

Naturopathic Physicians as Whole Health Specialists

The Future is Whole Person Health Care



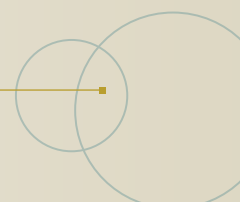


Medicine that is **natural,**
non-toxic and **non-invasive.**



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executive summary

Naturopathic Physicians: Medical Specialists in Preventive Care & Whole Person Health

Naturopathic physicians are a uniquely educated and skilled, accredited healthcare workforce serving as [primary care](#) and [specialty care](#) physicians throughout the US*.

Why Naturopathic Medicine? Why Now?

Today, the health of Americans and the nation's healthcare system are significantly challenged by an increasing incidence of non-communicable and lifestyle-related preventable diseases, such as obesity, type 2 diabetes, and cardiovascular disease, compounded by a sharp [escalation](#)¹ in multimorbidities that present [specific challenges](#)² to primary care environments. With [declining life expectancy](#)³ and decreasing access to care, especially for vulnerable individuals, the US has been engulfed by a global pandemic that further burdens its population and health system. In addition to millions of lives lost and monumental pressure on its heroic healthcare workforce, the profession of medicine and the public it serves remain vulnerable to this and to other unpredictable threats to public health.

Licensed naturopathic physicians contribute an accessible, effective [model of primary and specialty clinical care](#)⁴ to address these unprecedented current and future healthcare challenges. Its comprehensive systems approach to clinical decision making addresses underlying contributions to disease and incorporates behavioral, lifestyle, and other interventions to support disease prevention and to improve patient outcomes.

To achieve their patients' goals this model supports the interprofessional collaboration of naturopathic physicians with other healthcare professionals. Naturopathic physicians working in integrative settings provide an exceptionally well qualified experience base for fostering high performance, cost effective team-based care.

The guiding principles and models of naturopathic medicine include:

- [The Naturopathic Therapeutic Order](#)⁵, a clinical heuristic of whole person assessment and treatment that addresses underlying causes of disease, and uses the least invasive means necessary to achieve optimal patient health.
- [The Naturopathic Determinants of Health](#)⁵ a comprehensive focus on the complex internal and external factors that affect health, and help both physician and patient target health optimization, as well as disease prevention.
- [Six Principles of Naturopathic Practice](#)⁶ that guide the way in which physicians apply their clinical model in practice that include and support its 'Whole Person, Whole Health' approach to clinical care, leading with the healing power of nature ([Vis Medicatrix Naturae](#)⁷) that recognizes that with the proper support, the body has the natural capacity to recover from injury and illness (both physical and mental/emotional).

Naturopathic Medicine Is:

- Comprehensive in its approach to whole health, whole person primary care.
- Focused on addressing underlying causes of acute and chronic diseases.
- Dedicated to health promotion, minimally invasive therapies, and reducing healthcare costs.
- Individualized to engage patients and to support health-related lifestyle and behavioral change.

This white paper provides supporting evidence for the profession's significant and unique contributions to preventive, whole person care and models of integrative clinical practice, to:

- Inform readers about the naturopathic medical profession in order to strengthen the US healthcare workforce by delineating the unique clinical practice of naturopathic physicians, and their contribution to both individual patient and population health. (continued...)

executive summary

executive summary ...cont.

- Demonstrate the clinical efficacy of naturopathic theory and practice, as evidenced in contemporary clinical research, particularly when addressing chronic disease.
- Illustrate robust models of interprofessional collaboration, and integrative practice between naturopathic physicians and other licensed healthcare providers.
- Advocate for further inclusion of naturopathic physicians within the current healthcare workforce, including the clinical, educational, research, and public health sectors.

As a profession, naturopathic physicians support: accredited naturopathic medical education, nationwide regulation and licensure, inter-professional clinical partnerships, and integration into today's healthcare workforce. The profession stands ready to provide training for its model of care to collaborate with other healthcare professionals and to share its knowledge, while working toward the collective goal of enhancing whole health care for an increasingly receptive public.

*For details about the global practice of naturopathic medicine, please see: [Overview of international naturopathic practice and patient characteristics: results from a cross-sectional study in 14 countries.](#)⁸



Naturopathic Physicians:

Collaborative Partners to Address Current Health System Needs

Can naturopathic physicians help address current healthcare challenges?

Despite its world-class technological and scientific advancements, there is widespread evidence that the US healthcare system requires our collaborative effort to rectify its greatest barriers. With the [highest spending](#)⁹ on health of any other developed nation, the US still incurs the highest rate of hospitalizations, preventable deaths, and incidence of chronic disease. A brief review of recent system-wide government, industry, and private initiatives throughout the last decade reveals an array of barriers in rectifying this healthcare crisis:

Workforce Decline: A rapidly declining workforce of physicians and other providers – a longstanding issue that has weakened a system encumbered by pandemic requirements:



This prompted the [Healthcare Workforce Resilience Act](#)¹⁰ in May 2020.

[Projections](#)¹¹ indicate a shortage of 122,000 physicians in the US by 2032.



Collaborative Partners to Address Current Health System Needs *continued...*

Healthcare Disparities: Continuing disparities, such as inadequate access to services and coverage:



U.S. Department of Health and Human Services

Healthy People 2030

Home > Objectives and Data > Social Determinants of Health > Access to Health Services

These disparities were most recently targeted by the US DHHS in *Healthy People 2030*¹²

“Expanding access to health services is an important step toward reducing health disparities... factors like economic, social, cultural, and geographic barriers to health care must...be considered.”



AJMC NEWS MEDIA CONFERENCES JOURNALS

Care Fragmentation, Quality, and Access

May 14, 2015

By R. Frandsen, PhD, Karen E. Joynt, MD, MPH, James B. Franks, MD, MPH, and David Asch, MD, MPH

A highly fragmented and complex healthcare system, especially for those with chronic conditions, has led to *decreased care quality, lapses in care, higher healthcare costs*¹³, and numerous initiatives to redress the *organization and delivery of primary care*¹⁴.

Chronic Conditions & Multimorbidities*: Mounting social and economic burden from numerous chronic conditions and multimorbidities, such as heart disease, hypertension, dyslipidemia, depression, and type 2 diabetes, continue to decrease quality of life and longevity for individuals, and to increase healthcare system spending:



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The prevalence of multimorbidity and its effect on health care use

Loren G. Steiner, MD, Lisa M. Hootman, Patricia Healy, MD, Patricia Schrago, Andrew W. Murphy

Family Practice, Volume 28, Issue 5, October 2012

Published: 14 March 2013 Article history

Abstract

Introduction: Multimorbidity is common in the care population, but little data exist on the associated costs or costs.



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Study protocol | Open Access | Published: 07 January 2021

Understanding the clinical reasoning processes involved in the management of multimorbidity ambulatory setting: study protocol of a stimulus recall research

M. C. Huhtala¹, S. Costa Nunes, J. Seiler, C. Ritz, E. Passari, J. M. Sarmas, M. Nordin

BMC Medical Education 21 Article number 31 (2021) | Cite this article

638 Accesses | Metrics

Multimorbidities account for *50% or more of the primary care patient load*.¹⁵ This contributes to *clinical inertia*¹⁶ (the lack of treatment intensification when therapeutic targets aren't met), a *“potentially leading cause” of preventable adverse events, morbidity, mortality, and excess healthcare costs.*¹⁷

Studies indicate *US physicians*¹⁷ are challenged by the *diagnostic complexities*² and *psychosocial factors*¹⁸ these present, and can benefit from a greater educational focus in *preventive healthcare*¹⁹.

*The presence of two or more noncommunicable diseases²²

Collaborative Partners to Address Current Health System Needs ...continued...

Increasing Costs: Staggering healthcare costs, often due to many of the problems cited here, continues to be a [policy focus](#)²⁰ among numerous healthcare players:

Domains	Values
Promote High-Value Health Care	<ul style="list-style-type: none">Integrate the perspectives of patients with chronic conditionsPromote care coordination, health promotion, adherence, and preventionEnsure costs for health care products and services align with valueReward providers for efficiency and effectiveness on the basis of patient health outcomesProvide patients with adequate and transparent options for care and costEnsure affordable and predictable out-of-pocket costsSupport mechanisms that share risk across plans appropriate for patients with chronic conditions
Stimulate Research and Competition	<ul style="list-style-type: none">Encourage early and continuous engagement of patients with providers throughout the research continuumPromote competition to drive lower-cost and higher-quality careSupport the development and use of patient-reported and patient-centered outcomes researchPromote research that evaluates health-system level approaches to careSupport comparative effectiveness research that involves patients and providersFacilitate research collaborations, data sharing, and clinical innovation
Curb Costs Responsibly	<ul style="list-style-type: none">Ensure cost-containment strategies do not adversely affect patient care

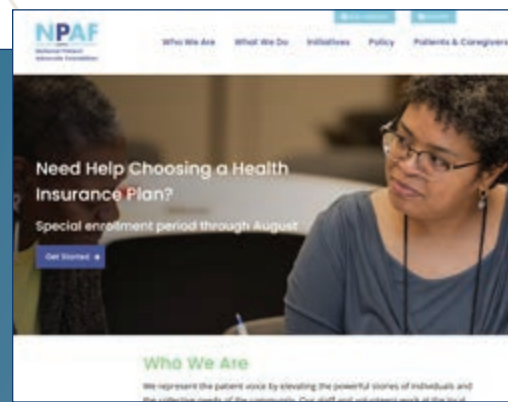
“The National Health Council²⁰ envisions a society in which all people have access to quality health care that respects personal goals and aspirations, and is designed around the health outcomes most important to patients. One of the biggest barriers to access is the rising cost of care, especially for the more than 160 million American with chronic diseases and disabilities.”

- [Promote](#)²¹ care coordination, health promotion, adherence, prevention, and disease management
- Ensure costs for health care products and services align with their value to patients and the health care system ...”

Declining Patient Satisfaction: Declining patient satisfaction has led to regular provider and facility assessment:



Such assessments are conducted via the [Consumer Assessment of Healthcare Providers Survey](#)²³, potential [financial consequences](#)²⁴ for organizations not meeting satisfaction benchmarks...



...and to increased concerns from [patient advocacy groups](#)²⁵.

These challenges are system-wide and intersubjective; consequently, weakness in one area tumbles into others like a stack of dominoes. As public trust in health care continues to erode, the innovative, whole health, whole person clinical approach of qualified naturopathic physicians offers distinct assets to respond specifically to these issues. Recognized by

the [US Senate in 2014](#)²⁶, naturopathic physicians represent a prepared healthcare workforce that can provide accessible care, improve patients' health, engage patients in their own health care, and reduce healthcare costs while working effectively within the healthcare system.



Find a formal definition of naturopathic medicine^{27a} and its Principles of Practice from the *American Association of Naturopathic Physicians (AANP)*^{27b}, the national professional society representing licensed naturopathic doctors (NDs), naturopathic medical students, and other healthcare professionals allied with the naturopathic medical profession.

Naturopathic Medical Education: Creating qualified physicians

Licensed and registered NDs graduate from 4-year, graduate-level naturopathic medical schools accredited by the Council on Naturopathic Medical Education, which is recognized by the US Department of Education. *The Association of Accredited Naturopathic Medical Colleges*²⁸ (AANMC) supports the academic efforts of accredited and recognized schools. Its mission is to support member organizations in delivering high quality, innovative, accessible, state-of-the-art naturopathic medical education and research.

- 8 naturopathic medical schools in the US and Canada accredited by the US Department of Education
- 4-year doctoral program
- 4100 total hours, 1200 clinical hours
- 2 years biomedical sciences, 2 years clinical sciences
- 700 patient visits required to graduate
- Postdoctoral licensing examination by the *North American Board of Naturopathic Examiners*²⁹
- Approximately 400 graduates, annually
- 4 board specialties & a dozen or more certifications currently available

*Examine the curricula*³⁰ from naturopathic medical schools and *find out more*³¹ about naturopathic medical education.

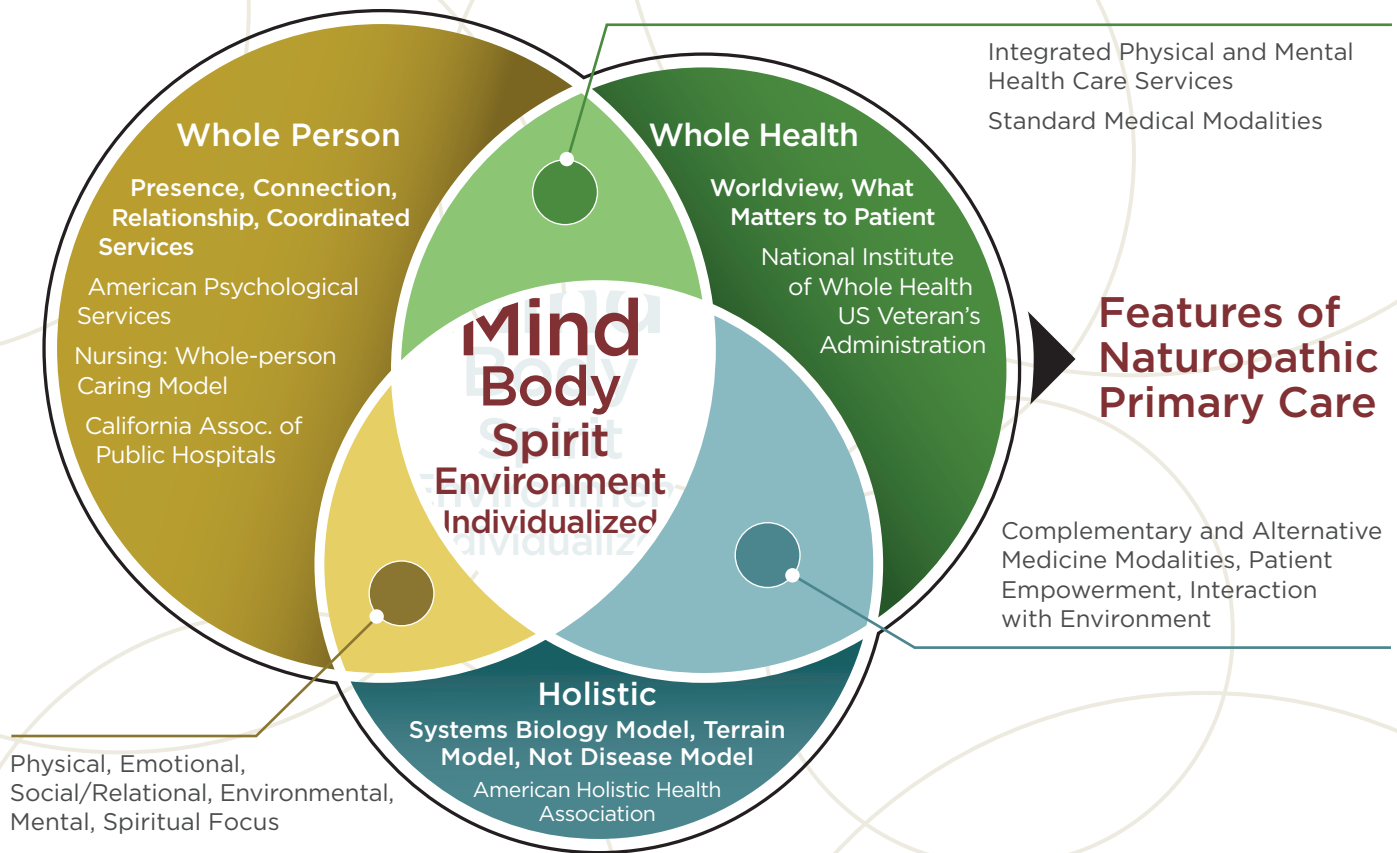


**Reveal the unique benefits
and outcomes of
naturopathic medicine**

Naturopathic Physicians Offer:

Naturopathic Physicians Offer:

A Whole Health, Whole Person Approach to Primary Care



Naturopathic physicians offer a comprehensive, ‘whole health,’ ‘whole person,’ and ‘holistic’ clinical approach to primary care. Use of these terms varies widely among healthcare professions and has evolved concomitant with attempts to respond to healthcare challenges. Definitions have developed independently, which has resulted in some ambiguity, given the variations inherent within isolated professional silos. Naturopathic physicians

*have contributed extensively in the literature^{32a} for many years toward clarifying these definitions. A recent [systematic literature review](#)^{32b} into how these terms are used among primary care providers (PCPs) illuminated six themes of usage, but their ubiquitous use in health care still enhances confusion about professional domains and clinical approaches for both patients and providers. *The figure here illuminates this.**



A Whole Health, Whole Person Approach to Primary Care *continued...*

Whole Person Care, in some cases, refers to integrating systems of care: namely, [primary care and behavioral health](#)³³, and in some models, [social services](#)³⁴. The nursing profession's [model of whole person caring](#)³⁵ focuses on domains of care (physical, emotional, social/relational, mental, spiritual), and on 'therapeutic partnering' with patients. This term also is used to refer to health care that incorporates the [social determinants of health](#)³⁶. A 2018 study [by Thomas, et al.](#)³⁷, found primary care doctors use the term to refer to, "...an approach that considers multiple dimensions of the patient and their context, including biological, psychological, social and possibly spiritual and ecological factors, and addresses these in an integrated fashion that keeps sight of the whole." Despite a multidimensional emphasis meta analysis showed the physicians didn't consider 'whole person care' necessarily to include CAM practices.

Whole Health Care, as described by the [National Institute of Whole Health](#)³⁸, addresses five main aspects of care (similar to those identified by

whole person care): physical/structural, emotional/mental, nutritional/chemical, environmental, and spiritual health. As an approach to care, the [US Veterans Administration](#)³⁹ focuses on patient-centered, personalized care in its description of whole health as "...what matters to you, not what is the matter with you."

Holistic Care encompasses similar body-mind-spirit domains, but also is described by the [American Holistic Health Association](#)⁴⁰ as conceptualizing individuals as interdependent living systems. Although holistic care includes complementary and alternative medicine therapies, it is foremost, "[...an approach to health and disease that transcends any particular therapy.](#)"⁴¹ It incorporates 'more recent scientific discoveries' such as [psychoneuroimmunology](#)^{41a} that is used effectively to reduce stress, inflammation processes, etc. and [biofield coherence](#)^{41b} therapies used effectively for [mental health wellness](#)^{41c} and [pain, and that show promise in chronic diseases like cancer, cardiovascular disease, etc.](#)^{41d}

The Importance of Integration

Regardless of the nuanced differences among these terms, [Thomas' 2018 survey](#)³⁷ emphasizes that whole person care, "[...requires both multidimensionality and integration...](#) particularly where multiple providers are involved in care." Integration is achieved, according to the [Integrative Health Policy Consortium](#)⁴² with, "...a collaborative, comprehensive, person-centered approach to [health creation](#)⁴³ and disease care that addresses all factors impacting health [...and embraces all evidence-informed disciplines](#), both conventional and complementary, in order to achieve optimal well-being."



What differentiates the whole health, whole person care delivered by naturopathic physicians?

Naturopathic physicians approach whole health, whole person care according to the profession's [foundational theory](#)⁴⁴. This theory, first proposed in 1913 and then expanded [from 1997 to 2013](#)⁴⁵, and its clinical models are based on the profession's characterization of living organisms as [adaptive](#)⁴⁶, [allostatic](#)⁴⁷, [autopoietic](#)⁴⁸, and

[emergent](#)⁴⁹ systems. For every individual patient, therefore, naturopathic physicians conceptualize 'whole person and whole health' as:

- supporting the factors that enhance health,
- decreasing the factors that disturb health and increase susceptibility to illness, and
- supporting the body's individual process to optimize and/or return to health.

A Whole Health, Whole Person Approach to Primary Care ...continued...



The naturopathic clinical model emphasizes not only wellness, disease prevention, and health optimization, but also potential recovery from intractable illness - a once-rejected concept that now is gaining increased recognition from contemporary research, such as the *International Journal of Disease Reversal and Prevention (IJDRP)*⁵⁵.

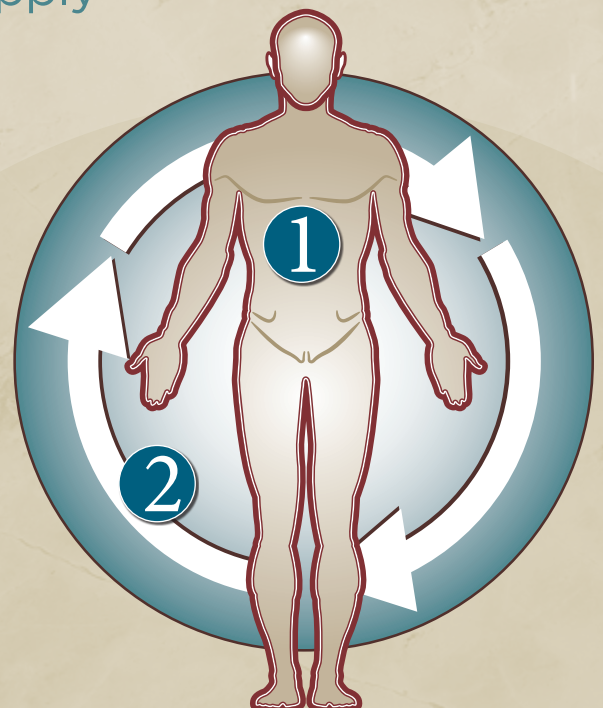
Naturopathic clinical theory also extends these concepts to address *all determinants of health*⁵ (all components of the individual's external and internal environment, in addition to those *defined by the US Centers for Disease Control & Prevention*⁵⁰). This includes not only the environmental, social, and economic determinants well-known in the public health arena, but also notably **(1)** the body's internal chemical, mechanical, and cellular components and **(2)** life or spiritual crises where individuals have lost touch with a deeper sense of purpose and place from living in a disconnected world. This is a comprehensive model that belies its seemingly old-fashioned terminology, 'terrain.' This term, once widely used in *19th-century medicine*⁵¹, is now expanded in naturopathic clinical theory to include contemporary empirical and research evidence from genetics, epigenetics, systems biology, immunology, *bioelectric signaling*⁵², *mechanobiology*⁵³, and *psychoneuroimmunology*⁵⁴.



How do naturopathic physicians apply 'whole health, whole person' care in clinical practice?

To apply this model in clinical practice, NDs rely on the profession's conceptual hallmarks of its clinical theory (terrain, disease, and healing):

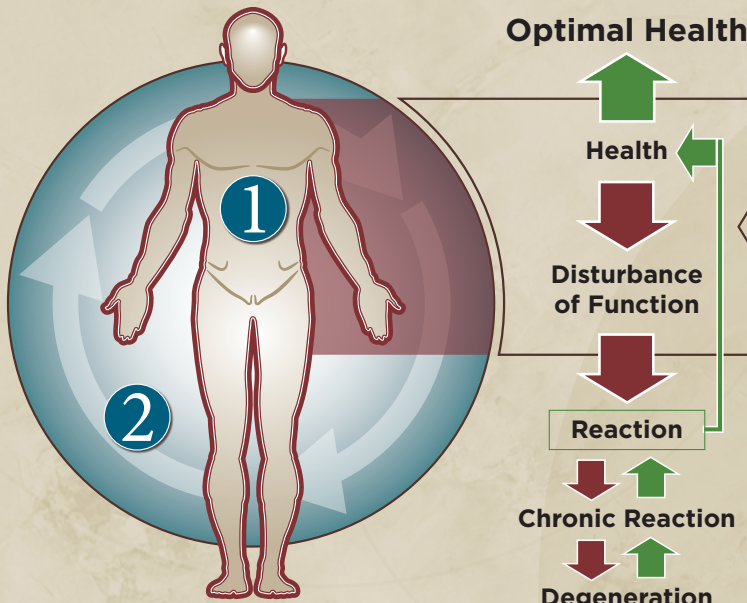
Terrain is a focus on numerous and complex *determinants of health*⁵ rather than on pathology, alone. A key feature of this model is its *complex systems approach*⁵⁶: the continuous interplay between and among internal systems and external environments, and the factors that support or detract from an individual's health. It is this conceptualization of living organisms that dictates the multi-modality approach of naturopathic medicine.



1 Determinants of Health: Genetic (and Immunity) Psychosocial Behavioral

2 Determinants of Health: Environmental, Social, Economic

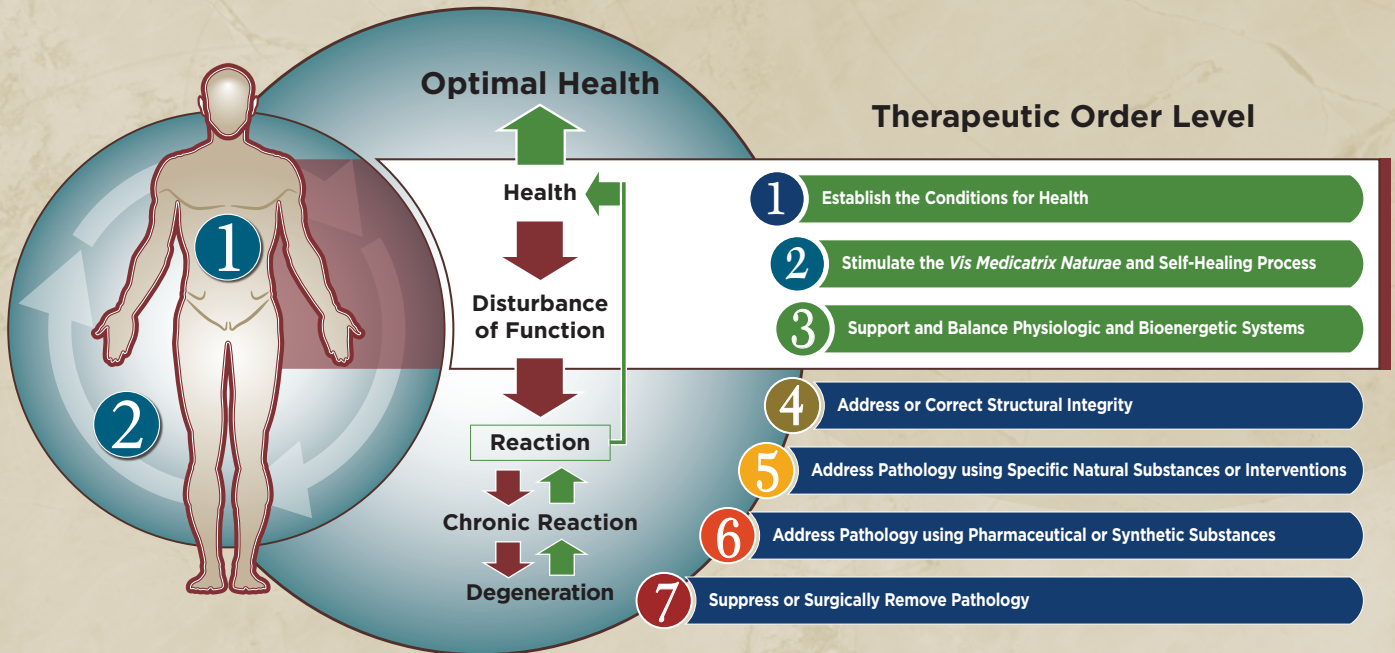
A Whole Health, Whole Person Approach to Primary Care ...continued...



Determinants of health support health and clear disturbing factors

Disease and Healing as Process

is conceptualized as a systematic process, in addition to a pathologic entity. This was articulated as *The Process of Healing*⁵⁷ (see figure to left) and is based on empirical evidence and emerging research that living organisms have an *innate healing process*⁷ of nature that maintains allostasis *within* organisms, and *between* the organism and its environment.



The Therapeutic Order™: an algorithm to guide physicians in the clinical application of therapies that support the body's homeodynamic process of healing.

Clinical Response to Disease via the Therapeutic Order™⁵, is developed by the naturopathic profession through a heuristic consensual process, is a structured algorithm providing a hierarchical framework (see figure above⁴⁵) to apply the Process of Healing theory in practice. Rather than a prescriptive clinical guideline, it is a conceptual roadmap that guides physicians through general concepts that must be considered in order to arrive at effective therapies for individual patients.

Naturopathic Treatment of Gastroesophageal Reflux Disease (GERD)

The following is an example of a model of care for the treatment of GERD from a naturopathic perspective as compared to a conventional approach to treatment.

Patient Journey with Therapeutic Order Perspective



Level 1 Establish Foundations for Optimal Health:

1. Assess social/environmental determinant of health (see page 10)
2. *Avoid irritant foods*, smaller bites, chew well, drink between meals
3. *Anti-inflammatory diet*: soothing/fermented foods for microbiome
4. *Post meals: avoid lying down and wearing tight clothing*
5. Gentle walk after meals, no extreme exercise
6. *Raise head of bed, slim down, quit smoking, moderate alcohol or abstain*
7. Seven+ hours of *sleep* to balance sympathetic/parasympathetic nervous systems

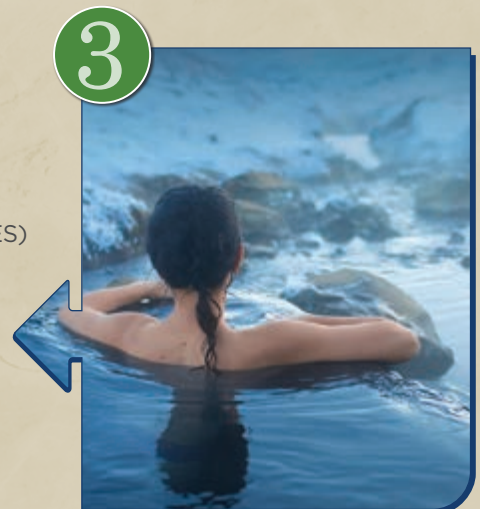


Level 2 Stimulate Self-Healing Mechanisms

1. *Acupuncture*
2. Therapeutic fasting
3. Individualized homeopathic remedy
4. *Stress* management: *gentle exercise, hobbies, time with loved ones, gardening, nature, breathing exercises and mindfulness meditation*

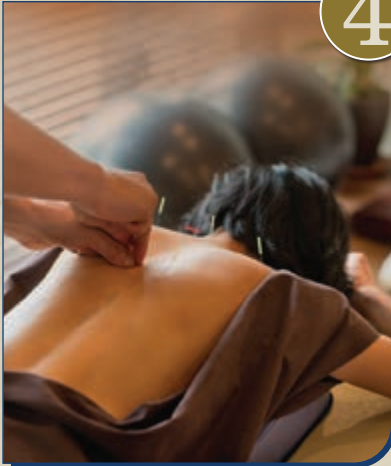
Level 3 Support & Restore Weakened Systems

1. Supplements to *strengthen lower esophageal sphincter* (LES)
2. *Abdominal breathing exercises to strengthen lower esophageal sphincter*
3. Massage and body work to support stress management
4. Central nervous system support
5. Vagus nerve support
6. Hydrotherapy



A Whole Health, Whole Person Approach to Primary Care ...continued...

4



Level 4 Address Physical Alignment:

1. Naturopathic adjustments to bones, joints, and muscles to reduce stressors
2. Cranio-sacral therapy
3. Physiotherapy recommendations
4. [Exercise prescription](#)

5



Level 5 Natural Symptom Control

1. [Melatonin](#) for stomach acid, [strengthening LES](#), and reducing inflammation, discomfort and sleep
2. [Probiotics](#) to reduce inflammation and [abdominal discomfort](#)
3. Supplements to soothe mucous membranes: [curcumin](#), [slippery elm](#), [aloe vera juice](#), [zinc carnosine](#), [licorice root](#)
4. Support Central Nervous System with Omega-3 fatty acids

6



Level 6 Synthetic Symptom Relief

1. Employ drug therapy while working on the above to address underlying causes

7



Level 7 High Force Intervention

1. Diagnostic endoscopy
2. Surgery and above co-management for complicated and severe GERD (see Phase 3, pg. 15)

Conventional Treatment of GERD

Phases of Diagnosis and Treatment

The following is a suggested treatment for GERD as a patient might experience from a medical doctor in a traditional medical setting. It is recognized that every physician has his or her own protocols and order of treatment. This is for comparative purposes.

Phase 1 Mild GERD

1. Elimination of food triggers, weight loss, smoking cessation, moderate alcohol intake or abstain, lift head of bed, breathing exercises to strengthen LES.
2. Low-dose histamine 2 receptor antagonists (H2RAs)
3. Incrementally increase potency of medication for symptom control
4. Concomitant antacids and/or sodium alginate as needed

Phase 2 Continued GERD

1. Increase dose of H2RAs to standard dose, twice daily for a minimum of two weeks
2. Persistent symptoms: replace H2RAs with once-daily proton pump inhibitors (PPIs) at

a low dose, increase to standard doses if required.

3. Once symptoms are controlled, treatment continues for at least eight weeks.

Phase 3 Diagnostic and Surgical Intervention

1. Severe GERD may require one of more of the following:
2. X-rays of upper GI tract
3. Esophageal manometry
4. Diagnostic endoscopy or ambulatory acid (pH) probe test

**Mayo Clinic's GERD Care Team Recommendations*



Compared to Conventional Treatment
Naturopathic Medicine focuses on
whole patient care, using diet,
lifestyle and gentle treatments to
support health and wellness.

Long-Haul COVID-19 Case: “Steven” 25 yo Male

Physician: Michelle Simon, PhD, ND

The following is an example of a naturopathic approach to the treatment of long-haul COVID-19:

Presentation

CC of diarrhea. Other symptoms included severe fatigue and brain fog, insomnia, esophageal reflux, muscle pain and fasciculations (chest), poor circulation, and poor digestion.

History

The patient has been treated for small intestine bacterial overgrowth (SIBO) and candidiasis. 6 mo ago he was healthy, running and weight training regularly. He experienced COVID in early January, 2021. He has a history of chronic anxiety. His diet was limited and poor, history of eating mostly peanut butter sandwiches and protein bars.

Labs Ordered at Initial Visit/Results

Fasting blood tests: CBC with differential, thyroid studies, chemistry panel, and a nutrient panel.

Results: Vitamin D, magnesium, vitamin C deficiency; borderline low in several B vitamins. Extremely deficient in glutathione. Heterozygous for MTHFR defects related to B12 and folate metabolism.

Patient did not disclose COVID Infection until Wk 4 of evaluation

Four Week F/U T-Long Haul COVID Dx/Tx

- Refer for 6 sessions of IV glutathione with magnesium and vitamin D
- Vitamin A – fat-soluble form
- Vitamin C – with meals and increase to bowel tolerance
- Vitamin D
- B vitamins – in a good multi or “B complex.”
- Minerals – daily with meals
- NAC – with meal
- [Quercetin](#) – with food
- Melatonin

Seven Week F/U

Overall improving slowly. Energy and brain fog much improved. Still some muscle twitching and pain. Exercising now but notices that this worsens symptoms. Anxiety more prominent. New onset of heart palpitations. To improve cellular energy generation, Tx now focused on his mitochondrial function:

- Curcumin - to help repair/improve cell [membranes/permeability](#)

- Taurine
- Dietary protein
- Consider reading/listening to the book *Breath* by James Nestor
- Do Relaxing Breath Exercises (handout) at least daily, or whenever anxious
- Consider counseling to address anxiety

Nine Week F/U

Presentation: For the first time, his mood is “good” and he is feeling hopeful. He is now able to sleep seven hours. Exercise still worsens symptoms. The choice was made at this point to focus on diet as the intervention to support his metabolic detoxification systems.

Tx: Vegetables, vegetables, vegetables:

- “Eat a rainbow” of different colored vegetables each day for a [variety of anthocyanidins](#); many different kinds per week goal
- Add in some fermented vegetables – kimchee, sauerkraut or kefir

Twelve Week F/U

Presentation: He is back to work, able to engage in moderate exercise, and continues to have 7 hours of restful sleep. He has no complaints of mood alteration (including anxiety) or fatigue. Pain in chest has resolved. Re-test of Vitamin D showed 32 ng/ml – improved, now in the “normal” range. Goal: 40- 50 ng/dL range in 3 mo.

Tx:

- Discontinue quercetin, curcumin, Greens First, glutathione and NAC
- Continue with melatonin for 6 weeks and then taper off, vitamin D, magnesium, multimineral



Key takeaways from Steven’s case

- Steven, although young, was not resilient.
- His poor diet, devoid of vegetables, helped create a nutrient deficient status.
- Inadequate stress management and anxiety were further taxing his ability to recover.
- Glutathione administration was a major factor in his recovery.

How is the naturopathic clinical approach individualized for patients?

NDs rely on the six naturopathic principles of practice to guide them in applying their clinical theory to individual patients: The Healing Power of Nature (*Vis Medicatrix Naturae*⁷), Identify and Treat the Causes, First Do No Harm, Doctor as Teacher (*Docere*), Treat the Whole Person, and Prevention. *Docere* is the main principle guiding naturopathic physicians' interaction with patients.

The Clinical Encounter

A standard naturopathic clinical encounter begins with a **comprehensive, systems-based assessment that is highly individualized to each patient** and that addresses underlying mechanisms driving the disease process. Physicians address individual signs and symptoms, as well as the many determinants that influence health and illness. This is measured against an understanding of the multiple physiological systems in question, and evaluation of circumstances and conditions that create clinical dysfunction, including:

- comprehensive personal history (medical, psychosocial, socioeconomic)
- family history
- genetics and epigenetics
- environmental and occupational exposures
- medication history (including medications, supplements, and botanicals)
- diet and lifestyle
- psycho-emotional health (including trauma history, stress resilience, coping style, and psychosocial support)
- systems function (digestive, hepatobiliary, cardiovascular, renal, endocrine, musculoskeletal, immunological, neurological)
- Lack of purpose (commitment to something meaningful provides a motivation for change)

NDs may use a range of naturopathic, conventional, functional, and specialized diagnostic tests to perform this comprehensive evaluation, including but not limited to:

- comprehensive physical exam, including skin, pain, cognitive, communication, posture, gait, activities of daily living, fitness, GYN/prostate, etc.
- psycho-social-spiritual evaluations including diet, activity, sleep, spiritual practices
- standard tests, such as blood analysis, urinalysis, stool tests, and diagnostic imaging
- specialized tests, such as food sensitivity testing, biochemical analyses (e.g., methylation, oxidation, detoxification), metabolic pathways, comprehensive stool analysis, toxins and toxic load, advanced hormone testing, neurotransmitter testing, and advanced cardiometabolic testing)



We believe that naturopathic medicine, with its unique principles and practices, has the potential to reverse the tide of chronic illness that overwhelms existing health care systems and to empower people to achieve and maintain their optimal lifelong health.

Naturopathic Physicians Offer:

Naturopathic Physicians Offer: Whole Health, Whole Person Therapies

Naturopathic physicians prioritize *early intervention and non-invasive treatments* designed to address clinical systems and *underlying causes of dysfunction*, rather than focusing primarily on symptom management.

This includes instituting not only therapies that support health, but also approaches that eliminate sources of dysfunction. Treatment choices include evidence-

based natural therapies, and may include necessary and appropriate pharmaceutical and/or other interventions. Treatment plans emphasize principles of healthy living and encourage patient engagement through education and advocacy, while offering additional perspectives and therapeutic options for both acute and chronic diseases.

Guided by the naturopathic medical school curriculum and scope of practice and informed by the [Therapeutic Order™⁵](#) clinical methodology addresses treatment at several levels, based on the individual's needs:

- Foundational support: healthy diet, movement and exercise, stress management, emotional and spiritual health, toxin exposure management, social and environmental determinants
- Therapeutic diets and nutrition therapy
- Botanical medicines and dietary supplements
- Restorative therapies: hydrotherapy, manual medicine, homeopathy, etc.
- Evidence-based, disease-targeted therapy: therapeutic use of nutrients, vitamins, herbs, and (where state regulations include it in the profession's scope of practice) pharmaceuticals
- Physical medicine modalities: massage, acupuncture, physical therapy, regenerative injection therapy (trigger point therapy, prolotherapy, platelet therapy, etc.)
- Mind-body techniques: mindfulness meditation, yoga, relaxation modalities, sensory-based therapies, behavioral modification, biofeedback, etc.



As primary care providers, naturopathic physicians coordinate treatment plans to involve families, caregivers, and other physicians or health providers to ensure patients receive collaborative, comprehensive, and effective treatment.

Where's the evidence for naturopathic concepts and its approach to medicine?

There is a strong predilection to [evidence from randomized controlled trials \(RCTs\)](#)⁵⁸. In addition, naturopathic practice embraces empirical evidence gained from observation and extrapolation of consistent patterns occurring in populations.

[Historically](#)⁵⁹, medical evidence was largely empirical and informed mainly by retrospective case series.

The randomized controlled trial (RCT) approach now underpins much of current medical research as the 'gold standard.' In 1992, evidence-based medicine (EBM) was introduced in an effort to utilize RCT evidence, provide a consistent approach to treatment for both clinicians and for patients, and to "[put an end... to the disparities in treatments which make it that certain patients do not benefit from the best medicine available.](#)"⁶⁰ Although assessment of evidence in EBM should include 3 components (RCT

Whole Health, Whole Person Therapies ...continued...

evidence, the physician's clinical experience, and patient preferences), the clinical guidelines developed to implement EBM have relied overwhelmingly on RCTs, creating a '[prevailing conceptual framework](#)'⁶⁰ that precludes other forms of evidence. Consequently, EBM has more recently become weighted by its own limitations: an over-reliance on 'technical rationality' that allows little room for individual clinical judgment and that relies on the concept of the 'average patient' in lieu of embracing the individual variabilities inherent in living organisms.

As use of clinical guidelines became more ubiquitous, studies began revealing an increasing lack of use among physicians. One study of PCPs, for example, showed that 30% of treatment decisions were based on RCTs and 50% on, "[convincing non-experimental evidence](#)."⁶⁰ Conducting practice that is based only on the clinical guidelines of EBM has been criticized as

being too restrictive, time consuming, not applicable to patients, interfering with the physician-patient relationship, and "[too distant from clinical reality](#)." (pg 59).⁶⁰ Clinical guidelines have been cited as an underlying cause of the clinical inertia that contributes to the increasing healthcare burden of chronic conditions.

Naturopathic physicians [employ RCT evidence](#)⁵⁸ as well as [tacit knowledge](#)⁶¹ and [heuristics](#)⁶² (increasingly being recognized for their value) to guide clinical decisions, including those that, "[...help physicians to work in the context of uncertainty...](#)" (pg 63)⁶⁰ The Naturopathic Therapeutic Order™ is one such heuristic that guides NDs' clinical decisions, along with empirical and RCT evidence, when assessing modalities for individual patients.



New approaches to expanding epistemologies and types of research

There is an acute need for dedicated naturopathic medical research⁶³ in clinical settings⁶⁴. However, conducting randomized controlled trials can be incongruent with naturopathic medicine's multidisciplinary, whole-systems, multimodality approach.⁶⁵ Studies indicate⁶⁶ a 'paradigm shift' is required to successfully implement naturopathic research methodologies, but that the unique characteristics of naturopathic practice also can influence other areas of health research. As one possible solution to this issue, the Oxford Centre for Evidence-Based Medicine proposed a new study design (N-of-1 trials⁶⁷) in 2020 as a model for researching individual treatment interventions, but using rigorous research methods of group clinical trials. This approach may be useful to the emerging practice^{68a} of personalized medicine^{68b} and for addressing complex clinical approaches, such as those required to treat chronic illnesses.

In 2004, the profession completed a 2 year naturopathic medicine whole-system, multi-modality research agenda^{69a} involving 28 research scientists in the US, Canada and Australia. In 2019, a systematic review of the ensuing research showed that naturopathic medicine "is effective for treating cardiovascular disease, musculoskeletal pain, type 2 diabetes, polycystic ovary syndrome, depression, anxiety, and a range of complex chronic conditions."^{69b}

Already over 2,200 peer-reviewed journal articles have been published by the naturopathic research community between 1987 and 2019. 81% of these were published from 2010 to 2019. The top five article topics were cancer, complex intervention, mental health, nutrition, and herbal medicine. This naturopathic research community "[has demonstrated sustained commitment to codifying existing knowledge, generating new knowledge, and disseminating this knowledge to the wider clinical and research community](#)."^{69c} Much more medical research is essential, especially for complex chronic conditions where there is great need and promise.

For more about naturopathic research, see:

[World Naturopathic Federation's list of naturopathic research institutes](#)

Emerging research in the development and progression of illness congruent with naturopathic philosophy and clinical theory (*supporting terrain and removing obstacles to health*)

- Non-pharmacologic approaches to treatment (e.g. for [pain](#) and [depression](#)⁷⁰)
- Intestinal hyperpermeability
- Immune system dysfunction/inflammation
- Microbiome role in health and disease
- Relationship between digestive health and psycho-emotional health (e.g. [ASD](#)⁷¹)
- Stress and its role in health and disease (adrenal gland activity, stress hormones, etc.)
- Food allergies, sensitivities, and intolerances
- Systemic toxemia and oxidative stress
- Mitochondrial dysfunction/cellular metabolism
- Biofilms / biotoxins, and role in health and disease
- Social, environmental, and cultural determinants of health and disease
- Unity of disease and cause: comorbid conditions and determinants of health
- Engaging a multi-system healing response
- Individualization of whole person care
- Mind-body biofield and energy-based modalities, including meditation and yoga
- Structure and posture: history of sports injury, trauma, and surgery
- Sleep dysfunction



Our long-term vision includes supporting extended clinical studies that compare naturopathic medical care to, conventional medical treatments.

Research Highlights: Clinical Outcomes Studies of Chronic Illness

Cardiovascular Disease

[Naturopathic medicine for the prevention of cardiovascular disease: a randomized clinical trial.](#)⁷⁴ Seely et al., 2016. **Conclusion:** Findings support the hypothesis that addition of naturopathic care to enhanced usual care may reduce the risk for cardiovascular disease among high-risk individuals.

[Retrospective Analysis of Cardiovascular Disease Risk Parameters in Participants of a Preventive Health and Wellness Program.](#)⁷⁵ Kimball, et al., 2019. **Conclusion:** a preventive approach to health and wellness provided by a multidisciplinary team including NDs has the potential to reduce the risk of CVD.

[Naturopathic medicine for the prevention of cardiovascular disease: a randomized clinical trial.](#)⁷⁴ Seely, et al., 2013. **Conclusion:** One year of care under the supervision of an ND resulted in a 3.07% reduction in 10-year CVD event risk compared with patients receiving conventional care, alone. After one year, naturopathic patients were 16.9% less likely to have developed metabolic syndrome than patients receiving conventional care. Findings supported the hypothesis that addition of naturopathic care to enhanced usual care may reduce CVD risk among high-risk patients.

Chronic Pain

[Cost-effectiveness of naturopathic care for chronic low back pain.](#)⁷⁶ Herman, et al. 2008. **Conclusion:** Naturopathic care was found to be more cost-effective than standard physical therapy for treating chronic low-back pain. Further studies on the economic impact of naturopathic medicine are warranted.

Epigenetic Aging Reversal

[Potential reversal of epigenetic age using a diet and lifestyle intervention: a pilot randomized clinical trial.](#)^{77a} Fitzgerald, et al. 2021. **Conclusion:** Participants in the treatment group scored an average 3.23 years younger per the Horvath DNAmAge clock at the end of the eight-week RCT program ($p=0.018$). The authors note that the largest risk factor for many chronic diseases and mental/physical dysfunction is advanced age and cite research showing interventions that produce even more modest healthspan extensions yield significant public health and healthcare economic benefits.

Depression

[Treatment of Depression and Anxiety by Naturopathic Physicians: An Observational Study of Naturopathic Medicine Within an Integrated Multidisciplinary Community Health Center.](#)⁷⁷ Breed, et al. 2017. **Conclusion:** In this 6-month study of 112 patients at an integrative community health center, scores for symptoms of depression and anxiety improved significantly when compared with initial scores.

Multiple Conditions

[The State of the Evidence for Whole-System, Multi-Modality Naturopathic Medicine: A Systematic Scoping Review](#), Myers, et al., 2019.⁷⁸ **Conclusion:** Of the 33 studies that met inclusion criteria (n=9859), evidence of efficacy for naturopathic medicine was shown for treating **musculoskeletal pain, type 2 diabetes, polycystic ovary syndrome, depression, anxiety, and a range of complex chronic conditions.**

Multiple Sclerosis

[A Randomized Pilot Study of Naturopathic Medicine in Multiple Sclerosis](#).⁷⁹ Shinto, et al. 2008. **Conclusion:** When usual care for MS was compared with usual care plus naturopathic care, there were no significant differences between groups; however, the group receiving combined care showed more improvement in neurologic impairment, quality of life, and fatigue.

Musculoskeletal Conditions

[A critical overview of the current myofascial pain literature](#).⁸⁰ Dommerholt, et al. 2018.

Pediatric Cancer

[Naturopathic Oncology Care for Pediatric Cancers: A Practice Survey](#).⁸¹ Psihogios, et al. 2019. **Conclusion:** In this clinical practice survey of [OncANP](#) members, naturopathic interventions (natural health products, nutrition, physical medicine, and mental/emotional support) provided a “strong rationale for further inquiry in the care of children with cancer.”

Polycystic Ovarian Syndrome

[Study to Evaluate the Changes in Polycystic Ovarian Morphology after Naturopathic and Yogic Interventions](#).⁸² Ratnakumari, et al. 2018. **Conclusion:** Study findings indicate naturopathic and yoga interventions produced significant improvement in ovarian morphology and anthropometric measurements in the test group versus the control group.

Type 2 Diabetes Mellitus

[Description of Clinical Risk Factor Changes During Naturopathic Care for Type 2 Diabetes](#). Bradley R, et al. 2009. *J Altern. Complement. Med.* 2009.15(6): 1-7. Bradley R, et al. 2009. *J Altern. Complement. Med.* 2009.15(6): 1-7.⁷² **Conclusion:** Naturopathic medicine supplies evidence-based lifestyle recommendations congruent with management guidelines for diabetes, hypertension, and hyperlipidemia from national organizations. Increased safety and efficacy research is warranted.

[Adjunctive naturopathic care for type 2 diabetes: patient-reported and clinical outcomes after one year](#). Bradley, et al. 2012.⁷³ **Conclusion:** Glucose self-monitoring, dietary adherence, self-efficacy, motivation, and mood improved with adjunctive naturopathic care (ANC) for patients with inadequately controlled type 2 diabetes. Blood glucose reductions exceeded those for similar patients who did not receive ANC. Randomized clinical trials are required to determine if these benefits are correlated with ANC.



The Principles of Naturopathic Medicine

The Principles of Naturopathic Medicine

The Institute for Natural Medicine promotes naturopathic medicine which is defined by six principles that honor the body's innate wisdom to heal. This approach provides patients with tools for lifelong wellness.

Naturopathic medicine is a distinct primary health care profession, emphasizing prevention, treatment, and optimal health through the use of therapeutic methods and substances that encourage individuals' inherent self-healing process. The practice of naturopathic medicine includes modern and traditional, scientific, and empirical methods. [AANP House of Delegates Position Paper, Amended 2011].

The following principles are the foundation of naturopathic medical practice:

The Healing Power of Nature:

Trust in the body's inherent wisdom to heal itself.



1



2

Identify and Treat the Causes:

Look beyond the symptoms to the underlying cause.

First Do No Harm:

Utilize the most natural, least invasive and least toxic therapies.



3

4

Doctor as Teacher:

Educate patients in the steps to achieving and maintaining health.



5

Treat the Whole Person:

View the body as an integrated whole in all its physical and spiritual dimensions.



Prevention:

Focus on overall health, wellness and disease prevention.

6

Naturopathic practice includes the following diagnostic and therapeutic modalities:

Clinical and laboratory diagnostic testing, nutritional medicine, botanical medicine, naturopathic physical medicine (including naturopathic manipulative therapy), public health measures, hygiene, counseling, minor surgery, homeopathy, acupuncture, prescription medication, intravenous and injection therapy, and naturopathic obstetrics.



Naturopathic Physicians Offer:

Naturopathic Physicians Offer: Focused Patient Engagement

Naturopathic physicians engage patients in their own healthcare by providing guidance and clinical support in the areas of nutrition, exercise, stress prevention, environmental toxin exposure, and other lifestyle measures. Its *Principles of Practice*⁶ (illustrated on pages 23 and 24), guide NDs in applying naturopathic clinical theory to practice with patients. The Principle, *Docere*, refers specifically to teaching and guiding patients in their care. It is widely known that *clinical outcomes improve through collaborative patient engagement*⁸³ that enhances patients' *self efficacy*⁸⁴ (the ability to undertake required self-care tasks) and *self-agency*⁸⁵ (the feeling of having a level of control within the experience of illness).

Research Highlights: Patient satisfaction with & demand for naturopathic care

Patient-reported experiences with first-time naturopathic care for type 2 diabetes, Oberg, et al. 2012.⁷²

Conclusion: The routine clinical approach used by NDs is consistent with behavior change theory and clinical strategies found most effective in promoting self-efficacy and improving clinical outcomes.

The Role for Naturopathic Medicine in Hospital-Based Care Bernhardt, et al. 2017.⁸⁷ **Conclusion:** The study of 1,711 acute-care inpatients with an average hospital stay of 11.9 days showed a high degree of patient satisfaction with combined care from naturopathic and academic medicine providers. Patient teams were composed according to specific patient needs and included: general medicine specialists, naturopathic physicians, anesthesiologists, neurologists, orthopedic surgeons, and allied healthcare providers.

Integration of naturopathic medicine into acute inpatient care: an approach for patient-centred medicine under diagnosis-related groups. Romeyke, et al. 2017.⁸⁸ **Conclusion:** A majority of patients rated integration of naturopathic practice into hospital settings positively. Integrating naturopathy may be effective for multi-morbid patients and patient-centered care can improve staff satisfaction levels. Integrating naturopathy into clinical practice “can serve as a Unique Selling Proposition.”

Integration of naturopathic medicine into acute inpatient care: An approach for patient-centred medicine under diagnosis-related groups.⁸⁸ Romeyke, et al. 2017. **Conclusion:** This two-year study of 1700 acute-care patients showed patients were “very satisfied with the combination of naturopathy and academic medicine.” Naturopathy can be integrated in acute-care settings, is especially viable for patients with multimorbidities, and can help improve staff satisfaction levels.



Naturopathic Physicians Offer:

Naturopathic Physicians Offer:

Approaches that Can Reduce Healthcare Costs

With a focus on health promotion, disease prevention, and the naturopathic and minimally invasive treatment of common conditions, cost savings are incurred via six main avenues:

- primary prevention that addresses root causes of illness to decrease the development and progression of disease, and its complications
- enhanced effectiveness of conventional medical treatments by minimizing side effects through the use of non-invasive treatments guided by the Therapeutic Order™⁵
- improved treatment response
- decreased recovery time from invasive procedures
- reduced insurance costs

Research Highlights: Reducing Healthcare Costs

Primary Prevention

[A naturopathic approach to the prevention of cardiovascular disease: cost-effectiveness analysis of a pragmatic multi-worksites randomized clinical trial.](#) Herman, et al. 2014.⁸⁹ **Conclusion:** This multi-worksites-based study showed that a naturopathic approach to CVD primary prevention significantly reduced CVD risk over usual care plus biometric screening, and reduced costs to society (\$1,138) and employers (\$1,187).

[Group-Based Naturopathic Education for Primary Prevention of Noncommunicable Disease in Families and Children: A Feasibility Study.](#) Solomonian, et al. 2019.⁹⁰ **Conclusion:** Group-based family education in primary prevention delivered by naturopathic physicians may be a feasible education method for caregivers. Healthy behaviors between parents and children were correlated. A majority of families were satisfied with the program and showed ongoing benefit at 6 weeks+ after completion.

[Naturopathic medicine for the prevention of cardiovascular disease: a randomized clinical trial.](#) Seely, et al. 2013.⁷⁴ **Conclusion:** For each quality-adjusted life years (QALY) saved, a lifestyle modification program costs \$8,800 while metformin therapy costs \$29,000. Additionally, the lifestyle modification program was shown to be cost-effective in all adults, while metformin was not cost-effective after age 65.

Improved Treatment Response

[Naturopathic Treatment of Rotator Cuff Tendinitis Among Canadian Postal Workers: A Randomized Controlled Trial.](#) Szczurko, et al. 2009.⁹¹ **Conclusion:** Patients receiving naturopathic care (n=43) showed greater improvement in shoulder function and in quality of life score than patients receiving standard physical exercises (n=42).

continued...

Research Highlights: Reducing Healthcare Costs

...continued

Controlling Health Care Costs

The [*Federation of Naturopathic Medicine Regulatory Authorities*](#) reported minimal disciplinary actions between 2010 and 2020 in all jurisdictions where naturopathic physicians are regulated.

Premiums for naturopathic physicians are nearly five times lower than for medical doctors.⁹² The annual malpractice insurance rate for naturopathic doctors in Arizona, Oregon, Minnesota, and New Hampshire is approximately \$3,803; the rate is \$18,646 for medical doctors in the same states.⁹²

[*Comparison of Health Care Expenditures Among Insured Users and Nonusers of Complementary and Alternative Medicine in Washington State: A Cost Minimization Analysis*](#). Lind, et al., 2010.⁹³

Conclusion: insured patients using naturopathic physicians and other CAM providers in this one year study had a lower average expenditure than non-users.

Studies from Washington State demonstrate naturopathic medicine costs insurers and consumers less than conventional care⁹⁴.



Change healthcare in America
through awareness and access

Naturopathic Physicians Offer:

Naturopathic Physicians Offer:

Primary Care, Specialty Care and Integrated Practice Models

Naturopathic physicians are independent healthcare providers working in private practice and/or in team-based care environments who collaboratively co-manage patients through referrals across the spectrum of regulated health professionals (see table below). Enhanced integration between naturopathic physicians and other providers *has been shown to enhance clinical outcomes, as well as increase patient choice and patient satisfaction*⁹⁵. Furthermore, naturopathic physicians working in integrative settings provide an exceptionally well-qualified experience base for fostering high performance, cost effective team-based care.

Practice Model	Examples
Faculty-led naturopathic care provided by ND students at academic NM clinical centers (Teaching clinics)	<i>Bastyr - Seattle</i> <i>Bastyr - San Diego</i> <i>CCNM - Toronto</i> <i>CCNM - Boucher</i> <i>NUHS</i> <i>NUNM</i> <i>SCNM</i> <i>UBSNM</i>
MD-ND primary & specialized integrative and collaborative care at academic IM clinical centers	<i>Andrew Weil Center for Integrative Medicine</i> <i>Cedars-Sinai, Los Angeles</i> <i>Columbia University, Herbert Irving Comprehensive Cancer Center</i> <i>George Washington Center For Integrative Medicine</i> <i>Hartford Hospital</i> <i>Oregon Health Sciences University</i> <i>UCI Health Susan Samueli Center Integrative Health Institute</i> <i>University of Pittsburgh Medical Center for Integrative Medicine</i> <i>University of Washington Medical Center-Roosevelt</i> <i>University of Wisconsin Integrative Health Clinic</i>
Primary care provider at ND-only private clinic	<i>A multitude of private clinics</i>

Primary Care, Specialty Care and Integrated Practical Models ...continued...

Practice Model	Examples
<p>Integrative health hospital or medical clinic with NDs on care team</p>	<p><u>University of Arizona Center for Integrative Medicine</u> <u>Beaumont Health</u> <u>Cancer Treatment Centers of America</u> <u>Integrative Medical Group of Irvine</u> <u>Lake Health Integrative Medicine</u> <u>Neil Riordan Center for Regenerative Medicine</u> <u>One Medical Integrative Health</u> <u>Restore PDX</u> <u>Seattle Cancer Care Alliance</u> <u>Amen Clinics Northwest</u> <u>Fred Hutchinson Cancer Research Center</u> <u>Northwestern Osher Center for Integrative Medicine</u> <u>Raby Institute for Integrative Medicine at Northwestern</u> <u>University Hospitals, Connor Integrative Health Network</u> <u>Billings Clinic Cancer Center</u> <u>Clifton Springs Hospital & Clinic</u> <u>Goshen Center for Cancer Care</u> <u>New York University Langone Medical Center (NYULMC)</u> <u>North Hawaii Community Hospital</u> <u>Providence Integrative Medicine Program</u> <u>Swedish Medical Center, Colorado (Englewood)</u></p>
<p>MD-ND integrative primary care; or MD-ND primary care with ND specialists for botanical/herbal medicine and Native American patient population at Community Health Centers and Federally Qualified Health Centers</p>	<p><u>Family Health Centers</u> <u>HealthPoint CHC</u> <u>Mountain View Natural Medicine</u> <u>Shawnee Mission Health</u> <u>Summit Pacific Medical Center, WA</u></p>

Primary Care, Specialty Care and Integrated Practical Models ...continued

Practice Model	Examples
<p>Interprofessional faculty that includes naturopathic physicians on faculty at allopathic medical schools</p>	<p><u>University of California Irvine</u> <u>New York University Langone Medical Center (NYULMC)</u> <u>Oregon Health & Science University</u></p>
<p>Government and regulatory organizations</p> <ul style="list-style-type: none"> • Interprofessional panel for CPT code development • Clinical research oversight of trials on natural products and mind-body interventions • Branch Chief and research scientist positions • Program Management, Whole Health • NDs serve & have served as Board directors, executive team members, educators • NDs working in government clinical settings 	<p><u>CPT Editorial Panel / Health Care Professionals Advisory Committee</u> <u>National Center for Complementary and Integrative Health (NCCHIC)</u> <u>Pain Management Collaboratory and its Coordinating Center, South Texas Veterans Health Care System</u> <u>Institute for Functional Medicine (IFM)</u> <u>Academy of Integrative Health & Medicine (AIHM)</u> <u>National Academy of Environmental Medicine (NAEM)</u> <u>White House Commission on Complementary and Alternative Medicine Policy</u> <u>IOM Committee on Advancing Pain Research, Care & Education</u> <u>Homeopathic Pharmacopeia US (HPUS)</u> <u>NIH National Cancer Institute Advisory Panel</u> <u>South Texas Veterans Health Care System</u> <u>Community Health Centers of Lane County (OR)</u></p> 

Reveal the unique benefits and outcomes of naturopathic medicine

Naturopathic Physicians Support:

Naturopathic Physicians Support: Nationwide Regulation & Licensure

The naturopathic medical profession fully supports licensing and regulatory efforts to:

- provide transparency • protect public health
- help consumers distinguish between qualified, licensed and licensable Naturopathic Doctors, and lay naturopaths that are neither qualified, nor meet educational standards for licensure.

Regulatory and Oversight Organizations

[Council on Naturopathic Medical Education \(CNME\)](#) – accredits four-year, in-person doctoral programs in naturopathic medicine (ND programs) that qualify graduates for licensure in the US and Canada. These minimum standards and competencies are delineated in the [CNME Handbook of Accreditation, Part 4](#)⁹⁶ and include a mandate for the program of study to include at least 4,100 program hours of specified content. CNME's accreditation process is recognized by the rigorous educational standards of the [US Department of Education](#)⁹⁷.



[North American Board of Naturopathic Examiners \(NABNE\)](#) – qualifies applicants to take the two-part Naturopathic Physicians Licensing Examination (NPLEX), administers the exam, and sends exam results and transcripts to regulatory authorities. Only graduates of CNME-accredited ND programs are qualified by NABNE to take the NPLEX and a passing grade is required to be eligible for licensure. NPLEX is a [case based exam](#)⁹⁸ that comprehensively tests for competencies specified in the [CNME Handbook of Accreditation](#)⁹⁶.



[Federation of Naturopathic Medicine Regulatory Authorities \(FNMRA\)](#) – provides coordination and technical assistance to regulatory boards in states that license naturopathic physicians. It also accredits CE providers who produce CEs to address new information or practice gaps.



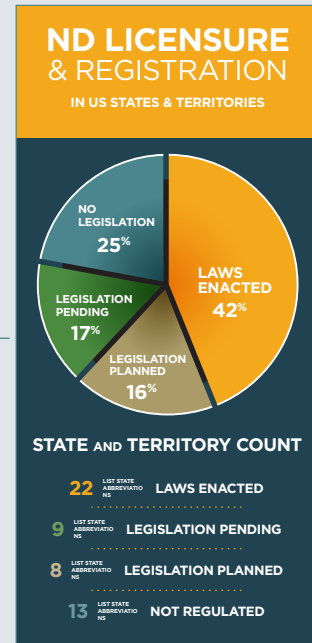
Regulatory and Oversight Organizations ...continued

Where are NDs regulated? *Naturopathic physicians currently are licensed or regulated⁹⁹ in 25 jurisdictions, including 22 states and three US territories. Licensed and registered NDs have a specific scope of practice as defined by their state's law, and must fulfill State-mandated continuing education and reporting requirements. There is increasing momentum to license naturopathic physicians in all 50 states. From 2014 to 2020, 6 states have enacted licensure laws, 9 states have filed or pending bills for licensure, and 8 states plan to file bills in the next two years.*

Insurance Coverage *Coverage varies in states providing licensure, as you can see on this map of Regulated States and Regulatory Authorities¹⁰⁰. For example, all insurers in Vermont cover NDs as primary care providers (PCPs). In Oregon, however, all NDs are covered, but some plans cover them as PCPs and some as specialists. In Arizona, NDs are licensed with a robust scope of practice, but are not eligible as insured providers. Many insurers offer direct access to NDs as PCPs. Patients also may self-refer to NDs for specialty care.*

Credentialing *Most private insurers use standard provider applications to credential NDs. Some insurers credential NDs only as 'complementary and alternative' providers, even though many of those NDs provide primary care. This can cause significant barriers to patient access to care. Some Managed Care Organizations credential NDs as PCPs, using standard provider applications. Typically, these are naturopathic physicians who work in Federally Qualified Healthcare Centers. Some Managed Care Organizations also cover ND patient visits as 'out-of-network' providers.*

Billing *Naturopathic physicians are represented on the Healthcare Professionals Advisory Committee of the AMA's Current Procedural Terminology (CPT) Editorial Panel and use the same diagnostic codes (CPT and ICD-10) and medical procedure forms (HCFA-1500 / CMS-1500) as other providers.*



as of September, 2021



Naturopathic Physicians Support:

Naturopathic Physicians Support:

A Future Partnership for Whole Health, Whole Person Care

Naturopathic physicians are educated as medical specialists in lifestyle, behavioral, and preventive medicine, which should be the central focus of primary care in this country. The future of US healthcare must focus on health professionals partnering with patients for their adoption of health habits that support prevention of chronic diseases and reduce the morbidity associated with chronic illness, informed by appropriate genetic considerations, nutritional analysis, mind-body health, and physical activity, while addressing other *determinants of health*⁵ as defined in this white paper. Naturopathic physicians are medically trained in addressing all these determinants of health to improve patient outcomes.

The COVID-19 pandemic has led to a shift in patient accountability and a greater interest in self-care. It is likely that the lengthy duration of the pandemic, and the understanding of how general health impacts the body's response to the virus, has led to and created a deeper appreciation and understanding of the importance of whole person health and lifestyle choices. Health status and outcomes like underlying conditions, supporting immunity, improving metabolic health, reducing stress, and making mental health a

priority have all entered the public conversation. The education and training of naturopathic physicians qualifies them as specialists in this whole person approach to patient health.

Even the way conventional medicine is practiced has changed:

- Large healthcare systems like the Veterans Administration have embraced a Whole Health approach to health care that is considered a “cutting edge approach to care” which is beginning to see impressive outcomes.
- The incorporation of new healthcare services, such as telemedicine, continue to evolve, creating greater opportunity for access to licensed naturopathic physicians.
- Healthcare policy and public health are also impacted by the pandemic.

Now is the time for naturopathic physicians to contribute their unique expertise to these changes and to critical forward-looking conversations occurring throughout the country.

Here is what we know today:

1. COVID-19 has created a new awareness about individual health and the role overall health has in vulnerability to infectious disease. These changes further advance the opportunity for those committed to supporting the integration of naturopathic medicine and conventional health care.
2. Chronic lifestyle conditions such as type 2 diabetes and pre-diabetes, obesity, cardiovascular disease, stress, and other metabolic disorders play a key role in overall immune health, including the body's ability to combat infections, such as COVID-19.
3. After months during which health has become a focus of daily conversation, the public is embracing the need for self-care and personal accountability. This will likely change the way the public perceives health and the future healthcare they receive for generations to come.



How Will the Acceptance and Integration of Naturopathic Medicine Change Health Care?

In order to fuel genuine change in the health of Americans, it is imperative that stakeholders recognize that most chronic conditions that make one more vulnerable to COVID-19 (and whatever next novel new virus is around the corner) are somewhat preventable. Through a scientifically-based and whole person oriented understanding of individual health, sustainable lifestyle-based strategies can be

implemented to enhance resilience. Naturopathic medicine is ideally suited for teaching scientifically-informed self-care and treating lifestyle-based and preventable ailments. A focus on the underlying cause, whole person health and prevention could reduce the incidence and severity of COVID-19 and may help to prevent and address “long-hauler” symptoms in the post-COVID patient population.

This paper presents a vision for the future, one in which naturopathic medicine is welcomed as an essential ally to conventional medicine. In a model that integrates naturopathic physicians and the principles and practices of naturopathic medicine, the following will occur:

1. The least invasive means necessary approach of the naturopathic *Therapeutic Order*^{TM5} will be used in primary care and specialty practices to help patients achieve optimal health and well-being.
2. Naturopathic physicians will play a key role in teaching conventionally-trained physicians in academic and medical system settings.
3. Academic and clinical experts and teachers will benefit from learning how to utilize the six *Principles of Naturopathic Medicine*⁶ and the *Naturopathic Determinants of Health*⁵ in medical schools, teaching hospitals, and clinical settings.
4. Naturopathic physicians will be universally regulated throughout the U.S.
5. Naturopathic physicians will be Medicare and Medicaid eligible providers.
6. Naturopathic physicians will be an integral part of the staffing team in hospital, community health, and integrated medicine clinics, where their training and perspective will be a sought-after component to an integrative medical model.
7. Naturopathic physicians will help foster high performance, cost effective team-based care in hospitals, centers, FQHCs/CHCs, and other multi-provider settings.
8. Medical research across all disciplines will be co-produced with naturopathic physicians.
9. Clinical settings will support treatment of the behavioral aspects of chronic disease as outlined in the Naturopathic Determinants of Health.
10. Naturopathic physicians will provide leadership for the ongoing training and commitment to diversity, equity and inclusiveness in regard to ethnicity, gender, sexuality, class, religion and spirituality, income, and physical ability.



Future of Clinical Research


To truly measure the evidence of an integrated system, outcomes research must be developed to capture a multivariate approach for treatment of chronic diseases. The clinical evidence for naturopathic research is nuanced and therefore, the interconnectedness of multiple disciplines is essential. For example, there is now good evidence related to lifestyle medicine, specific nutrients or botanicals for particular ailments, the efficacy of body-mind medicine, etc. Presently, it takes much too long to get from laboratory to clinic. NDs are leading the way in some of these areas, bringing to light some of this research.

The following is suggested as a model for future research:

- Outcomes research captures a multivariate approach, including clinical effectiveness, quality-of-life measurements and cost-effectiveness analysis with detailed comparisons of conventional care.
- The type of research will identify pragmatic solutions to [*chronic and complex illnesses that plague society*](#)¹⁰¹.
- Naturopathic research will make use of artificial intelligence capabilities as a means to aggregate complex data from multivariate studies.
- Virtual care models will offer extensions of clinical research to target underserved and hard-to-reach populations that have typically been left out of research.
- Applied research in regard to The Social Determinants of Health, to which the Naturopathic Profession has expertise (lifestyle and environment).

Conclusion

The future of healthcare in this country needs the input of all licensed healthcare professionals, including naturopathic physicians. As teachers and clinicians, the naturopathic medical community is ideally suited for integration into primary care settings, hospitals, academic centers, and public health entities.



The main **difference** between the **naturopathic** doctor's **approach** and that of conventionally trained doctors is that **NDs are taught** to use **methods** that **build** on the **extraordinary ability** of the **body** to **heal itself**.



Endorsements

Lise Alschuler, ND, FABNO, Associate Director, Fellowship in Integrative Medicine Professor of Clinical Medicine

Naturopathic doctors have a resonant belief and deep expertise in natural medicine and whole person healthcare. Good healthcare is built upon collaboration. As specialists in natural medicine, naturopathic doctors are pollinators, spreading the essential principals and practices of naturopathic medicine for the betterment of healthcare. We have inherited this responsibility based on the profession's legacy of visionaries – Benedict and Louisa Lust, John Bastyr, Joseph Pizzorno, and many others – all of whom share a deep belief in the healing capacity of the healthcare system and the patients it serves.

Susan E. Cavleff, PhD, Professor Emerita San Diego State University, Author of Nature's Path: A History of Naturopathic Healing in America (2016)

As a nation we are at a crossroads with our individual and collective health. Naturopathic medicine gives each person the skills and knowledge to identify and control their physical and psychological well-being. It also offers insights into environmental toxins and their problematic health implications. Naturopathic physicians promote optimal wellness over time through prevention, healthy living and remedies that strengthen one's overall well-being. Now is the time for an enlightened paradigm that values wellness over organ-specific symptomatic treatment managed through pharmacology. Natural medicine offers self-determination and healthy well being through research, positive outcomes, and lower costs. It allows you to lead a more robust and full life.



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