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How Naturopathic Doctors Are Proving the Value of Integrative Medicine

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In the mid-1980s, leaders of the reemerging naturopathic medical profession faced a tough challenge. They had to make the case for a scientific basis for their field prior to any history of federal support for naturopathic research.

The naturopathic physician authors of such pioneering volumes as the [Textbook of Natural Medicine](#) and bestselling, consumer-focused counterpart the [Encyclopedia of Natural Medicine](#) searched the world's literature. They referenced diverse studies on diet, therapeutic nutrition, lifestyle, stress and exercise and profession's whole person, multi-modality, natural therapeutic-focused form of integrative medicine.

Many of these references were gleaned from conventional medical literature. Bottom line: The reemergence of naturopathic doctors (N.D.s) owed a significant debt to research of their medical doctor (M.D.) colleagues.

Now it looks like present day naturopathic researchers may be paying back this debt -- at least as far as their medical doctor colleagues in integrative medicine are concerned.

A [recently-published study](#) of naturopathic treatment for diabetes and a review of 13 outcomes studies of "whole practice" naturopathic treatment each support the value in the multiple modality, individualized approach that is also favored by integrative M.D.s.

The review was presented at the recent [International Research Congress on Integrative Medicine and Health](#), May 15-18, 2012. The key inclusion criterion of the naturopathic research studies was that all examined the impact of care using at least two therapeutic modalities simultaneously.

A hallmark of integrative, whole person care -- whether by naturopathic doctors or integrative medical doctors -- is that doctors virtually never treat with single agents. An herb, nutrient or pharmaceutical may be a centerpiece, but this is typically prescribed in the context of a family of other treatments. These may include counseling, dietary suggestions, additional supplements, exercise, and some form of stress management. These are offered in the context of a supportive therapeutic relationship.

The poster presentation was entitled "[Systematic Review of Outcomes Studies of Outcomes Studies of Whole Practice Naturopathic Medicine.](#)" The poster team, led by Erica Oberg, N.D., MPH and Carlo Calabrese, N.D., MPH, acknowledged that "formal whole practice studies in naturopathic medicine are a recent phenomenon."*

All of the naturopathic studies were on chronic conditions. "Some degree of clinical benefit" was found in each, "sometimes quite strong." Eight of the 13 used quality of life measures with all showing improvements. While noting many "methodological weaknesses," the team concluded that the review "provides evidence of effectiveness and cost savings in chronic diseases in the observed or validly-modeled practice of trained and licensed naturopathic doctors."

Such research is of most value to real world decision makers. The aim is not to show that X therapy caused Y response under controlled conditions. Rather, these help stakeholders -- whether employers, individuals, hospitals, or accountable care organization leaders -- understand what may happen if a given population of patients is cared for by a set of integrative practitioners. These specifically help answer whether naturopathic doctors will be helpful if included in care teams or benefit plans.

The prime example of this utilitarian research was a [pilot project](#) reported this spring via [Group Health Research Institute](#) and [Bastyr University](#). The team compared adjunctive naturopathic care for 40 patients with Type II diabetes against usual care for a Group Health population.

The researchers honored the individualized philosophy of integrative medicine treatment. No protocol was required of the participating naturopathic physician clinicians. They were only told they could offer no more than eight visits during the study year. The researchers, led by [Ryan Bradley, N.D., MPH](#) and [Dan Cherkin, Ph.D.](#), found improvements in self-efficacy, mood, glucose testing and motivation to change lifestyle. Changes in hemoglobin A1c were trending positively but not statistically significant in the small sample.

For employer or insurer decision makers concerned with cost, another signal finding was that the average number of visits was just 3.9. This was less than half of the allowable eight. These reassured that the naturopathic doctors wouldn't break the bank. Notably, the visit count to the naturopathic physicians was a fraction of that in the highly-regarded [Diabetes Prevention Program](#).

Small as this sample of research projects may be, this baker's dozen of whole practice studies reflects a significant contribution to the body of knowledge of the outcomes of real world treatment by integrative doctors of *any* kind.

Ironically, the time may soon come when integrative medical doctors make use of these data on integrative naturopathic treatment for their own ends. An effort is underway to establish a new [board certification for integrative medical doctors](#). A recent examination of M.D.-based integrative medicine was [challenged for relying on hearsay claims](#) of the integrative M.D.s. Questions about the effectiveness and cost-effectiveness will increasingly be on the table.

In search of the science to support whole person, integrative medical care, the emerging guild of board-certified integrative M.D.s may use a strategy favored by the naturopathic doctors 30 years ago. They too might find it useful to borrow useful research from across a professional aisle. In their case, they will be sampling from their naturopathic doctor colleagues who are forging the path of whole practice integrative medicine research.

**Disclosure note: I have worked with Oberg, Calabrese, Bradley, Cherkin and others from many disciplines to promote more funding of research on outcomes of whole person, integrative care.*

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