination of his abdomen revealed localized right lower quadrant (RLQ) tenderness and guarding, positive Psoas sign and a palpable mass suggesting an abscess. Both laboratory tests and examination by a second naturopathic physician a few hours later confirmed my diagnosis of an abscessed appendix. White Blood Count (WBC) showed leukocytosis of 16.8 Th/cmm with 76% neutrophils. Sedimentation rate was 35 mm/hr. The patient's parents, upon learning of their son's diagnosis, decided to use naturopathic treatments in hopes of avoiding surgery.

Treatment consisted of continued fasting on water, vegetable broth and diluted fruit juices, and ice or unheated castor oil packs applied over RLQ of the abdomen. *Echinacea* tincture 20 drops every hour was given from a one ounce bottle with two drops of *Bryonia* and *Belladonna* tincture each added and succussed (shaken vigorously) to produce a low potency homeopathic-like remedy. This step was taken based on the Eclectic botanical medical indications of visceral spasm, congestion and pain for *Belladonna* and of inflammation of serous membranes worse motion for *Bryonia* (2) in addition to their homeopathic indications (3).

Vitamin C, 500 mg every hour, and a series of homeopathic medicines were also used. The rubric, Intestines, Appendicitis, from Murphy's Repertory (4) was used to choose *Belladonna* based on fever, inflammation and abscess; *Bryonia* due to fever, inflammation, worse with motion, and irritability; *Colocynthis* based on cramping, better lying on abdomen (patient did not exhibit usual flexure position of *Colocynthis* but paradoxically stretched in extension, a *Colocynthis* symptom found in Murphy's Repertory under Intestines, Pain, better lying, abdomen, on); *Echinacea* and *Iris Tenax* for general reputation in appendicitis. All potencies given were 30C usually repeated every 1-2 hours in the above order. Homeopathic *Belladonna* and *Echinacea* were first used in alternation, then prescription was changed to *Bryonia* and *Colocynthis* in alternation as they were most effective in ameliorating the patient.