

Your Health

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Canada at Bottom of 30 Country Survey

Canada's Health Care System: Consistently Between Poor & Adequate

When it comes to health care, Canada spends more money to achieve worse results than almost any other country.

That's the startling summary of a report that compares nationalized health care in Canada and 29 European countries.

Canada ranked 23 out of 30 in an overall index of five key health care factors: patient rights; waiting times; health outcomes; access to medicine; and generosity of the system. Worse, however, is that Canada spends too much money for such poor outcomes. In terms of "value for money spent" Canada is at the bottom.

In 2007 Canada spent \$160 billion (almost \$5,000 per person) on health care. A whopping 71% of that was derived from public sources (i.e., tax revenue). That's higher per capita spending than all of Europe save Norway, Switzerland and Luxembourg.

The report was a collaborative effort. For several years the Euro Health Consumer Index has gauged health care spending in relation to outcomes and patient satisfaction. This year, a Winnipeg centre for public policy joined the exercise to compare all the various state systems.

The report summarized Canada's health system as spending too much money without managing how that money is spent. It recommended not increasing our health budget but doing much more with the money currently being spent.

A major part of Canada's national health care "crisis" lies within the balance of power: Our health care policy is developed and implemented by a select group of professionals. The report authors adroitly noted that Canada is "disdainful of the rights of health care consumers" and that our system "suffers from what seems to be an expert-driven attitude to health care."

It is unfortunate that patients aren't involved in health care policy-making, a top-down affair coordinated by federal and provincial governments in concert with MDs.

The BC Conversation on Health report, released late last year, confirms this divide between patients and doctors. Across the province patients spoke out loudly that their needs and support mechanisms were missing from the health care system, that the current system does not recognize or embrace anything but a single type of health care provision and, worse, that patients have few if any rights or say in how and where they receive their health care. Yet patients are paying for it!

Here are some of the sentiments expressed in the Conversation on Health Report:

- Patients feel that health professionals do not accept alternative medicine or support a patient's right to choose.
- Many participants suggested that alternative practitioners could inform the public about lifestyle patterns

such as eating and sleeping habits, which may enable individuals to notice and correct signs of ill-health on their own. Increased awareness may also allow chronic disease sufferers to better manage their symptoms and avoid the need for acute health care. Participants thought that more education would lead to greater patient empowerment.

The discussion about complementary medicine centred on choice in the system and collaboration between *all* health professionals. Though participants didn't reach consensus on funding issues, the majority believes that more treatment choice would benefit British Columbians, and particularly those suffering from chronic illness.

As a recent editor remarked in the Vancouver Sun, "for all the billions taxpayers spend on health care, a little empowerment would be a fine thing."

The "Euro-Canada Health Consumer Index 2008" is available at the Frontier Centre for Public Policy website, www.fcpp.org For more information on the Conversation on Health report link to www.bcna.ca

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If you have not yet given up on your 2008 New Year's resolutions, you are probably in a minority.

That's because people make New Year's resolutions of things they *should* be doing or not doing. I will go to the gym three times a week; I won't eat desserts; I'll stop smoking... Yes, all healthy choices, but what if taking care of your health felt exciting rather than like a chore, or a rule to follow?

Life coaching can help you find a better way. What if resolutions were inspiring? What if they consisted of changes that you can't wait to implement? What if they were things that give you pleasure and joy simply from the anticipation of them? What if you woke up every morning with a feeling of excitement, eager to get on with your day?

I propose creating a more vibrant life by using a new way to design New Year's resolutions.

Step One: Think of a time in your life when you felt completely alive and happy. A time when you loved your life, yourself, and those around you—a peak experience.

Take a moment to tell someone else about the experience, record it on tape, or write it down. Get in touch with how you felt during the experience in your mind, body and spirit.

An example: I recently did a drumming performance at an amateur talent show with a group of fellow drummers and our teacher. During the performance I was completely in my body, feeling the rhythm and the joy. I also felt connected to my fellow drummers through the beat, and in awe of our teacher as she soloed on her djembe. The audience was clapping and moving their bodies in time to the music. Everyone present

was grooving and had a huge smile. I was in heaven to be in that moment: drumming my own piece, and feeling connected to the group and everyone in the room. I was transformed, free, peaceful and joyous.

What do you notice from my example? You can see that I love rhythm, dancing, being present in my body, being part of a group, feeling connected to others and being part of something bigger than myself. Being part of a team is important to me. I love to engage and create with others.

So, when I design a resolution to improve my life in the new year, I want to do it in a way that honours the parts of myself that make me come alive. *For example, possibilities that come to mind for exercise are African dance classes, kundalini yoga classes, skiing or going snowshoeing on Cypress Mountain with friends.* When you hit on things that inspire you, or bring you joy as these activities do for me, you can't wait to find ways to make them happen.

Step Two: Make a list of the words or phrases that capture how you felt during a peak experience.

For example, from my own peak experience I have the following list that reflects who I am and what I love when I am at my best: Learning, challenge, team work, connection, rhythm, dance, creativity, centred, peaceful, fun, adventure, contribution.

Here is a list of other possibilities that may resonate for you: Laughter, rest, calm, joy, relaxation, excitement, accomplishment, growth, spirituality, beauty, friends, family, truth, comfort, challenge, glowing health, alive, spontaneity, freedom, nature, authentic, abundance, movement.

Feel free to use any words or expressions that speak to you. It doesn't matter if they make sense to anyone else.

Step Three: Take a look at the following areas of your life:

Work/Career
Family
Friends
Significant Other
Health
Finances
Living Environment
Personal Growth/Spirituality
Fun & Recreation

Choose one or two areas of your life where you want more satisfaction. What are the areas where you choose to put your attention?

Step Four: Apply what you learned from your peak experience to improving an area of your life.

For example: I notice that my peak experience tells me I love working with other people and as part of a group, yet I have chosen to work alone from home, coaching and consulting for my clients & patients. This honours my desire for independence and autonomy, but it doesn't fulfill my need to work with a group and be part of a team. Obviously, in order to have more vibrancy in my life, I need to find a way to balance my individual work with more teaching, group workshops and collaborating with colleagues.

Step Five: Be specific about one or two changes you are making and schedule them into your life right now. Do the research, find the time and make it a priority. Make plans with someone else or tell someone what you are doing. Commit to following up with them in a week to tell them

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Continuing medical education (CME) is meant to help health professionals provide better care for their patients. But sometimes that education is skewed in favour of corporate interests not the patient.

In 2004 GlaxoSmithKline was successfully sued for suppressing data which suggested that Paxil caused suicidal thoughts in children. By hiding that data they were able to pay MDs to host seminars and promote the drug with a naive conviction.

Colleague-to-colleague drug promotion is a common marketing method used widely by the pharmaceutical industry, particularly in the U.S.

A common practice is to encourage specialists in a given field to speak for and about a new drug, and promote it highly as an improvement against the existing prescription options.

Researchers (many on grants provided by or through the pharmaceutical industry) sometimes skew the results provided to potential reps. For example, in studying drugs which are used for depression, researchers might use the measure of improvement as “response,” which is commonly a 50% improvement in depressive symptoms, or “remission” which is complete recovery—or alternate between the two depending on what’s most impressive.

They may also present data in a format which seems innocuous. In an Effexor presentation, researchers claimed that the drug’s greatest liability was that

it could cause hypertension. They stated that there was only a 1% difference between Effexor and placebo, adding that a little high blood pressure might be a small price to pay for relief from depression.

But put another way, that innocuous data also means that Effexor leads to a 50% greater rate of hypertension than placebo.

Part of the drug CME process is a sales visit known as “detailing.” A detail is when a drug company rep visits an MD to promote a specific new drug. Drug reps may arrange for many MDs to gather, at a lunch or dinner, and have a colleague detail a new drug.

In the US the drug companies make this situation very simple: They organize the catering, invite the MDs, provide the lecturing MD with a set of slides, and pay the

speaker \$500 for a one-hour lecture or \$750 if travel time exceeds an hour. In addition, there may be other perks, including trips or meals, to encourage MDs to provide “education” to their primary-care colleagues.

In preparation for a detailing, the pharmaceutical industry has a lot of key information they can draw on to ensure the right MDs attend, and key messages are shared. For example, a primary care MD is rated by decile number. A decile-6 MD prescribes a lot of drugs, a decile-2 not so many. The higher the decile MD the greater the potential for the drug company. Guess who gets the most invites.

Drug companies also know exactly which drugs MDs prescribe, and how much of each drug is being prescribed. How do they do it? Drug reps receive print-outs each week which track prescriptions amongst MDs in their sales catchment. It’s called “prescription data mining.”

Statistics come from a variety of sources. Some are collected by specialized companies such as Verispan, who buy prescription data from local pharmacies, repackage it, then sell it to the pharmaceutical industry. But many pharmacies will not release doctors’ names to the data-mining companies—however they will release their Drug Enforcement Agency numbers. In turn, the data-mining companies purchase from the American Medical Association their file of US physicians. It’s a win-win (depending on your definition of win): The AMA makes millions of dollars in leasing arrangements and the data-mining companies can link up DEA numbers to specific physicians. All that’s left is a soft-sell strategy to unwitting MDs.



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what you did. Accountability helps in making your intentions reality.

Keep in mind who you are and what you love as you design this next year of your life. Check in frequently to see what is working and what isn’t working. When you create your life this way, you cannot help but feel fulfilled. Are you ready for more joy in your life in 2008?

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Rising Mercury a Political Hotbed

Mercury contamination continues to filter through the news. In January 2008 Minnesota was the first U.S. state to ban mercury in all cosmetics, fragrances and beauty products. This comes after a 2005 California law which forced manufacturers to disclose ingredients which may cause cancer and/or birth defects. Both states took action citing weak federal laws and lack of federal initiative to deal with the issue.

In 2005 Salon.com published an explosive article on the negative health impact of mercury in our environment. "Millions of fetuses whose mothers eat fish are being exposed to brain-damaging mercury" it began. Unfortunately, the issue hasn't abated at all.

The Salon report focussed on children who suffer from learning disabilities or attention problems, correlated with the methylmercury in the fish their mothers ate before they were born.

Mercury travels through a mother's bloodstream, goes through the placenta, and is concentrated in the brain of the fetus. Worse, it's likely to present no symptoms in a pregnant woman as it attacks fetal brain cells.

Many studies have unequivocally verified the harm of mercury in our diet. One study, sponsored by the US National Institute of Environmental Health Sciences, and Europe's Environment and Climate Research Program, showed that children exposed to mercury *in utero* did poorly on tests measuring their attention span, memory and speaking abilities. According to the U.S. Environmental Protection Agency, both the brains and

nervous systems of children who have been exposed to mercury can be damaged. Their language and visual spatial skills can also suffer.

Lead in make-up has been in the news recently but mercury in make-up less so. In Canada, all cosmetics must contain a full ingredient list. Many items, such as cake mascaras, have mercury—which is commonly listed as thimerosal. It may also be found as a preservative in eye-area cosmetics.

In January 2008, Minnesota imposed a ban on many products containing the substance, including thermostats, medical devices and, yes, mascara.

To see whether any products you use contain mercury or other potentially hazardous ingredients, you can access the online site www.cosmeticdatabase.com, which lists information on more than 27,000 cosmetics and personal-care products (which is, unfortunately, only a fraction of what's available on the market).

The database gives each product a 1-to-10 "hazard score" and offers detailed information on each ingredient.

Mercury can in fact lower a child's IQ by as much as 24 points.

Fish, however, are only the pathway of mercury to our bloodstreams. Coal-fired power plants, in the US and abroad, are the largest source of man-made mercury pollution.

One prominent scientist in this field has labelled mercury "the new lead," but with one crucial difference—there's a lack of political will to do anything about it. The lead is out of

paint and gasoline, and as we've witnessed from lead recalls over the last year, is still an important health issue splashed across headlines. Mercury, however, not so much.

China, for example, already believed to be the world's largest producer of man-made mercury emissions, where three-quarters of the electricity comes from coal-fired power plants, will double its electricity-generating capacity by 2020, according to that country's State Power Economic Research Center. Most of those new plants will be coal-fired.

The mercury in fish is actually worse for people than in the form it takes being expelled at a power plant. When coal is burned, mercury is released into the atmosphere as a gas, which turns into aerosol droplets as it cools. Airborne, these droplets can travel hundreds, even thousands of miles, before settling to the ground, where they're eventually washed to the bottom of lakes, rivers and streams.

The bacteria in the sediment at the bottom of the water have a chemical reaction to the mercury, which makes the substance less toxic to the bacteria. But that chemical process also turns it into a form that is most toxic for people: methylmercury. As worms and other organisms in the sediment consume the bacteria, they absorb this methylmercury and pass it on to the animals that eat them. The methylmercury becomes concentrated as it travels up the food chain.

It comes as no surprise that mercury pollution knows no boundaries. Rainwater in California has been found to contain mercury pollution from as far away as Asia. Moreover, our seafood supply is global: The shrimp you eat in Vancouver could come from the Caribbean, the sea bass from the southern hemisphere, and so forth.

Lack of political will to deal with mercury has many ill-effects. A recent study published in the peer-reviewed journal *Environmental Health Perspectives*, states that the economic fallout of mercury pollution is nearly \$9 billion USD annually. The study calculated the economic cost of the hundreds of thousands of kids likely to be brain damaged by mercury.

The EHP study stated that the U.S. coal-fired power-plant industry is responsible for foisting \$1.3 billion USD of the \$8.7 billion annual cost of mercury on all of us. Not surprisingly, industry sources dispute the figure.

As a recent Chicago Tribune article, "Toxic Risk on Your Plate" stated, mercury levels in fish are poorly monitored and often exceed levels considered safe. Succinctly put by one expert, "You only have one chance to develop a brain."

Sources: Various articles by Katharine Mieszkowski, a senior writer for Salon.com; CBC radio's *The Current*; Basel Action Network (www.ban.org).

Deep sea fish, such as swordfish and shark, tend to have the highest amounts of mercury in parts per-million. The U.S. Food & Drug Administration notes that on average sharks have .84ppm and swordfish .88ppm of mercury. However, independent testing on swordfish commissioned by the Chicago Tribune showed swordfish at 1.41ppm—well over the 1.00ppm "unsafe to eat" threshold.

Recommended: CBC radio's *The Current*, hosted by Anna Maria Tremonte, has run several excellent profiles of the international complexities and global health impact of mercury. You can access archives and listen to it online or as a podcast at: www.cbc.ca/thecurrent Two shows of note are January 30, 2008 and December 6, 2004.

Naturopathic doctors use a variety of standard diagnostic tests to determine heavy metal exposure and toxicity.

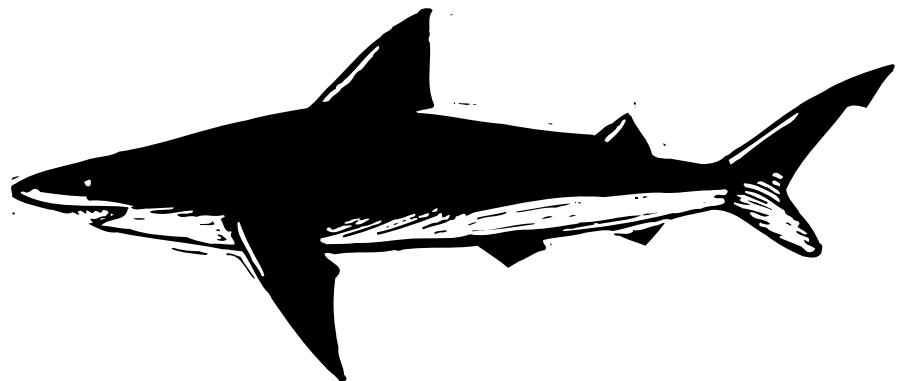
These tests may include a comprehensive urine element profile, which can identify toxic element exposure or an elemental analysis from blood or hair samples to ascertain the body's toxicity levels.

Many detoxification protocols designed by NDs include an intravenous or IV therapy protocol.

IV therapy consists of specific vitamins and minerals which are injected directly into the bloodstream. IV therapy can be particularly beneficial for individuals with digestive disorders as it bypasses the digestive system allowing for a higher level of nutrients to be delivered into the body's cells. IV therapy also allows for the body to absorb a higher level of vitamins and minerals than an oral dose.

Improving the level of nutrients in the bloodstream enhances the flow of nutrients to the cells and improves cell functionality overall. There may be other beneficial corollary effects too: High-dosage vitamin C can kill viruses and improve the body's inherent ability to chelate heavy metals.

The type of IV therapies naturopathic doctors offer support and improve the body's immune system while facilitating detoxification.



“Naturopath’s Vision Creates a Clinic in Thailand.”

That was the front page headline on December 31 in the Vancouver Sun.

The story profiled BCNA member Dr. Laura Louie, who has taken the tenets of naturopathic medicine to rural Thailand. Her focus has been on teaching and training nurses in acupuncture in the treatment of HIV. Her program specifically focussed on a self-sustaining complementary medicine model.

She is now considering implementing the same model in India and/or Africa.

For more info, link to www.lauralouiehopefoundation.org

Living with allergies? “Let’s Eat Out!: Your Passport to Living Gluten & Allergy Free” is a 500 page book to help people avoid the most common allergens, such as corn, shellfish, peanuts and soy.

An Italian study has shown that **vitamin E plays a role in staying active** as we age.

Physical tests conducted amongst 700 elderly people (65 years and older) showed that the higher the levels of vitamin B—folate, B-6, B-12, etc.—the better the individual’s physical functioning.

Source: Reuters, January 23, 2008

The **fetal origins of adult health** is a controversial medical theory. But growing evidence and extensive research in this area has shown that low birth weight (typically less than 2.5 kgs), can relate to any number of adverse gestational events, from smoking to malnutrition. Worldwide, 15.5% of newborns are low-birth-weight. Studies in England, India, China, Sweden and the US have all shown that low-birth-weight can increase the risk of adult illnesses like coronary heart disease, hypertension, type 2 diabetes and stroke.

Source: New Yorker, Nov 19/07

An individual’s level of **vitamin C may predict the likelihood of having a stroke.**

A long-term UK study showed that for individuals who suffered from stroke, in follow-ups through 10 years, people with the highest vitamin C concentration had a 42% lower risk of stroke than those with lower levels.

One of the researchers commented that vitamin C is “a good biomarker of fruit and vegetable consumption, which have many nutrients that may be biologically active and protective for stroke.”

Source: Reuters, January 23, 2008

In early January the Vancouver Sun ran a major profile on the use of **vitamin therapy to treat bipolar disorder.** Despite the fact that many people who suffer from bipolar have been able to reduce or eliminate drug therapy altogether, and improve their lives overall, many readers wrote to the Sun to complain the theory was quackery. One writer from North Vancouver responded as follows:

There is surely quackery afoot, but it is not on the part of vitamin therapy.

There have been hundreds of scientific “proofs” of vitamin therapy alleviating or eliminating adverse mental conditions, and many more papers on vitamin deficiencies causing or contributing to even the most severe mental problems...

The role of the B family of vitamins...and their relationship to mental health has been well documented for many years. The role of vitamin C and essential minerals...in mental health has also been clearly established by international studies. In fact, even minor deficiencies in these vitamins demonstrate immediate and acute symptoms of the whole catalogue of mental illnesses.

Why then does the field of psychiatry ignore the obvious solution (vitamin supplements to correct the deficiency) and instead prescribe dangerous drug cocktails that are worse than the original condition?

Anyone suffering from adverse mental conditions would do well to educate themselves on the relationship of vitamins to mental health and get a thorough medical exam to establish what deficiencies they are suffering from. They will find their symptoms disappear almost immediately when they supplement their diet properly.

It only gets complicated when they have already been misdiagnosed and have been put on these dangerous drugs, as they now have to deal with the original mental distress as well as the added drug side effects and the often difficult drug withdrawal symptoms.

Source: Vancouver Sun, January 11, 2008

First call: Your Licensed BC ND
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Naturopathic doctors such as myself are often approached by patients who are interested in alternatives to conventional hormone replacement therapy (HRT). They are often scared off by their family doctors who suggest stopping synthetic estrogens and progestins in menopause since they seem to increase cardiovascular and cancer risk in certain groups.

There is some misconception by patients that the natural, bio-identical hormones offer a 100% safe alternative. Bio-identical estradiol (the major estrogen) still has growth-promoting properties and possibly cancer stimulating properties (though the risk is very small). This is usually off-set by some doctors who use a balance of different types of estrogen, including estrone and estriol, along with progesterone. Nonetheless, I always tell my patients the reasons they stopped synthetic HRT may still apply to bio-identical HRT.

Having said that, even if I take a non-holistic approach to a female's menopausal symptoms, and simply use a good quality soy extract and a good quality herbal combination, 50% of the time the menopausal symptoms will be drastically reduced. Add to this improvements in diet, essential oils in ratios suggested by fatty acid blood testing, and the patient's health is usually much better overall.

We can get that 50% success rate closer to 90% if we address the non-sex hormone systems that also tend to fail as people age. Particularly, the adrenal glands. If I evaluate a menopausal patient and find that her adrenal hormone production is low,

then nutritional support for the adrenals, injections of adrenal extract, and adrenal hormone replacement is an obvious clinical approach for improving quality of life and symptoms. Various adrenal hormones are evaluated and used, such as pregnenolone and cortisol.

Now there seems to be another adrenal hormone that is important: Aldosterone.

Aldosterone is a hormone that is secreted by the adrenal cortex in order to maintain proper blood volume. Its function is to help with the retention of salt in the blood, so that blood pressure remains constant. There are some studies on the use of flornidol (an aldosterone-like drug) in cases of chronic fatigue syndrome — and the results have been a wash between positive and negative. I have not used this for chronic fatigue before and do not plan to, as in my experience other non-drug therapies have excellent results.

However, I will start testing for this in aging menopausal females, and aging andropausal males. Why? For hearing loss.

Hearing loss often affects people as they age. Preliminary case studies from Jonathan Wright, MD, at the Tahoma Clinic, have suggested that aldosterone replacement can even restore some hearing, and help patients to discern words in a noisy environment as well.

I am most interested in this because in traditional Chinese medicine, there is a theory that the “kidneys open up to the ears,” and thus symptoms such as tinnitus (ringing in the ears), vertigo, and hearing loss deserve a work-up on the patient's kidney

system. In Chinese medicine, the patient's “kidney system” corresponds to both the kidney organ itself, and the hormones secreted by the adrenal glands (ad-renal means beside-kidney).

I have not focussed on treating hearing loss before, as patients have always only mentioned it in passing. This is probably because they assumed there is nothing that could be done about it.

It turns out there may be something that can not only prevent further loss, but restore it.

- 1) Work-up for hormonal deficiencies, especially adrenal hormones including aldosterone;
- 2) Nutritional support to prevent further damage to the hearing structures;
- 3) Work-up and detoxification for toxins known to cause oxidative damage;
- 4) A Chinese medicine approach with acupuncture and herbs

I would say the aldosterone and the adrenals would be the most important.

The point though? Although I do not use traditional Chinese medicine extensively in my practice, the long history of use and efficacy is proving to have clearly predictable analogies in western medicine. The story of aldosterone (from the adrenal glands or the “kidney” in Chinese medicine terms) and hearing loss is only one. Another example would be how the Chinese medicine concept of “blood” coming from the bones *and* the kidney long pre-dated the discovery of the hormone EPO (erythropoietin). EPO is a hormone from the kidney that stimulates blood production.

Dr. Eric Chan is a licensed naturopathic doctor in Richmond, BC. He maintains a website at www.pannaturopathic.com and a complementary medicine blog at <http://drericchan.wordpress.com>

Naturopathic Options for Chronic Pain Management

By Dr. Garrett Swetlikoff

Pain is one of the most common conditions that patients seek medical attention for. The cause of pain can be due to trauma such as motor vehicle accidents and sports injuries, inflammatory and degenerative conditions such as rheumatoid and osteoarthritis, and metabolic conditions such as headaches, cancer, and organ disease. There are literally hundreds of illnesses and circumstances that are associated with pain.

Conventional treatment usually consists of analgesics (painkillers), anti-inflammatories, physiotherapy, and occasionally surgical intervention. Alternative methods may include massage therapy, chiropractic manipulation, acupuncture, pulsed electromagnetic field therapy, cranial sacral therapy, and various supplement-herbal remedies.

Two therapies that many people have not heard of, but are often extremely effective, are prolotherapy and neural therapy.

Prolotherapy is a technique for treating chronic pain around the joints, tendons, bursae and ligaments of the neck, back or extremities. It involves the injection of a concentrated sugar (dextrose), sterile water and local anaesthetic mixture into the above-mentioned structures, which in turn induces local inflammation. Consequently, there is an increase in growth factors, which in turn, stimulate the release of fibroblasts, which are "baby" ligament and connective tissue cells. The fibroblasts lay down new collagen tissue, which in animal and human studies have been shown to shorten, thicken and strengthen the injected ligaments. This in total causes a decrease in painful signals arising from the many nerves in the lax ligaments and ultimately a decrease in pain. This procedure does not involve the injection of corticosteroids such as Cortisone. This procedure originated in the late 1940s.

Neural therapy is a healing technique that was originally developed in Germany. It involves the injection of local anaesthetics, nutrients, homeopathic medicines or some combination of the above into nerves, scars, glands, acupuncture points, trigger points and other tissues.

Neural therapy is based on the theory that trauma (physical or emotional) can produce long-standing disturbances in the electrochemical function of tissues and cells. Such trauma can cause changes in the involuntary nervous system function leading to altered cell membrane dynamics. Also circulatory, lymphatic and connective tissue disruption can occur.

A disturbed area is called a field of disturbance or interference field.

Virtually any area of the body can act as a disturbance field and produce dysfunction at sites remote from the original area. Common disturbance fields are scars (surgical and/or traumatic), sinuses, tonsils, teeth (especially root canal filled teeth and incompatible tooth restoration materials), intestines, prostate gland, ovaries and uterus, thyroid gland and nerves.

The injection of the local anaesthetic restores cell membrane function for the duration of the anaesthesia. This short period of time allows the cell to eliminate sufficient amounts of waste material to re-establish normal function. Enhanced microcirculation and lymphatic drainage also takes place as a result of the injection. The anaesthetic is not given for the conventional purpose of freezing or numbing the local region. The addition of vitamins, minerals or homeopathic remedies to the injection, allows an additive therapeutic effect.

Neural therapy techniques involve a multitude of varied types of injections. Some are very shallow, only skin deep and yet others are much deeper. Surprisingly, this therapy is not too painful and well tolerated by most individuals. Naturally, those phobic of needles probably would not appreciate this procedure. However, neural therapy can be effectively performed with the use of a soft laser in place of injections particularly for children and needle sensitive people.

The role of the doctor is to accurately determine the cause of the patient's pain and apply the appropriate injection to the correct structure. The degree of success is often high in chronic pain conditions that fail to respond to conservative treatment. Disturbances starting in childhood can accumulate to the point that they produce problems in adulthood. Thusly, neural therapy takes into consideration the entire patient life experience prior to treatment.

Examples of a few conditions that respond to neural therapy are fibromyalgia, headaches, sinus congestion, arthritis, gynaecological disorders, stress, whiplash, frozen shoulder and thyroid dysfunction.

As with any medical procedure there is always the risk of complications. However, in the hands of a competent and experienced practitioner, both modalities are safe. When used accordingly, many pain syndromes can be effectively and permanently treated. For more information on these therapies, browse the Internet.

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Link to our Redesigned & Updated Website

www.bcna.ca