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A Dialogue between Naturopathy and Critical Medical Anthropology

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When I first reflected on the question “What Constitutes Holistic Health?” posed by Hans Baer and colleagues in their creative and provocative article, I thought naturopathy would have a clear lead over other health professions in capturing the complexity of holism as a fundamental philosophy in natural medicine. After all, holism entails addressing the whole person, including facets identified by complementary and alternative therapists as mental, emotional, physical, and spiritual (Bright 2002).

However, the dialogue among Baer and three naturopaths who were enrolled in his postgraduate course “Culture, Health and Illness” gives us a chance to see how naturopathic medicine as a discipline could benefit from the sociopolitical lens offered by critical medical anthropology (CMA), and how that lens is considerably more holistic in the truest sense of the word.¹

In this commentary, I reflect on the two big ideas that struck me in Baer’s dialogue with his students: the economics of holistic health care practice, and the ideological framing of holistic care by naturopaths having to operate within systems of biomedical dominance.

As any colleague of Baer knows, any course taught by him would no doubt assist students in experiencing a shift toward recognizing the benefits of exploring issues of race, ethnicity, gender, class, agency, power differentials, and the ways in which economic frameworks such as capitalism or socialism underpin the development of human illness and wellness. The three students—Cheryl, Rachel, and Greg—all trained naturopaths, acknowledged that the traditional practice of naturopathy places the primary focus on the inherent self-healing capacity of individuals, and historically gives inadequate attention to the cultural and economic forces that shape health, illness, and disease. During the course or in the ensuing dialogue, each student made statements that indicated they were favorably disposed toward CMA’s potential for informing naturopathy.

As Greg stated, “CMA can provide naturopathy with a broader and intellectually rigorous framework for viewing the interface of health, society, and culture.” They all expressed regret one way or another that insurance did not reimburse

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naturopathy, and that their clientele was restricted to those who could afford to pay out of pocket. It was heartening to read how they creatively worked around challenges in shaping policy, research, and collaborative practice. But most of all, they struggled with the desire to practice according to their highest ideals and still make a living.

I found this conundrum of making a sufficient living to pay for expensive naturopathic training, and yet not charging so much that one could not attract patients to the benefits of natural medicine to be shared among naturopathic doctors in the United States, Canada, and across Europe. On the one hand, they were distressed that they had to operate outside insurance reimbursement; on the other hand, they acknowledged that if they were accepted within the dominant medical-insurance system, they would have to employ larger staffs just to deal with the complex billing process and mind-boggling compliance issues, and perhaps receive such discounted reimbursements, the whole endeavor would not be worth the effort.

In turn, naturopathy has come under criticism by medical doctors for questionable economic policies. The criticism points to a sort of false polemic posed in this dialogue: biomedicine smacks of capitalism and greed; naturopathy of holism and concern for the individual. Yet the current criticism of naturopathic practice reminds me of the old joke, “How many chiropractors does it take to change a light bulb? Only one. But it has to be done in ten sessions.” Lately, a similar dubious tactic was done in many naturopathic practices, as witnessed by myself and my graduate students. For the past three years, I have taught a course entitled “Complementary, Alternative and Integrative Medicine” (CAIM) in which graduate students critically analyze and reflect on the patient–practitioner communication, and diagnostic and treatment protocols they experienced at various alternative medicine practitioners. Most choose to visit naturopaths throughout California, Oregon, Arizona, Washington, and Vancouver, BC.

They assess how patients are greeted and by whom, the intake procedure, history and physical procedures, recommended treatment, and follow-up. They also learn to compare marketing copy (brochures, Internet advertisements, philosophy statements) with actual practice. This year, graduate students compiled three years of data and found that no matter what the diagnosis, ten sessions of an IV infusion of magnesium and Vitamin B12 were prescribed for the vast majority of clients at approximately \$100 per infusion. “Adrenal exhaustion” was the rampant common diagnosis—difficult to clinically prove and yet requiring the same treatment.

In addition, each office visit involved a purchase of sometimes thousands of dollars of high-end, obscure diagnostic blood work and shopping bags full of costly dietary supplements. The lack of insurance coverage for naturopathic medicine resulted in patients paying significant amounts out of pocket. Two students were given a “super bill” and told, “Good luck trying to get your insurance company to pay these. They most likely won’t.” Certainly these examples pale in comparison to the staggering escalation of medical care costs and the unparalleled profits of the medicopharmaceutical industry. However, an MD panelist at the Integrative Health Symposium complained that shrinking reimbursement from Medicare and private insurers tempted her to consider the “free-wielding, unhindered practices of alternative therapists” as if the grass is always greener, or more profitable, in alternative professions (interview, 2009).²

Baer has been an effective advocate of the most noble aim of CMA: to rectify the vast inequities resulting from greed and oppressive economic forces embedded in capitalist structures that impact how human beings experience illness and attempt recovery. CMA in Baer and colleagues' view is not just social research but action research that can and should advance the cause of more equitable policies. But as his long-time coauthor Merrill Singer points out in *Anthropology News*, anthropological contributions to public policy are far too absent compared to those from other social and behavioral sciences, although Singer sees a concerted effort to reverse that in recent years (2010).

So where has this new clarion call for health and wealth equity originated? Much of the seminal work made in outlining health disparities has been spearheaded by economists (Kawachi and Kennedy's *The Health of Nations*) and epidemiologists (Kate Pickett and Richard Wilkinson's *The Spirit Level: Why Greater Equality Makes Societies Stronger*). What medical anthropologists do well is move beyond the overly simplified concepts that plague categorical reports and present nuanced texts that give voice to the difficult, messy, and complex ways humans attempt to care for one another, despite barriers erected by class, race, gender, and economic structures. Many of these inequities have been well nuanced in the literature since medical anthropology emerged. Whether Farmer's structural violence or Scheper-Hughes's illegal trade of human organs, medical anthropologists bring this critical broadened perspective to health care providers and public health policymakers with the hope of accomplishing a more compassionate and sane world.

Sometimes it seems that Baer and colleagues would like to have naturopaths join their vision of critical medical anthropologists who swim upstream, towing a Marxist agenda, insisting on a complete transformation of health care, beginning with the overhaul of capitalism and the profit-driven structures of biomedicine. I question whether it makes sense to attempt such a feat at a time when the developed world has fairly well dismissed socialism as a failed state. Even the most effective health systems in the world (Japan and Sweden, as measured by longevity and overall health outcomes) are a complex weave of regulatory measures imposed on a patchwork of private and public systems.

Still, Baer and colleagues' ultimate lessons for students seem more human and satisfying than anything health care reformists have managed to squeeze past the current ideologist chasm and divisional strife of lawmakers in the United States. We are living with the watered-down attempts to fix gross payer neglect (Emmanuel 2008). Independent economists have calculated that single-payer health care reform, after some initial hefty outlays, could trim \$30–\$300 billion from the total health care bill that exceeds \$2.5 trillion, according to Physicians for a National Health Program (Relman 2007, 2009).

The second big idea in this article revolves around holism and the ideological perspective of naturopathic medicine. As long as there have been different schools of thought on healing, there have been diehard convictions about right and wrong ways to treat the ill. However, a contemporary shift toward inclusion of many ideas that were relegated to either the holistic health sector or the dominant medical sector has migrated across disciplinary borders. Phrases such as *mind–body–spirit*, *patient empowerment*, *patient-centered care*, and *holistic health*, once only spoken by holistic health practitioners, are used in Harvard Medical School's Institute of

Lifestyle Medicine, the Duke Center for Integrative Medicine, and the Integrative Medicine Program at MD Anderson Medical Center.

It is easy to accuse biomedicine practitioners of co-opting these terms from the holistic health traditions such as naturopathy; rarely is credit given or even acknowledgment for the ways in which these concepts were learned from naturopathic authors. According to John Weeks (personal communication, February 16, 2009), a CAM publisher and editor since 1983 and author of *The Integrator Blog*, prominent medical doctors in the media (Andrew Weil, Dean Ornish, Dean Edell, Mark Hyman, Mehmet Oz, and Michael Roizen) have benefited from the groundwork laid by prodigious naturopathic authors and thinkers.³

Naturopaths often complain to me that they never receive acknowledgment for groundbreaking work in holistic therapies, but Karen Armstrong, former Executive Director of the American Association of Naturopathic Physicians, urges her members to stop looking for historical credit and simply forge ahead with new multidisciplinary alliances that benefit their professional lives (interview, unrecorded panel presentation, New York City, February, 19, 2009).

Lionized in the public eye, “celebrity docs” deliver precise judgments about what is right and what is wrong about alternative therapies. “Don’t waste your money on it (vitamins, herbs, guided imagery) until science can back it,” is the general advice. On his syndicated radio program, Dean Edell, MD, not only tells listeners how some therapies such as homeopathy are worthless but dispenses his advice with a strong dose of righteousness. Popular MD-blogger Peter Lipson, MD, writes that “naturopathy is modern-day shamanism and should be banned (Lipson 2009). For each one, their thinking has changed over the past decade, once sufficient “hard science” backs natural healing disciplines. One by one, these prominent MDs become convinced it is not all “snake oil,” as Ornish lectured to UCSF medical students: “snake oil has considerable healthy fatty acids” (Ornish 2007). In early issues of Dr. Weil’s newsletter, he lambasted homeopathy. Recent versions reveal a judicious but limited acceptance. Dr. Oz, a noted cardiovascular surgeon, extols the virtues of breathwork and other alternative medicine on his daytime TV talk show.

I witnessed an MD who was new to integrative medicine write the word *holism* on a blackboard during an integrative medicine conference and proceed to lecture the attendees about what it meant. The room was filled with NDs, chiropractors, nurses, and other allied health professionals who rolled their eyes, showed signs of disgust, got up and left the lecture hall, and complained in the hallway that this female MD didn’t give them their due credit for “bringing her up to speed” on these concepts just a year ago.

They said she was new to holistic health, having just learned from naturopaths last week about how to transform her medical practice from an HMO-contracted service to an independent clinic. They complained about bringing medical doctors around to notions of multidimensionality of information systems in the body and foundational principles of detoxification, environmental sensitivity, nutritional medicine, and targeted supplementation. They were tired of not being invited to lecture, of not having their own voices heard at these conferences, and of not receiving any credit for keeping the fires of holistic health lit at the margins for centuries. They felt that holism has been co-opted as a marketing ploy by biomedicine, but without the depth of understanding that is required when one undertakes a true

study of *vis medicatrix naturae*, the central tenet of naturopathy. Susan Lord, the MD who dared to tell naturopaths about “holism,” has left her conventional medical practice and now directs the “Food as Medicine” nutritional curriculum for the Center for Mind–Body Medicine.

In short, biomedicine took over holism, but naturopathy got nothing in return, except a promise that if they adopt more stringent research methodology, they may be granted a subordinate seat at the table. Sally LaMont, ND, LAc, former executive director of the California Association of Naturopathic Doctors, who spearheaded the campaign for naturopathic physician licensure in California a decade ago, believes that the “seat at the table” can cost a profession its “heart and soul.” LaMont said, “in order to practice as licensed health professionals, naturopaths have had to make numerous concessions to the California medical board. They even insisted we change the name of our organization in California to ‘naturopathic doctors’ and not call ourselves ‘physicians’” (personal communication, September 19, 2009).

LaMont and Carl Hangee-Bauer, ND, LAc, President of the American Association of Naturopathic Physicians (AANP) and several advanced-practice nursing organizations, expressed dismay in 2006 that the newly launched “Scope of Practice Partnership” within the American Medical Association (AMA) sought to curtail the “pervasive scope of practice ‘creep’ overwhelming the medical establishment” and call into question the source of information, training and certification” of chiropractors, optometrists, nurse anesthetists, podiatrists, psychologists, naturopaths, advanced practice nurses.⁴

Dana Ullman, president of the Foundation for Homeopathic Education and Research, and author of *Discovering Homeopathy and Medicine for the 21st Century*, explains that not only naturopaths but also osteopaths, acupuncturists, homeopaths, and holistic health educators undergo the same restriction of their original healing missions, while imparting new knowledge to medical doctors. “Look what happened to osteopaths—they were told by MD regulators that they had to redraft their education, residential training and praxis to be essentially identical to a medical doctor’s education. Their emphasis on spinal health and manipulation is all but disappeared” (personal communication, September 16, 2009). There is concern that an emphasis on evidence-based science will eclipse naturopathy’s uniqueness, squeezing out important subjects that do not fit into reductionistic models of study (Ullman 2007).

The reader also gains a sense that the three naturopaths in this dialogue may have found themselves in similar circumstances with other heterodox or counter-hegemonic practitioners operating within biomedical dominant societies: they gain status by heaping on more credentials, or adopting “evidence-based” praxis, or by tailoring their practices to seek relationships (referrals, acceptance, freedom from harassment) within orthodox medical systems. Although naturopaths in Australia are not licensed, they have raised the level of their educational training standards and developed professional associations that have advanced their status. The students in this dialogue were committed to maintaining their natural medicine ethic, while actively engaged with health policy, the harsh realities of health economics, and the nagging backdrop that plagues every heterodox healing system—striving for legitimacy and acceptance.

Conservative market analysts argue that unfettered capitalism will “take care of everything,” but not even Adam Smith simplistically believed that was necessarily true. There are nonmarket forces such as government regulation and institutions such as public school and public health that operate for the general welfare of humanity. We are much better off when a well-designed synergy dampens the profit motive in health care and ramps up the concern for human welfare. When China did away with their natural health insurance program in 1979, they did so because the drafters of the new economy thought that market forces would supply health needs, but they were wrong, and we are now witnessing how in the long term, benefits for people obviously suffered (Relman 2009).

As wealth inequities expand around the world through globalization, health inequities will escalate. I am grateful that Baer continues to bring his unwavering sense of equity and social solidarity to CMA, and that he continues this educational outreach to all health professions. Hopefully, a more grounded, authentic, and life-saving version of holistic health will emerge, underscored by the social, economic, and political determinants that shape our lives and our health.

Notes

1. In 1926, philosopher Jan Christian Smuts coined the word *holism* to signify a gestalt of a system in which the whole is greater than the sum of the parts. Holistic health notions arose in counterculture movements in the 1960s and 1970s incorporating Eastern meditation, back-to-nature agrarian concepts, and a desire for mind–body–spirit integration. Later holism has taken on environmental awareness as well, and naturopathic medicine today asserts that optimal health cannot be attained in an unhealthy environment.

2. I conducted this unpublished interview with Tracy Gaudet, MD, Director, Duke Center for Integrative Medicine, following a panel discussion at the Institute of Medicine, Summit on Integrative Medicine, Washington, DC, in 2009. On the panel she said, “Teaching wellness to patients doesn’t pay doctors enough. I need at least \$400 an hour in order to cover my costs. Doctors need to be incentivized to teach prevention.” This comment unleashed a flood of rebuttal from non-MD health care professionals in the audience who said they were willing to teach wellness and prevention for a lot less, if only the medical profession would stop blocking NPs and NDs from being primary care physicians in many states. The summit brought together 600 scientists, physicians, and practitioners of multiple disciplines to examine an integrative model of patient-centered care, along with economic, educational, and policymaking implications.

3. In the 19th- and early 20th centuries, the “old-time” naturopathic thinkers and authors often followed a heuristic inquiry, in which they engaged with their own experience, deciphering the constituents of optimal health and what they called “dis-ease” by personal encounters with the phenomena. By the mid-1980s, heuristic accounts gave way to empiricism. The elevation of evidence-based science curricula at naturopathic universities such as Bastyr University was led by faculty-authors Michael Murray, ND; Jeffrey Bland, Ph.D.; and Joseph Pizzorno, ND, who took the lead in mapping out the biochemical and nutritional support for recovery from chronic disorders and health maintenance. Their seminal contributions, well referenced in voluminous works (*Clinician’s Handbook of Natural Medicine, An Encyclopedia of Natural Medicines, The Condensed Encyclopedia of Healing Foods, The Complete Natural Health Consultant: A Practical Handbook of Alternative Health Treatments, How to Prevent and Treat Diabetes with Natural Medicine, How to Prevent and Treat Cancer with Natural Medicine, How to Prevent and Treat Diabetes*

with Natural Medicine.) Their combined publications and conference presentations influenced the conversion of orthodox medical doctors to the emerging science behind natural medicine.

4. The AMA Scope of Practice Partnership drafted Resolution 814: Limited Licensure Health Care Provider Training and Certification Standards. The contested resolution sparked heated debate not only among professions it sought to restrict, but among medical doctors outside the partnership. Debates can be viewed at professional websites, including: <http://www.dynamicchiropractic.com/mpacms/dc/article.php?id=51219> and <http://www.acnpweb.org/i4a/pages/Index.cfm?pageID=3723PDF>, and <https://www.google.com/search?q=Resolution+814%3A+Limited+Licensure+Health+Care+Provider+Training+and+Certification+Standards&ie=utf-8&oe=utf-8&aq=t&rls=org.mozilla:en-US:official&client=firefox-a>

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