

Your Health

VOL. 11 / NO. 2 / SPRING 2005

Proactive Solutions to BC's Health Care Crisis

What NDs Can Do Now

FOR SENIORS: Seniors over 65 make up 12.5 per cent of the population but nearly half of all health expenditures. Further, health costs for seniors over 85 are eight times higher than the per capita expenditures for all age groups. Naturopathic medicine is an excellent, cost effective choice for treatment of many age related conditions, such as arthritis, cancer, depression, heart disease, diabetes and osteoporosis.

TO HELP LOWER PHARMACEUTICAL DRUG COSTS: Spiralling drug costs are a drain on the health care system. Drug costs have doubled in the past decade. Naturopathic doctors (NDs) are trained to identify the underlying cause of disease and to help the body heal itself naturally. Prescription drugs are less necessary for those using NDs as their primary health care provider, hence their drug costs are lower. Further, NDs are the only skilled primary care physicians with a specialty in disease prevention and it is well-documented that disease prevention reduces overall health costs.

TO DELIVER HIGH QUALITY PRIMARY HEALTH CARE TO PATIENTS: The provincial government is restructuring health care to make it more cost-effective and efficient. At the same time, British Columbians desire more choice. Over the past year, over 150,000 British Columbians visited an ND – three times more than a decade ago. The most common medical problems that NDs treat include allergies and immune disorders, orthopedic problems (e.g., arthritis), digestive ailments and cardiovascular disease. These conditions are more likely to require

wellness care than treatment of symptoms, and NDs emphasize preventative health.

How NDs Can Help

TO REDUCE DUPLICATION AND INEFFICIENCY: Naturopathic physicians are fully trained to diagnose and treat patients in a manner most effective for the patient. NDs are also qualified to identify when certain basic prescription drugs are needed or referrals to other health care practitioners are required. There is no need for patients first diagnosed by their ND to be subjected to the inconvenience and cost of being re-diagnosed by a medical doctor to get the treatment they need, yet this practice is mandated by law in BC. A full scope of practice for NDs will streamline the delivery of quality health care to patients while ending this wasteful and inefficient duplication. In fact, NDs, fully empowered, can help alleviate waiting lists through preventative health care, encourage healthier lifestyles and save health care dollars.

TO IMPROVE THE DIRECTION OF HEALTH CARE WITH INPUT FROM ALL STAKEHOLDERS: Eighty-four per cent of British Columbians have used alternative therapies during their lifetime, with 60 per cent having used alternative therapy in the past year. Nearly 90 per cent of patients indicate they are pleased with the quality of alternative health care. The government should recognize the public's widespread acceptance and use of alternative health care delivery and more fully include NDs in the

debate surrounding the direction of health care delivery in BC.

TO ALLEVIATE THE SHORTAGE OF DOCTORS: General practitioners and family doctors are in short supply while the trend towards MD specialization continues. At the same time, patients increasingly want to make their own choices about the care they receive and a growing number of patients consult alternative health care providers first or choose which medical provider to visit based on their medical condition. Naturopathic physicians are fully educated and trained to deliver primary health care to patients. The number of NDs practicing in BC has tripled to over 200 in the past decade. This makes naturopathic medicine one of the fastest growing medical fields in North America. This is BC's best opportunity to meet the growing need for access to prevention focused primary health care.

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Following the eye-opening article published in the journal *Oncology* in 1999 by a naturopathic physician & medical oncologist who exposed the probable concerns of combining chemotherapy with dietary antioxidant supplements, the words "antioxidants" and "vitamins" have literally become associated as "bad-words" in many cancer treatment circles. Moreover, virtually the entire field of natural health products (NHPs) / dietary supplements has also been grouped together under the shadows of this debate. Is the common recommendation to *not* take any kind of NHP, whatsoever, during cancer treatment (i.e. with the exception of a multivitamin) the most prudent course of action when considering the best interest of a patient with cancer?

Perhaps a very simple approach to gain further insights into the potential impact "antioxidant" ingredients may have is to examine some more aggressive combinations (i.e., given by injection) that have been published in the medical journals. The well known antioxidant glutathione, for example, has been studied in combination with several chemotherapy regimes. In fact, the popular chemotherapy drug Oxaliplatin along with glutathione (i.e., given by injection) has been studied in advanced colorectal cancer in a randomized, double-blind, placebo-controlled fashion published in the *Journal of Clinical Oncology*. Glutathione protected against the toxic nervous system effects of Oxaliplatin without adversely affecting the effectiveness of Oxaliplatin. Several other independent studies in patients with gastric cancer and advanced ovarian cancers have revealed similar findings with combination intravenous glutathione treatment. At the University of Kansas Medical Centre, the application of vitamin C (also by injection) is actively being studied for newly diagnosed ovarian cancer (stage III or IV) in combination with chemotherapy because of positive patient outcomes with this approach.

Recently, a study published in February this year examined the effects of oral high-dose antioxidants (i.e., vitamins C, E, beta carotene) combined together with chemotherapy in patients with stage III/IV non-small-cell lung cancer. After two years, the results did not support the concern that antioxidants might protect cancer cells from or interfere with the effects of chemotherapy.

Now where does this leave the non-vitamin based NHPs in the debate? Melatonin, for example, has been studied for many types of cancers in medical science. A recent 2003 study of 100 patients with metastatic lung cancer treated with chemotherapy alone or in combination with melatonin showed that the overall tumour regression rate and the five-year survival results were higher in patients treated with melatonin. In fact, no patient treated with chemotherapy alone was alive after two years. Melatonin is also known to possess antioxidant properties.

It is important to stress that it is not the intention of this paper to give a complete green light to all natural health ingredients in cancer care since there are definite areas that need exploration and validation. After all, some natural health products (e.g., St. John's Wort) have been shown to decrease the blood levels of numerous medications. For myself, being a primary care physician, I have sworn to respect the principle of "first do no harm" and proper research helps support this fundamental principle.

So where does this leave the patient diagnosed with cancer who is actively seeking supplement advice? In private practice, instead of placing patients in the middle of this debate, I have found it valuable to provide balanced medical information and to allow the patient to make an informed choice in their health care treatment program. Empowerment along with proper guidance is an important cornerstone in all aspects of health care. Supporting a patient's choice may have invaluable health promoting benefits especially when you consider the mind-body perspective. Moreover, since a high number of patients choose to use NHPs without the knowledge of treating medical oncologists, it becomes important for patients to find appropriate health care providers that have a well-rounded understanding about this subject area and to help guide them away from possible harm and towards a path of safe and balanced health care.

This article by **Dr. Walter Lemmo**. Dr. Lemmo practices in Vancouver's Kerrisdale neighbourhood. His clinic number is 604 263 6338. References for this article are available by e-mailing bcna@bcna.ca

Infants, Childhood Development & Fatty Acids

Recent medical research investigating the safety and benefits of feeding preterm infants formulas with added DHA and ARA (in one group no oils, in another DHA from algal oil, ARA from fungal oil and in a third fish-DHA from fish oil, ARA from fungal oil) found that the infants on the algal-DHA formula had a significantly greater weight gain than those on regular formula or infants in the fish-DHA formula group. Indeed, the weight of the algal-DHA group was comparable to that of term infants. Infants in both supplemented formula groups scored higher on standard mental and movement-coordination tests than did those in the regular formula group. The researchers therefore concluded in the *Journal of Pediatrics* (April 2005) that feeding formulas with DHA and ARA from algal and fungal oils resulted in enhanced growth, with both supplemented formulas providing better developmental outcomes than un-supplemented formulas. While this research is useful for identifying the importance of fatty acids in childhood development, naturopathic physicians may have more extensive clinical nutrition recommendations for expectant mothers than simply a modified supplement.

In an entirely separate study at the University of Bristol, researchers noted that women who ate fish regularly during pregnancy had children with better language and communication skills by the age of 18 months.

The findings, from a study of more than 7,000 English children, also back recent food product development, with a number of new launches specifically targeting mothers with added omega-3 fatty acids.

Overall, the study found that there was a subtle but consistent link between eating fish during pregnancy and children's subsequent intellect test scores, even after adjusting for factors such as the age and education of the mother, whether she breastfed, and the quality of the home environment.

The largest effect was seen in a test of the children's understanding of words at the age of 15 months. Children whose mothers ate fish at least once a week scored seven per cent higher than those whose mothers never ate fish.

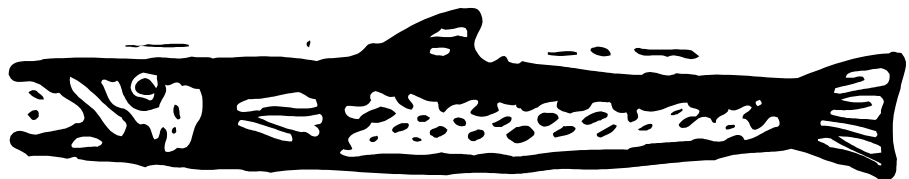
In addition, the researchers noticed a threshold effect: while there was a benefit in eating fish in moderation—there was no advantage in eating large amounts of fish. This is important because fish can contain heavy metals and other contaminants. However, mercury levels in umbilical cord tissue for a subset of 1,054 children in the new study found total mercury concentrations to be low and not associated with neurodevelopment.

Supplementation with fatty acids may be a safe and effective way of dealing with educational and behavioural problems among children with developmental coordination disorder (DCD), according to an Oxford University study published in the May issue of *Pediatrics*. An interesting aspect to this research was that the authors noted there is currently no effective, evidence-based treatment for the condition (i.e., the "medical gold standard" for drug treatment).

The research involved a six-month controlled trial of 117 children with DCD aged between five and 12 years. The children were randomly assigned to one of two groups, one receiving omega-3 and omega-6 fatty dietary supplementation and the other receiving an inactive placebo.

The active supplements consisted of 80 percent fish oil and 20 percent evening primrose oil. A daily dose of six capsules (two administered three times a day) delivered 558mg of eicosapentaenoic acid (EPA), 174mg of docosahexaenoic acid (DHA) and 60mg of γ -linolenic acid.

The researchers noted that the active treatment group showed "significant improvements" in behaviour, reading and spelling within the first three months, which were paralleled by the placebo group once they had crossed over to the fatty acid supplements.



Four Point Plan for a Healthier BC

Simple steps that government can take to improve patient choice and our public health care system

Naturopathic Medicine

We are all concerned about health care delivery in BC. It is not meeting the public's expectations and the system is under increasing pressure.

Hundreds of thousands of patients visit BC's naturopathic doctors each year, making NDs an integral part of the health care system. Naturopathic medicine is science-based primary health care focused on prevention and wellness. NDs' education includes at least three years of pre-medical training followed by four years of full-time study at an accredited naturopathic college. In fact, NDs receive more training in basic and some clinical sciences than students at standard medical schools.

Increasing specialization amongst medical doctors and a corresponding lack of general practitioners is often cited as a major problem with the current system. NDs, on the other hand, are all general practitioners who offer a comprehensive range of services as a critical point of first contact in the health care system. The government can relieve pressure on the system by allowing NDs to practice to the full extent of their training.

Recognize a full scope of practice for NDs

BC is falling behind other jurisdictions in recognizing a scope of practice that fully reflects NDs' extensive education and training. The BC Naturopathic Association is working with the Ministry of Health Services to improve NDs' scope of practice and make BC a leader again. In order to fully utilize the skills and training of NDs, the province must deliver an enhanced, contemporary and progressive scope of practice for naturopathic physicians by doing the following:

Point 1: Provide NDs with access to necessary facilities for health care delivery

NDs are not permitted to access publicly funded medical laboratories and hospitals in BC.

Labs and hospitals are solely accessible to patients who have referrals from medical doctors, even though thousands of patients suffer from illnesses that are first diagnosed by their ND.

This situation is highly inefficient, creates delays and puts additional pressure on the health care system.

NDs in BC send all of their medical laboratory work to other jurisdictions, which creates delays for patients and means fewer jobs here.

There is no reason for this to continue. NDs are trained and capable of making referrals and accessing facilities. BC's Royal Commission on Health Care

recommended government stop requiring a medical laboratory be owned and managed by a medical doctor, thus acting in the patient interest to optimize choice of health care services. Providing NDs with access to publicly funded private medical laboratories and public hospitals will streamline and improve the delivery of health care to patients.

Point 2: Allow NDs limited prescription rights

Despite the training that NDs receive in pharmaceutical sciences, they are not permitted to prescribe naturally derived drugs that are controlled by prescription - even though NDs have historically used many drugs safely and effectively and have prescribing rights in other jurisdictions.

Past discussions with government resulted in the establishment of a committee review that favoured providing ND access to a number of items limited by prescription. Although an Order in Council to implement this "Schedule" was prepared, Cabinet did not move forward. The failure to act limits patient choice and results in unnecessary backlogs in the delivery of health care. The BCNA has the support of other health professions, such as the College of Pharmacists, for such a Schedule.

Point 3: Provide NDs with referral privileges to medical specialists

Naturopathic physicians are fully qualified primary health care providers licensed in BC since 1921 and trained to use science-based methods to diagnose and treat patients.

However, patients who are first diagnosed by NDs acting as their family doctor must then be re-diagnosed by a medical doctor before being referred to a medical specialist for treatment.

This unnecessary double diagnosis, mandated by law in British Columbia, creates additional backlogs and costs in the health care system yet there is no medical reason for this situation to exist.

Point 4: Bring NDs into the mainstream of health care delivery

The 2005 BC Throne Speech has committed government to explore ways to integrate alternative medicine options into the mainstream health care system. This is very good news for the more than 150,000 BC patients who rely on an ND for their primary health care. Naturopathic medicine, with its core focus on disease prevention, wellness and science-based patient-centred care, is the most comprehensive of complementary medical services available. The integration of naturopathic medicine will help reduce system costs, eliminate needless duplication of services, speed up the delivery of patient care and improve the quality of life of those British Columbians at risk of chronic disease.

BC Pre-Election Questionnaire

The following questions were asked of the three BC political parties in advance of the May 17 election.

Naturopathic medicine, with its focus on prevention and wellness, is the most comprehensive of the range of complementary medical services available in BC. Do you support the BC government's decision to devote new energy and new resources to integrate alternative health care options into our mainstream health care system?

Liberal: The BC Liberal government stands by our commitment to explore new ways to integrate alternative health care options into our mainstream health care systems.

Alternative therapies are included in benefits received by British Columbians accessing Premium Assistance under the Medical Services Plan. The BC Liberal government provides more comprehensive coverage for supplementary services than the majority of other provinces in Canada, and we are the only province to provide any coverage for naturopathic care.

NDP: The NDP is committed to improving the access British Columbians have to health care in BC, and that includes health prevention and awareness. The NDP welcomes the experience alternative medical professionals and services bring to health care in BC.

Green: Yes.

Naturopathic physicians (NDs) are prevented from accessing medical laboratories in BC due to prejudicial and arbitrary inter-professional barriers. Lab samples, such as blood work, are sent to Alberta or the United States for analysis. For patients receiving primary care from their ND this creates needless and sometimes risky delays. Will you advocate to remove these barriers?

Liberal: The scope of practice for naturopathic physicians was extensively reviewed. A BC Liberal government will continue meeting with the BC Naturopathic Association (BCNA) and the College of Naturopathic Physicians to discuss the review's recommendations and we will consult with the profession before making any changes. British Columbians' health and safety will always be our primary concern when considering changes.

NDP: In the last few years many BC New Democrats have met with naturopathic professionals and advocates. We are committed to reviewing policy suggestions and working with naturopathic professionals to find solutions that work for BC.

Green: Yes.

Despite their extensive education, examination and ongoing training in pharmaceutical sciences, NDs are not permitted to prescribe naturally derived drugs that are controlled by prescription. Although there has been a mandate for a drug "schedule" for NDs in BC since 1936, and although NDs in other jurisdictions prescribe, the mandate has not been acted on. Do you support scope of practice reforms that will allow NDs to properly prescribe for their patients?

Liberal: A BC Liberal government will continue to consult with the College of Naturopathic Physicians and the BCNA about proposals to change the scope of practice. Last year, the BC Liberal government provided funding to the BCNA for an independent consultant to examine outstanding scope of practice issues. Recommendations from the consultant are currently under review.

NDP: The NDP is committed to review the issues surrounding scope of practice as they come up with all medical professionals, including naturopathic physicians.

Green: Yes.

NDs are fully qualified primary health care givers. However, their patients must be re-diagnosed by an MD in order to be referred to a specialist for treatment. Will you press for an end to this completely unnecessary double diagnosis, which creates additional backlogs and costs in the system?

Liberal: The BC Liberal government is working with B.C.'s naturopaths to help define scope of practice for naturopathic doctors. In 2004, in conjunction with the BCNA, we helped finance an independent consultant to explore outstanding issues around scope of practice. The consultant also reviewed academic and professional documentation supporting the effectiveness and safety of naturopathic practices. The consultant's report was completed in December 2004 and we are currently reviewing the recommendations.

Our primary concern is patient health and safety, while recognizing that patients are interested in more health care options. A BC Liberal government will continue to work with the College of Naturopathic Physicians and the BC Naturopathic Association to ensure patients will benefit from those options.

Thank you for the opportunity to address the BC Naturopathic Association. For your information, we will be posting your questions and our answers on our website, at www.bcliberals.com

NDP: Again, this is an issue that government and naturopathic physicians need to discuss together. The NDP will ensure the necessary dialogue occurs to reach a solution that works for British Columbia.

Green: Yes. The Green Party of BC believes that disease prevention and wellness are as important as conventional management of illness. Our Green Book 2005 (www.greenparty.bc.ca) talks about increasing levels of funding for health care in a single-tiered universal health care system. However, that is only half of the equation. Unless we promote medical approaches that help prevent the increasing levels of respiratory and cardiovascular diseases, diseases of the nervous system and the various cancers, no amount of healthcare funding will ever be enough.

Alarming Statistics on "Health" Care

Carolyn Dean, MD, ND, has written a provocative new book titled *Death By Medicine*. Her subject ties in with all the news snippets and research reported on this and the facing page.

Death By Medicine explores the negative financial impact of the drug/hospital/surgical model, the death rates from medical intervention, unnecessary surgeries and medical interventions, adverse drug reactions, compromised medical ethics, and many other damaging aspects of the largely corporate and surprisingly undocumented facets of "standard" medical care.

Annual Physical and Economic Costs of Medical Intervention

Condition	Deaths	Cost
Hospital ADR <small>(adverse drug reactions)</small>	106,000	\$12 billion
Medical Error	98,000	\$2 billion
Bedsore	115,000	\$55 billion
Infection	88,000	\$5 billion
Malnutrition	108,000	not compiled
Outpatient ADR	199,000	\$77 billion
Unnecessary Procedures	37, 136	\$122 billion
Surgery-Related	32,000	\$9 billion

For a total of 783,936 deaths at a cost in excess of \$282 billion USD.

On Medical Ethics:

In 1981 the drug industry "gave" \$292 million to colleges and universities for research. Ten years later it gave \$2.1 billion.

When a clinical trial is funded by a drug company, there is a 90% change that the drug will be perceived as effective; a non-drug company-funded study will show favorable results about 50% of the time.

On Iatrogenic Events (Iatrogenesis is a medical term meaning induced inadvertently by the medical treatment or procedures or activity of a physician):

As few as 5% but no more than 20% of iatrogenic events are ever reported.

This means that an annual death rate of 783,936 is a conservative estimate that is really anywhere from five to 20 times higher.

Fatalities from iatrogenesis are equivalent to six jumbo jets falling out of the sky each day.

MDs are not thoroughly trained in reporting ADRs. Many studies show that hospital staff are unaware there are such things as error-reporting systems and in many cases, those professionals aware of reporting systems didn't bother using them.

ADRs are rarely recorded as such. Many patients who are admitted to hospital for an ADR are in fact tabulated as suffering with an ailment, not suffering from a prescription.

Iatrogenic events are fuelled by drug company marketing and commercialization. From 1996 to 2000 drug company TV ad spending rose from \$791 million to nearly \$2.5 billion—which, although a hefty sum, is still only 15% of the total pharmaceutical ad budget.



A Consumer's Union project called Prescription for Change has ruffled some medical feathers in the US. The project, focussed on drug safety and efficacy and critical of drug costs, side-effects and commercialization, recently ran a not so exaggerated spoof of prescription drug marketing by depicting, among many things, a man whose medicine makes his eyeballs fall out. The "op-ed" cartoon mocked the breezy premises of drug ads with the lyrics: "It's a life-enhancing miracle, but there are some things you should know: It may cause agitation, palpitations, excessive salivation, constipation, male lactation, rust-colored urination, hallucinations, bad vibrations, mild electric shock sensations..." CU publishes the highly regarded Consumers Report. The cartoon can be seen by linking to www.consumersunion.org

Health Care or Disease Promotion?

In March, a sleeping patient in a Surrey hospital was picked-up and delivered to a morgue. That same week, "expert" advice in the *Sun* reported that "the sound asleep look like the nearly dead." Have hospital staff found a new way to alleviate the chronic shortage of beds?

At the same time, CBC News reported on the failure of hospitals to control antibiotic-resistant "superbug" infections that kill 8,000 patients each year. That's more deaths than the global count for SARS and double the amount of avian flu casualties in Canada. An interesting side note: The superbug's resistance can be traced directly to a cavalier prescription of antibiotics (i.e., indiscriminate overuse) for nonbacterial threats such as flu.

A few years ago the *Chicago Tribune* analyzed patient databases, records from court cases, nearly 6,000 hospitals and 75 state and federal agencies to report the astounding fact that over 100,000 people had died from hospital infections, a whopping 75% of which were preventable.

Adverse events in hospitals are a growing concern—for those in and out of hospital. Below is reprinted an article on this subject by BCNA member **Dr. Trevor Salloum**. Dr. Salloum practices in Kelowna; he can be reached at 250/763-5445 or link to www.dr.salloum.com

A recent edition of the *Canadian Medical Association Journal* has published the first Canadian study (The Canadian Adverse Events Study *CMAJ* May 25, 2004; 170 :11) to provide a estimate of the incidence of adverse events in Canadian hospitals. The study defines Adverse Events (AEs) as unintended injuries or complications resulting in death, disability or prolonged hospital stay that arise from health care management. These events are apparently unrelated to the patient's disease.

7.5% of all patients studied experienced an adverse event (AE). Past studies conducted in numerous hospitals around the world have shown an AE rate of 2.9%–16.6%. Most of the AEs resulted in no physical impairment or disability, or in minimal to moderate impairment with recovery within six months. However, 5.2% of the AEs resulted in permanent disability, and 15.9% resulted in death. The study also found that patients who experienced AEs were generally older and/or had longer stays in hospital than did those without AEs. The study found that almost half of the patients were thought to have highly preventable AEs.

In 1979 a US pediatrician named Dr. Robert Mendelsohn published his highly critical assessment on the state of American health care in his book *Confessions of a Medical Heretic*. Mendelsohn described hospitals as "Temples of Doom." He cites numerous examples of poor hygiene and errors in diagnostic and therapeutic procedures. Although it may not always be possible to have someone with you at all times, he suggests having a relative or close friend act as an advocate for you while you are hospitalized. An advocate could insure that you are well-fed, given the correct medication, surgery and proper hygiene in hopes of reducing hospital errors. He states "if the hospital food

is up to your standard, either you are in an exceptional hospital or you should seriously reexamine your dietary habits." His book is easy to read, frightening, humorous and recommend reading for everyone.

Some solutions to these problems as described in the recent issue of the *CMAJ*, include improved communication, competence and coordination within hospitals, better leadership to encourage the reporting of AEs and monitoring of the incidence of these events as well as improved patient information regarding the risks of procedures. Regarding the study, Peter Davis,

a Public Health professor in New Zealand, concludes that patients concerns and complaints must guide the system.



BCNA Member Doctors In Print

Nature's Recipe

Glenda Laxton, ND

An excellent resource for individuals on or considering restricted diets. Nature's Recipes features over 70 recipes that are wheat-free, dairy-free and sugar free. Designed for individuals who need or want to modify their diet and don't know how to modify their cooking. Also includes a six page glossary of ingredients such as amaranth, stevia, tamari, etc.

Order info: www.westcoastclinic.ca or 604-681-5585

Eating Alive II

Jonn Matsen, ND

Revised and modified last year, with an introduction by Jennifer Beals, Dr. Matsen's book builds on the tenets of healthy living outlined in his previous books *Eating Alive* and *The Secrets to Great Health*. Includes extensive recipes by Irene Hayton and Carol Song as well as nearly 100 pages of references and resources.

Order info: www.eatingalive.com or 1-877-222-9858

Naturally There's Hope

Neil McKinney, RAc, ND

Subtitled "A Handbook for the Naturopathic Care of Cancer Patients" this book serves as both a reference for health professionals treating cancer as well as a guidebook for cancer patients wanting to incorporate complementary medical strategies into their treatment protocol. Chapters address aspects of CAM (botanical medicine, supplements, diet, etc.), as well as specific cancers.

Order direct from Vital Victoria Naturopathic Clinic, 1 888 722 6401, or through Trafford Publishing, online at www.trafford.com or 1 888 232 4444.

The 7-Day Detox Miracle

Peter Bennett, ND

Originally published in 1999, Dr. Bennett's book on simple, life-changing strategies to prevent disease, improve overall health and energize the body continues to garner praise and acclaim. Using the cornerstone of clinical nutrition—using food to heal—the book is a thorough but easy to follow guide for transformative health care. Available for purchase through book stores, Amazon, Chapters, etc.

Phone us toll-free: 1-800-277-1128

PHYSICIAN REFERRALS * NATUROPATHIC MEDICAL INFORMATION * STUDENT INFORMATION

Your Health is published quarterly by the British Columbia Naturopathic Association, the professional association for naturopathic physicians in the province. It is compiled and edited by Glenn Cassie. The information provided herein is for educational and reference purposes only; it is not intended as a substitute for consultation and diagnosis nor treatment from a qualified doctor.

Your Health is provided free to BCNA members.

The BCNA offers patients, across the province, referrals to licenced naturopathic doctors (NDs) in their area, as well as student information to persons interested in the profession. It is the BCNA's purpose

to advance the scientific, educational and professional aspects of naturopathic medicine.

The public is welcome and encouraged to join the BCNA. An annual membership fee of \$25 assists the BCNA in its efforts to increase government recognition and heighten the profession's profile. Membership entitles you to a one-year subscription to Your Health and other news and information bulletins.

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