

Integrating Naturopathy: Can We Move Forward?

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Abstract

Although acupuncture and chiropractic care have achieved some measure of acceptance within mainstream medicine, the integrative role for naturopathy has yet to be well specified. This essay provides a discussion of the potential benefits of naturopathic medicine, as well as an overview of current obstacles to its integration. Action steps toward improving communication between allopathic and naturopathic physicians are suggested.

Introduction

The popularity of Complementary and Alternative Medicine (CAM) has been well documented,¹ and it is increasingly common for patients to ask their primary care physicians for referrals for CAM care. Indeed, at Kaiser Permanente (KP) Northwest (KPNW), external referrals of chronic musculoskeletal pain patients for acupuncture and chiropractic care increased approximately twofold between January 2007 and July 2010.² However, although acupuncture and chiropractic care have achieved some measure of scientific validation^{3,4} and integration in the setting of chronic pain, the integrative role for naturopathy has yet to be well specified.

What is Naturopathy?

According to the House of Delegates position paper from the American Association of Naturopathic Physicians,⁵ “Naturopathic medicine is a distinct method of primary health care—an art, science, philosophy and practice of diagnosis, treatment, and prevention of illness.” In stark contrast to a narrowly interpreted biomedical model, where pharmaceuticals are administered to battle disease, “Naturopathic physicians seek to restore and maintain optimum health in their patients by emphasizing nature’s inherent self-healing process This is accomplished through education and the rational use of natural therapeutics.” The naturopathic physician thus uses holistic approaches to enhance and

restore the body’s own innate healing systems. Naturopaths undergo a 4-year graduate-level course of study but are generally not residency trained. The American Association of Naturopathic Medical Colleges includes 7 institutions in North America, 3 of which are in the Pacific Northwest. Currently, in the US, licensing laws for naturopathic physicians exist in 16 states.

Naturopathy is most accurately viewed as a “whole system” medical practice,^{6,7} representing not a distinct modality, but rather a paradigm guiding the selection and prescription of relatively complex, individualized, multimodality treatment regimens. In contrast to traditional Chinese medicine, which the allopathic community reduces to acupuncture, and chiropractic, which the allopathic community reduces to spinal manipulation, naturopathy has defied reduction to a single modality. This has rendered naturopathy both difficult to study in randomized controlled trial (RCT) settings and challenging to integrate into conventional medical treatment algorithms.

Potential Benefits

Nevertheless, a range of factors, including patient demand, work to pressure health insurers to provide limited coverage for naturopathy. State law in Washington requires insurance companies to provide coverage for any category of licensed health care provider. In practice, because Washington licenses naturopaths, KPNW and other

health insurers operating in the state must, by law, provide coverage for naturopathic care. In response, KPNW has developed medical necessity criteria to define when naturopathic care may be medically indicated. The usual approach to the development of such criteria would be a systematic evaluation of efficacy data from RCTs. Such evidence reviews have been conducted in the development of medical necessity criteria for both acupuncture and chiropractic manipulation and are regularly updated. However, because naturopathy defines not a single modality but rather a paradigm, there is little such RCT data in the literature, and the evidence review toward defining medical necessity criteria for naturopathy thus requires a modified, evidence-informed approach. To accomplish this, we queried leading naturopathic physicians in our community to identify those conditions they thought most appropriate for naturopathic referral. We then searched the literature across each of these conditions for evidence of efficacy for individual modalities commonly prescribed in naturopathy, such as diet, herbals, counseling, exercise, and stress reduction. The resulting “evidence grid” provided a picture of where naturopathic care could potentially be expected to be effective. Currently, KPNW will refer patients for naturopathic care who have failed usual care for any of several conditions, including osteoarthritis, menopausal symptoms, irritable bowel, headache, chronic fatigue, and eczema.

In addition, considerable anecdotal evidence supports the claim that naturopathic care often benefits these patients. Most primary care physicians in our Medical Group will have had the experience of a patient with a functional or other ill-defined chronic disorder

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who finally reports considerable improvement after seeing a naturopathic physician. Some types of supplements long prescribed by naturopaths have now been studied and validated in clinical trials.⁸ Other features of naturopathic care may also be helpful or resonate with patients. Naturopathic physicians may spend more time with their patients than their conventional medicine primary care peers, and their medical offices may provide for a less sterile and more pleasant and healing environment. Naturopaths will support and reinforce the world view of the patient who prefers dietary and herbal modalities to drugs in ways that allopathic physicians may not.⁹ Naturopaths will take time and effort to carefully review dietary and lifestyle patterns and may offer prescriptions in these areas at a level of detail that exceeds what is commonly provided by allopathic primary care physicians. Naturopathic physicians have training and expertise in herbal medicines, which allopathic physicians generally lack. Finally, in a clinical trial performed at the Center for Health Research in Portland, OR, assessing the impact of whole system naturopathy on patients with temporomandibular joint dysfunction multimodality naturopathic care provided for improvements in both facial pain and psychosocial interference compared with conventional specialty temporomandibular joint dysfunction care.¹⁰

Conflicting Paradigms

It seems clear, then, that the care provided by naturopaths meets the needs of many of our patients. Unfortunately, a number of serious difficulties can be encountered by internal medicine, family medicine, and pediatric physicians who refer patients to, or attempt to manage patients with, naturopathic physicians. A common dilemma arises when the patient has insurance coverage for tests if ordered by allopathic, but not naturopathic, physicians. To avoid out-of-pocket expenses, such patients frequently contact their internist requesting that s/he order tests recommended by a naturopath. Yet because of differentials in paradigm and/or clinical experience, naturopaths commonly order labora-

tory tests that are either unrecognizable or seem inappropriate to internists. The most frequent example relates to evaluation and management of thyroid disorders. Naturopathic physicians will commonly recommend multiple hormone studies, including T3 and T4 levels, in settings where, from a primary care internal medicine perspective, the sensitive thyroid stimulating hormone (TSH) test is the only appropriate test. The patient is understandably confused, having received contradictory advice from the naturopath on the one side and internist, or endocrinologist, on the other. Whom to believe? Many patients do not discriminate that endocrinologists, who are residency and fellowship trained, have five more years of training than the naturopathic physician in this area. Instead, some perceive the conventional medical community to be in complicity with "Big Pharm," (not entirely without justification)^{11,12} and may take a militant stand.

The discrepancies can extend to patient management as well. Naturopaths will typically advise patients to supplement with combination T3-T4 preparations, such as desiccated thyroid. This contradicts conventional endocrine guidelines for Levothyroid T4 supplementation in the setting of hypothyroidism. Desiccated thyroid preparations may provide inconsistent levels of thyroid hormone from one batch to the next. T3-containing preparations may also provide for more fluctuation, and less steady state, of thyroid hormone levels because of the rapid gastrointestinal absorption and the relatively short half-life of T3. In addition, blinded RCT data have shown no benefit of combination T3-T4 preparations over T4 in terms of patients' symptoms and quality of life.¹³ The naturopathic community's failure to clearly articulate responses to these points severely aggravates negative perceptions of naturopathy within mainstream medicine. Some naturopaths will recommend thyroid supplementation for patients who are biochemically euthyroid (normal TSH). A subset of these patients will later present to the primary care internist or endocrinologist on inappropriate doses of thyroid hormone, with a suppressed TSH. In the worst-case

scenario, the patient rejects the internist's advice to change and reduce thyroid supplementation, and assumes a hostile stance to the internist's refusal to order T4 and T3 levels. Yet such inappropriate thyroid supplementation will increase the patient's risk for atrial fibrillation, osteoporosis, and other complications of hyperthyroidism.

Beyond endocrine evaluation and management, there are numerous other sources of contention. Many patients with fatigue and other nonspecific complaints will be given the diagnosis of "systemic candidiasis" by their naturopathic physician. This naturopathic diagnosis presumably suggests some imbalance or irregularity of the indigenous microbial flora. These patients sometimes present to their internists for further evaluation and management of this condition. However, as the patients generally have no clinical or laboratory evidence of candidemia, the baffled internist cannot locate or reinforce the diagnosis, leaving all parties frustrated. Although most allopathic primary care physicians welcome additional attention and counseling for the patient toward proper and healthy dietary habits, many in the naturopathic community seem to promote eating patterns that may appear faddish to the internist. For example, patients who visit naturopaths are almost universally advised to discontinue consumption of wheat and dairy products. These foodstuffs, having served as dietary staples for millennia, suddenly are contra-indicated for everyone. Yet ample evidence supports the judicious inclusion of dairy products for a healthy diet. The DASH diet includes a strong emphasis on low-fat dairy products and has been shown to facilitate reductions in blood pressure.^{14,15} Even within CAM systems there is strong support for the proper use of dairy. According to Ayurveda, the indigenous system of Indian medicine, which predates naturopathy by thousands of years, dairy products,

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properly prepared, are a “satvic” food, of the highest order of nutritional value.¹⁶ Similarly, prescribing a strict gluten-free diet in the absence of objective biopsy or serologic evidence of celiac disease imposes extremely severe restrictions on the patient’s cuisine which may be largely unnecessary.

Can We Move Forward?

Despite these frustrations, many internists and family medicine physicians perceive a need for improved partnership with naturopathic physicians. With so many of our patients presenting with chronic pain, functional disorders, and other difficult-to-manage chronic conditions, allopathic primary care physicians clearly need more compelling options for managing chronic disease. Indeed, in the case of chronic pain, conventional medical regimens, including nonsteroidal anti-inflammatories, skeletal muscle relaxants, and narcotics, are also associated with the potential for serious toxicities.^{17,18} Chiropractic and acupuncture interventions have been shown efficacious in the setting of pain management^{3,4} and can be integrated into conventional care systems in this context. However, allopathic practitioners likewise need a CAM partner to optimize the integrative multidisciplinary care algorithms for other types of complex chronic patients as well, including those with mental health, functional gastrointestinal, chronic cardiovascular, and other disorders. Naturopaths would seem ideally positioned to fill this partnership role. Naturopathic medicine owns a history of promoting holistic, prevention-oriented care in North America and has established infrastructure for the accredited training and licensing of practitioners. Naturopathic physicians can offer the patient and health care team unique expertise in herbal medicine, diet and nutrition, stress reduction, disease prevention, and other areas to help optimize chronic disease management.

As practiced today, however, naturopathy too often migrates from complementary to alternative care to pragmatically function in such a partnership role. This is not intended as a criticism of naturopathy, but rather as a statement of fact. Inspection of KPNW operations

data reveals that of the funds spent on referrals to CAM practitioners over the first 8 months of 2012, 72% was paid to acupuncturists, 23% to chiropractors, but only 4% to naturopaths. The explanation for the discrepancy is straightforward. Acupuncturists and chiropractors provide useful care to our musculoskeletal pain patients without upsetting the apple cart. Naturopathic visits, in contrast, despite the many potential benefits, simply generate too many problems for the conventional delivery system: patient requests for labs that to the internist seem unnecessary; patient ingestion of hormonal supplements that to the endocrinologist seem inappropriate; and friction within the physician-patient relationship where the patient is receiving advice from another medical professional that directly contradicts the primary physician’s. Thus, despite the need for an improved holistic care model, and the fact that so many patients report benefiting from naturopathic care, we avoid naturopathy referrals.

Improving Communication

Better communication can potentially improve this situation and result in enhanced care for patients. Indeed, many patients are seeing both allopathic and naturopathic physicians concurrently, yet dialogue between naturopathic and allopathic physicians is virtually nonexistent. This leaves the patient with the unenviable task of delivering information and messages between two clinicians offering conflicting recommendations based upon disparate assumptions and paradigms.

What Steps Can Be Taken?

Coordination at the level of Continuing Medical Education (CME) can serve as a pragmatic avenue for communication. KPNW and other conventional care organizations can invite naturopathic physicians to speak at CME events. In particular, learning how naturopaths manage specific chronic conditions can be helpful for allopathic physicians in understanding more about how naturopaths care for patients, in gaining skills in herbal and other noninvasive modalities for chronic disease management, and in discerning when naturopathic consultation or collaboration may be helpful.

In the same way, naturopathic institutions could consider inviting internists and family medicine physicians to their CME events to improve dialogue and awareness in this area. This could help naturopaths better identify which naturopathic practices and approaches may be most compatible with a collaborative care model where allopathic institutions and practitioners are involved.

As an excellent example, the Helfgott Research Institute at the Natural College of Natural Medicine sponsors an annual interdisciplinary research conference called “SPARC” (Symposium for Portland Area Research on Complementary and Alternative Medicine). The conference brings together naturopathic physicians, allopathic physicians, and investigators from multiple disciplines for peer-reviewed presentations and discussion of scientific projects relevant to CAM. SPARC provides a forum for dialogue and networking that can lead to future collaboration in both research and clinical realms.

KPNW has implemented a laboratory formulary specifying the range of tests that are covered for payment by KP. The document serves as a reference resource for both allopathic and naturopathic physicians and can be used as a tool for establishing appropriate and informed expectations for the patient.

Establishing and improving lines of open, respectful, constructive communication will be a first step toward developing the type of collaboration between allopathic and naturopathic physicians that our patients deserve. ♦

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Verbis, Herbis, et Lapidibus

The greatest secrets, forces, and effects are hidden in verbis, herbis et lapidibus.

— Johan Wolfgang von Goethe, 1749-1832,
German author and politician