

Title: Naturopathic Medicine and Chronic Illness

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Reference:

Oberg EB, Bradley R, Cooley K, Fritz H, Goldenberg JZ, et al. (2015) Estimated Effects of Whole-system Naturopathic Medicine in Select Chronic Disease Conditions: A Systematic Review. Altern Integ Med 4: 192. doi:10.4172/2327-5162.1000192

Design:

From the abstract: “We systematically searched PubMed/MEDLINE, EMBASE, CINAHL, Cochrane Library and AMED from inception to April, 2012 as well as conducting hand searches of existing grey literature. For inclusion, studies had to report results from multi-modal treatment delivered by North American naturopathic doctors. The effect size for each study was calculated; no pooled analysis was undertaken. Risk of bias was assessed using the Cochrane risk of bias as well as Downs and Black tools.”

Clinical Discussion:

The authors looked at the use of naturopathic medicine in selected chronic diseases and were reported in studies which had data published. An overview is provided by selected portions of the abstract:

“Naturopathic medicine (NM) is a holistic approach to primary care that almost always employs multi-modal interventions, i.e. nutrition and lifestyle change recommendations plus dietary supplements. While evidence supports individual elements of NM, the whole practice is often critiqued for its lack of evidence. Fifteen studies met inclusion criteria, investigating a range of chronic diseases of public health significance. Studies were of good quality and had low to medium risk of bias including acknowledged limitations of pragmatic trials. Effect sizes (Cohen's d) for the primary medical outcomes varied and were statistically significant ($p < 0.05$) in 10 out of 13 studies. A quality of life metric was included in all of the randomized controlled trials with medium effect size and statistical significance in some subscales. Previous reports about the lack of evidence or benefit of NM are inaccurate; a small but compelling body of research exists. Further investigation is warranted into the effectiveness of whole practice NM for across a range of health conditions.”

As is apparent from the abstract summary (and reading the text of the paper) the findings across the data are that NM application in the setting of chronic illness does benefit overall medical care and quality of life. The ideas behind NM are not exclusive to the naturopathic physician, but are important to the discussion of these data. Positive benefit in care and quality of life endpoints were seen in the studies assessed in the review which begs the question, why would NM have these broad benefits and can those ideas transfer across health care provider types?

The authors summarized the overview definition of NM as: “Naturopathic medicine is a distinct primary health care profession, emphasizing prevention, treatment and optimal health through the use of therapeutic methods prescribed according to a therapeutic order which encourage the inherent self-healing process of the body [Fleming SA, Gutknecht NC (2010) Naturopathy and the primary care practice. Prim Care 37: 119-136.]. Clinical practice focuses on the patient as a whole person, and addresses physical, mental, emotional, spiritual, and environmental dimensions of health concurrently to promote healing.” Looking at this definition it would be difficult to believe that any health care provider attempting to address a patient in those criteria would not help in a chronic disease setting. It has been my experience these past two decades treating patients that this is certainly the case.

The question then arises, if this idea of health care works and can likely be used by any health care provider then what are the tenets one should follow to make NM principles work? Below I will quantify the areas I see as key in the use of NM principles when treating any patient.

Take Home Points:

1. Meet and assess each patient where they are regardless of which disease label they have.

As a cornerstone of being able to apply balanced and effective NM to patients the ability to assess their state of health and vitality while targeting NM to their individual needs is paramount. The beauty of NM is that its many modalities have the most depth when incorporating into a complicated chronic illness care plan. In this the NM plan can meet the person where they are and provide multi-modality support.

2. Employ the most well rounded treatment, from any provider needed, and continue this through each phase of their care.

After the above assessment the application of NM and any other needed modalities can commence. Many times the practitioner has to stratify the modalities applied in a least to most important manner

and decide what the patient needs and can realistically employ at their stage of health. In doing so the best support for the moment can be brought to bear on their case, and the likely “next steps” will be waiting in the wings for them as they progress or aggravate.

3. Regardless of where you have to start therapeutically always continually assess and treat the determinants of health.

In the chronically ill person a conundrum often exists as to how many of the “basics” need to be or are implemented during an acute or severely chronic state. Examples might be “just how concerned with _____ should I be while I am so ill?” The blank can be diet, clean foods, exercise, mental emotional and spiritual practice etc. The answer is both fluid (based on the case and vitality of the patient) as well as dogmatic (the basic determinants of health are always important). Rectifying this dissonance is key to appropriate clinical management. In reality the process is typically a discussion like this: “I realize you are in an acute state and feel horrible. I am going to discuss what we call your determinants of health so they are on your mind. What we will do is work toward these things being a larger and larger part of your care over time. And the reason for their importance is that eventually in order to keep your well these factors have to be consistently addressed – even if we are not doing a lot with them immediately.”

4. Embrace the seeming failures of treatment and “odd reactions”.

I often tell patients that their body will process healing unlike anyone else and their body has a language it speaks. The language is not verbal but rather presentation of signs and symptoms trying to tell us something. At this time I also tell them we learn more from what seemed to go wrong than what went right. Our goal is to not allow whatever went wrong to continue but rather let the body (and our knowledge of medicine) gain a new answer as to what to change or do next. I can personally say that the majority of things I know to do with very ill patients came not from medical school or educational offerings but rather listening to this language spoken by sick patients bodies and then finding the reason for and answer to that communication.

5. The progress of care is non-linear and so the therapies employed will necessarily be non-linear in their application.

Just as we are going to meet the person where they are with their NM care we are also going to change the level and intensity of interventions as the person and their body process their specific healing path. This means communicating the need for follow up and reassessment with the patient, and being ready and able to adjust therapies. Often as the higher force interventions complete their work there is a

rapid need for more healing support. In this manner the patient is not told something like “everyone with your illness needs ‘X weeks’ of ‘Rx-1’ then needs ‘Y weeks’ of ‘Rx-2’...” If NM is given in too linear or formulaic a manner it may over treat some areas while missing healing opportunities in the chronically ill patient.

Conclusions:

The paper published this year by Oberg et.al. is an excellent base to show that in an analysis of published data the implementation of Naturopathic Medicine in the care of the chronically ill is not only useful but an improvement in overall care and quality of life. Using NM in an enlightened and patient specific manner is the highest level of efficacy of medical care for any patient with an acute or chronic illness in the experience of the author.