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Senate Health, Education and Social Services Committee

Legislation Checklist

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Jeanie Henry

Senate Health Education and Social Services Committee 5/16/86, 1:25 pm

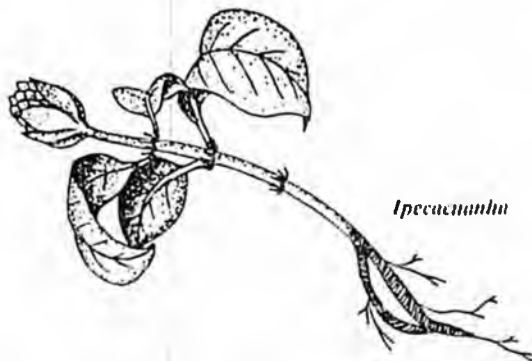
Riding The Coattails Of Homeopathy's Revival

Just as organized religion has been beset throughout history by countless heresies, sects and splinter groups, so too has organized medicine. Ever since the ancient Greeks began to make a science out of healing human ills, there have been medical mavericks to challenge the established practices of their day.

Today, a 160-year-old splinter group known as homeopathy—one of the first to challenge medical orthodoxy in America—is enjoying a rebirth of popularity, only a few years after observers had predicted its almost certain demise.

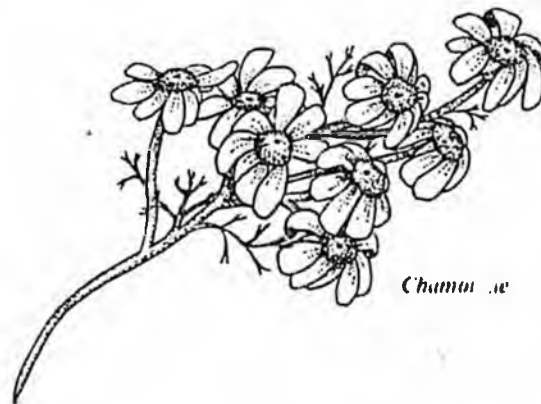
Homeopathy (pronounced hoe-mee-AH-puh-thee) originated in Europe in the early 1800s and quickly spread to the United States. (See accompanying article.) It centered around the idea of treating disease by administering highly diluted preparations of substances that *cause* the same symptoms the patient is experiencing. For instance, ipecac is a drug that causes vomiting; it is commonly used in the emergency treatment of certain types of poisoning. Homeopathic physicians, however, prescribe ipecac for patients suffering from nausea or vomiting. While the dose is highly diluted, the treatment, according to the principles of homeopathy, cures by stimulating the body's natural defense mechanism to fight whatever is causing the ailment.

Like ipecac, which is derived from the roots of a South American shrub, most homeopathic medicines are made from plants, animals or minerals. As Americans have become increasingly infatuated in the past few years with all things "natural," homeopathy has also had a resurgence as a result of this back-to-nature movement, offering a "non-chemical" way of treating illness without side effects. In recent times, this promise has been



especially appealing to cancer patients, who find it hard to cope with the often terrible side effects of conventional chemotherapy.

But as homeopathy's popularity has grown, some homeopathic drug manufacturers and practitioners (not necessarily possessing a bona fide medical degree) have strayed from the original tenets of this medical sect. Traditional homeopathy was known, above all else perhaps, for its benign treatment of patients. But for those today who are seeking alternative medical treatments, some of the new practices conducted in the *name* of homeopathy pose a serious danger and have raised the concern of the Food and Drug Administration.



The Food, Drug, and Cosmetic Act, passed by Congress in 1938, contains a section recognizing as drugs the remedies included in the *Homeopathic Pharmacopeia* of the United States. This was mainly due to the efforts of Senator Royal Copeland, who also happened to be the foremost homeopathic physician of his day. While this gives a basis for the legal acceptability of homeopathic medicines, it also made them subject to all the requirements of the new law.

For decades, FDA was largely unconcerned with homeopathic drugs. As the popularity homeopathy had enjoyed during the 19th century waned with the advent of modern medicine, homeopathic drugs made up a smaller and smaller share of the medicinal market. Further, while these drugs had never been proven effective by well-controlled clinical studies like those used to test conventional medicines, they at least appeared safe because of the extreme dilution of their active ingredients. In light of competing regulatory priorities, homeopathy was a



medical backwater.

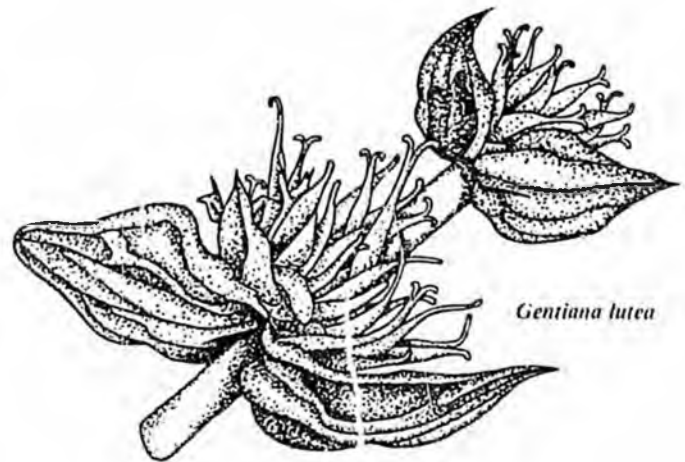
But in the mid to late 1970s, homeopathy began its comeback. FDA field offices began to notice more and more imports of homeopathic medicines. New homeopathic drug companies began to spring up, reviving an industry that had been small and dormant for years. Soon, ads for homeopathic drugs were appearing in such popular publications as *People* magazine. Books on homeopathy were published, such as *Homeopathic Medicine at Home* by Dr. Maesimund Panos and Jane Heimlich, which urged readers: "As the image of penicillin is tarnished by the reality of allergic reactions, why not examine *Belladonna* (a homeopathic—and, therefore, safe—remedy prepared from deadly nightshade) as an appropriate treatment for strep throat."

The growth of the homeopathic movement is exemplified by the sales increases of homeopathic drug firms. While still only a small fraction of the sales of conventional drugs, sales of some homeopathic companies experienced a jump of up to 1,000 percent over just a three- or four-year period in the late 1970s and early 1980s. And while previously a large share of the drugs were exported, mainly to third world countries such as India, Bangladesh and Cambodia, the late 1970s saw more and more homeopathic drugs being sold in the United States.

William Nychis, of the Drugs and Biologics Fraud Branch in FDA's Center for Drugs and Biologics, estimates that there are now between 50 and 60 firms marketing homeopathic remedies in the United States. "Four years ago, the industry was only a tenth of what it is now," says Nychis. The American Association of Homeopathic Pharmacists estimates that as many as a million Americans are using homeopathic drugs.

To get a clearer picture of the booming homeopathic drug industry, FDA surveyed 12 manufacturers in the spring of 1982.

Homeopathic drugs are prepared by repeatedly diluting the active ingredient by factors of 10. The "6X" on the labels of these homeopathic medications means that the 1-to-10 dilution was done six times, rendering a final product in which the active ingredient is one part per million.



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Some of the findings were disturbing. One of homeopathy's stated principles is that the medicine and dose used to treat a disease must be highly individualized for each patient through painstaking examination by a physician specially trained in the workings of homeopathy. Yet the survey found many homeopathic drugs being marketed over-the-counter (OTC), sometimes for serious medical conditions such as heart and kidney disease and cancer. An extract of tarantula was being sold for multiple sclerosis; an extract of cobra venom for cancer. OTC homeopathic remedies were being sold through the mail and in health food stores.

Home-remedy kits containing a variety of homeopathic remedies were also being sold. A book accompanying one such kit instructs stroke victims to take one homeopathic remedy to allay anxiety and another to "encourage healing of the brain injury and absorption of extravasated blood." Another book accompanying one of the kits, *Homeopathic Remedies for Physi-*



cians, Laymen and Therapists, was written by three homeopathic physicians under the auspices of the Himalayan Institute, established by Swami Rama outside Chicago. Another book cautions owners to keep the kit out of reach of small children. Not that the contents could hurt the youngsters: "A homeopathic remedy, even an entire vial consumed at one gulp, is not toxic or poisonous," the authors said, "but a toddler, intent on sampling the sweet-tasting pills, can wreak havoc on your kit," the book warns.

Also of concern to FDA, state regulatory agencies, and the homeopathic profession itself is the practice of homeopathy by persons who are not doctors. Currently, most homeopaths have a degree from an accredited medical school and then take post-graduate studies in the principles of homeopathy. Many go on to serve an apprenticeship under a senior homeopathic physician. They are licensed by the state to practice medicine. FDA has found, however, that homeopathic drugs to treat serious diseases, including injectables, are winding up in the hands of unlicensed, untrained "practitioners" who call themselves homeopaths to profit from the practice's popularity. In one reported case, a woman with breast cancer abandoned her chemotherapy treatments and was being treated instead with a product promoted as "homeopathic interferon." (No such medicine is recognized by the *Homeopathic Pharmacopeia*.) The woman eventually died of cancer.

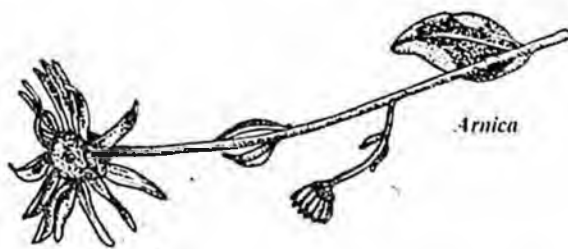
In another case, an Idaho man who called himself a "naturopath" and who used homeopathic medicines in his "practice" was sentenced to 15 years in prison for the death of one of his patients. (See "The Doctor Is In—Jail" in the October 1981 *FDA Consumer*.)



Still other "doctors" are using homeopathic drugs in conjunction with a device called an "electro-acupuncture" machine. The device is used with the drugs to both diagnose and treat diseases, including serious conditions such as cancer. The machines, however, do not really involve acupuncture but are electronic gadgets along the line of various fraudulent devices common in the 1950s and '60s.

Dr. David Wember, a homeopath practicing in suburban Washington, D.C., and vice president of the National Center for Homeopathy, said that while he sees a place for OTC homeopathic remedies for mild illnesses such as colds and flu, he is outraged by promotions of OTC homeopathic drugs for cancer and other serious diseases. "The treatment of serious diseases ought to be the responsibility of qualified physicians, whether homeopathic or allopathic [conventional]," he said.

There are also those in the homeopathic drug industry who take issue with such marketing practices. Jay Borneman, vice president of John A. Borneman and Sons Inc., a 75-year-old homeopathic drug firm in Norwood, Pa., spoke of an "us-versus-them" attitude in his industry. He referred to firms marketing OTC homeopathic drugs for serious conditions as "new kids on the block who have come along with a new product and want to get it on the market quickly, so they get under the homeopathic 'umbrella'."



Borneman denounced the promotion for serious diseases of such quack products as "homeopathic interferon." He cautioned consumers that if any drug—whether or not it purports to be a homeopathic remedy—"looks outlandish or unreasonable, it's probably not for real."

"A serious condition is a serious condition," he stressed, "whether you choose to treat it through standard allopathic or homeopathic medicine." Serious diseases such as cancer or heart disease should be treated by a physician, he said, not through use of OTC drugs—homeopathic or otherwise.

While FDA is not empowered to regulate the practice of medicine (that authority rests with the states), it does have responsibility for the safety and effectiveness of marketed drugs. The agency has detained dozens of shipments of homeopathic

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more effective it would be in stimulating the "vital force" of the body. Minuscule doses were prepared by repeatedly diluting the active ingredient by factors of 10. According to Harold Morowitz, writing in the July 1982 *Hospital Practice*, the dilutions could reach the point where it would be unlikely that even a single molecule of the active ingredient remained in the final dilution.

Hahnemann countered critics of his Law of Infinitesimals by explaining that the curative powers of the drug lay not in the presence of the original active ingredient but in the physician's method of preparing the dose. A simple dilution, for example, was not sufficient. The vial containing the medicine had to be struck against a leather pad a number of times so the drug could be "dynamized" and act "spiritually upon the vital forces" of the body, Hahnemann said.

Hahnemann conducted "provings" of hundreds of drugs. While the "provings" showed how each drug reacted in the bodies of healthy subjects, the experiments provided nothing by way of evidence that the drugs would have any effect in treating disease. In fact, very few scientific studies have ever been done to determine the effectiveness of homeopathic medicine. And those that have been done offered inconclusive results.

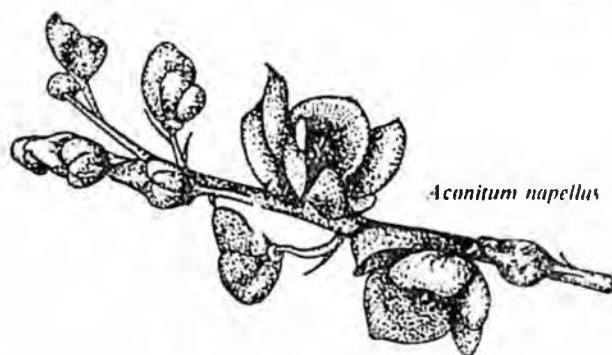
While the principles of homeopathy may be difficult to understand for those more familiar with modern drug treatment, Hahnemann's theories found a ready niche in the early 1800s. According to Morowitz in *Hospital Practice*, "There were periods during the nineteenth century when homeopathy was probably the best treatment available to most sick individuals."

In fact, the cholera epidemic from 1848 to 1852 brought added respectability to the homeopaths, who seemed to have better success than their conventional counterparts in treating victims of the outbreak. The homeopathic profession grew steadily throughout the century. Many celebrities of the time espoused this alternative medicine—Henry Wadsworth Longfellow, Daniel Webster, Louisa May Alcott, James Garfield and John D. Rockefeller, among others. By 1900 there were 22 schools of homeopathy in the United States, and a monument to Dr. Hahnemann was erected in Washington, D.C.

Of course, many in the medical establishment did not share the public's enthusiasm for Hahnemann's unconventional ideas. Homeopathy was attacked by such notables as writer-physician Oliver Wendell Holmes (father of the U.S. Supreme Court justice of the same name). One reason for the formation of the American Medical Association in 1846 was to try to put down this faction.

But it was not until the beginning of the twentieth century that homeopathy began its decline, and then due not as much to attacks by organized medicine as to the advance of science. The bloodletting, blistering, purging and other harsh practices of "heroic medicine" had been by then largely abandoned. As the century progressed, the curtain rose on the age of "wonder drugs," first sulfa, then penicillin and the other antibiotics. Homeopathy was still largely tied to a medical armamentarium more than 100 years old. The number of homeopathic medical schools began to decline from the 22 in 1900 to two in 1923 to none today. While it remained popular in many foreign countries, most notably India, homeopathy had so fallen out of favor in the United States that medical historian Martin Kaufman wrote in 1971 in his book *Homeopathy in America: The Rise and Fall of a Medical Heresy*: "By 1920 homeopathy had witnessed a drastic decline. For the remaining years of the century, homeopathy, with its colleges disappearing and with fewer and fewer graduates, seemed to be heading for total extinction."

Kaufman did not foresee the back-to-nature movement that was soon to sweep the country. The movement gave traditional homeopathy a new lease on life but also opened the door to countless forms of homeopathic quackery, perpetrated in the name of old Dr. Hahnemann. ■



Acetum napellus

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drugs being imported into this country and promote them for serious diseases. Drugs of any kind, promoted for serious diseases, should be labeled as prescription products.

Late in 1984, the agency sent regulatory letters to two homeopathic drug companies threatening possible legal action unless the firms changed their marketing practices. The two, Biological Homeopathic Industries (BHI) of Albuquerque, N.M., and Botanical Laboratories of Bellingham, Wash., were judged to be among the most flagrant violators in their marketing of numerous homeopathic drugs for very serious disease conditions.

BHI was warned regarding the labeling of its Anticancer Stim-

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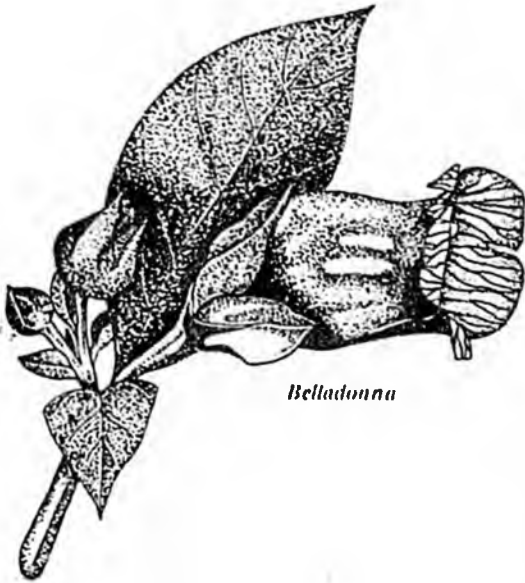
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The agency told both firms that if they failed to bring their products into compliance with the Food, Drug, and Cosmetic Act, it was prepared to seize the products and/or seek court injunctions.

While the practice of homeopathy enjoys a long history in America, the public has a right to be protected from unsafe or ineffective drugs of any kind marketed in this country. ■

—Bill Rados

Dr. Hahnemann's Cure For 'Heroic' Medicine



Belladonna



The age that gave birth to homeopathy—the period roughly from 1780 to 1860—has been called the "Age of Heroic Medicine." For most ailments, physicians prescribed extensive bloodletting. Some doctors had so much faith in bleeding that they were willing to remove up to four-fifths of the patient's blood. Other widely accepted therapies of the day included blistering—placing caustic or hot substances on the skin to draw infections out of the body—and administering emetics, to induce vomiting, and cathartics such as calomel or other dangerous chemicals to purge the bowels. Massive doses of calomel not only cleansed the bowels, they also caused teeth to loosen, hair to fall out, and other symptoms of acute mercury poisoning. Such "heroic" therapy often prolonged the illness, if it did not kill the patient outright.

These drastic medical practices set the stage for the radical ideas of a young German physician, Samuel Hahnemann.

Soon after he began practicing, Hahnemann became disenchanted with the lack of effectiveness of heroic medicines and instead began prescribing for his patients exercise, a nourishing diet, and fresh air. He also became interested in the science of drugs and began conducting experiments on the effects of medications. It was the results of these experiments that led him to develop his principles of homeopathy.

One of his earliest experiments involved quinine, already in use to treat malaria. Hahnemann was skeptical of the theory that quinine cured the disease through its astringent and bitter characteristics and "strengthening qualities it exerts on the stomach," according to one medical text of the time. So he gave the medicine to himself and noted the effects: His extremities grew cold, his pulse quickened, his head throbbed, he became thirsty, and he developed a fever—in sum, the very symptoms of malaria. Hahnemann theo-

rized that the drug's power to cure lay in its ability to produce those symptoms. This and other "provings," as he called his experiments, led to his first principle of homeopathy—the Law of Similars, or "like cures like." To treat a patient, the homeopathic physician carefully matches all the symptoms to the one medicine that produces those same symptoms in a healthy person. This, of course, is the opposite of conventional drug treatments where, for example, a decongestant is given to ease a cold and antibiotics are given to *kill* infecting germs, not to mimic their effect on the body. Hahnemann believed that symptoms were a sign of healing and should be stimulated, not stifled.

Another homeopathic principle theorized by Hahnemann was his Law of Infinitesimals, or minimum dose. This law declared that the smaller the dose, the

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more effective it would be in stimulating the "vital force" of the body. Minuscule doses were prepared by repeatedly diluting the active ingredient by factors of 10. According to Harold Morowitz, writing in the July 1982 *Hospital Practice*, the dilutions could reach the point where it would be unlikely that even a single molecule of the active ingredient remained in the final dilution.

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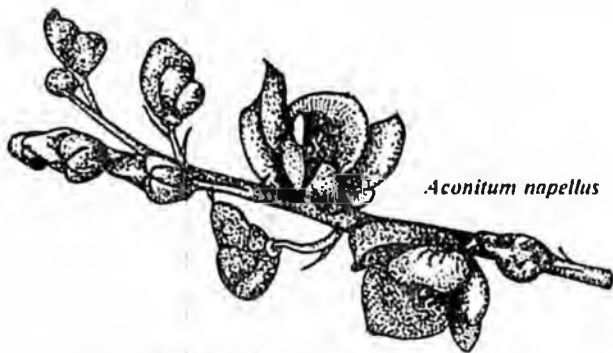
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COSMO'S GUIDE TO

Alternative Unorthodox, breakaway therapies may defeat ailments that resist conventional cures. So don't scrap your M.D., but do consider these fascinating ways of augmenting his care.

Medicine

By Junius Adams

□ We've long been told that our family doctor has the answers to all our health problems, but that just isn't so. In the past few decades, millions of patients have been turning to alternative medicine—therapies that differ from orthodox medical practice—in search of the relief routine medical care has not been able to give them. It's not merely the patients. Many M.D.'s have also been experimenting with numerous unconventional approaches such as acupuncture and macrobiotics. As George Sheehan, M.D., well-known cardiologist and the former medical editor of *Runner's World* magazine has said, "There is no reason why a profession that learned from a soldier how to treat gout, from a sailor how to keep off scurvy, from a milkmaid how to prevent smallpox, should now require that an individual have an M.D. after his name before it will

listen to what he has to say on the subject of medicine."

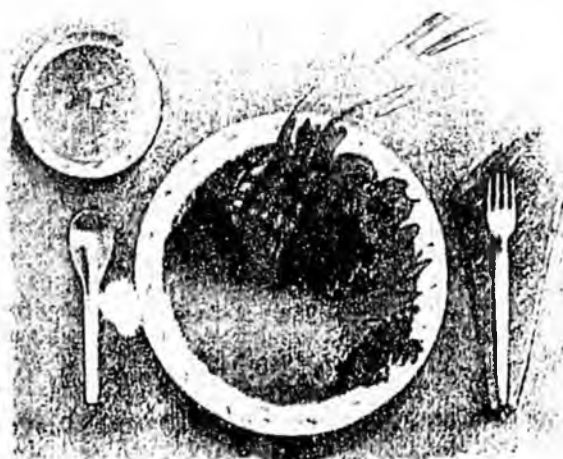
Here is a guide to some of the more useful and accepted alternate therapies. If you have an ailment that has not responded to regular medical treatment, you might want to try one or more. We're not necessarily recommending these disciplines. Rather, we're bringing them to your attention as approaches to health that many people have found helpful. Bear in mind that in selecting an unconventional practitioner, you should use the same criteria as you would in choosing a regular medical doctor: Does this person seem honest, competent, and trustworthy . . . have good recommendations from former patients or clients . . . possess adequate training and experience in his or her specialty or discipline . . . have a good reputation among his or her peers and in the community?

Macrobiotics The Ultimate Get-Well Diet

Macrobiotics is a dietary system first formulated in the 1940s by the late George Ohsawa. Since then, the movement has attracted hundreds of thousands of followers throughout the world. Macrobiotics is based on the ancient oriental principle of yin and yang. Applied to food, the principle dictates that certain substances such as sugar, fruits, many vegetables, and most liquids are yin, while salt, meat, eggs, and animal products in general are yang. The ideal dietary balance is considered to be five parts yin to one part yang, almost exactly the proportions found in such cereals as brown rice and millet. The typical macrobiotic diet consists of 50 to 60 percent whole-grain cereals and 25 to 30 percent vegetables, plus smaller amounts of soup, beans, and seaweed—no meat, eggs, bakery goods, fruit or fruit juice, dairy products, sugar, tea, coffee, or alcohol.

Perhaps there are some people who actually *like* this drastically restricted regimen, but most who "go macrobiotic" do so for their health. Many cancer patients, in particular, have found macrobiotics helpful. In the 1970s, Anthony J. Sattilaro, former president of Methodist Hospital in Philadelphia, healed himself of inoperable cancer with macrobiotics and wrote a book, *Recalled by Life*, about his experiences. There are numerous other examples of people who have gone into remission from cancer through macrobiotics. The diet can also be

effective in cases of heart or circulation problems. A study made jointly by the East West Foundation and the Harvard Medical School has demonstrated that people on a macrobiotic diet have cholesterol and blood-pressure levels significantly lower than the American norm.



If you suffer from an incapacitating or life-threatening condition—such as cancer, hypertension, diabetes, or intractable obesity—you might want to experiment with macrobiotics. *Caution:* Do not do so for more than two or three weeks at a time without professional advice, preferably from a doctor and a trained macrobiotics counselor. Unsupervised macrobiotic dieting can be dangerous—each disease or condition requires a different yin-yang balance within the diet. Also, patients with a tendency toward anorexia have been known to abuse the diet and starve themselves to death, convinced they were "getting healthier."

Reference: East West Foundation, 17 Station Street, P.O. Box 850, Brookline, MA 02147; (617) 738-0045.

Natural Healing Through Macrobiotics by Michio Kushi.

Acupuncture

The World's Oldest Medical System

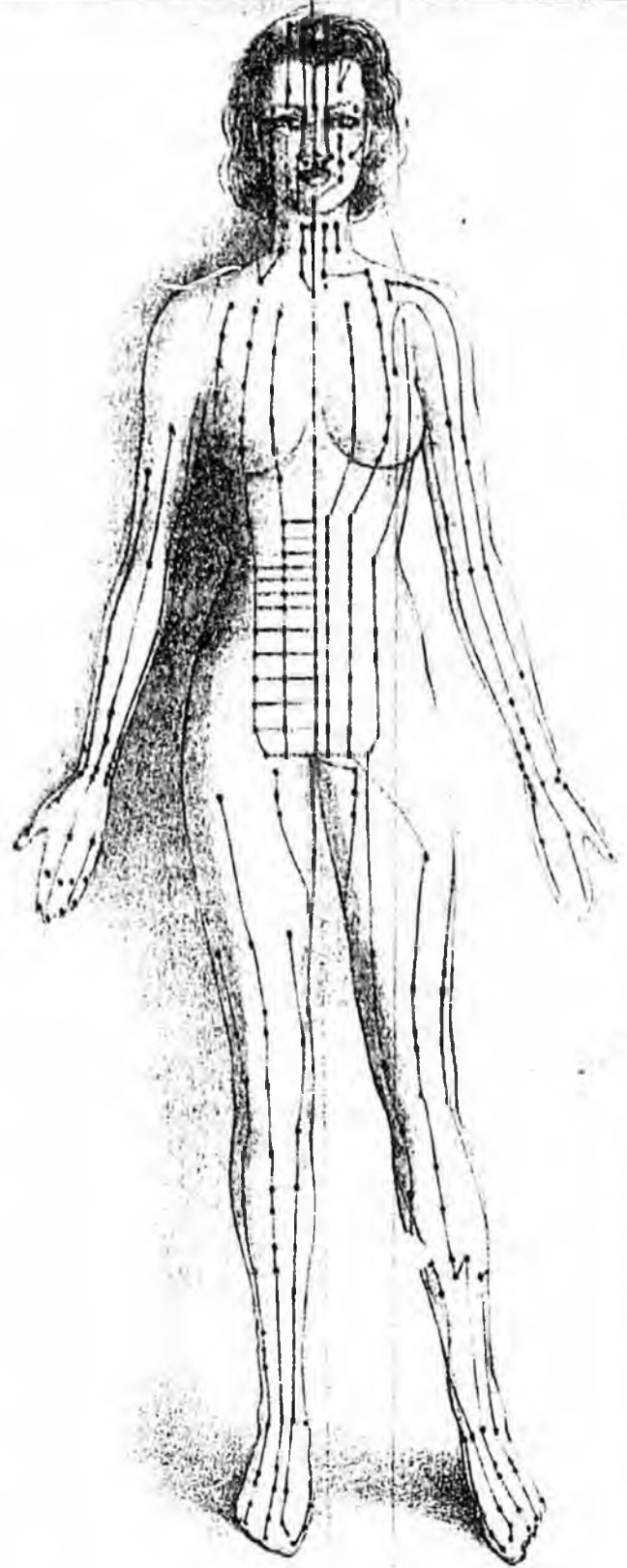
Acupuncture is still a popular method of treatment in China, where it has been in use continuously for thousands of years. In an acupuncture treatment, a number of fine metal needles are inserted into the skin at specially chosen points. They do not cause pain or draw blood. Placement of the needles varies according to the condition being treated. There are about eight hundred acupuncture points, arranged along fourteen lines, or meridians, that run the length of the body. The Chinese use acupuncture to treat hay fever, headaches, ulcers, eye problems, diarrhea, arthritis, hypertension, and many other disorders. They also use acupuncture for giving general anesthesia during surgery and childbirth.

Acupuncture was not taken very seriously in this country until 1972, when President Nixon made a trip to China. During the Presidential tour, a *New York Times* correspondent suffered an attack of peritonitis and was taken to a Chinese hospital for emergency surgery. After the operation, in which only acupuncture needles were used for anesthesia, he wrote an account of his experience, describing how he had remained fully conscious during the surgery but had felt no pain. This incident, plus the increased flow of East-West medical information after relations with Red China were established, caused enormous interest in acupuncture.

Since then, the system has gained considerable acceptance by M.D.'s and other medical professionals. Researchers have discovered that the classic acupuncture points correspond with spots on the body that have less electrical resistance. Newer research has also determined that acupuncture contributes to improvement of the immune system. Says Jesse Hilsen, M.D., assistant professor of medicine at Mount Sinai Medical School and medical director of New York's oldest acupuncture research and clinical facility: "The acupuncturist helps stimulate the production of endorphins, which are natural body painkillers, and neurohormones, important in maintaining and restoring balance in the body."

Another form of this therapy, which uses the same system of points and meridians, is *acupressure*, sometimes called *shiatsu*. In this technique, the therapist uses finger pressure on the appropriate points, plus massage and manipulation, to achieve curative effects. A modern addition to the therapy is *transdermal neural stimulation* (TNS, pronounced "tens"), in which a battery-powered device provides low-level electrical stimulation to the meridian points. TNS electrodes are attached to the acupuncture needles to enhance the treatment. With severely afflicted patients, a portable TNS device is sometimes used, with electrodes placed directly on the skin to give between-treatment relief.

You might want to try acupuncture if you have an unresolved problem with pain—headache, neuralgia, arthritis,



TENNIS, ANYONE?

Two days before a big tournament, Kathy, a nineteen-year-old amateur tennis player, came down with a severe case of bursitis. She could barely raise her right arm above the shoulder. On the advice of her coach, who said it was "worth a try," Kathy consulted an acupuncturist. She was given a twenty-minute treatment during which needles were inserted in her shoulder, arm, wrist, and back. After the first treatment, the pain was gone. Following a second treatment the next day, Kathy's arm had regained full mobility. She went on to win third place in the tournament.

lower-back pain, etc. The therapy has also proven useful in dealing with certain allergies, as well as nervous conditions such as anxiety states or phobias. There is no predicting how successful acupuncture may be in any particular case, says Dr. Hilsen. "Acupuncture has given a dramatic elimination of symptoms to patients who other therapies have failed. Some

get less relief—the therapy helps them keep going but does not free them from their condition."

Reference: Acupuncturists are now practicing in most major cities. If you have trouble finding one, call your state medical board or licensing board, and ask who in the area is considered to be trained in this procedure.

Chiropractic

The "Hands-on" Therapy

This is the largest nonmedical health-care system in America, with over twenty-five thousand practitioners serving millions of patients. Chiropractic is officially recognized by the federal government. If you're currently a chiropractic patient, you're eligible for Medicare. This means you are able to and can deduct the cost of treatment on your income-tax form under Medical Expenses.

Chiropractic is based on the idea that the body will heal itself naturally when stresses and blockages which interfere with normal functioning are eliminated. The modern chiropractor has undergone training comparable with a medical education except in the areas of surgery and pharmacology (chiropractors cannot perform surgery or prescribe drugs) and has had more training in neurology and problems of the musculoskeletal system than the average doctor.

Basically, the chiropractor is a neurologist who specializes in locating areas of the body that are functioning improperly because they are receiving inadequate nerve signals. The condition is then rectified by manipulating the musculoskeletal structure, particularly the spine, and by using, when necessary, physiotherapeutic agents, such as heat, cold, water, massage, light, traction, and electrical stimulation. In addition, many chiropractors give nutritional counseling, and some also prescribe nontoxic medications, such as herbal preparations and homeopathic remedies.

"Chiropractic is a hands-on therapy," says Stefanie Pulit, a Manhattan chiropractor. "I always prefer to use manipulation or physical treatment rather than give someone a pill. Any medicine, even homeopathic, becomes an intrusion into the body's system."

One of the newest chiropractic techniques is *applied kinesiology* (AK), a method of diagnosis and treatment based on muscle testing. AK is based on the theory that virtually any disease of the body has a structural manifestation, a "body language" pattern, that shows itself through weaknesses in specific muscles. AK can be used to detect malfunction in the heart, kidneys, liver, stomach, and other organs; to test for allergies (putting an allergen under the tongue will produce an immediate weakening in associated muscles); and to discover what nutrients the body needs (as soon as the patient chews the appropriate substance—vitamin A, vitamin C, liver extract, etc.—the test muscle is strengthened). Although AK is still controversial and in development, it has caused a storm of interest in the health community. In addition to chiropractors, many M.D.'s and other health-care professionals are now using the technique.



You might want to try chiropractic if you suffer from a structural-functional complaint such as poor posture, headache, neck tension, backache, leg pain, general tension, poor adaptability to normal stress, or aches and pains in the muscles or joints. Many athletes and dancers—people whose careers depend on optimal body functioning—employ the services of a chiropractor as a matter of course. Chiropractic can be particularly useful if you've recently injured muscles or bones. Studies of on-the-job back injuries show that workers treated by chiropractors recover more quickly, lose fewer days of work, and pay less for their treatment than those treated by regular doctors.

Reference: Chiropractors are available in almost all localities.

Clinical Ecology

Pinpointing Your Sensitivity

Allergy used to be thought of as a sensitivity to foreign substances, such as pollen, dust, and penicillin. More recently, however, researchers have been turning their attention to the total human environment, which includes fumes, soaps, and, in particular, foods. Apparently, there are hidden food sensitivities that, in some people, can be responsible for a whole panoply of physical and emotional disorders. A sensitivity of this type is usually acquired by overindulgence in a particular

food. After years of overexposure, it becomes dangerous to the body, which then responds as if to a foreign substance and tries to neutralize it.

Paradoxically, someone with a food allergy often craves the very stuff that makes her ill. At first, eating the craved substance makes the person feel better. After this initial response, the body then produces uncomfortable symptoms that are often interpreted as a need for *more* of the food, and the victim

may go on an eating-drinking binge that will leave her feeling ill and exhausted.

Some common food allergens are: cow's-milk products, wheat, yeast, eggs, corn, soy products, and cane sugar.

These are not the only foods capable of causing disorders, merely the most common offenders. If you suspect you might have a food allergy, you could try eliminating *all* the above substances from your diet for a period of two weeks. (Should you experience discomfort during this period, that's good, because it means you're undergoing withdrawal.) After the period of abstinence, reintroduce *one* of the foods every forty-eight hours, observing yourself closely to see if you have adverse reactions. Once you've discovered the food or foods to which you're sensitive, you can either avoid them entirely

or eat them sparingly (consuming a "danger food" only once every four days will help avoid negative consequences). You can also, of course, seek professional help by consulting a physician or nutritionist who is familiar with all the various food allergies.

You should consider food-allergy testing if you're significantly overweight or underweight, quite set in your eating habits, and suffer from inexplicable symptoms such as depression, anxiety, crying jags, irritability, heart palpitations, diarrhea or constipation, eczema or dermatitis, or chronic fatigue.

Reference: Get the names of some allergy specialists from your local medical board, and ask them if they treat food sensitivities or practice "clinical ecology."

Dr. Berger's Immune Power Diet, by Stuart M. Berger, M.D.

FOOD ALLERGIES DEFEATED

Sharon, a thirty-four-year-old reporter, had been suffering from obesity, anxiety, asthma, and periodic bouts of compulsive drinking. Her doctor referred her to a psychiatrist, but analysis didn't seem to help. In desperation, Sharon consulted a nutritionist who specializes in clinical

ecology. His tests revealed that she was highly allergic to both corn and yeast—the precise ingredients of her favorite poison, bourbon whiskey. When these were removed from her diet, her condition improved rapidly. Today, she is free from asthma and is calm, happy, slim . . . and *sober*.

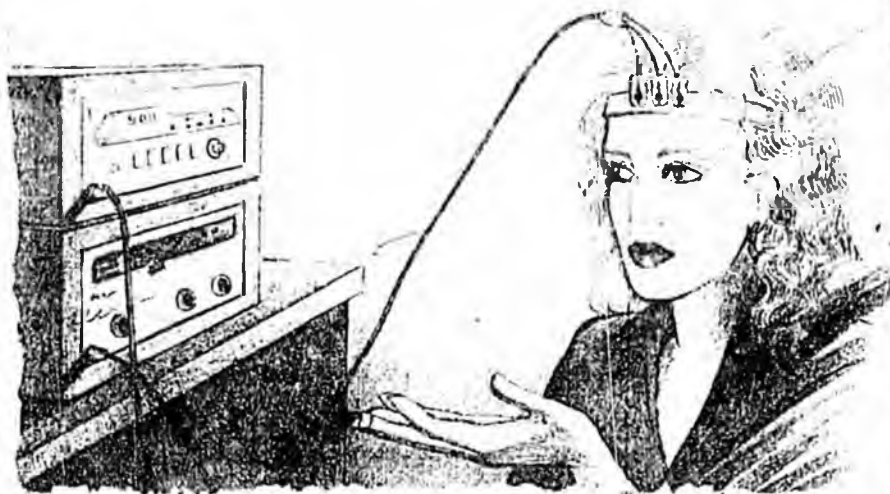
Biofeedback

Electronically Assisted Yoga

Biofeedback was first developed in the 1960s by a group of psychologists who were interested in the ability of certain Indian yogis to control their bodies at will. An accomplished yogi, the researchers discovered, has incredible control over his bodily processes. He can raise and lower his heartbeat, blood pressure, and temperature, change the character of his brain waves, increase and decrease blood flow to particular organs, and perform many other feats.

On further investigation, it was found that quite ordinary people could be taught to perform the same feats if their inner processes were made outwardly visible to them. Although yogis spend many years learning the technique of meditation (which increases the production of alpha and theta brain waves), the psychologists discovered that untrained people could rapidly acquire control of their brain waves when hooked up to an electroencephalograph. With the brain-wave pattern visible in front of them, they were able to identify the inner states that produce the various types of waves and to switch from one to the other at will. This type of training is not only useful to people wishing to learn meditation; it can be used to calm anxiety and also to help victims of epilepsy (a brain disturbance) control their attacks.

There are many other applications of biofeedback. By watching a monitor that displays her blood pressure, a hypertensive patient can learn what to do inwardly to reduce it. By learning to increase the temperature in her hands, a migraine patient can forestall a headache (migraine attacks are associated with lowered temperatures in the extremities). Other bio-



feedback students have been taught to lower their pulse, correct irregularities in the heartbeat, and decrease the production of acid in the stomach. Further research in biofeedback is proceeding. Applications of the technique seem to be limited only by the lack of devices for making various bodily processes visible to the student.

If you're suffering from a disorder of an involuntary bodily process, you may want to seek biofeedback training.

Reference: Your own physician or a local hospital, medical school, or university department of psychology can probably direct you to a biofeedback center.

Flowers

They Can Put You in the Right Mood

One of the newest movements in medicine is *psychoneuroimmunology*, a branch of science that concerns itself with the role played by mental-emotional stress in precipitating disease. This is actually not a new concept. It was voiced over fifty years ago by Edward Bach, a British bacteriologist who was as famous in his day as Jonas Salk is in ours. Having

recognized that many of his patients' physical ills were directly related to certain negative states of mind, Bach began to explore the psychotropic (mood-altering) effects of plants and herbs. After years of research, he produced a set of thirty-eight herbal remedies effective in harmonizing and rebalancing the emotions.

Among the remedies are aspen (for vague fears and anxieties of unknown origin), crab apple (for feelings of shame or poor self-image, thinking oneself not attractive for one reason or another), and larch (for those who, despite being capable, lack self-confidence or feel inferior). Bach did not regard physical symptoms as important in themselves. His theory was to treat the patient's mood and state of mind; when that had returned to normal, the physical disease, whatever it might be, was expected to disappear. During the rise of modern medicine, with its "miracle" drugs and dramatic new surgical techniques, the Bach flower remedies fell out of favor. They are now coming back into vogue and are being used by thousands of physicians and other health-care professionals.

Says Herbert J. Fill, a psychiatrist who was formerly New York City's commissioner of mental health, "The Bach remedies are extremely helpful. I use them with patients who have mood problems or emotional difficulties and have found them very specific in their effects. If you prescribe a tranquilizer

such as Valium, you are blanketing the patient's entire system, but with the Bach remedies, each one addresses itself to a particular mood and to the sources of that mood, so it is possible to affect anger, fear, or obsession in a very individual way. Unlike other medications—some of which are habit-forming, have side effects, and will produce letdown when discontinued—the Bach remedies are totally harmless—no toxicity. Best of all, the effects are permanent; once the remedy has done its work, the mood problem does not return."

If you suffer from a mood problem, such as depression or PMS or a disease known to have a strong emotional component (e.g., asthma, ulcers, arthritis, or chronic dermatitis), you might want to try the Bach flower remedies. Since they are classified by the FDA as over-the-counter homeopathic remedies, they are available for self-medication.

Reference: Bach Centre USA, 463 Rockaway Ave., Valley Stream, NY, 11580; (516) 825-2229. They will send informative literature, free of charge.

FLOWERS TO THE RESCUE

Cindy, the thirty-six-year-old owner of a catering service, had been in and out of numerous doctor's offices and psychiatric clinics, complaining of depression, severe sleep disturbances, and persistent nightmares. One of the medications prescribed for her, an antidepressant, did bring partial relief, but her doctor discontinued the drug when blood

tests revealed it was causing liver damage. Cindy decided to try the Bach Flower Remedies. After three days on a formula devised for her by a Bach counselor, she reported that she no longer found her dreams terrifying. A week later, her sleep patterns were normal, and she was feeling much more cheerful.

HEADACHES UNDER CONTROL

Marcia, a twenty-eight-year-old market researcher, had suffered from debilitating migraine headaches since adolescence. Standard medications for the condition had been of little help. Last year, she enrolled in a pain clinic, where she was turned over to a psychologist for biofeedback training. The psychologist hooked her up to a device that mea-

sured the temperature of her hands to within a hundredth of a degree. After a number of training sessions, Marcia learned voluntary control of her hand temperature and could raise it several degrees at will. "Now I can stop a migraine, or abort one if I feel it coming on, just by totally concentrating on my hands," she says.

Homeopathy

The Gentle Medicine

Homeopathy was one of the dominant systems of medicine during the nineteenth century and the early part of the twentieth. The basic tenet is that "like cures like" and that the cure for any given disease or illness is the substance which, when administered to a healthy subject, will produce a symptom pattern identical to that of the disease. This substance is given to the patient in very small doses which prod the patient's immune system into combating the symptoms of the illness. Many medications in use today were originally homeopathic remedies—nitroglycerine for certain types of heart trouble, for instance, and quinine for malaria.

Since the rise of modern medicine, from the 1940s on, homeopathy has fallen into disuse—not because it was ineffective, but because it was no longer profitable for the physician. A busy modern doctor can see fifty to sixty patients a day, spending six to ten minutes with each one while delegating much of the diagnostic work to paraprofessionals and prescribing powerful "broad spectrum" medications designed to treat a multitude of different complaints. This kind of hurried therapy is not possible in homeopathy, where the doctor has to conduct a lengthy examination and then must use all his skill to determine which of the one-thousand-odd remedies in the homeopathic *materia medica* is precisely the right one.

Recently, there has been a revival of interest in homeopathy. This is partly because many doctors and health professionals have become disturbed by the toxicity of the drugs in current use and partly because of the medical profession's current fascination with the immune system. Homeopathy satisfies both of these concerns. In homeopathic medicine, the inci-

dence of iatrogenic (doctor-induced) illness is virtually nil, and the therapy is aimed at producing an immune reaction in the patient. To the homeopath, many of the cures in conventional medicine are not cures at all, representing only a suppression of symptoms rather than an eradication of the disease. For instance, many homeopathic physicians would not consider a woman who has had severe or repeated attacks of gonorrhea and been treated with penicillin to be cured. Not until they had provoked a return of the symptoms (including discharge) and allowed the body to throw off the condition by itself would they pronounce her well.

If you have a history of bad reactions to conventional drugs (or are merely interested in trying gentler, less toxic remedies), you might want to consult a homeopathic practitioner. Homeopathy can be useful, also, for people who suffer from conditions for which no medication has yet been discovered. *Note:* While compatible with many antibiotics and hormones, homeopathic remedies cannot be used by patients who are taking powerful drugs such as sulfa, steroids, beta blockers, or tricyclic antidepressants.

Reference: The National Center for Homeopathy, 1500 Massachusetts Avenue NW, Suite 41, Washington, D.C. 20005; (202) 223-6182.

This concludes our list. If we've omitted your favorite form of alternative therapy, we're sorry. There are literally hundreds and hundreds of different "new age" systems in use today, and we chose the ones we thought most noteworthy. Good health to all!

COMMITTEE REPORT

SENATE

FURTHER: FINANCE

5/7/86

Date 5-8-86

Mr. President

The Committee on HESS considered SS SB 297
relating to the practice of naturopathy and exempting the practice of
naturopathy from the practice of medicine.

and (a majority of the committee) (the committee) reports it back with
the following recommendations:

- do pass
- do pass with attached amendment(s)
- replace with/or adopt CS for SS SB 297 (HESS)
new title
- same title and recommends _____
- and attached a "LETTER OF INTENT" NEW FISCAL NOTE
- reports it back without recommendation
- recommends referral to _____ Committee

MEMBERS SIGNING
DO PASS

MEMBERS HAVING
OTHER RECOMMENDATIONS

Joe Josephson
Edw. H. Urie

John Kemp
Chairman
Do Pass
Chairman recommendation

from Hope Wing, N.D.

COMPARISON OF NUMBER OF SCIENCE UNITS REQUIRED
AT UCSF MEDICAL SCHOOL AND NCNM.

	UCSF	NCNM
Anatomy	15	28
Biochemistry	10	10
Histology	5	8
Physiology	6	21
Microbiology	7	5
Pathology	10	15
Clinical Medicine/ Clinical Physical Diagnosis	25	24
Nutrition	0	12
Total hrs.	<u>78</u>	<u>123</u>

UNIVERSITY OF CALIFORNIA
AT SAN FRANCISCO MEDICAL
SCHOOL (84-85 catalogue)

NATIONAL COLLEGE OF
NATUROPATHIC MEDICINE
(85-87 catalogue)

<u>FIRST YEAR</u>	
-FALL QUARTER-	UNITS
Anatomy	5
Biochemistry	5
Histology	5
Intro. to Clinical Med.	1
Psycho. Basis of Med.	2
(Total)-----	18
-WINTER QUARTER-	
Anatomy	4
Biochemistry	5
Physiology	6
Intro. to Clinical Med.	2
Social, Cultural, Biological Base of Illness	1
(Total)-----	18
-SPRING QUARTER-	
Microbiology	1
Endocrinology	5
Anatomy--neuro	6
Intro. to Clinical Med.	3
Epidemiology	3
(Total)-----	18
 <u>SECOND YEAR</u>	
-FALL QUARTER-	
Pathology	4
Microbiology	6
Intro. to Clinical Med.	8
Genetics	2
Reproduction, Growth & Development	3
(Total)-----	23
-WINTER QUARTER-	
Pharmacology	3
Intro. to Clinical Med.	8
Intro. Radiology	2
Intro. Psychiatry	2
Human Sexuality	2
Pathology	3
(Total)-----	20
-SPRING QUARTER-	
Pharmacology	5
Epidemiology-parasitology	2
Intro. to Clinical Med.	3
Intro. Psychology	2
Pathology	3
(Total)-----	15
Total Academic hours for the first two years:-----	112

<u>FIRST YEAR</u>	
-FALL QUARTER	UNITS
Anatomy	5
Anatomy Lab	3
Histology	4
Physiology	7
Biochemistry	5
His. Medicine	2
Naturopathic Philosophy	2
Intro. Natural Therapeutics	1
(Total)-----	29
-WINTER QUARTER	
Anatomy	5
Anatomy Lab	3
Histology	4
Physiology	7
Biochemistry	5
Research in Health Science	1
Intro. Natural Therapeutics	2
(Total)-----	28
-SPRING QUARTER	
Anatomy/Embryology/Neuro	9
Anatomy Lab	3
Physiology	7
Pathology-intro	2
First Aid/Emergency Med.	2
Research	1
Intro. Natural Therapeutics	2
Art of Palpation	1
(Total)-----	27
 <u>SECOND YEAR</u>	
-FALL QUARTER	
Clinical & Physical Diag.	8
Pathology	5
Lab Diagnosis	3
Diagnostic Imaging	2
Microbiology	5
Pharmacognosy	2
Nutrition	3
Palpation	1
(Total)-----	29
-WINTER QUARTER	
Clinical & Physical Diag.	8
Pathology	5
Lab Diag.	3
Diagnostic Imaging	2
Immunology	3
Genetics	1
Pharmacognosy	2
Pharmacology	2
Manipulation	2
(Total)-----	28
-SPRING QUARTER	
Clinical & Physical Diag.	8
Pathology	3
Lab Diag.	3
Public Health	2
Diagnostic Imaging	2
Pharmacology	2
Manipulation	2
Process & Eval. Counseling	3
Homeopathy I	3
(Total)-----	28
Total academic hours for the first two years:-----	169

THIRD AND FOURTH YEARS

52 Weeks of Clinical Clerkships:

Anesthesia	3
Family & Community Med.	12
Medicine	12
Medicine	3
Neurology	6
OB/GYN	9
Pediatrics	9
Psychiatry	6
Surgery	12
Senior Surgery	6

3 additional quarters in major pathways and electives, including:

Ethics
Jurisprudence
Economics
Sociology

THIRD YEAR

-FALL QUARTER

Botanical Medicine	2
Manipulation	3
Nutrition	3
Chinese Medicine	3
Physiotherapy	2
Hydrotherapy	3
Orthopedics	4
X-Ray Technique	1
Clinical Externship	15
(Total)-----	36

-WINTER QUARTER

Botanical Medicine	2
Manipulation	3
Nutrition	3
Physiotherapy	2
Obstetrics	3
Pediatrics	2
Gynecology	3
Patient Management/Ethics	2
Clinic Externship	15
(Total)-----	35

-SPRING QUARTER

Botanical Medicine	2
Nutrition IV	3
Pediatrics	2
Cardio/Resp.	3
Minor Surgery	3
Human Sexuality	2
Environmental Medicine	2
Exercise as Prevention	
Medicine and Treatment	2
Clinic Externship	15
(Total)-----	34

FOURTH YEAR

-FALL QUARTER

Endocrinology	2
Ear, Eyes, Nose & Throat	2
Dermatology	1.5
Clinical Externship	25
(Total)-----	30.5

-WINTER QUARTER

Gastroenterology/Proctology	3
Urology	1
Geriatrics	1
Neurology	2
Clinical Externship	25
(Total)-----	32

-SPRING QUARTER

Oncology	2
Business & Office Procedures	2
Jurisprudence	1.5
Clinical Externship	25
(Total)-----	30.5

Required Electives	
1st year-----	4
2nd-----	4
3rd-----	9
4th-----	9

Electives Include Further Studies In:

Homeopathy
Obstetrics
Botanical Medicine
Chinese Medicine
Manipulation
Psychological Medicine
Nutrition

NATUROPATHIC MEDICINE

JBC

BASIC SCIENCES

YEAR I

Qtr. Number	Course Title	Credits, Hrs.	Lec. Hrs.	Lab. Clin. Hrs.
F	BIO510 Human Anatomy I	7 1/2	6	3
a	BIO520 Human Physiology I	6 1/2	5	3
i	CHE500 Biochemistry I	4	4	4
i	NAT500 Naturopathic Philosophy I	2	2	2
i	BIO523 Clinical Applications I	1	1	1
	NAT551 Body/Mind	1	1	2
	NAT570 Clinical Coordinator I*	1	4	4
	BIO513 Dissection I	1	2	2
	Quarterly Total	24	18	13
W	BIO511 Human Anatomy II	7 1/2	6	3
i	BIO521 Human Physiology II	6 1/2	5	3
n	CHE501 Biochemistry II	4	4	4
i	NAT501 Naturopathic Philosophy II	2	2	2
e	PSY504 Stress Management	2	2	2
r	BIO524 Clinical Applications II	1	1	1
r	BIO514 Dissection II	1	1	2
	Quarterly Total	24	20	8
S	BIO512 Human Anatomy III	7 1/2	6	3
p	BIO522 Human Physiology III	6 1/2	5	3
r	CHE502 Biochemistry III	4	2 1/2	3
i	NAT502 Naturopathic Philosophy III	3	3	3
i	BIO516 First Aid/Emergency Medicine†	1	1	1
n	BIO503 Living Anatomy	1	1	1
g	NAT502 Physician Heal. Thysell	2	2	2
	BIO515 Dissection III	1	2	1
	Quarterly Total	25	19 1/2	11

CLINICAL SCIENCES

YEAR III

Qtr. Number	Course Title	Credits, Hrs.	Lec. Hrs.	Lab. Clin. Hrs.
F	NAT610 Signs & Symptoms I	3	3	3
a	NAT631 Therapeutic Nutrition II	3	3	3
i	NCB600 Normal Pregnancy & Birth	4	4	4
i	NAT613 Gynecology	3	3	3
i	NAT605 Botanical Medicine I	3	3	3
	NAT630 Integrative Therapeutics I	1	1	1
	PSY507 Hypnosis & Guided Imagery	2	2	2
	NAT675 Grand Rounds	1	1 1/2	1 1/2
	NAT628 Skills Practice Lab	1	1 1/2	1 1/2
	NAT670 Clinic - General	7	14	14
	Quarterly Total	28	19	17
W	NAT611 Signs & Symptoms II	3	3	3
i	NAT607 Botanical Medicine II	3	3	3
n	PSY503 Advanced Counseling	2	2	2
i	NAT520 Radiology Positioning & Tech.†	2	2	2
e	NAT631 Integrative Therapeutics II	1	1	1
r	NTR532 Therapeutic Nutrition III	3	3	3
	Advanced Study Elective	2	2	2
	BIO549 Biostatistics*	2	2	2
	NAT675 Grand Rounds	1	1 1/2	1 1/2
	NAT628 Skills Practice Lab	1	1 1/2	1 1/2
	NAT670 Clinic - General	7	14	14
	Quarterly Total	28	19	17
S	NAT614 Pediatrics	4	4	4
p	NAT603 Ultrasound/Diathermy/	2	2	2
r	Electrotherapy=	3	3	3
i	NAT601 Manipulation II	2	2	2
n	NAT612 Integrative Naturopathic Dx.	2	2	2
i	NAT521 Radiological Interpretation†	3	3	3
g	NAT523 Diagnostic Ultrasound	1 1/2	1 1/2	1 1/2
	Advanced Study Elective	3	3	3
	PSY506 Orthomolecular Approach to	2	2	2
	Mental Health	1	1	1
	NAT675 Grand Rounds	1	1 1/2	1 1/2
	NAT628 Skills Practice Lab	1	1 1/2	1 1/2
	NAT670 Clinic - General	7	14	14
	Quarterly Total	29 1/2	19 1/2	17

YEAR IV

Qtr. Number	Course Title	Credits, Hrs.	Lec. Hrs.	Lab. Clin. Hrs.
F	NAT617 Cardiology	1 1/2	1 1/2	1 1/2
a	NAT620 Endocrinology	1 1/2	1 1/2	1 1/2
i	NAT619 EENT	1 1/2	1 1/2	1 1/2
i	NAT618 Dermatology	1 1/2	1 1/2	1 1/2
	NAT632 Integrative Therapeutics III	3	3	3
	NAT616 Oncology	3	3	3
	NAT605 Sports Med./Ther. Exercise	3	3	3
	NAT632 Minor Surgery	2	2	2
	NAT628 Skills Practice	1	1	1
	NAT675 Grand Rounds	1	1 1/2	1 1/2
	NAT628 Advanced Lab Diagnosis	2	2	2
	NAT678 Grand Rounds	5	10	10
	NAT670 Clinic - General	3 1/2	7	7
	Clinic - Specialty	28	19 1/2	20
	Quarterly Total	38	19 1/2	20
W	NAT632 Nephrology	1	1	1
i	NAT621 Gastroenterology	1	1	1
n	NAT624 Neurology	1	1	1
i	NAT633 Integrative Therapeutics IV	1	1	1
e	NTR533 Therapeutic Nutrition IV	3	3	3
r	BIO549 Biostatistics*	2	2	2
	NAT615 Geriatrics/Chronic Disease	2	2	2
	NAT604 Hydrotherapy/Colonic Irrig.	2	2	2
	Advanced Study Elective	3	3	3
	NAT628 Skills Practice Lab	1	1 1/2	1 1/2
	NAT678 Grand Rounds	1	1 1/2	1 1/2
	NAT670 Clinic - General	5	10	10
	Clinic - Specialty	3 1/2	7	7
	Quarterly Totals	27 1/2	17	20
S	NAT623 Orthopedics	1	1	1
p	NAT625 Pulmonary System	1	1	1
i	NAT634 Integrative Therapeutics V	1	1	1
n	NAT625 Rheumatology	1	1	1
n	NAT606 Practice Management	2	2	2
g	NAT504 Jurisprudence	2	2	2
	NTR534 Clinical Ecology	2	2	2
	PSY507 Hypnosis & Guided Imagery	2	2	2
	Independent Study	2	2	2
	Advanced Study Elective	3	3	3
	NAT628 Skills Practice Lab	1	1 1/2	1 1/2
	NAT678 Grand Rounds	1	1 1/2	1 1/2
	NAT670 Clinic - General	5	10	10
	Clinic - Specialty	3 1/2	7	7
	Quarterly Total	27 1/2	17	20

* Due to curriculum adjustments, these three courses are offered in both second and third year in 1984-85; they will be offered in second year only beginning in 1985-86.

† Due to curriculum adjustments, this course is offered in second, third and fourth year in 1984-85; it will be offered in second year only beginning in 1985-86.

‡ Refer to the course description listings - there are a number of courses that may apply.

BASIC SCIENCES

YEAR II

Qtr. Number	Course Title	Credits, Hrs.	Lec. Hrs.	Lab. Clin. Hrs.
F	BIO512 Human Pathology I	5	4	2
a	BIO551 Pharmacology I	2	2	2
i	NAT520 Radiological Positioning & Technique†	2	2	2
i	BIO545 Immunology	4	2	2
	BIO546 Genetics	2	2	2
	NAT510 Physical/Clinical Diagnosis I	4	3	2
	NAT555 Massage	1	2	2
	NTR530 Therapeutic Nutrition I	3	3	3
	PSY501 Patient Communication	2	2	2
	NAT513 Clinical Biochemistry I	2	2	2
	NAT571 Clinic Coordinator II*	1	1	1
	Quarterly Total	28	22	12
W	NAT503 First Aid/Emergency Medicine†	3	3	3
i	BIO541 Human Pathology II	5	4	2
n	BIO552 Pharmacology II	2	2	2
e	NAT511 Physical/Clinical Diagnosis II	4	3	2
r	NAT556 Fund. of Oriental Medicine	3	3	2
	NAT554 Jin Shin Do	1	1	2
	PSY502 Counseling	2	2	2
	BIO547 Microbiology	5	4	2
	NAT521 Radiological Interpretation †	3	2	2
	NAT514 Clinical Biochemistry II	2	2	2
	PSY505 Sexuality & Sex Therapy	2	2	2
	Quarterly Total	31	27	8
S	BIO542 Human Pathology III	5	4	2
p	BIO550 Pharmacognosy	4	3	2
i	BIO548 Environmental Public Health	3	3	2
n	NAT512 Physical/Clinical Diagnosis III	4	3	2
g	NAT603 Ultrasound/Diathermy/	2	2	2
	Electrotherapy‡	3	3	3
	NAT560 Homeopathy I	1	1	2
	NAT600 Manipulation I	1	1	2
	BIO549 Biostatistics*	3	3	3
	NAT515 Clinical Biochemistry III	2	2	2
	NAT522 Radiological Interpretation II†	2	2	2
	Quarterly Total	29	25	8

* Clinic Coordinator I and II are offered every quarter; first year students take only one quarter of CCI and second year students take only one quarter of CCI.

† Due to curriculum adjustments, this course is offered in both first and second year in 1984-85; it will be offered in first year only beginning in 1985-86.

‡ Refer to the course description listings - there are a number of courses that may apply.

National College of Naturopathic Medicine

SYNOPSIS OF CURRICULUM

FIRST YEAR			SECOND YEAR			THIRD YEAR			FOURTH YEAR		
FALL TERM	CONTACT HOURS/ WEEK	HOURS/ TERM	FALL TERM	CONTACT HOURS/ WEEK	HOURS/ TERM	FALL TERM	CONTACT HOURS/ WEEK	HOURS/ TERM	FALL TERM	CONTACT HOURS/ WEEK	HOURS/ TERM
Anatomy	5	60	Clinical and Physical Diagnosis	8	96	Botanical Medicine I	2	24	EENT	2	24
Anatomy Lab	3	36	Pathology	5	60	Manipulation III	3	36	Endocrinology	2	24
Histology	4	48	Laboratory Diagnosis	3	36	Nutrition II	3	36	Dermatology	1.5	18
Physiology	7	84	Diagnostic Imaging	2	24	Chinese Medicine I	3	36	Clinic Externship	25	300
Biochemistry	5	60	Microbiology	2	24	Physiotherapy I	2	24	WINTER TERM		
History of Medicine	2	24	Pharmacognosy I	2	24	Hydrotherapy	3	36	Gastroenterology/Proctology	3	36
Naturopathic Philosophy	2	24	Nutrition I	3	36	Orthopedics	4	48	Urology	1	12
Intro to Naturopathic Therapeutics	1	12	Art of Palpation II	3	36	X-ray Technique	1	12	Geriatrics	1	12
WINTER TERM				1	12	Clinic Externship	15	180	Neurology	2	24
Anatomy	5	60	WINTER TERM			WINTER TERM			Clinic Externship	25	300
Anatomy Lab	3	36	Clinical and Physical Diagnosis	8	96	Botanical Medicine II	2	24	SPRING TERM		
Histology	4	48	Pathology	5	60	Manipulation IV	3	36	Oncology	2	24
Physiology	7	84	Laboratory Diagnosis	3	36	Nutrition III	2	24	Business and Office Procedures	2	24
Biochemistry	5	60	Diagnostic Imaging	2	24	Physiotherapy II	2	24	Medical Jurisprudence	1.5	18
Research in the Health Sciences I	1	12	Immunology	3	36	Obstetrics I	2	24	Clinic Externship	25	300
Intro to Naturopathic Therapeutics	1	12	Human Genetics	1	12	Pediatrics I	2	24	ELECTIVES		
Intro to Counseling and Psychotherapy	2	24	Pharmacognosy II	2	24	Gynecology	2	24	First Year	4	48
SPRING TERM			Pharmacology I	2	24	Patent Management and Ethics	2	24	Second Year	4	48
Anatomy/Embryology/Neurosciences	9	108	Manipulation I	2	24	Clinic Externship	15	180	Third Year	9	108
Anatomy Lab	3	36	SPRING TERM			SPRING TERM			Fourth Year	9	108
Physiology	7	84	Clinical and Physical Diagnosis	8	96	Botanical Medicine III	2	24	TOTALS		
Introduction to Pathology	2	24	Pathology	3	36	Nutrition IV	2	24	Total classroom instruction	275	3300
First Aid and Emergency Medicine	2	24	Laboratory Diagnosis	3	36	Pediatrics II	3	36	Total clinic externship/preceptorship	127	1524
Research in the Health Sciences II	1	12	Public Health	2	24	Cardiovascular/Respiratory	2	24	Total hours of instruction	402	4824
Intro to Naturopathic Therapeutics	2	24	Diagnostic Imaging	2	24	Minor Surgery	3	36			
Art of Palpation I	1	12	Pharmacology II	2	24	Human Sexuality	2	24			
			Manipulation II	2	24	Environmental Medicine	2	24			
			Process and Evaluation of Counseling	2	24	Exercise as Preventive Medicine and Therapy	2	24			
			Homeopathy I	3	36	Clinic Externship	15	180			

SENATE AMENDMENT

By Senate Labor and Commerce Committee

To: _____ SENATE BILL No. CSSSSB 297(L&C)

To: _____ HOUSE BILL No. _____

PAGE: 2 LINE: 11

Delete: ", "

Insert: , and has been previously licensed to practice naturopathy
in a state which requires an examination prior to licensure.

f- 8b 297

IN THE SUPERIOR COURT FOR THE STATE OF ALASKA
THIRD JUDICIAL DISTRICT

PATTON D. PETTIJOHN, N.D.,)
et al)
) Plaintiffs,)
) vs.)
STATE OF ALASKA, et al.,)
) Defendants.)

Case No. 3AN-84-160 Consolidated

DECISION AND ORDER

This case involves both an administrative appeal and an action for declaratory and injunctive relief. In the administrative appeal, Patton Pettijohn, a naturopathic physician, challenges a decision and order of the state medical board which prohibits him from performing in the course of his practice "any and all activities which include the practice of medicine, in violation of AS 08.64.170 and AS 08.64.380(2)."¹ In the injunctive action, Pettijohn and three of his patients have sued for a declaration that the Board's order is an abuse of discretion and that it violates a number of constitutional provisions; they request a permanent injunction ordering the Board to refrain from "further interfering with Pettijohn's practice of naturopathy insofar as such future interference is or may be based on failure to possess a license under the current contents of Title 8 of the Alaska Statutes."²

By stipulation of the parties, the administrative appeal and the injunctive action have been consolidated, with a further stipulation that the three patients' constitutional challenges to the Board's decision may be decided on the factual record made by Pettijohn in the administrative hearing.³

¹ Board Decision and Order, September 20, 1984, at 25.

² First Amended Complaint at 14.

³ Appellants' Opening Brief at iv, v.

Pettijohn contends that the Alaska medical licensing law (AS 08.64) as written and as applied to him is unconstitutionally vague. He also claims that the Board's cease and desist order violates his personal rights to due process, liberty, and equal protection of the law.

Pettijohn's patients claim that the Board's order violates their rights to privacy, liberty, substantive due process, and equal protection. For the reasons expressed in this opinion, I have concluded that none of the claims raised justify reversal of the Board's decision or an injunctive order rescinding the Board's cease and desist order.

I

SUBSTANTIVE DUE PROCESS

Pettijohn contends he has a "fundamental liberty right" which encompasses the right to choose and pursue a socially beneficial occupation.⁴ The state argues to the contrary; it contends that Pettijohn's right to pursue the practice of naturopathy is "neither 'fundamental' nor of particularly great constitutional importance" for purposes of the due process clause.⁵

A license to follow one's occupation is a sufficient property interest to qualify for due process protection.⁶ Common sense as well as common law requires the right to choose and follow a particular profession to be characterized as important. Pettijohn argues, and I agree, that "there can be no reasonable argument that the right to ply one's trade and to pursue life-long occupational plans are weighty personal rights of great import."⁷

⁴ Opening Brief at 21.

⁵ State's brief at 25.

⁶ Herscher v. State, 568 P.2d 996 (Alaska 1977).

⁷ Pettijohn's opening brief at 26, n. 19. See, also, Dantzler v. Callison, 94 S.E.2d 177 at 186 ["property of the very highest quality"].

However, it is also beyond dispute that the state is given great latitude in determining appropriate regulatory measures to protect the health of its citizens. Substantive due process challenges by health practitioners in situations similar to that of Pettijohn have uniformly failed.⁸

Pettijohn characterizes his right to practice his profession free of governmental interference as "fundamental". He analogizes his situation to that of the student in Breeze v. Smith, 501 P.2d 159 (Alaska 1972), whose liberty right to select his own hairstyle was held to be fundamental under the Alaska state constitution. He further compares himself to the plaintiffs in Griswold v. Connecticut, 381 U.S. 479, 497, 88 S. Ct. 1678 (1965), whose right of marital privacy was held to be fundamental under the federal constitution. If, in fact, Pettijohn's right to practice naturopathy were to qualify as a fundamental due process right, he would be entitled to require the state to prove that the restrictions it has placed on his practice further a compelling state interest. The State's burden, therefore, would be increased from the traditional due process requirement of showing that the restrictions placed on Pettijohn are rationally related to a legitimate state interest. See, Breeze v. Smith, supra, at 171.

Pettijohn cites no cases which have characterized the right to practice medicine free of governmental restraint as a fundamental due process right. Justice Goldberg's concurring opinion in Griswold, supra, from which Pettijohn extracts his "fundamental rights" analogy (opening brief at

⁸ See, Dantzler v. Callison, 94 S.E. 177 (So. Car. 1956), appeal dismissed for want of substantial federal question, 333 U.S. 859 (1948); State ex. rel. Iowa Dept. of Health v. Van Wyk, 320 N.W.2d 599 (Iowa 1982); Reisinger v. Commonwealth State Board of Medical Education and Licensure, 399 A.2d 1160, 1164 (Pa. 1979); Davis v. Beeler, 207 S.W.2d 343 (Tenn. 1947) appeal dismissed for want of a substantial federal question, 333 U.S. 859, 68 S. Ct. 745, 92 L. Ed. 1138 (1948); Hitchcock v. Collenberg, 140 F. Supp. 894, 899 (D.C.D.C. 1956).

26), characterizes the inquiry as "whether a right involved 'is of such a character that it cannot be denied without violating those fundamental principles of liberty and justice which lie at the base of all our civil and political institutions'." . . ." 479 U.S. at 493. Thus, it is not sufficient merely to assume, as Pettijohn does, that state regulation of his profession abridges a "fundamental personal liberty"; the term must be placed in context by consideration of those rights which have been recognized as fundamental for purposes of due process analysis. In Griswold, marital privacy was held to be such a right. Freedom of expression and association and the right "to be let alone" are such rights. Breese, supra, Bates v. Little Rock, 361 U.S. 516 (1958) [cited in Griswold]. The right to be free from governmental discrimination based on race is such a right. McLaughlin v. Florida, 379 U.S. 184, 196 (1964) [also cited by Justice Goldberg in Griswold]. Freedom of speech and the press are such rights. Schneider v. Irvington, 308 U.S. 147, 161 (1939).

Commercial rights are not fundamental for due process purposes, however. For example, the right of persons other than licensed optometrists or ophthalmologists to fit eyeglasses or to replace eyeglass lenses without a prescription has been considered something less than a fundamental due process right. Williamson v. Lee Optical Co., 348 U.S. 483, 99 L.Ed 563 (1955).⁹

⁹The history of "chameleonlike" construction of the federal due process clause is described in Commercial Fisheries Entry Commission v. Apokedak, 606 P.2d 1255, 1262-63 (Alaska 1980). The concept of "liberty" as it included the right to work and earn a livelihood found favor in the first half of the twentieth century. However, the chameleon, like the worm, has turned. As the Supreme Court said in Williamson: "The day is gone when this Court uses the Due Process Clause of the Fourteenth Amendment to strike down state laws, regulatory of business and industrial conditions, because they may be unwise, improvident, or out of harmony with a particular school of thought." 348 U.S. at 488.

Pettijohn is a health care practitioner who practices his profession for a fee. He advertises his healing skills to the public, thus affecting an area of great public concern. In such circumstances, due process challenges to state statutes must be analyzed by determining only whether there is a rational connection between the statutory scheme and a legitimate legislative purpose. See, Herscher v. State Department of Commerce and Economic Development, 568 P.2d 996, 1005 (Alaska 1977).

The state's concern in enacting health-care statutes and licensing requirements is for protection of its citizens by ensuring that medical practitioners are adequately educated, properly trained, and sufficiently qualified to treat their patients. Pettijohn concedes the state's right to "reasonably regulate" him,¹⁰ but, he says "[t]o the extent that [the state's cease and desist order] forbids the practice of naturopathy without an M.D. degree, the State's action is prohibition. There is no evidence here justifying prohibition, and without such evidence, the State's action cannot stand."¹¹

I disagree. The present requirements of the statute that Pettijohn not practice medicine without having graduated from an AMA-accredited school and without a state medical license are not measures which categorically prohibit the practice of naturopathy. Although stringent, expensive, and time-consuming for the practitioners, these requirements can be met by naturopaths, as the record in this case shows. The requirements "prohibit" only in the sense that they prevent the practice of medicine by persons who do not meet minimal requirements the state has decided are necessary for the protection

¹⁰
Opening Brief at 30.

¹¹
Id. at 30, 31.

of its citizens. The wisdom of such requirements are normally matters for the legislature, not the courts, to determine. Williamson v. Lee Optical Co., 348 U.S. 488; Hitchcock v. Collenberg, 140 F. Supp. 894, 900 (D.C. Md. 1956).

Medical licensing requirements excluding non-M.D. naturopaths from practicing medicine have been held not to violate due process guarantees. Reisinger v. Commonwealth State Board of Medical Education and Licensure, 399 A.2d 1160, 1164 (Pa. 1979).¹² Regulatory schemes which have set up unlimited/limited privileges for health-care providers have also survived due-process challenges. Reisinger, supra; State, Iowa Department of Health v. Van Wyk, 320 N.W. 2d 599, 602 (Iowa 1982); Hitchcock v. Collenberg, supra at 896 (D.C. Md. 1956). And due process arguments advanced by naturopaths against statutory and regulatory schemes similar to that of Alaska have been uniformly rejected. Reisinger, supra, at 1164; Dantzler v. Collison, 94 S.E. 2d 177, 186-189 (So. Car. 1956); Hitchcock v. Collenberg, supra; Davis v. Beeler, 207 S.W. 2d 343 (Tenn. 1947).

In short, Pettijohn's due process arguments are not supported by persuasive case authority or by convincing analysis. The state has extensive authority to regulate the medical professions. Watson v. State of Maryland, 218 U.S. 173, 176, 54 L. Ed 987 (1910). Its statutes enacted in furtherance

¹²

An accreditation requirement for Alaskan lawyers does not violate due process. Application of Urie, 617 P.2d 505 (Alaska 1980).

of this goal are rationally related to their purpose of protecting the public health. They do not, therefore, violate the due process guarantees of the federal or state constitutions.

II

EQUAL PROTECTION

AS 08.64 sets out the state licensing requirements for health care professionals. Medical doctors and osteopaths must, among other things, have graduated from legally chartered medical schools which are accredited by the American Medical Association or from accredited schools of osteopathy.¹³ Making the assumption that AS 08.64 is intended to regulate naturopaths such as himself, Pettijohn argues that the accredited school graduation requirement violates the constitutional guarantee of equal protection.¹⁴ Although he does not dispute the state's right to regulate his activities, he claims the State has presented no evidence that he is anything less than a careful, conscientious practitioner, knowledgeable in the field of naturopathy, or that he or his chosen discipline are an actual threat. He therefore contends his rights to liberty and to work free of restraint have been violated in the absence of a showing by the state of a compelling interest which justifies this drastic action.¹⁵ He says:

Because the State's interest in protecting the public health and welfare is not jeopardized by Patton Pettijohn's exercise of his fundamental right to liberty, the State cannot now arbitrarily tell him to stop doing the work he has always wanted to do.¹⁶

¹³ AS 08.64.200(2); AS 08.64.205(1)

¹⁴ Opening Brief at 36.

¹⁵ Opening Brief at 27-31.

¹⁶ Id. at 30.

Both federal and state constitutional rights are involved here. Under the federal constitution, strict scrutiny is applied to classifications based on race, national origin, alienage, or those which intrude on "fundamental" rights.¹⁷ In cases not involving suspect classes or fundamental rights, less restrictive tests are used.¹⁸ The applicable questions are whether the classifications are reasonable, whether they possess some rational connection to the statutes' legitimate purpose and whether they treat all within a particular class alike.¹⁹ Proper application of federal equal protection analysis requires a finding that AS 08.64 does not violate the equal protection guarantee of the United States Constitution.

As Pettijohn recognizes, his equal protection claim under the state constitution must stand or fall by application of the test enunciated in State v. Erickson, 574 P.2d 1 (Alaska 1978); Commercial Fisheries Entry Commission v. Apokedak, 606 P.2d 1255 (Alaska 1980); and Ostrosky v. State, 667 P.2d 1184 (Alaska 1984). The equal protection test under the Alaska Constitution is more flexible than federal constitutional analysis. Alaska's test considers three things: the importance of the right asserted by the claimant; the purposes served by the challenged statute; and the means employed by the state to achieve its purpose. Alaska Pacific Insurance Co. v. Brown, 687 P.2d 264, 269 (Alaska 1984). Under this three-step analysis, the state's burden to justify its legislation increases in proportion to the importance of the right asserted by the claimant. State v. Ostrosky, 667 P.2d 1184, 1193 (Alaska 1983).

¹⁷
Apokedak at 1261. "Fundamental" rights which have been recognized for equal protection purposes are the right to travel, to marry, to vote, to procreate, and the right of privacy. Apokedak at 1261, n. 25. The burden on states making such classifications is to prove a "compelling state interest" to justify their actions.

¹⁸
Id. at 1262. "[T]he availability of employment has not been considered a fundamental right so as to require application of the compelling state interest test."

¹⁹
Id.

Pettijohn asserts a right to pursue his chosen profession in Alaska free of the statutory restrictions which govern other medical professionals. This right involves both economic and personal concerns. It is economic as it affects his ability to earn greater or lesser sums of money depending upon the number of patients he sees and the complexity of the problems he treats. It is personal as it affects his ability to practice a profession which he trained for many years to pursue and to which he has dedicated all of his adult professional efforts; it is also personal as it affects his ability to practice in the state in which he was born and raised and in which he has lived and worked as a naturopathic physician. The rights he asserts are thus a mixture--neither purely economic, as argued by the state, nor "fundamental" as argued by Pettijohn.

On the continuum of Alaska equal protection rights, it would seem accurate to characterize the rights asserted here as very important, whether they are found to be "property of the very highest quality",²⁰ or "inalienable right[s]",²¹ or "fundamental" for purposes other than due process or equal protection analysis.²² As discussed above, though, these rights have not and should not be considered to be "fundamental" in the sense that their involvement should require the state to shoulder the heaviest burden under Alaska's sliding-scale analysis.²³ Nor should they be considered trivial, as the state seems to contend. They are assertions involving both

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Dantzler v. Callison, 94 S.E.2d 177 at 186.

²¹
Butchers' Union, Etc., Co. v. Crescent City, Etc. Co., 111 U.S. 746, 762, 4 S. Ct. 652, 657 (1884).

²²
Shelev v. Alaska Bar Association, 620 P.2d 640, 643 (Alaska 1980).

²³
Application of Urie, 617 P.2d 505, 509, n. 7 (Alaska 1980); State v. Ostrosky, 667 P.2d 1184, 1193 (Alaska 1983).

significant personal rights and purely economic concerns, and, as such, they are of "limited" constitutional importance, requiring the relationship between the statutory classifications and a legitimate governmental objective to be no more than fair and substantial. Wilson v. Municipality of Anchorage, 669 P.2d 569, 572 (Alaska 1983).²⁴

To establish an equal protection violation, Pettijohn must prove that AS 08.64 grants or denies rights to one class of people, but treats others who are similarly situated differently on a basis which does not have some fair and substantial relationship to the object of the legislation. Griffith v. State, 641 P.2d 228, 233 (Alaska 1982); Wilson v. Municipality of Anchorage, 669 P.2d 569, 572 (Alaska 1983). The objective of AS 08.64 is obvious. That purpose is, as the state contends, to protect the public by requiring health-care professionals to be adequately educated and trained. In view of the importance of public health concerns, the relationship between the classification drawn in AS 08.64 and public health must be examined with a certain degree of tolerance, much more, certainly, than would be applied to distinctions based on race or the exercise of intimate personal choices or questions involving fundamental constitutional rights.²⁵

Pettijohn complains of only one aspect of the medical licensing statute as it relates to the equal protection question: He claims that AS 08.64.200(2) prohibits him from practicing naturopathic medicine as he wishes to do because he has not

²⁴

In Wilson, the Alaska Supreme Court said:
"Although the relationship between the classification and the legitimate governmental objective must be fair and substantial, a less than perfect fit between the means and the ends will be tolerated."
669 P.2d at 572.

²⁵

See, for example, Watson v. State of Maryland, 218 U.S. 173, 176; 584 L. Ed. 987; Hitchcock v. Collenberg, 140 F. Supp. at 900; Dantzler v. Callison, 94 S.E. 2d at 186-1887; State, Ex. Rel. Iowa Department of Health v. Van Wyk, 320 N.W. 2d at 605.

graduated from a legally chartered medical school or school of osteopathy. This appears to be his only equal protection argument. He specifically denies that he claims a violation of equal protection because of differential treatment of AMA-accredited school graduates and other doctors, or allopathic and non-allopathic physicians, or chiropractors and naturopaths.²⁶ Therefore, the question posed is whether the requirement of graduation from an accredited medical school has a fair and substantial relationship to the primary legislative goal of protection of the public. The short answer to this question is that the requirement does have such a fair and substantial relationship.²⁷ Although Pettijohn advances a number of arguments which might convince the legislature of the wisdom of his position, the judiciary's inquiry must of necessity be limited. It should suffice to say that many courts which have considered similar arguments have rejected them.²⁸ Pettijohn cites no case which holds to the contrary on this issue. His equal protection argument is not supported by reference to persuasive authority or logic. Reason, as well as the weight of authority, supports the conclusion that the educational requirement of AS 08.64.200(2) as it prescribes qualifications for those who practice medicine in this state bears a fair and substantial relationship to the public health purpose of the statute.

To summarize, Pettijohn has asserted rights which are properly characterized for purposes of constitutional analysis as rights of "limited" importance; the public health

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Pettijohn's reply brief at 11, 12.

²⁷

See, Application of Urie, 627 P.2d 505, 509 (Alaska 1980). In Urie, the Court rejected an equal protection challenge to the Alaska Bar rule which precluded lawyers from practicing unless they had graduated from ABA--accredited law schools. Although some might argue that badly-educated lawyers can be more dangerous than ill-trained doctors, it is hard to distinguish, for equal protection purposes, the accreditation requirement in Urie from that facing Pettijohn.

²⁸

See, cases cited at p. 29, 30 of the State's brief.

objectives of the statute he challenges are of great importance; and the means employed to further those objectives have a fair and substantial relationship to the goals sought. The presence of a less restrictive alternative, if there is one available to meet the objective, does not change the result. The availability of less restrictive alternatives does not automatically invalidate a statute when fundamental rights are not involved.²⁹

The statute does not violate constitutional equal protection guarantees.

III

VAGUENESS

A licensing statute must give adequate notice to the ordinary citizen of what it prohibits; and it may not allow, because of inexact language, unduly discretionary enforcement. Stock v. State, 526 P.2d 3, 8 (Alaska 1974). If either of these requirements are not met, the statute is void because of its vagueness. State v. Marathon Oil Co., 528 P.2d 293, 297 (Alaska 1974). Pettijohn contends that these due process guidelines are violated by the language of AS 08.64.170 and AS 08.64.380. He designates favorable responses from state officials to his and another naturopathic practitioner's questions regarding whether the old statute allowed naturopaths to practice in Alaska as evidence that the statute is unconstitutionally vague. He also argues that the Board's clarification of its initial decision in this case shows the statute is unconstitutionally vague.

As the state points out, most of Pettijohn's evidence and arguments on this issue relate to pre-1983 events. The dates are important because in 1983 the statutory definition

²⁹ See, Wilson v. State, 669 P.2d 569, 573 (Alaska 1983). It is only when rights at the higher end of the sliding equal protection scale are considered that a less restrictive alternative will invalidate statutory classifications. Alaska Pacific Assurance Co. v. Brown, 687 P.2d 264, 269-270 (Alaska 1984).

of "the practice of medicine" was "dramatically broadened" at the same time that non-M.D. or D.O. health-care providers were specifically authorized to be licensed as limited practitioners.³⁰

Pettijohn can prevail on his vagueness argument only if he can show that citizens of normal intelligence and he, a practitioner who calls himself a naturopathic "physician" and his office the "Clinic of Natural Medicine", who diagnoses and treats his patients' diseases and ailments, who performs acupuncture and minor office surgery, who diagnoses cardiovascular difficulties, respiratory ailments, pneumonia, strep throat, emphysema, bursitis, carpal tunnel syndrome and arthritis, who does blood and urine tests and speculum and manual examinations of the vagina and cervix, and prescribes intramuscular and intravenous injections of vitamins and other substances, and who includes within his practice obstetrics and gynecology (including emergency episiotomies and artificial rupture of mothers' membranes),³¹ and who has patients who come to him because he is a naturopath and who won't seek other medical care",³² have not received adequate notice of what the statute allows and what it does not allow. Alternatively, he must show something more than speculation that the imprecise language of the statute creates a danger of discriminatory enforcement.

The statutes in question allow no one to "practice medicine. . ." in the state unless the person is licensed..."³³

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State's brief at 6-8, 19. AS 08.64.170(4)

31

See, state's brief at 1,2; Pettijohn testimony, R. 304-383; Board's Findings and Conclusions, R. 1045-1046, 1053-1059.

32

R. 447.

33

Sec. 08.64.170 states in pertinent part:

License to practice medicine or osteopathy.

(a) A person may not practice medicine. . . in the state unless the person is licensed under this chapter except that

(4) A person who is licensed or authorized under another chapter of this title may engage in a practice that is authorized under that chapter.

"Practice of medicine. . . means":

(A) for a fee, donation or other consideration, to diagnose, treat, operate on, prescribe for, or administer to, any human ailment, blemish deformity, disease, disfigurement, disorder, injury or other mental or physical condition; or to attempt to perform or represent that a person is authorized to perform any of the acts set out in this subparagraph;

(B) to use or publicly display a title in connection with a person's name including "doctor of medicine," physician," "M.D.," or "doctor of osteopathic medicine" or "D.O." or a specialist designation including "surgeon," dermatologist," or a similar title, or any title which tends to show that the person is willing or qualified to diagnose or treat the sick or injured.³⁴

These statutes are not unconstitutionally vague.

They give adequate notice of the conduct prohibited and they do not encourage arbitrary enforcement. See, Storrs v. State Medical Board, 664 P.2d 547 (Alaska 1983).

IV

HAS THE BOARD MISINTERPRETED AS 08.64 BY DETERMINING THAT PETTIJOHN IS PRACTICING MEDICINE BY TREATING HEALTHY PREGNANT WOMEN?

Pettijohn claims that the Board's interpretation of AS 08.64 "unreasonably excludes the care and observation of healthy pregnant women from [the] class of acceptable 'unlicensed' activities." He also contends that the Board's conclusion that "the practice of "medicine" includes all care and treatment given to healthy women prior to and during the birth of their children is wrong as a matter of law.³⁵ The

³⁴
AS 08.64.380.

³⁵
Opening brief at 57.

state responds that pregnancy and the processes of childbirth are "physical conditions" within the statutory definition of the practice of medicine. It argues an interpretation of the statutory language which would include "conditions which are abnormal, undesirable, pathological, or which involve some risk of harm or pain to the individual, or which may be benefited by the skilled treatment of a health care professional."³⁶

The California Supreme Court has said that the language of its own licensing statute: "any person who . . . diagnoses, treats, operates for, or prescribes for any ailment, blemish, deformity, disease, disfigurement, disorder, injury or other mental or physical condition", appears to "readily . . . encompass pregnancy and childbirth." Bowland v. Municipal Court, 556 P.2d 1081, 1085 (Calif. 1977). The appeals court of the State of Washington follows a similar interpretation. Griffith v. Dept. of Motor Vehicles, 598 P.2d 1377 (Wash. App. 1979).

The state's proposed interpretation of the statute is supported by common sense as well as case law. One only has to consider Pettijohn's own candid description of the pregnancy treatment he renders³⁷ to see that the California Supreme Court is correct when it says "obstetrics as a matter of common language has long been treated as a highly important branch of the science of medicine."³⁸ The Board has not misinter-

³⁶

State's brief at 13 [emphasis in original.]

³⁷

R. 306-319. Pettijohn does prenatal screening, takes medical histories, does physical examinations and blood tests, treats infections and complications, treats "mild" cases of toxemia, assists mothers in labor, monitors the babies' heartbeats, performs emergency episiotomies to prevent brain damage when there is fetal distress, artificially ruptures membranes of mothers to speed labor, examines newborns for health, tests them for disease, and performs circumcisions.

³⁸

Bowland v. Municipal Court, supra, at 1084.

protected the statute by including Pettijohn's treatment of pregnant women within the definition of the practice of medicine.

V

HAS THE STATE VIOLATED PETTIJOHN'S PATIENTS'
CONSTITUTIONAL RIGHTS?

As is the case with regard to the unlicensed physician, so it is with the patients when their constitutional rights to substantive due process, equal protection, and personal liberty are considered in the context of this lawsuit. I find the Alaska licensing statute does not violate the due process or equal protection rights of either Pettijohn or his patients. See, Hitchcock v. Callenberg, 140 F. Supp. 894 (D.C. Md. 1956).

The patients have also raised constitutional privacy issues. Case law resolving privacy claims of patients are neither many nor definitive. A chiropractic patient's privacy claim has been rejected by the Iowa Supreme Court along with the constitutional claims he raised as a practitioner. State ex rel Iowa Dept. of Health v. Van Wyk, 320 N.W.2d 599, 606 (Iowa 1982). A decision to the contrary cited by Pettijohn's patients employs the fundamental rights/less restrictive alternative analysis which I have found to be inappropriate under the facts of this case. See, Andrews v. Ballard, 498 F. Supp. 1038 (S.D. Tex. 1980). Other cases have held the privacy right of patients to select unconventional treatment by licensed practitioners superior to state medical boards' rights to tell those licensed practitioners what methods of treatment

they should use. Rogers v. State Board of Medical Examiners, 371 So.2d 1037 (Fla. 1979); Sumner v. Society of the Valley Hospital, 383 A.2d 143 (N.J. Superior Court 1977).

Although the privacy debate raised in these cases raises troublesome philosophical and legal questions, the penumbral nature of the emerging constitutional right of privacy should prevent any court, in the absence of a highly compelling circumstance, from lightly declaring one or a few patients' personal preferences to be superior to the power of the state to protect as well as it can the health and safety of all of its citizens.

It is true that in questions of public health, safety, and the general welfare, the authority of the state to exert control over the individual extends only to activities of the individual which affect others or the public at large. But where the state has legislated in an area protected by the constitution, it is not kept from doing so when the legislation bears a real and substantial relation to the public health, safety, or some other phase of the general welfare. Ravin v. State, 537 P.2d 494, 509 (Alaska 1975).

As the state argues, the statutes challenged here do not prohibit naturopathy; licensed physicians may practice it. The record reflects that at least a small number of naturopaths are also licensed physicians. And there are some areas of the practice of naturopathy that are not precluded by the Board's order. But Alaskan patients' rights to obtain comprehensive naturopathic treatment in their home communities, at

relatively small expense, and without great inconvenience. are undeniably--and heavily--burdened at this time. Nevertheless, examination of the practical effect of the statutes' requirements without consideration of their health-based justification would be irrational.³⁹

The state's interest in public health and safety is compelling. The requirements of its licensing statute reasonably relate to that interest. As the state says, it could, theoretically, adjust to even one patient's wish to be treated by practitioners of new and untested theories: It could license each new group as it arises. And perhaps the results of such an individualized governmental response would be a bit less operative than the scenario provided by the state here:

. . . the legislature would be left with no option but to allow the community to be its laboratory, and the ill and dying its guinea pigs, in marketplace experiments on the safety and effectiveness of the alternative procedure.⁴⁰

Nevertheless, the danger of judicially elevating the importance of the personal choice of a small number of individuals to a position of superiority over the rational judgment of the legislature should be obvious. Only in the most compelling of cases has this been done. Neither Pettijohn nor his patients have demonstrated the wisdom of such a course of action in this case. The licensing statutes do not violate the patients' rights to privacy; nor do the actions of the Board.

³⁹ See, Planned Parenthood Assoc. of Kansas City, Mo., Inc. v. Ashcroft, 655 F.2d 848, 854 (8th Cir. 1981).

⁴⁰ State's brief at 53, 54.

CONCLUSION

For the reasons stated, constitutional and statutory challenges raised in this case must be rejected. Pettijohn and his patients have requested an order reversing the Board's decision to issue its cease and desist order. The legal grounds they advance do not justify reversal. To the extent that their appeal attacks factual findings of the Board, they have designated no erroneous findings which would compel reversal. Much of their attack on the Board's order is based on their view that naturopathy is a healing profession that deserves state recognition and approval because of its distinctly beneficial qualities. Direct attacks of this nature have uniformly failed.⁴¹ Neither the philosophical or legal arguments raised in this appeal nor the factual record made before the Board merit reversal. Nor does the record allow me to grant the plaintiff/appellants' motion for summary judgment. Unfortunately for them, the following passage seems very appropriate as it applies to their case:

The plaintiffs are in the wrong forum asking for the wrong relief from the wrong lawmaker. The plaintiffs' real complaint is that the legislature has not passed a law making a special exception for their benefit. Exceptions are a matter of legislative grace. It is not for us to supply the omission. . . if an exception is to be made for certain practitioners, such as for nurses or chiroprodists, or dentists, special legislation is necessary to protect the public.

⁴¹

See cases cited in State's brief at 54, 55.

England v. Louisiana State Board of Medical Examiners, 263
F.2d 661 at 675-677 (Wisdom, J. dissenting) [emphasis in ori-
ginal].

The decision of the Board is affirmed. The motion
for summary judgment is denied.⁴²

DATED at Anchorage, Alaska this 28 day of March
1986.


BRIAN SHORTELL
SUPERIOR COURT JUDGE

⁴²In the thicket of issues raised in this case, estoppel
and a privileges and immunities attack may also be lurking.
I have considered these issues and I find no basis for reversal
or summary judgment in them.

NATUROPATHIC MEDICINE

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Naturopathic Medicine is a distinct system of healing, a philosophy, science, art and practice which seeks to promote health through education and the rational use of natural agents and processes. As a separate profession, naturopathic medicine in North America traces its origins to Dr. Benedict Lust. Late in the nineteenth century, Lust came to the United States from Germany to practice and teach Hydrotherapy and "Nature-Cure" techniques popularized by Preissnitz, Kneipp and others in Europe. A committee of these practitioners met in 1900 and determined that the practice incorporate all natural methods of healing, including such elements as botanical medicines, homeopathy, nutritional therapy, medical electricity, psychology, and the emerging manipulative therapy. They called their profession "Naturopathy", a term first used by Dr. John H. Scheel, a German Homeopath. The American School of Naturopathy in New York City, founded by Dr. Benedict Lust, graduated its first class in 1902.

Although the name "naturopathic" is of relatively recent origin, the philosophical basis and many of the methods of naturopathic medicine are ancient. The modern naturopathic physician is a true heir to the Hippocratic tradition in Medicine.

PHILOSOPHY

The human body possesses enormous power to heal itself through mechanisms of homeostasis - restoring balance in structure and function and adapting to environmental changes. This vital force, the "vis medicatrix naturae", is the foundation of naturopathic philosophy and practice. The naturopathic physician uses those therapeutic substances and techniques which act in harmony with the body's self-healing processes and avoids treatments which are designed to counteract or supervene them. Ideally, naturopathic methods are applied as a means of assisting and augmenting this "healing power of nature". A cornerstone of natural therapy is cleansing, detoxification and regeneration.

Naturopathic medicine is a wholistic approach to health. By taking into consideration heredity, biochemical, emotional, environmental and psychological factors, disease manifestations are thus acknowledged from a polycasual perspective. Disease as a process rather than disease as an entity is emphasized and an understanding of the individual as an expression of the dynamic process of life is developed.

SCIENCE

The science of naturopathic medicine is a comprehensive body of knowledge derived from traditional and contemporary sources. It is a record of observation and research in diverse cultures and throughout history. Included in this science are the disciplines common to all healing arts; a thorough study of the human organism, how it is influenced by all aspects of its environment, and techniques of discovering the nature of the disease process. Naturopathic physicians apply the latest research in all branches of medical science and technology to their field, from discoveries of new facts about human physiology, biochemistry and nutrition to the most modern diagnostic tools and techniques.

Beyond these conventional studies, naturopathic medical science also embraces other diagnostic and proven therapeutic techniques which reflect its philosophical principles.

ART

The art of naturopathic medicine is essentially the application of philosophy and science to the individual. The naturopathic physician develops an ability to gain insight into the causes and effects of personal health problems and to use his or her own knowledge and skill to assist patients in finding solutions. Only in the role of teacher - the literal meaning of "doctor" - can a physician practice truly preventative medicine. In helping people to understand how the choices they make about their lives have an effect on their health, naturopathic physicians provide health education. The ultimate role of the physician is to provide each patient with the tools to achieve the highest possible level of health and the encouragement to use these tools.

PRACTICE

The naturopathic physician is trained as a general practitioner, able to provide a wide range of individual, family and community health services to persons of all ages.

Naturopathic treatment of illnesses, injuries, and reversible pathologies embraces the psychological and emotional, nutritional, biochemical, neurological, and physical therapeutic modes. These methods are administered in combination to produce a maximal desired response or therapeutic effect.

The therapies employed by the naturopathic physician include, but are not limited to the following:

1. CHINESE MEDICINE AND ACUPUNCTURE are concerned with the basic concepts of balance in and correct mobilization of the body's internal energy flow.

2. HOMEOPATHY utilizes the natural law of similars (like cures like) in treating highly personalized "symptom pictures" displayed by patients, a health profile that is derived from extensive life histories and life style analysis.

3. PHYSICAL MEDICINE explores the physiological effects and therapeutic use of heat, light, water, electricity, and sound.

4. NUTRITION focuses on diet and the uses of food stuffs, including vitamins, to correct nutritional deficiencies or imbalances as well as dietary therapies for specific metabolic conditions.

5. BOTANICAL MEDICINE involves a detailed survey of plants and plant knowledge, integrating traditional herbal knowledge with modern pharmacological research.

In all cases, the naturopathic physician emphasizes the patient's responsibility towards his/her own health and well-being.

BECOMING A NATUROPATHIC PHYSICIAN

The first step in becoming a naturopathic physician is application to an established college of naturopathic medicine. The National College of Naturopathic Medicine is a four-year, N.D. degree-granting institution located in Portland, Oregon. The Admissions Office will be able to provide you with more information about NCNM's curriculum and specific admissions procedures.

The four years at The National College of Naturopathic Medicine are spent in a thorough study of the basic medical sciences, followed by two years of work in the clinical sciences. During the latter, students see patients in the Outpatient Clinic, and develop more specialized expertise in therapeutic modalities. The clinical science years are an important transitional period in the development of the student to a practicing naturopathic physician. In addition, NCNM's new curriculum allows a student to concentrate in certain areas of interest including those listed above. Because of extensive contact with patients under the supervision of a licensed naturopathic physician, and the flexibility that permits students to develop specialized skills and knowledge, the clinical years are generally viewed as the most rewarding and exciting--when being a naturopathic physician becomes a reality.

Upon graduation, most naturopathic physicians set up a private, general practice, though some physicians, by choice, limit their practice to certain classes of problems or therapeutic modalities. Since naturopathic medicine is a

re-emerging profession, most physicians need to be "trail blazers" to some degree by establishing themselves independently in a community which may have little understanding of what a naturopathic physician is and what he does. This provides both a personal and a professional challenge, a challenge that is consistently met with enthusiasm.

Opportunities for post-graduate study or specialty training are presently limited. Only a few clinical residencies are available to graduates of NCNM. In the future, when the profession of naturopathic medicine grows and prospers as is inevitable, inpatient hospitals and other long-term care facilities will allow for even greater exposure to a variety of patients and ailments as well as greater opportunity for specialization at a post-graduate level.

In the words of John B. Bastyr, N.D., President Emeritus of NCNM, "It takes a special kind of person to meet the challenges of naturopathic education and practice--one who is dedicated to the service of others through healing and health education, remembering always that he or she is merely a channel for the healing power of nature." If you are such an individual, we would encourage you to pursue a career in naturopathic medicine at NCNM, and again to quote Dr. Bastyr, "brightly light the path to tomorrow's health care."

Further inquiries about naturopathic medicine and the National College of Naturopathic Medicine may be directed to:

ADMISSIONS OFFICE
NATIONAL COLLEGE OF NATUROPATHIC MEDICINE
11231 SE MARKET ST.
PORTLAND, OREGON 97216
503-255-4860

November 1982

Naturopathy

Naturopathy, or the healing of disease through natural methods, was formulated over 150 years ago, reached a certain degree of popularity in the United States during the first three decades of the 20th century, and is now all but extinct.

And that is a shame, because a really well-trained naturopath could have a great deal to offer, especially in treating minor or chronic conditions, which account for an enormous portion of medical problems and fill doctors' offices with patients who might do just as well or better being treated by a naturopath.

Naturopathy is above all the supreme eclectic medical art, drawing on everything and anything of a drugless nature to help the patient: herbs, hydrotherapy, massage, mud packs, manipulation, exercise, enemas, nutrition—whatever seems indicated for the condition *and* for the individual patient.

It is likely that the *real* practice of naturopathy has almost disappeared from the scene because of legal strictures. That is because a real naturopath *diagnoses* and *treats* disease, an occupation which is liable to result in his arrest unless he is a dentist, physician, or chiropractor. The modern practitioner of naturopathy would for his own protection have to more or less disguise himself as some sort of consultant, and even then keep his fingers crossed that the local medical monopoly does not take umbrage to his presence in the community.

I was therefore very lucky to be able to find a practicing naturopath in the person of Dr. Thomas F. Marsteller, of Sellersville, Pennsylvania, a small rural community about 40 miles north of Philadelphia. Dr. Marsteller practices by virtue of a license he holds from the state of Pennsylvania as a Drugless Therapist. Although this license is no longer conferred by the state—Dr. Marsteller's license is No. 11—those who still hold one may still legally practice any form of drugless therapy.

A tall, lanky man who perfectly fits the role of the country doctor, Dr. Marsteller is the seventh generation of his family to practice medicine ("My grandfather was a doctor until the age of 92."). He is the very model of the eclectic healer, using traditional naturopathy, manipulation, homeopathic remedies, heat treatments,

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commonsense psychology, and when the occasion calls for it, a little "magic."

As Dr. Marsteller took me on a tour of his offices, I noticed one room which contained a kind of vat to which some rubber hoses were connected. That, I discovered, was the colonic irrigation machine, the device I had read so much about when studying some of the literature on naturopathic medicine. I had gotten the impression from this literature that colonic irrigations are a major therapeutic technique and that a world of good is said to result from their use.

Dr. Marsteller did not change this impression, although he emphasized that he always examined patients before permitting them to undergo a colonic irrigation, to see if it was indicated. Apparently, it often is, because he has a nurse in his office who I was informed does nothing but administer these treatments.

The two hoses connected to the device merge into one channel as they approach the impressive-looking business end of the nozzle. First, a cup of water, containing some dissolved herbs and/or some sulfur or boric acid, is introduced into the rectum. After a suitable period of retention, the fluid is released, and is channeled through the second hose into the waste-receiving portion of the machine. Curiously, I noticed that there was a glass window in the return tube, and Dr. Marsteller told me it was there to permit observation of the returning material, which might reveal something of importance, such as the presence of worms. The patient is switched around to a number of positions as more water is introduced and retrieved, so that a considerable portion of the colon is flushed out.

Although constipation might seem the prime reason for such an irrigation, Dr. Marsteller believes that constipation is usually "a result of something else" and advises irrigations for a rather large number of conditions on the theory that various toxins and "sludge" are thereby removed from the system.

The next thing that drew my attention in his office was an unbelievable proliferation of small bottles, which had obviously been sitting on his shelves for many years. These, it turned out, contained the homeopathic pills which he dispenses. There were several hundreds of these bottles, some of them in his consulting office, some in a closet, and still more in a storeroom. While many of them con-

tained only one substance, a good many contained combinations of herbs or chemicals.

Before dispensing these pills, Dr. Marsteller said he always checks his diagnosis in a book, and held up the *Pocket Manual of Homeopathic Materia Medica* by William Boerick, M.D., published by Boerick and Tafel of Philadelphia in 1927. "This is my bible," the naturopath exclaimed.

Thumbing through the volume, I was rather shocked to find belladonna, an extremely powerful herb which can cause death, described as a "great children's remedy." But then, I remembered that in homeopathic preparations this herb would be given in "triturations" which are diluted to the extent that even a tiny pill might contain only one-thousandth part of the active substance.

The idea is that "like cures like," and a very small dose of a substance which causes an ill effect in a healthy person will actually stimulate the protective reaction of the body to overcome that same ill effect in a sick person.

Thus, Dr. Marsteller said, he may give pills containing highly diluted extracts of snake venom or ground-up bee parts to a person who has been bitten by such a creature.

When I expressed some astonishment at this approach, Dr. Marsteller said testily, "I've been doing this for 44 years. It works!"

He did admit, however, that he frequently used pills or home preparations containing from six to nine ingredients because it is difficult to find the exact cause of any given symptom.

Although Dr. Marsteller sometimes uses whole herbs rather than herbal extracts in pill form ("It depends on the person's personality—some do not want to boil up a tea."), he uses them with a kind of specificity that is apparently related to the principles of homeopathy. Camomile tea, for instance, he regards as suitable only for women. If men drink it, "they will have trouble." And operating on the homeopathic principle that "like cures like," Dr. Marsteller warns that while sage is good if you have a sore throat, you ought not to drink sage tea if you are well; it may well give you a sore throat.

Dr. Marsteller performs various manipulations on all parts of the body. For sinus problems, for example, he will manipulate the neck and press the sinus area. For bursitis, he will probably use diathermy, or deep heat therapy. He tells patients with arthritis to avoid absolutely all white sugar, white flour, cheese, cabbage, and

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all dairy products unless they are fermented. He encourages consumption of raw or steamed vegetables and drinking six glasses of spring water a day.

Although from a purely logical point of view, one might imagine that people would seek drugless therapy before pharmaceuticals and surgery, this is usually not the case. Dr. Marsteller sees many patients who represent the failures of "establishment" medicine, and says with a smile—but pride, too—"They call this place the court of last resort."

Operating on the principle that whatever helps such a patient is the right therapy, Dr. Marsteller does not scorn the use of faith healing, or something akin to it, along with his other approaches. As we were talking, he suddenly told me to lay out my hands flat on the table in front of me, palms up. He then passed his right palm over mine for a few moments and asked me if I felt anything. I said my hand felt warm, which it did. He then placed his left palm over my other hand and asked what I felt. Cold, I said.

"My hands are my second eyes," the naturopath informed me. "My right hand gives power and warmth. My left hand draws out what is in the person and produces cold. This can help me in diagnosis, and diagnosis is 80 percent of the whole case."

Hmmm.

We asked Dr. Marsteller about some remedies he uses which would be of interest to readers.

"Well," he offered, "here is a kind of all-purpose salve that I use and get good results with." I sniffed it and rubbed some into my hands and it felt good. It contained eucalyptus, cayenne, althea root (marshmallow), and paraffin.

Dr. Marsteller is a great believer in the use of onions as a home remedy. For colds, he suggests eating cooked onions or making onion sandwiches. For a fever, he advises slicing some raw onions and putting them on the chest or feet. "You can make a poultice for your chest, or use white socks and hold the onions against the soles of your feet. This is a very old remedy, but I still use it."

Apple cider vinegar he regards as good for splashing on cuts or sprains. It also makes a great gargle, he says.

He then gave us what he called "an old remedy for stiffness of all kinds." To make it, "Take one grapefruit, two oranges, and three lemons, and chop them up. Put them in a blender, skin and all, with

one teaspoon of cream of tartar, and then add an equal amount of spring water. Drink two shot glasses a day."



EDITOR'S DESK

Does homeopathy offer help for AIDs victims?

By BARBARA BASSETT

a roundtable discussion with some staff members of the Hahnemann Medical Clinic in Berkeley, California, provided some startling and very hopeful information.

Barbara Bassett. How far can you go in restoring health?

David Warkentin, P.A.: Homeopathic remedies don't force a change, they just strengthen the organism. Once it's stronger, once it has more vital energy, it's able to start healing itself. Anything that the body could regenerate, homeopathy can encourage happening. Uterine fibroids can dissolve, brittle nails can go away. Herpes can disappear. All kinds of viral problems can abate. AIDs. Obesity. Anything that the body can throw off, we have mechanisms against. The idea is just to stimulate the body and get those mechanisms working. No matter how intransigent these illnesses seem, if it's something that people can recover, it shows that the body has a mechanism to do that. Sclerosis of the liver we can't do anything about because once the fibrous tissue moves into the liver it can't be replaced. All you can do is improve the function, but if somebody loses a finger, it's not going to grow back.

BB: If you are treating someone who is on a very low level of mental health, can you restore that person?

DW: We can use Alzheimer's as an example of that. If we get someone quite early in the course of Alzheimer's disease we can turn it around. If they have it for five years and it's severe we won't touch it. We can maybe improve it slightly, and we can arrest the course, but we can't turn it back. If you have somebody who is delusional or incredibly violent or just angry all the time or anxious, those things change very easily.

Any time you are treating something life-threatening, like AIDs, cancer, or something like that, it means that the person is very weak. Homeopathic remedies can definitely work on all those problems. The reason they can work in these cases is that the remedies stimulate the person's immune system and their metabolic processes to heal whatever is going on.

It is illegal to treat cancer in most states with any therapy except chemotherapy, radiation, surgery and now laetrile. We don't treat any cancer patients because it's not worth it to jeopardize what we can do for large numbers of people for what we can do for one. I think that the reason chemotherapy is sometimes successful is because it is so powerful it drives illness in, deeper. If you followed those treated with chemotherapy, looked at all the parameters of their lives and asked, "How is the quality of your life?" I think you would find that 5 years after the chemotherapy their quality of life would be very poor.

BB: Have you treated any AIDs patients at this clinic? What is your record?

DW: Well, so far they are doing all right, but we need to wait a lot longer to have definitive results. There is no reason why bodies couldn't throw off the AIDs virus and become stronger. There is no reason why homeopathy wouldn't work. I think that the population that is being affected by AIDs are people that are so weak in their vitality in one way or another, or who have taken such high doses of drugs that it is easy for them to contract disease.

Personally, I think that it has a lot to do with taking antibiotics.

We're somewhat trained in this culture to think of illness as being like Russian agents. "They" are out there and "they're" subversively getting into every organization and trying to change everything. Well, a lot of illness is really much more internally caused than externally. Bacteria are like that, and viruses are, too. They have an impact. They can induce illness but there usually has to be weakness there for them to prey on. We all have strep in our throats, but we all don't have strep throats. With AIDs, I think that if you consider what kind of situation, what kind of environment in a person would create a good medium for the virus to grow in, it would be where somebody's immune system has been weakened.

Antibiotics are probably the main thing that affects immune systems because they replace the immune system. We take an antibiotic, then why should the body make antibodies itself when it has them already there? Look at some of the people who are getting AIDs, often people who may have higher levels of sexually transmitted diseases take much higher levels of antibiotics—millions, millions of units of penicillin. So, it may be that they're such an easy source for the virus because their immune system has been so severely damaged. It wouldn't have to be just antibiotics, anyone with a compromised immune system, from whatever cause, is at risk. People that need blood transfusions usually aren't very healthy.

Bill Gray, M.D.: We have AIDs cases who are doing pretty well. It's hard to define a cure, but I've got 7 cases that are still alive, one of those is up to 5 years, and for all the rest of them, symptoms are better. They are back at work.

BB: What about high blood pressure?

Peggy Chipkin, R.N., F.N.P.: I have one man that I'm treating now who has responded quickly.

Please turn to page 61

The Eatin' O' The Green

Continued from page 22

Spinach Dip

1 10-oz. pkg. frozen, chopped spinach
1 cup sour cream
1 cup plain yogurt
1/2 cup mayonnaise
1/2 cup chopped fresh parsley
Dash oregano and basil, to taste
1/2 cup green onion, finely chopped

Mix all ingredients together. Cover and refrigerate for about 30 minutes before serving. Serve with a platter of fresh vegetables. *Makes about 3 1/2 cups.*

	CAL	PROT.	FIBER	CARB.	UNSAT. FAT	FAT
1 Tbsp.	27	2g.	1g.	3g.	5g.	9g.

If you're getting a tad tired of spinach, you might want to consider green beans. Well, after all, they *are* green. Here's a recipe that you'll agree is the real pot of gold at the end of the rainbow.

Green Beans Polonaise

1/2 lb. fresh green beans 1 tsp. chopped parsley
1/4 cup blanched almonds 1/4 tsp. onion powder
3 Tbsp. melted butter Dash salt, to taste
Dash paprika
1 cup coarsely cut soft bread crumbs

Clean and prepare green beans. Steam until tender. Coarsely chop almonds. Melt 2 tablespoons of the butter in a skillet over low heat and brown the almonds. Add the paprika and bread crumbs and continue cooking till bread crumbs are brown and crisp. Sprinkle bread crumb mixture with parsley, onion powder and salt, if desired. In large serving dish place hot beans and toss with the final 1 tablespoon butter. Sprinkle the almond crumb mixture into the beans and toss lightly. Serve at once.

	CAL	PROT.	FIBER	CARB.	UNSAT. FAT	FAT
6 servings	117	3g.	3g.	9g.	4g.	7g.

Last but not least, here's a green bean dish that's as pretty as a shamrock!

Herbed Green Beans

1 1/2 lbs. fresh green beans
1/4 cup melted butter
1 5-oz. can water chestnuts, drained and sliced
Dash dill weed

Wash and trim ends from beans. Cut into slices and steam them. (I cut mine into 1" -2" pieces.) Meanwhile, melt butter in large pan over medium-low heat. Add the sliced water chestnuts and cook them for about five minutes till lightly browned. Add dill weed and stir well. Add the steamed green beans and heat everything for about 10 more minutes. Serve at once. *Serves 6.*

	CAL	PROT.	FIBER	CARB.	UNSAT. FAT	FAT
Ea. serving:	110	2g.	5g.	9g.	3g.	8g.

Here's wishing you all a happy St. Patrick's Day! May the luck o' the Irish be with you all and may you have a grand, green time of it!

EDITOR'S DESK

Continued from page 5

BG: It depends on how significant the symptomatology is. If the patient's suffering from noticeable symptoms, then the blood pressure can go down quickly, but if it's only something that's noticed on a routine exam, it does take a lot longer for it to come down.

Nancy Herrick, M.A., P.A.: Usually there are other problems that are deeper in that person. The body itself chooses. All we do is give the remedy and the body itself chooses what it's going to deal with first. A person might come in with an eczema condition but they also may have a depression. We give the remedy based on the whole image and we, in fact, find the depression will get better first. The eczema might not even be dealt with at all for 6-8 months because the body chooses that the depression is a much more deep concern.

BG: Another thing is that it sometimes takes us a while to get people off the high blood pressure medication, because the medication eventually is going to antidote the homeopathic treatment. So we give a remedy, then wean them off the medication, then maybe give another remedy. It's a process to go through.

NH: There are all kinds of acute conditions that are quite serious that have near miraculous reactions. It seems like the more life-threatening, the more acute something is, the faster the remedy works. We basically expect the remedies to work right away.

DW: The best way to start believing in homeopathy is to have something work well rather than just be convinced that it should work.

BB: I'm sure you've all had the experience of going to an MD, being treated competently for whatever was wrong with you and not feeling well afterwards. What was wrong was fixed, you just didn't feel really good. You know you're not completely treated.

NH: I saw a woman yesterday with an interesting story. She was born with asthma and she had had asthma and severe allergies for years and years. They started treating the allergies. She went to an allergist and she was allergic to 56 things. She was treated with the shots and a range of treatments. Took about three years. Over that time her allergies started to disappear and she started getting epilepsy; she started to have seizures. As the allergies got better the epilepsy got much worse, and at the end her allergist said, "It's really wonderful, you're cured of your allergies!" Now the woman is on Dilantin every day, and still is having seizures. We see the connection between the allergy treatment and epilepsy. She hadn't recognized it, and the allergist certainly hadn't.

BG: That's a classic pattern.

NH: That's something we see all the time. The whole person really has to be involved and the practitioner, the doctor, has to be aware of that because we are whole people, and allopathic medicine just suppresses one thing so another thing gets worse.

Michael Quinn, R.Ph.: If homeopathy were just another way to treat common conditions, it wouldn't really be that important; but people throughout the country are getting little things treated and are then coming down with something more serious. They get *that* treated, then they get something more serious still.

There's a progression. As people get treated allopathically or suppressively their symptoms are affecting deeper organs, higher levels of the body. As they get treated homeopathically, like this case Nancy is treating, the epilepsy might start getting better, but...

NH: ...the allergies might come back. That's what I told her. You're going to have to go through backwards, and you're going to have to get your asthma and allergies again, then we'll treat that, and then.... It'll be a long term process, I'm sure.

BG: There will be eczema or something on the side, and finally it will work its way out of the body.

BB: When you progress backwards through a history of symptoms would they be shorter-term as you progress backwards?

NH: Yes.

BG: Whereas you had it for years before, now you might have it for months, not as severe, usually.

It's a slow therapy. People in our culture are conditioned to want quick results. Quick release. It is slow, we have to say that at the outset. Otherwise, they're going to be disappointed.

BB: It's slow but thorough, that's the difference, isn't it?

DW: A lot of people would rather have the instant relief than the ultimate cure.

PC: The young woman I'm treating knows she's on Dilantin, all kinds of medication; and she's saying, "Well, I'm ready to go through it, I'm ready to go back into the asthma again and get truly well." It will be a long term process.

DW: The other thing that happens is people feel better. When this woman's epilepsy goes away and the asthma comes back, it isn't really just that the illnesses are trading. She'll be much stronger inside herself, so that even if she still had the epilepsy, just the improvement mentally and emotionally, and in her energy, would be worth going through the therapy. People tend to focus on diseases. What will really be going on is that she'll be much stronger.

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that her famous compound was 98% alcohol), but she crusaded for a sensible diet long before it was proven or fashionable. Speaking out against gluttony and the familiar diet of "beans, salt pork and doughnuts," Mrs. Pinkham sidestepped vegetarianism for a regular diet rich in grain, bran, fruits and vegetables and very little meat. Her advice would be respected today:

"Eat no pastry or fine flour, but instead graham bread, the various mushes and fruits. Ride out, walk out, dig, use the trowel. Study the hygiene laws that your own nature requires."

This bit of wisdom reflects the Pinkham exhortation to "ventilate." Always, she was speaking up for fresh air, exercise, cleanliness and sensible diet. With her holistic view of the person, could we really call Lydia Pinkham a quack? It is more likely we'd look at her as a sane and sage health advocate today...unless, of course, we only knew of her through the corny newspaper ads (incidentally, half of the Pinkham millions went to advertising over the years).

In 1883, the lady on the label died, leaving behind some healthy ideas, a famous vegetable compound and a cult of adoring, grateful women. Lydia Pinkham was a legend, still heralded in ads that had become more outlandish as years passed. There were the jokes, too, adding the shadow of fucitiousness to the product:

Young Lady: "Oh I've smashed by bottle of Lydia Pinkham's."

Mother: "Aha! a compound fracture!"

Years earlier the Pinkham family had astutely registered "the Compound" as an herbal remedy rather than a patent medicine, but in the 1920's, the FDA finally got serious about a remedy that had sold like hotcakes. Lydia Pinkham's legacy was ushered into a sophisticated laboratory, amidst scrutiny and doubt. Alas, two ingredients, long since dropped for the medicinal plants lists, were found to be beneficial in the treatment of hot flashes in menopause and cramps in menstruation! It seemed True unicorn and Pleurisy were deemed a type of estrogen. So... Lydia Pinkham's home-made remedy DID have value to women. The Indians, Dr. King and Lydia weren't so foolish after all. And neither were the 98% of the women purchasers who had sworn that the vegetable compound had helped them through some of their female troubles. Old Lydia would've smiled.

*OH-II-H, we'll sing of Lydia Pinkham
And her love for the Human Race.
How she sells her Vegetable Compound,
And the papers, they publish her face.*

Quotes taken from: Jean Burton, *Lydia Pinkham is Her Name*, (New York: Farrar, Straus & Co., 1949).

EDITOR'S DESK

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NH: That usually happens. You see some change like that in a person, it's not like it's a long term wait.

BG: It's not terrible suffering. It's symptoms but...people describe it, "Well, yeah, I've got asthma but I don't think about it anymore," whereas before it was the focus of their attention. That's common. What we listen for is that kind of phrase.

DW: It would be good for us to treat a lot more AIDs patients, and people with herpes. It is really a shame that they are not being treated.

BG: Even without focusing on AIDs there's an idea here that I think is important. In standard medicine, if a new disease like Legionnaire's disease comes along, they have absolutely no idea what to do 'til they've identified an organism and a mechanism and something that can intervene, like antibiotics. Whereas, in homeopathy, we don't need that diagnosis to be able to cure a case, because whatever the body is already doing is what we're going to stimulate it to do. So it doesn't matter what the diagnosis is from our point of view. We may never discover the virus, it wouldn't matter. We could still go ahead and treat the disease. If

somebody comes in and says, "I've been the rounds of doctors and hospitals, nobody knows what's wrong with me. I've got some neurological problem or something like that." We say, "Okay, fine, what are your symptoms?" Then we treat the symptoms and cure the disease. The disease goes away as a side effect of improving the state of health of the person.

BB: Basically you're building health, not treating disease, so when you see a diseased person you build their health.

BG: The remedy is based on the individuality of the person and their symptomatology. We want to know the diagnosis because we want to know how serious the condition is, what to expect if we don't get the right remedy—but that's all incidental, really, to the cure.

The cure has nothing to do with the diagnosis.

That's a very hopeful statement. Even if unknown diseases come along, whether AIDs or anything else, homeopathy is a therapy that can produce cure just simply by going with what the body is already doing.

BB: Thank you all. □

Editor's Desk is running a three part series on homeopathic medicine. This is part two of the series.

Coming in April

Easy Low-Fat, Low-Cholesterol
Tofu Recipes

Are the Fillings in Your Teeth
Threatening Your Health?

Rating the "Pop" Diets —
You Might Lose More Than You Bargained For!

"Brain Foods" —
What it Really Takes to Nourish Your Intellect

Allergies & Mental Illness —
A Young Man's Anguish & Triumph

By WILLIAM E. SHEVIN, M.D., D.Ht.

Homeopathy

For Colds & Flu

In perfect health, we are not at all susceptible to disease causing influences, save those so extreme that no one could resist. (No matter how healthy you are, a piano falling on you from the 10th floor will cause damage.) Ordinary disease causing stresses, such as exposure to viruses or bacteria, can be resisted by the healthy person. In perfect health, our body defenses operate so efficiently that we are completely unaware of their functioning.

AT A SOMEWHAT LOWER level of health, we become slightly ill on exposure to these stresses. We are aware of our system's defensive reaction but it is mild enough that we feel only somewhat less energetic with perhaps a slight sore throat, but these sensations are not enough to prevent us from carrying out our usual activities. The discomfort is so vague that there are no definite symptoms to prescribe upon, and natural unassisted healing is so effective that we need not improve upon it by treatment. We recover quickly, with a return to our previous condition of good energy and health.

At a lower degree of health, our defensive reactions are of sufficient strength as to cause a more marked degree of discomfort, which forces us to modify daily routines. The symptoms are well marked and we have a basis for treatment. With proper treatment, we respond promptly and regain our previous level of energy.

At a still lower degree of health, the duration of the acute illness is longer than a few days, there is a greater degree of disruption of daily life and functioning, and it takes a longer time to recover. Perhaps we never really recover our previous level of

energy and function. As a physician I have often heard people say, "I've never been really well since I had that flu a few years ago." In this instance, although a current acute problem that a person has may be treatable only by looking at the acute symptoms which are prompting the person to seek treatment, a more fundamental cure is needed. The acute disease may not be completely resolvable without a "deeper" treatment of the person's "basic vulnerability," the so-called "chronic disease."

The healthiest defense mechanisms are those that require the least effort to mount a successful defense. The ideal treatment, therefore, is one which assists the body's defenses, acting "in the direction" of the defenses, rather than against them. Homeopathic medicines act in exactly this way.

Homeopathy is a system of medical treatment which uses naturally occurring substances to stimulate the natural defenses of the body. During illness these defenses produce what we see as symptoms. Homeopathy uses the "symptom picture" of the patient as a guide to the selection of the proper treatment, rather than relying on the "medical diagnosis" (the identification of the pathologic state).

Whether or not a person gets sick on exposure to cold and flu viruses depends to a certain degree on how effectively the virus can utilize the body's genetic mechanism to

live and reproduce, but the primary factors determining illness are those related to the human being, the "host" of the virus. "Host" factors are of primary importance for several reasons. Among them are the following: We cannot effectively influence the world of viruses and bacteria save by massive efforts (DDT for malaria, etc.), we definitely can modify host factors to increase resistance to disease, and this process has other benefits, such as increased vitality, productivity, etc. A homeopathic physician attempts to do this by treating the underlying "basic vulnerability" of the patient—namely, those factors that predispose him or her to become sick in the first place. We do this through the use of hygiene (diet, sleep, exercise, etc.) and drug treatment, based on the individuality of the patient as expressed by the symptom "picture." (The treatment of such basic vulnerability is beyond the scope of this article, and I will not discuss hygienic measures here, other than to say that they are of very definite importance and cannot be ignored.)

In colds and flus, the virus enters the body through the respiratory tract, and attaches to the cells that line the nose, throat, or bronchial tubes. The virus reproduces (the incubation period) and then invades the blood stream, causing general non-specific symptoms (fatigue, fever, achiness). Fever raises the body temperature, creating an inhospitable environment for viral reproduction. Finally, symptoms appear which are more specific to the location of the original viral invasion, such as sore throat, runny nose, etc. Mucus production tends to "wash" the virus out of the cells and coughing clears the mucus from the body.

Standard medical treatment has always been to modify symptoms by using medications which counter the body's reaction. When, for example, aspirin is taken to reduce fever, we may feel temporarily better. Similarly, for congestion we have "decongestants," and for cough, "anti-tussives." There is, fortunately, increased recognition in the medical community that these measures tend to retard healing despite an initial relief from symptoms and therefore should not be used routinely. Unfortunately, standard medicine has no treatment to suggest as an alternative. Homeopathy, however, by assisting the body's natural defenses, is effective in the treatment of viral illness.

This brings us naturally to the question of how we prescribe homeopathic medicines. As homeopathy was developed (200 years ago), a large number of healthy persons were given small amounts of a particular medicine repetitively. Some were not "susceptible" to a particular medicine and developed no symptoms. All those who were susceptible, however, developed remarkably similar symptoms. These sets of symptoms, or "provings," were recorded



WILLIAM E. SHEVIN, M.D., D.Ht.

for *each* medicine and these individual "pictures" form the basis for prescribing. Over 2,500 medicines have had such provings, which are collected in books called "*materia medica*."

A person who becomes ill develops a symptom "picture," and if we can find a medicinal "picture" with sufficient similarity to that of the sick person, we can stimulate his defenses with small doses of the medicine. Because the patient is susceptible to the medicine, we need only employ small doses. Conversely, if we give the wrong medicine, the person is generally *not* susceptible, and the medicine causes no reaction at all. Standard medicine uses drugs which most people are not inherently sensitive to, and therefore must use large doses to achieve an effect. This leads to frequent unwanted reactions, called "side effects."

In the process of provings it was noticed that people became more susceptible to certain climatic conditions (meaning that they become imbalanced by exposure to these conditions). For example, while a large group of healthy people were "proving" *Aconite*, when the weather changed to cold and dry conditions there was a rapid onset of illness, usually with fever. In the provings of *Rhus toxicodendron* (poison ivy) we find this after exposure to cold and damp conditions.

In clinical practice we observe (as was seen in provings) that people are susceptible to certain conditions. Some get summer viruses, some get sick in the winter. Some get sick on exposure to cold dry conditions, some to cold wet, some to wind, some before storms, etc. These susceptibilities are not limited to climatic conditions. Some people get sick after grief, some after anger, some after overindulgence in food or drink, etc. The exposures which weaken us are good indicators of which medicines we might need, and if such a clear "etiologic" factor is present in a given case it should be taken into account in making the prescription.

To select proper treatment once we become ill, we must make note of the symptoms, which can be classified as two types. The first type is composed of those symptoms which *most* people with the illness will have, such as fever, sore throat, congestion, headache, fatigue, etc. Almost everyone with a sore throat will have pain on swallowing. These symptoms are produced by so many medicines that they are practically worthless for prescribing. The second type is composed of those symptoms which are peculiar to the patient in his or her "presentation" of the illness. These are marked by their intensity ("my bones ache so much, a deep, deep aching") or peculiarity. For example, when we have fever, we lose more water from our bodies through sweat and respiration. We expect,

therefore to have increased thirst. It would be unusual for a person with a high fever to have little or no thirst. A sore throat that feels *better* from swallowing, great fatigue with restlessness, and chilliness with a desire for ice cold drinks are a few illustrative examples of peculiar symptoms. Other useful symptoms might include fever at a *particular time of day* (e.g., after midnight), *burning* nasal discharge, coated tongue with a *foul* taste, salivation, *great thirst for large quantities*, or *thirst for small quantities*. All of these "modifications" of symptoms are representative of the individuality of the patient and, therefore, they form the basis for our prescription.

Generally speaking, there are several attributes of symptoms. The first is "sensation." Pains can be burning, aching, cutting, tearing, shooting, dull, etc. There can be "lumps" in the throat, or tastes in the mouth. The second attribute is "location," that is, the exact part of the body in which the sensation occurs. This attribute is accompanied by "extension," or how the sensation extends from its location to other parts of the body. The third attribute is called "modality," those conditions which make the symptom better or worse. Sore throat improved by hot drinks, fever at a particular time, pain better from standing, headache worse from motion, are all examples of modalities. The fourth attribute is that of "concomitance." This means other things that happen before, during, or after the symptom. For example, headache *accompanied* by nasal discharge, pain *accompanied* by perspiration, or stomach-ache *after unger* are all examples of concomitance. Modalities and concomitants are very important because they often most clearly represent the individuality of the patient. Symptoms can also be causative, as in the weather examples given above.

The following are brief symptom pictures of a few commonly used medicines for the treatment of colds and flus. By comparing the symptoms of the sick person with these descriptions, you may be able to find a "match" for the person. It is not necessary that the person have *all* of the symptoms described, only that the symptoms that the person *does* have are "covered" by the medicine.

"...if we can find a medicinal 'picture' with sufficient similarity to that of the sick person, we can stimulate his defenses."

Arsenicum (the element Arsenic)

Arsenicum is a common flu remedy. The complaints are classically much worse in the 2-3 hours after midnight, and attended by great anxiety and restlessness. The patient, unless exhausted in the later stages of the illness, moves around constantly, without finding relief (Compare *Bryonia*, *Rhus tox*). There is great thirst, usually for small quantities, often. Burning pains are common, peculiarly relieved by warm or hot applications. The *Arsenicum* patient is very, very chilly, and finds it difficult to get warm despite great efforts to do so. The mental state is characterized by fear and anxiety. The fear of being alone can be very strong. *Arsenicum* patients may be compulsively neat and orderly, particularly when ill, but it may be very difficult for them to get things in order because they become very fatigued, even to the point of prostration.

Aconite (Monkshood)

Aconite symptoms are characterized by rapidity and intensity. *Aconite* often "fits" the early stages of an illness, with much redness to inflamed parts, and before there is much swelling of tissues or congestion. There is a sudden rapid onset of fever, with chilliness and throbbing. The illness comes on in cold, dry conditions, or after exposure to cold wind. The mental condition of the person is one of restlessness and anxiety. The anxiety may be so extreme and well marked that the person may feel that they are going to die, and actually predict the time of death. I remember treating a patient in the emergency room with a sudden fever of 104, with tremendous anxiety. She felt as if her legs were paralyzed and was convinced that she was dying. Other than the fever, there was nothing to find on physical examination and her legs were normal. *Aconite* was given and led to rapid relief.

There is great thirst in *Aconite* patients. If there is a cough it is constant, dry, and short. They become hoarse. *Aconite* (followed by *Hepar sulph* and *Spongia*) is often the remedy to begin treatment with in childhood croup.

Gelsemium (Yellow Jasmine)

Gelsemium symptoms, in contrast to those of *Aconite*, come on slowly, over a period of a few days. Rather than anxiety, there is a great fatigue, often expressed by the person as a "heaviness" of body and limbs, or the eyelids. Despite the skin being warm to the touch, there may be a feeling of chilliness, especially in the back. There is not much thirst, despite the dry mouth and yellowish coated tongue. The fatigue is not just physical, but affects the mental proc-

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Homeopathy

Continued



esses as well. The person feels sleepy and mentally dull. There is, however, a sensitivity to the outside world. The patient may be rendered sleepless if too much external stimuli are present, but they continue to feel tired and heavy. If a headache is present it is often congestive (throbbing) and located at the back of the head. A very peculiar characteristic of *Gelsemium* complaints is that they may be greatly alleviated if the person passes a large quantity of urine. There is an aching soreness in the muscles, a tremulousness from weakness (e.g., the hand shakes when using it), and the person is too weary to move (compare with *Arsenicum*, *Bryonia*, and *Rhus toxicodendron*).

Eupatorium perfoliatum (Boneset)

The symptoms of this medicine are characterized by intense deep aching in the back and limbs, as if they were broken. (This makes it sometimes useful in the pain of fractures.) This deep pain gives rise to restlessness. There is definite shivering and chills in the back, as in *Gelsemium*, but not the great weariness of that medicine. The severe aching deep in the body is the characteristic symptom. *Mercurius* also has this symptom but *Eupatorium* lacks the profuse sweat often seen in *Mercurius* ailments. If *Eupatorium* is needed, the patient is chilly. The congestion of the nose causes profuse discharge but the patient's nose remains obstructed. There is a feeling of great heat in the throat, causing patients to seek cold drinks.

Bryonia (Wild Hops)

Like those of *Gelsemium*, the complaints of *Bryonia* tend to come on somewhat slowly, the patient appears dull and heavy, and does not like to be disturbed when ill. But while *Gelsemium* is just too tired to interact, *Bryonia* patients become quite irritable when disturbed. They are made worse by any exertion, and resent the interference which forces them to act. They are capricious and difficult to please. They may manifest anxiety while sick, but it is for their other concerns they cannot attend to because of their sickness (business and work). Aggravation (a worsening of symptoms) from motion is the great characteristic of *Bryonia*. If they have much pain or distress they may become restless and move about, but the motion clearly makes them worse. They have a white coated tongue, and are thirsty for cold fluids, which they drink in large quantities. They feel hot and

desire cool air, but a sore joint may need warm applications for relief. If a headache is present it tends to be in the front of the head, and be better from firm pressure. Light touch will aggravate, but pressure ameliorates most *Bryonia* pains. The cough is hard and dry, with stitching pains in the chest made worse by breathing or coughing. To prevent the motion of the painful part, the *Bryonia* patient may lie on the painful part, with relief. He may hold his chest with his hands while coughing for the same reason.

Rhus toxicodendron (Poison Ivy)

Rhus tox complaints also evolve over a few days, and, as in the *Gelsemium* illness, the patient is very tired. He also has a severe aching, but it is located in the muscles and tendons. He feels stiff, lame, and bruised when getting up to move. However, restlessness, which is strong, forces movement, and although stiffness causes pain on initial motion, the pain passes and he enjoys the motion. Fatigue, however, then takes over and he has to lie down again, restarting the whole cycle. The complaints tend to come on in cold damp weather. There is anxiety and fear, which are worse at twilight and night. *Rhus tox* patients may have profuse perspiration and be very chilly. They seek the warmth and are ameliorated by it. There may be blisters on the lips or tongue.

Mercurius (the element Mercury)

The complaints in the *Mercurius* illness are characterized by profuse, offensive sweat, a foul taste in the mouth and increased salivation. They are worse or experience no relief from sweating. There is deep aching, like *Eupatorium*.

Nux vomica (Poison Nut)

Nux vomica patients are easily chilled from drafts, or drinking. They cannot get warm and huddle under the blankets (See *Arsenicum*). The mental state is characterized by irritability and bad temper. The cough is dry, and teasing. Their complaints, like those of *Aconite*, come on in dry, cold, windy weather, but the mental state is entirely different from that of the *Aconite* patient. They are critical and quarrelsome, and quite zealous about their work. They crave stimulants to allow them to better attend to work, unlike *Gelsemium* patients who want stimulants just to feel some energy. The *Nux* patient is oversensitive and easily offended. This state is often brought on by overwork, or too much medication. They also want alcohol and rich food, and the digestion suffers. If they are constipated (or have diarrhea) they have great difficulty passing a stool. If nauseated, it may be difficult for them to vomit, with much retching before the stomach empties itself.

Ferrum Phosphoricum (Iron Phosphate)

The symptoms of *Ferrum phosphoricum*, like those of *Aconite*, often correspond to the early stages of acute infections. The illness lacks the intensity and rapid onset of *Aconite*, however, as well as the restlessness and anxiety of *Aconite*. It is more like *Gelsemium* in this regard, with heaviness and weakness. There is congestion and redness, superimposed upon a basic pallor. There is no mental anxiety, although there may be some physical restlessness. *Ferrum phos* patients may be improved by walking about slowly in the open air.

Allium cepa (Red Onion)

The characteristic symptom of a cold when this remedy is called for is a profuse, watery nasal discharge which is hot, and great tearing from the eye which is bland and non-irritating. There is not much fever or general symptoms, just great discharge from the nose and eyes. *Allium cepa* colds may be similar to those of *Arsenicum* but in *Arsenicum* the general symptoms are much more developed.

Euphrasia (Eyebright)

In contrast to that of *Allium cepa*, the profuse nasal discharge is non-irritating, but the tearing from the eyes is very much so, accompanied by redness of the eyelids and often painful sensitivity to light.

Oscillocochinum

This medicine, developed in France, is made from duck liver and heart. Interestingly enough, it is now thought that ducks are the main animal "vectors" responsible for the spread of influenza around the world. Give a dose every 4-6 hours at the first sign of the illness to abort it, if the symptoms are vague (but noticeable). Achiness, malaise, and the usual non-specific flu symptoms are present. If more definite symptoms are present, the indicated remedy should be given.

Influenzinum

This is the "nosode" (a product made from diseased tissue or the infectious agent itself) of influenza. I have used this preventively in several elderly people, given as one dose of the 200th potency, in the fall, and no flu has occurred in these people. Although "anecdotal," it is suggestive of the efficacy of this product.

The above medicinal "pictures" are, of course, incomplete. As you can see, a given symptom can be common to more than one medicine. If the sick person is restless, for example, we might think of *Arsenicum*, *Bryonia*, *Aconite*, or *Rhus tox*. As discussed above, however, the "context" of the symptom is different in each of these medicines. In addition, the other symptoms of the sick person give us a better

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developed picture upon which to make a prescription.

Once a medicine has been decided upon, it is given in a low potency, say in the 6th, 12th or 30th potency. The medicine should be given as a few (4-6) globules dry on or under the tongue, and allowed to dissolve. It is probably best not to eat or brush the teeth, or drink anything but water immediately before or after taking the medicine. The frequency of repetition depends on the rapidity of onset of the symptoms and their severity. Repeat as often as every 15-30 minutes, and when the person begins to feel better decrease the frequency. There are no hard and fast rules regarding the administration of the medicine. One should not see any worsening of symptoms after the correct medicine in an acute disease, and if a worsening does occur it may mean that the medicine is wrong and that the case is more complicated than it appears. With correct treatment, the response should be as rapid as the onset and severity of the symptoms. The more severe the illness and the more rapid the onset, the more rapid the improvement should be. Failure to see any results in 12-24 hours should be regarded as an incorrect selection of medicine. An initial improvement which relapses with the same symptoms despite repeated administration of the medicine calls for a change to a higher potency. If none is available, try "plussing" the medicine by diluting it and shaking it. Add 10-20 globules of the medicine to a clean 4-8 oz. jar with a tight-fitting cap. Fill the jar $\frac{3}{4}$ full with water, and stir to dissolve the globules. Before each dose is taken, shake the jar vigorously 20 times. If the jar gets to be $\frac{1}{4}$ full, simply add more water (but no more medicine) to the $\frac{3}{4}$ mark, and shake again. This "plussing" method is an approximation of how homeopathic pharmacies make their medicines, and has come in very handy for me several times. It often gives one time to obtain a higher potency.

This brings us to the issue of when not to treat. Do *not* treat if the illness is mild and the person will recover rapidly unaided, if, for example, they have done so in the past. Do *not* treat, unless necessary, if the person is already under homeopathic care for a more chronic disease. Do *not* treat if you cannot figure out what to do. Once you do treat, a change in symptoms is cause for *stepping back and watching*. I have seen people get better after initial treatment while "passing through" symptom "pictures" of several other medicines. If a changed picture *persists*, give the indicated remedy for that picture.

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7 providing for an effective date."
8 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:
9 * Section 1. AS 08 is amended by adding a new chapter to read:
10 CHAPTER 45. NATUROPATHS.
11 Sec. 08.45.010. PRACTICE OF NATUROPATHY WITHOUT LICENSE PROHIB-
12 ITED. A person may not practice naturopathy in the state without a
13 license.
14 Sec. 08.45.020. APPLICATION FOR LICENSE. A person desiring to
15 practice naturopathy shall apply in writing to the division of occupa-
16 tional licensing of the Department of Commerce and Economic Develop-
17 ment.
18 Sec. 08.45.030. ISSUANCE OF LICENSE. The division shall issue a
19 license to practice naturopathy to an applicant who provides proof
20 satisfactory to the division that the applicant has received
21 (1) a degree from an accredited 4-year college or universi-
22 ty;
23 (2) a degree from a school of naturopathy that required
24 four years of attendance at the school; and
25 (3) a license to practice naturopathy in a state that
26 required an examination for the license.
27 Sec. 08.45.040. DISCLOSURES REQUIRED BY PERSON WHO PRACTICES
28 NATUROPATHY. (a) A person who practices naturopathy shall clearly
29 disclose that the person's training and practice is in naturopathy

- 1 (1) to each patient; and
2 (2) on all material used in the practice of naturopathy and
3 made available to patients or to the public.

4 (b) A person who practices naturopathy without being covered by
5 malpractice insurance shall disclose to each patient that the person
6 does not have the insurance.

7 Sec. 08.45.050. RESTRICTIONS ON PRACTICE OF NATUROPATHY. A
8 person who practices naturopathy may not

- 9 (1) give, prescribe, or recommend in the practice
10 (A) a prescription drug;
11 (B) a controlled substance;
12 (C) a poison;
13 (2) engage in surgery;
14 (3) use the word "physician" in the person's title.

15 Sec. 08.45.060. GROUNDS FOR SUSPENSION, REVOCATION OR REFUSAL TO
16 ISSUE A LICENSE. The division may, after a hearing, impose a
17 disciplinary sanction on a person licensed under this chapter when the
18 division finds that the licensee

- 19 (1) secured a license through deceit, fraud, or intentional
20 misrepresentation;
21 (2) engaged in deceit, fraud, or intentional misrepresenta-
22 tion in the course of providing professional services or engaging in
23 professional activities;
24 (3) advertised professional services in a false or mislead-
25 ing manner;
26 (4) has been convicted of a felony or other crime that
27 affects the licensee's ability to continue to practice competently and
28 safely;
29 (5) failed to comply with this chapter, with a regulation

1 adopted under this chapter, or with an order of the division;
2 (6) continued to practice after becoming unfit due to
3 (A) professional incompetence;
4 (B) addiction or severe dependency on alcohol or a
5 drug that impairs the licensee's ability to practice safely;
6 (C) physical or mental disability;
7 (7) engaged in lewd or immoral conduct in connection with
8 the delivery of professional service to patients.
9 Sec. 08.45.070. DISCIPLINARY SANCTIONS. (a) When it finds that
10 a licensee under this chapter has violated AS 08.45.040 - 08.45.050 or
11 is guilty of an offense under AS 08.45.060, the division may impose
12 the following sanctions singly or in combination:
13 (1) permanently revoke the license to practice;
14 (2) suspend the license for a determinate period of time;
15 (3) censure the licensee;
16 (4) issue a letter of reprimand to the licensee;
17 (5) place the licensee on probationary status and require
18 the licensee to
19 (A) report regularly to the division upon matters
20 involving the basis of probation;
21 (B) limit practice to those areas prescribed;
22 (C) continue professional education until a satisfac-
23 tory degree of skill has been attained in areas determined by the
24 division to need improvement;
25 (6) impose limitations or conditions on the practice of the
26 licensee.
27 (b) The division may withdraw probationary status of a licensee
28 if it finds that the deficiencies that required the sanction have been
29 remedied.

1 (c) The division may summarily suspend a license before final
2 hearing or during the appeals process if the division finds that the
3 licensee poses a clear and immediate danger to the public health and
4 safety if the licensee continues to practice. A licensee whose li-
5 cense is suspended under this section is entitled to a hearing by the
6 division no later than seven days after the effective date of the
7 order. The licensee may appeal the suspension after a hearing to a
8 court of competent jurisdiction.

9 Sec. 08.45.080. UNLICENSED PRACTICE A MISDEMEANOR. A person who
10 practices naturopathy in the state without a license in violation of
11 AS 08.45.010 is guilty of a misdemeanor, and upon conviction is pun-
12 ishable by a fine of not more than \$1,000, or by imprisonment for not
13 more than a year, or by both.

14 Sec. 08.45.090. FRAUDULENT LICENSE. A person who obtains or
15 attempts to obtain a naturopathic license by dishonest or fraudulent
16 means, or who forges, counterfeits, or fraudulently alters a
17 naturopathic license is punishable by a fine of not more than \$500, or
18 by imprisonment for not more than six months, or by both.

19 Sec. 08.45.200. DEFINITIONS. In this chapter,

20 (1) "controlled substance" has the meaning given in AS 11.-
21 71.900;

22 (2) "division" means the division of occupational licensing
23 in the Department of Commerce and Economic Development;

24 (3) "naturopathy" means the use of hydrotherapy, dietetics,
25 electrotherapy, sanitation, suggestion, mechanical and manual manipu-
26 lation for the stimulation of physiological and psychological action
27 to establish a normal condition of mind and body.

28 * Sec. 2. AS 08.01.010 is amended by adding a new paragraph to read:

29 (24) regulation of the practice of naturopathy under

1 AS 08.45.

2 * Sec. 3. AS 08.01.050(a) is amended to read:

3 (a) The department shall perform [PROVIDE] the following admin-
4 istrative and budgetary services when appropriate:

5 (1) collect fees and issue receipts;

6 (2) maintain records and files;

7 (3) issue and receive application forms;

8 (4) notify applicants of acceptance or rejection of appli-
9 cants as determined by the board or as determined by the department
10 under AS 08.45 for naturopaths;

11 (5) designate dates examinations are to be held and notify
12 applicants;

13 (6) publish notice of examination;

14 (7) arrange space for holding examinations;

15 (8) notify applicants of results of examinations;

16 (9) issue licenses and certificates or temporary licenses
17 or certificates as authorized by the board or as authorized by the
18 department under AS 08.45 for naturopaths;

19 (10) issue duplicate licenses or certificates upon proof by
20 the licensee of loss of the original and payment by the licensee of a
21 fee of \$2 except as otherwise provided in this title;

22 (11) notify licensees of renewal dates at least 30 days
23 before the expiration date of their licenses;

24 (12) compile and maintain current a register of licenses;

25 (13) answer routine inquiries;

26 (14) maintain files relating to individual licensees;

27 (15) arrange for printing and advertising;

28 (16) purchase supplies;

29 (17) employ secretarial help when needed;

1 (18) perform other services that [WHICH] may be requested by
2 the board;

3 (19) provide investigative services to the boards estab-
4 lished under AS 08.04, AS 08.20, AS 08.36, AS 08.64, AS 08.68, AS 08.-
5 70, AS 08.71, AS 08.72, AS 08.80, AS 08.84, and AS 08.86, for the
6 purpose of assisting those boards in matters of professional disci-
7 pline and in responding to consumer complaints.

8 * Sec. 4. AS 08.01.087 is amended to read:

9 Sec. 08.01.087. POWERS AND DUTIES OF DEPARTMENT. (a) The
10 department may, upon its own motion, conduct investigations to deter-
11 mine whether a [ANY] person has violated a provision of this chapter
12 or a regulation adopted under it, or a provision of [A CHAPTER IN]
13 this title or regulation adopted under this title dealing with an
14 occupation or board [ONE OF THE BOARDS] listed in AS 08.01.010 [OR A
15 REGULATION ADOPTED BY ONE OF THOSE BOARDS], or to secure information
16 useful in the administration of this chapter.

17 (b) If it appears to the commissioner that a person has engaged
18 in or is about to engage in an act or practice in violation of a
19 provision of this chapter or a regulation adopted under it, or a
20 provision of this title or regulation adopted under this title dealing
21 with an occupation or board [OR ANY OF THE LAWS PERTAINING TO OR
22 REGULATIONS ADOPTED BY THE BOARDS] listed in AS 08.01.010, the commis-
23 sioner may, if the commissioner considers it in the public interest,
24 and after notification of a proposed order or action by telephone or
25 telegraph to all board members, if a board regulates the act or prac-
26 tice involved, [BY TELEPHONE OR TELEGRAPH OF A PROPOSED ORDER OR
27 ACTION] unless a majority of the members of the board object within 10
28 days,

29 (1) issue an order directing the person to stop the act or

1 practice; however, reasonable notice of and an opportunity for a
2 hearing must first be given to the person, except that the commis-
3 sioner may issue a temporary order before a hearing is held; a tempo-
4 rary order remains in effect until a final order affirming, modifying,
5 or reversing the temporary order is issued or until 15 days after the
6 person receives the notice and has not requested a hearing by that
7 time; a temporary order becomes final if the person to whom the notice
8 is addressed does not request a hearing within 15 days after receiving
9 the notice; the commissioner or the commissioner's designee shall be
10 the hearing officer at the hearing and shall issue a final order
11 within 10 days after the hearing;

12 (2) bring an action in the superior court to enjoin the
13 acts or practices and to enforce compliance with this chapter, a
14 regulation adopted under it, [OR] an order issued under it, or with a
15 provision of this title or regulation adopted under this title dealing
16 with an occupation or board [OR ANY OF THE LAWS PERTAINING TO OR
17 REGULATIONS ADOPTED BY THE BOARDS] listed in AS 08.01.010;

18 (3) examine or have examined the books and records of a
19 [ANY] person whose business activities require licensure by a board
20 listed in AS 08.01.010, or whose occupation is listed in AS 08.01.010;
21 the commissioner [AND HE] may require the [THAT] person to pay the
22 reasonable costs of the examination; and

23 (4) issue subpoenas for the attendance of witnesses, and
24 the production of books, records and other documents.

25 * Sec. 5. AS 08.01.110 is amended to read:

26 Sec. 08.01.110. DEFINITIONS. In this chapter

27 (1) "board" includes the boards and commissions listed in
28 AS 08.01.010;

29 (2) "department" means the Department of Commerce and

1 Economic Development;

2 (3) "commissioner" means the commissioner of commerce and
3 economic development;

4 (4) "license" means a [ANY] license, certificate, permit,
5 or registration or similar evidence of authority issued for an occupa-
6 tion or board [BY ONE OF THE BOARDS] listed in AS 08.01.010;

7 (5) "licensee" means a [ANY] person who holds a license;

8 (6) "occupation" means a trade or profession [ANY OF THE
9 TRADES OR PROFESSIONS FOR WHICH LICENSURE IS REQUIRED BY ONE OF THE
10 BOARDS] listed in AS 08.01.010.

11 * Sec. 6. AS 09.55.560 is amended to read:

12 Sec. 09.55.560. DEFINITIONS. In AS 09.55.530 - 09.55.560

13 (1) "health care provider" means a chiropractor licensed
14 under AS 08.20; a dental hygienist licensed under AS 08.32; a dentist
15 licensed under AS 08.36; a nurse licensed under AS 08.68; a dispensing
16 optician licensed under AS 08.71; a naturopath licensed under AS 08.-
17 45; an optometrist licensed under AS 08.72; a pharmacist licensed
18 under AS 08.80; a physical therapist licensed under AS 08.84; a physi-
19 cian licensed under AS 08.64; a podiatrist; a psychologist and a
20 psychological associate licensed under AS 08.86; and a hospital as
21 defined in AS 18.20.130, including a governmentally owned or operated
22 hospital; a corporate entity covered under AS 21.88.050(b)(12); and an
23 employee of a health care provider acting within the course and scope
24 of employment;

25 (2) "board" means an arbitration board established under
26 AS 09.55.535;

27 (3) "panel" means an expert advisory panel established
28 under AS 09.55.536.

29 * Sec. 7. AS 47.08.050 is amended to read:

1 Sec. 47.08.050. SERVICES EXCLUDED FROM COVERAGE. Annually, the
2 committee shall determine in light of appropriated funds and expected
3 need the medical expenses reimbursable under this chapter, except that
4 the following are not reimbursable:

5 (1) dentistry and optometry unless prescribed by a licensed
6 dentist or physician as medically necessary as the result of the
7 injury or illness;

8 (2) elective medical or surgical procedures;

9 (3) drugs and medications not prescribed by a licensed
10 physician;

11 (4) services received as a result of a pregnancy or birth
12 without unusual complications;

13 (5) private psychological or psychiatric treatment or
14 private alcoholism treatment, unless not available from public agen-
15 cies or programs;

16 (6) chiropractic services and services provided by a person
17 who practices naturopathy;

18 (7) services not of a medical nature;

19 (8) medical services currently provided to persons in the
20 custody of the Department of Corrections;

21 (9) costs incurred before July 1976.

22 * Sec. 8. AS 47.17.070 is amended to read:

23 Sec. 47.17.070. DEFINITIONS. In this chapter

24 (1) "child" means a person under 18 years of age;

25 (2) "child abuse or neglect" means the physical injury or
26 neglect, sexual abuse, sexual exploitation, or maltreatment of a child
27 under the age of 18 by a person who is responsible for the child's
28 welfare under circumstances which indicate that the child's health or
29 welfare is harmed or threatened thereby;

1 (3) "child care provider" means an adult individual, or an
2 employee of an organization, who provides care and supervision to a
3 child for compensation;

4 (4) "department" means the Department of Health and Social
5 Services;

6 (5) "institution" means a private or public hospital or
7 other facility providing medical diagnosis, treatment, or care;

8 (6) "neglect" means the failure to provide necessary food,
9 care, clothing, shelter, or medical attention for a child;

10 (7) "organization" means a group or entity that provides
11 care and supervision for compensation to a child not related to the
12 caregiver, and includes a child care facility, pre-elementary school,
13 head start center, child foster home, residential child care facility,
14 recreation program, children's camp, and children's club;

15 (8) "person responsible for the child's welfare" means the
16 child's parent, guardian, foster parent, a person responsible for the
17 child's care at the time of the alleged child abuse or neglect, or a
18 person responsible for the child's welfare in a public or private
19 residential agency or institution;

20 (9) "practitioner of the healing arts" includes chiroprac-
21 tors, dental hygienists, dentists, health aides, nurses, nurse practi-
22 tioners, optometrists, osteopaths, naturopaths, physical therapists,
23 physicians, physician's assistants, psychiatrists, psychologists,
24 psychological associates, religious healing practitioners, and sur-
25 geons;

26 (10) "sexual exploitation" means

27 (A) permission or encouragement to a child for pros-
28 titution prohibited by AS 11.66.100 - 11.66.150 by a person
29 responsible for the child's welfare;

1 (B) permission, encouragement, or activity involved
2 in the unlawful exploitation of a minor prohibited by AS 11.41.-
3 455 by a person responsible for the minor's welfare.

4 * Sec. 9. The Department of Commerce and Economic Development shall
5 establish a committee to develop recommendations on whether the licensure
6 of naturopaths should be by an existing board, a new board, or the division
7 of occupational licensing. The committee shall provide the legislature
8 with a report of its recommendations on or before the 10th day of the First
9 Session of the Fifteenth Legislature.

10 * Sec. 10. Section 9 of this Act is repealed one year after the effec-
11 tive date of this Act.

12 * Sec. 11. This Act takes effect immediately in accordance with AS 01.-
13 10.070(c).

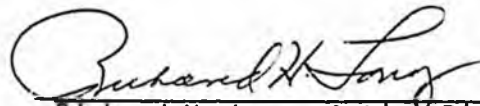
file Naturopaths

SB: "An Act relating to the licensing of practitioners of naturopathic medicine; and providing for an effective date."

The Department of Commerce and Economic Development and the Division of Occupational Licensing would support this legislation with proposed amendments attached.

This legislation adds another licensing group to provide service to the consumers who are traditionally medical (i.e., minor surgery, sutures, acupuncture, etc.). The education of these practitioners is substantially less than for medical doctors, however, they are seeking the same status and recognition by their methods and/or techniques.

This legislation would affect three current licensed practitioners in the State.



Richard H. Long, Acting Director
Division of Occupational Licensing

Date: November 25, 1985



Loren H. Lounsbury, Commissioner
Department of Commerce and
Economic Development

Date: 11/26/85

SECTIONAL ANALYSIS
OF
SENATE BILL 297

"An Act relating to the licensing of practitioners of naturopathic medicine; and providing for an effective date."

Section 1. Establishes the regulating of naturopathy. No comment.

Section 2. Adds Chapter 45 - Naturopaths.

Section 08.45.010 No comment.

Section 08.45.100 License required - no comment.

Section 08.45.110 Requirements - delete (7) "good moral character."
There is no standard agreement on the definition.

Section 08.45.120 Examination - (page 3, line 6) change AS 08.45.110(3) to read AS 08.45.110(3)(B). This would identify the subjects.
(page 3 beginning on line 6) delete this sentence. As written, it would indicate 21 separate examinations. This opinion is further supported by the following paragraph (b) which states no more than two sections below 70. The suggestion is an examination consisting of all or part of the subjects in AS 08.45.110(3)(B), since the applicant would have to be a graduate of a recognized school offering the subjects.

Section 08.45.130 Reciprocity - no comment.

Section 08.45.130 Denial of Renewal, Suspension or Revocation of License (page 4)
change line 3 - "wilfully violates a provision of" to read "failed to comply with."
Change lines 5 and 6 to read "Continues to practice after becoming unfit due to:
(a) addiction or dependence on alcohol or other drugs that may endanger the public by impairing the licensee;
(b) physical or mental disability; or
(c) professional incompetence.
Line 8 - change to read: "(6) advertises professional services in a false or misleading manner or engages in dishonest or misleading business practices."
Line 10 - change to read: "(7) engage in lewd conduct in connection with the delivery of professional services."
Line 11 - delete (see (6) above).
Line 13 - move up to (8), and at (9) add: has had a license revoked in another jurisdiction."

- Section 08.45.150 Fees. Change to read: "The department shall set fees by regulations, as prescribed in AS 08.01.065"
- Section 08.45.160 Scope of Naturopathic Practice.
Remain neutral on this section. We have concerns with page 5 (a)(4) and (5). We would need an acceptable professional definition of "Minor Surgical Procedures" before we could support passage of these sections.
- Section 08.45.170 Renewal
Change (page 5, line 17) ". . . shall be renewed on December 31st of odd-numbered years."

POSITION PAPER

SENATE BILL NO. 297

"An Act relating to the licensing of practitioners of naturopathic medicine; and providing for an effective date."

BACKGROUND

The Bill defines naturopathy as a "system of healing the human body that includes diagnosis and treatment through the use of natural agencies, forces, processes, and products with emphasis on the response of the individual to the disease rather than its treatment in isolation."

There is controversy over the scientific basis of naturopathic medicine. In a 1968 study, the U.S. Department of Health, Education and Welfare stated that "naturopathic theory and practice are not based upon the body of basic knowledge related to health, disease and health care which has been widely accepted by the scientific community." This position has remained unaltered. There is apparently also some division within the ranks of naturopathic physicians with some ascribing solely to "hygienic and prophylactic measures" while others include diagnostic procedures, minor surgery and the use of certain drugs within the scope of naturopathic practice.

There are two four-year colleges of naturopathic medicine in the United States, one in Portland and one in Seattle. In addition, there is a correspondence curriculum in naturopathy available from the Bernadean University in Van Nuys, California but graduates of that program would not be eligible for Alaska licensure under the terms of this Bill.

Alaska currently has no statute providing for the licensure of naturopathic physicians. The Attorney General has held that, to the extent that naturopathy constitutes the practice of medicine as defined in the Alaska Statutes, any person practicing naturopathy would be required to be licensed by the State Board of Medical Examiners. Proponents of naturopathy consider a requirement for medical licensure to be unfair since their discipline is considered, in their view, to be quite distinct from conventional medicine.

DISCUSSION

While certain conditions may be amenable to treatment through naturopathic methods, others would not. A few examples would include malignancies, diabetes in certain age groups or of certain degrees of severity, certain types of infectious diseases, etc. Similarly, it is not always possible to determine the benign or malignant nature of a superficial lesion by its gross appearance. Protection of the public would require that the public clearly understands the limitations of the naturopathic approach and that the practitioner be able to recognize those conditions in which his or her therapy would not be beneficial.

Position Paper
SB 297
Page 2

While naturopathic practitioners are eligible for licensure in some states, several of those states impose restrictions limiting practice to "drugless therapy" and, in some cases, prohibiting surgery.

DEPARTMENTAL POSITION

The Department has reservations about the appropriateness of naturopathic treatment for certain types of illnesses. However, the Department recognizes that certain health care consumers desire to use the services of a naturopath and is, therefore, neutral on this bill. The Department defers to the Department of Commerce and Economic Development on the merits of licensure and the establishment of a Board.

Recommended by:

David Bruce for
Robert I. Fraser, M.D.
Director
Division of Public Health

Date:

4/29/85

Approved by:

John R. Pugh
John R. Pugh
Commissioner
Department of Health and
Social Services

Date:

4/30/85

**STATE OF ALASKA 1985 LEGISLATIVE SESSION
FISCAL NOTE**

Revision Date: _____

REQUEST

Bill/Resolution No.: SB 297
Title: Licensing of naturopaths

Sponsor: Abood
Requestor: _____
Date of Request: 4-26-85

FISCAL DETAIL

Agency Affected: Dept. Health & Social Serv.
Program Category Affected: Public Health

BRU, Program or Subprogram(s) Affected: State Health Services

EXPENDITURES/REVENUES: (Thousands of Dollars)

	FY 85	FY 86	FY 87	FY 88	FY 89	FY 90
OPERATING						
100 PERSONAL SERVICES	0	0	0	0	0	0
200 TRAVEL	0	0	0	0	0	0
300 CONTRACTUAL	0	0	0	0	0	0
400 SUPPLIES	0	0	0	0	0	0
500 EQUIPMENT	0	0	0	0	0	0
600 LAND & STRUCTURES	0	0	0	0	0	0
700 GRANTS, CLAIMS	0	0	0	0	0	0
800 MISCELLANEOUS	0	0	0	0	0	0
TOTAL OPERATING	0	0	0	0	0	0

CAPITAL	0	0	0	0	0	0
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REVENUE	0	0	0	0	0	0
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FUNDING: (Thousands of Dollars)

GENERAL FUND	0	0	0	0	0	0
FEDERAL FUNDS	0	0	0	0	0	0
OTHER	0	0	0	0	0	0
TOTAL	0	0	0	0	0	0

POSITIONS:

FULL-TIME	0	0	0	0	0	0
PART-TIME	0	0	0	0	0	0
TEMPORARY	0	0	0	0	0	0

ANALYSIS: Attach a separate page if necessary

Prepared By: Robert I. Fraser, M.D. ^{RIF/DJ} Phone: 465-3090
Division: Public Health Date: _____

Approved by Commissioner: John R. Pugh ^{JRP} Date: 4-30-85 ^{JCC}
Agency: Department of Health & Social Services

Distribution (by Agency preparing fiscal note):
Legislative Finance
Legislative Sponsor
Requestor

DAILY NEWS-MINEER Fairbanks 4/11/86

Naturopathy comes under fire in Alaska

By JOHN CREED
Staff Writer

The practice of naturopathy is under fire in Alaska.

In 1984 the state medical board moved to shut down Patton Pettijohn's naturopathy practice in Anchorage because it ruled he was practicing medicine without a license.

A superior court judge recently upheld the board's decision, but in his March 28 decision, Judge Brian Shortell encouraged naturopaths to seek legislative relief.

"We go to the Legislature to get licensed and the medical association uses its strong lobby to block it," said Pettijohn, a lifelong Alaskan who has practiced in the state for seven years. "So then we go to the courts, and the courts say we have to go to the Legislature. We're caught in the middle."

The recent ruling prompted Sen. Mitch Abood, R-Anchorage, to introduce an emergency measure that would allow naturopaths to continue to practice until a licensing bill passes the Legislature.

"They do very good work and there are very many people in Alaska who go to naturopaths," Abood said. "This bill should give them a little bit more stability."

Abood said he is introducing a substitute proposal for his Senate Bill 297, which would license and regulate naturopathy, as SB297 remains lodged in the Senate Labor and Commerce Committee.

Abood's newest measure would not set up licensing but would allow naturopaths to continue practicing as long as they are licensed in another state or Canadian province and hold degrees from a four-year college and a graduate school of naturopathy.

"They couldn't use prescribed drugs other than natural plant and

animal substances," Abood said. "They could do no major surgery and they would have to clearly represent themselves to the public that their training is in naturopathy."

In 1984 the Senate defeated by one vote a measure that would have licensed naturopaths after the bill passed the House by a 33-7 margin.

The Alaska State Medical Association has opposed the licensing of naturopaths since lawmakers first began considering it seven years ago, but this year it has no official position, said Executive Director Martha MacDermaid.

A recent unofficial poll of state medical association membership showed 58 medical doctors supporting Abood's original bill and 172 opposing it. MacDermaid had no figures on Abood's proposed substitute bill.

Dr. Tom Conley chairs the medical board, which is made up of five doctors and two non-medical professionals. Conley said the board's ruling that essentially outlawed Pettijohn's practice "was in the public's best interest."

"It had nothing to do with what we felt about naturopathy," he said. "Our consideration is that (naturopathy) fell outside the law. We were forced to take action. That is our function. We do not make public policy."

Conley said the board is neutral on naturopathy legislation, but added that medical doctors object to naturopathy because "it's an unscientific discipline."

"There is a feeling that their practice is based on superstition," he said. "Well not really superstition, but a misinterpretation of how the universe operates and how biology operates. There is no evidence that any of the substances they promote are particularly effective."



ROBERT MYERS
Alaska too unstable

Pettijohn said he has treated "thousands of patients successfully" with no official complaints or malpractice suits.

"Many criticize naturopathy out of ignorance," he said. "But theories about a good diet, for example, are now being substantiated in all the scientific journals.

Recent studies show the benefits of diet in treating heart disease, and the use of fiber for preventing some forms of cancer—something naturopaths have known and practiced for years."

Pettijohn said lay midwives had a similar struggle for licensing last (See *NATUROPATHY*, Page 18)

NATUROPATHY . . .

(Continued from Page 17)

year when the state medical association opposed a bill signed into law to license and regulate them. The association said lay midwives are ill-trained, natural homebirths are unsafe, and the hospital is the safest place to give birth, under the care of obstetricians.

Critics have charged that the medical establishment's opposition to both midwifery and naturopathy stems more from the threat of competition for patients, but MacDermaid disagrees. She said the real problem is lack of regulation.

"If naturopaths are not licensed, they can't be regulated," she said. "But if they are licensed, then it's granting legitimacy to naturopathy. It's a Catch 22. And licensure could increase the number of naturopaths coming from other states."

"We're not obstructionists," said medical lobbyist Rick Urion. "We'll certainly back a law that says they can do what they're trained to do. But when they want to practice medicine, they should go to medical school. They could probably do with running a health food store. You can be a naturopath through a mail-order house. But you can make the argument that all professional groups in the state are turf protectors."

Anchorage naturopath Cary Jasper said that until last year, Fairbanks had a naturopath, Robert Myers, who left the state because of Alaska's unstable legal environment.

"He went to Arizona where he could get licensed, where they allow a little bit more free choice," Jasper said.

"The state paid for me to go to school, but I can't get licensed when I come back," Myers said.

With medical licensing laws written so broadly in Alaska, naturopaths have been unfairly singled out, Pettijohn said, and at least a dozen professions should fall under the board's broad interpretation of medical practice—including au-

diologists, speech pathologists, massage therapists, obesity clinics, and so on. "You can go down the list," he said.

Conley said naturopaths were not singled out and the board's decision was based on interpretation of state law, and Pettijohn was found to be outside the law.

State medical officials have also said they have no intention of regulating traditional Native healers, such as the late Della Keats of Kotzebue, whose followers may also be

running afoul of the state medical board.

An aide to Sen. Frank Ferguson, D-Kotzebue, said Ferguson plans to propose an amendment to Abood's bill to exempt Native healers from the medical board's jurisdiction.

Meanwhile, legislators say they've received an avalanche of letters and public opinion messages on the issue this session.

"We do get a quite a few constituent letters on naturopathy," said Judith Jordan, an aide to Senate President Don Bennett, R-Fairbanks.

"I'd have to say they are mostly all in favor of it," she said. Bennett voted against the naturopathy bill in 1984. He has no position on the bill yet this session, Jordan said.

Learn more about naturopaths

A naturopath is in Fairbanks this weekend to speak about his profession at a public lecture and all-day workshop.

What is a naturopath?

"Our whole emphasis is to look at the true cause of an ailment," said Cary Jasper, who has practiced naturopathy in Anchorage for three years.

"We don't try to cover up the symptoms of an illness with drugs," he said. "We try to look for the root of the problem and treat it."

Naturopathy is a separate and distinct profession that recognizes the human body's "inherent powers to heal itself," Jasper said.

"The human body has enormous powers to heal itself," he said. "We emphasize a healthy life style that includes exercise, a good diet, and minimal stress."

In his practice, Jasper said he spends a lot of time with patients getting a thorough health history. He asks patients about diet, exercise, stress and other factors that might contribute to health problems.

"Three out of four of people's biggest health complaints in America are headaches and a lack of energy," Jasper said. "For people over 50, three out of five suffer from serious diseases, such as diabetes, cancer, arthritis and heart disease. Half the population over 35 takes some kind of a drug on a regular basis to make it through the week."

He said many health problems can be alleviated or at least controlled without drugs and surgery.

Naturopathy emphasizes patients' responsibility for their own health and well-being, he said.

Jasper, who has treated some 4,000 patients in Alaska, said naturopaths go through extensive training at accredited colleges of naturopathy.

A graduate of the American College of Naturopathy in Salem, Ore., Jasper said his education includes a four-year undergraduate degree and four years of naturopathic training and a 2,000-hour internship.

Naturopathic physicians are trained as gener-

"The human body has enormous powers to heal itself. . . We emphasize a healthy life style that includes exercise, a good diet, and minimal stress."

—Naturopath Cary Jasper

al practitioners, he said. Therapies include acupuncture, homeopathy, herbal remedies, vitamins, dietary counseling and manipulation.

Many health problems stem from the "typical American diet," Jasper said, which includes too much refined white sugar and white flour as well as low-fiber, highly salted, fatty foods.

Naturopaths emphasize a low-cholesterol, low-sugar, high-fiber diet that includes "plenty of fresh fruits and vegetables."

"More than 50 percent of the diet should be whole grains and fresh vegetables," Jasper said, but he cautioned about much of the nutritional advice in the recent explosion of health books in the United States.

"Nine out of 10 authors of nutritional books have never dealt with disease in a clinical setting," he said.

Naturopathy offers Alaskans a choice in health care, Jasper said. Anchorage naturopaths and medical doctors have a good working relationship, he said, as he often has to refer patients to medical specialists there.

"The physicians I have dealt with have been very professional," Jasper said.

Jasper said he's never heard a complaint from patients, nor has he ever been sued for malpractice.

Cary Jasper is scheduled to speak this evening at 7:30 in assembly chambers of the Fairbanks North Star Borough, 809 Pioneer Road, Fairbanks. He is also scheduled this evening as a guest on Steve Agbaba's nightly show at 9 p.m. on KFAR radio (660 AM).

On Saturday, Jasper will conduct a workshop on naturopathy in the Tike Room at the Polaris Hotel, with registration at 8:30. Cost is \$25. For more information, call Kathy Byrnes at 456-5656.

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MAR 15 1986

NCNM

The National College
of Naturopathic Medicine

Bulletin 1982-84

BULLETIN 1982-84
PORTLAND, OREGON

The *Bulletin* of the National College of Naturopathic Medicine is published for the purpose of providing students, applicants, and the public with information about the policies and educational programs of the College. This does not constitute a contract with any student. All contents are subject to change without prior notice.

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Published March, 1982

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of Naturopathic Medicine**

**Bulletin
1982-1984**

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Academic Calendar 1982-83

August 26-27	Orientation
August 26-September 2	Fall Term Registration
August 30	Classes Begin
September 6	Labor Day (No Classes)
September 16	Late Registration Deadline
November 15-30	Winter Term Registration
November 19	Classes End
November 20-26	Term Break
November 29	Classes Begin
December 14	Late Registration Deadline
December 18-January 2	Christmas Recess
January 3	Classes Resume
February 21	Washington's Birthday (No Classes)
March 2-6	Spring Term Registration
March 4	Classes End
March 5-13	Term Break
March 14	Classes Begin
March 28	Late Registration Deadline
April 28-May 1	Spring Weekend
May 2	Classes Resume
May 30	Memorial Day
June 3	Classes End
June 4	Graduation

Academic Calendar 1983-84

August 25-26	Orientation
August 25-September 2	Fall Term Registration
August 29	Classes Begin
September 5	Labor Day (No Classes)
September 16	Late Registration Deadline
November 15-30	Winter Term Registration
November 18	Classes End
November 19-27	Term Break
November 28	Classes Begin
December 14	Late Registration Deadline
December 18-January 1	Christmas Recess
January 2	Classes Resume
February 20	Washington's Birthday (No Classes)
February 27-March 14	Spring Term Registration
March 2	Classes End
March 3-11	Term Break
March 12	Classes Begin
March 28	Late Registration Deadline
April 19-22	Spring Weekend
April 23	Classes Resume
May 28	Memorial Day
June 1	Classes End
June 2	Graduation

A Message from the President Emeritus



What an exciting time to be a part of The National College of Naturopathic Medicine!

It's been said that no army on Earth is as powerful as an idea whose time has come. Naturopathic medicine is such an idea, and now is the time.

We've struggled for years to keep the spark of Naturopathic medicine alive, and now the torch of *vis medicatrix naturae* burns brightly, lighting the path to tomorrow's health care.

1980 marks the beginning of a new era for NCNM — a period of rapid change and growth, enabling us to satisfy the ever increasing demand for physicians trained in preventive medicine and natural therapeutics.

It takes a special kind of person to meet the challenges of Naturopathic education and practice — one who is dedicated to the service of others through healing and health education, remembering always that he or she is merely a channel for the healing power of Nature. That is the kind of student we hope will find a place at NCNM.

The new struggle is really just beginning. I sincerely hope that everyone who reads this *Bulletin* will find both information and inspiration. Please consider ways in which *you* can contribute to the natural health care movement. It means better health for all!

Yours in health,

JOHN B. BASTYR, N.D.



Naturopathic Medicine

Naturopathic medicine is a distinct system of healing — a philosophy, science, art, and practice which seeks to promote health through education and the rational use of natural agents. As a separate profession, Naturopathic medicine in America traces its origins to Dr. Benedict Lust. Late in the nineteenth century, Lust came to the United States from Germany to practice and teach the hydrotherapy ("water-cure") techniques popularized by Sebastian Kneipp in Europe. A committee of Kneipp practitioners met in 1900 and determined that the practice should be broadened to incorporate all natural methods of healing, including such things as botanical medicines, homeopathy, nutritional therapy, medical electricity, psychology, and the emerging manipulative therapies. They called their profession "Naturopathy", a term first used by Dr. John H. Scheel, a German Homeopath. The American School of Naturopathy in New York City, founded by Benedict Lust, graduated its first class in 1902.

Although the name "Naturopathic" is of relatively recent origin, the philosophical basis and many of the methods of Naturopathic medicine are ancient. The modern Naturopathic physician is a true inheritor of the Hippocratic tradition in medicine.

Philosophy

The human body possesses tremendous power to heal itself through mechanisms of homeostasis — restoring balance in structure and function and adapting to environmental changes. This vital force, the *vis medicatrix naturae*, is the foundation of Naturopathic philosophy and practice. The Naturopathic physician uses those therapeutic substances and techniques which act in harmony with the body's self-healing processes and avoids treatments which are designed to counteract or supervene them. Ideally, Naturopathic methods are applied as a means of stimulating and enhancing this "healing power of nature."

Naturopathic medicine is a wholistic approach to health — it is medicine for people, not for diseases. The myriad conditions called diseases, each a different point of imbalance on the health spectrum, affect a whole person — body, mind, and spirit — not simply and isolated organ or system. Each person responds in unique ways to his or her environment, each has individual strengths, weaknesses, and needs. In treating the whole person, the Naturopathic physician searches for causes at many levels and attempts to eliminate the fundamental cause of illness, not simply to remove symptoms. The ultimate control of one's level of health resides in the individual. The Naturopathic physician endeavors to stimulate the body's inherent recuperative powers and to assist them by showing the patient how to remove obstacles to their expression.

Science

The science of Naturopathic medicine is an ever-expanding body of knowledge drawn from diverse traditional and modern sources. It is a record of observation and research in many cultures throughout history. Included in this science are the disciplines common to all healing arts — a thorough study of the human organism, how it is influenced by all aspects of its environment, and techniques of discovering the nature of disease processes. Naturopathic physicians apply the latest research in all branches of medical science and technology to their field — from discoveries of new facts about human physiology, biochemistry and nutrition to the most modern diagnostic tools and techniques.

Beyond these conventional studies, Naturopathic medical science embraces other diagnostic techniques and an armamentarium of proven therapeutics which reflect its philosophical principles. New developments in natural therapeutics emerge from research conducted by Naturopathic physicians into the scientific basis of their practice. The results are new medicinal preparations and new methods of diagnosis and treatment.

Art

The art of Naturopathic medicine is essentially the application of philosophy and science to people. The Naturopathic physician develops an ability to gain insight into the causes and effects of personal health problems and to use his or her knowledge and skill to assist patients in finding solutions. Only in the role of teacher — the literal meaning of "doctor" — can a physician practice truly preventive medicine. By helping people to understand how the choices they make about their lives have an effect on their health, Naturopathic physicians provide health education — the highest form of health care. The ultimate goal of the physician is to give each patient the tools to achieve the highest possible level of health and the encouragement to use them.



Practice

The Naturopathic physician is trained as a general practitioner, able to provide a wide range of individual, family, and community health services to persons of all ages. He or she is specifically trained to assist in all phases of obstetrical care for natural childbirth at home.

Naturopathic medicine integrates into a single profession all healing methods which are compatible with its philosophy. These therapeutic tools may be classified into four broad categories which are outlined below with some examples. This is not intended to be a comprehensive list of natural therapeutics.

Physical

hygiene
 all methods of physiotherapy, including heat and cold,
 light, water, ultrasound, and electricity
 manipulation of joints and soft tissues
 massage
 therapeutic and remedial exercises
 minor surgery

Neurological

spinal manipulation
 acupuncture and acupressure
 reflexology and pain control

Psychological

counseling
 hypnotherapy
 biofeedback and autogenic training

Biochemical

corrective nutrition including dietary supplements,
 vitamins, minerals, enzymes, glandular extracts
 and hormones
 botanical medicines
 homeotherapeutics

Naturopathic physicians cooperate freely with other practitioners of the healing arts, referring and accepting referrals of patients for specialized care.

The scope of practice and methods employed varies widely among Naturopathic physicians. Naturopathic medicine is not bound by a built-in orthodoxy — it is characterized by a healthy individuality and a freedom to explore old and new methods of diagnosis, prevention and treatment. The distinctive feature of Naturopathic practice is not so much what is done as why it is done. This can be appreciated by thoroughly understanding the philosophical basis of Naturopathic medicine.

The National College of Naturopathic Medicine

History

The National College of Naturopathic Medicine was founded in 1956 in Portland, Oregon as the means of preserving Naturopathic medical education in the Pacific Northwest and ultimately in North America. In response to the elimination of the Faculty of Naturopathic Medicine from Western States Chiropractic College, a group of doctors from Oregon, Washington, and British Columbia met to organize and build an independent institution owned by the Naturopathic medical profession. The college was incorporated in Oregon in May 1956, with Drs. Charles Stone, Frank Spaulding, and W. Martin Bleything as the first trustees. The survival of NCM in its early years was due to the vision and sacrifices of the doctors who served as trustees, administrators, and faculty.

Our first expansion was marked by the 1959 opening of a branch campus in Seattle, Washington. The Seattle branch originally offered a program of study only for those who had already completed their studies in the Basic Sciences, but it eventually became the main site for all undergraduate education. The Portland campus continued to serve students with other degrees in the healing arts seeking Naturopathic training and qualification.

As interest in Naturopathic medicine exploded in the early 1970's, the facilities in Seattle and Portland became overtaxed. Dr. Robert Broadwell seized opportunities in Kansas to start a completely new program in Naturopathic education. In 1973, at College of Emporia and later at Kansas Newman College in Wichita, NCM students were enrolled as full-time resident students in a basic medical sciences curriculum. Those first Kansas students transferred to Portland in 1975 for their clinical sciences studies and supervised clinic training. This commitment to Portland led to the closing of NCM Seattle after the graduation of the Class of 1976, and to the expansion of the Portland campus.

In September, 1978, NCM accepted first-year students into a new integrated basic science program at the Portland campus. This program has been very successful, allowing NCM to phase out the Kansas campus. Since September, 1980, all NCM students have been together in Portland.

With increased student enrollment, the need for newer and larger facilities became obvious. In June of 1981, NCNM moved the academic facilities to the current seven acre campus in a residential area of Southeast Portland, and by February of 1982, construction of the new outpatient clinic was completed at the same location. The campus is located about 1½ miles from a shopping mall, and is within easy access of Interstate 205 and other major arterials.

Government

The National College of Naturopathic Medicine is governed by a Board of Trustees composed of physicians and lay persons elected by the licensed Naturopathic physicians who are members of the NCNM corporation. No trustee receives any compensation for services rendered to the College in this capacity.

Objectives

The objectives of the National College of Naturopathic Medicine are:

To train the finest Doctors of Naturopathic Medicine - physicians who can integrate a firm scientific foundation with the humanities, wholism, and intuition that makes medicine an art.

To provide an environment which encourages the greater development in each student of those personal qualities which characterize the ideal physician.

To provide students with a thorough understanding of the state of the art in basic medical and clinical sciences, and the greatest practical experience in diagnosis and natural therapeutics.

To instill in students the highest standards of professional ethics and competence.

To serve the public by making the best health education and health care available in our clinical facilities.

To encourage research in all areas of Naturopathic medicine to continually expand the scope of practice and range of therapeutic tools which are compatible with Naturopathic philosophy.

To disseminate information of the highest quality about Naturopathic medicine.



Facilities

The academic facilities are housed in several buildings on a seven acre campus in Southeast Portland. Classrooms, laboratories, a library, faculty and administrative offices, and the College business office are located in two adjoining buildings. An attached 2-story gymnasium houses the student bookstore, public relations offices, locker rooms, and cafeteria. A quarter mile cinder track surrounding a standard-sized play field completes the setting.

The *Portland Naturopathic Clinic* is NCNM's major clinical training facility. It is a full-service Naturopathic Outpatient Clinic serving people from a wide area around the city. The Clinic includes general specialized examining rooms, a minor surgery suite, clinical laboratory, pharmacy, physiotherapy department, birthing rooms and diagnostic X-ray facilities. A satellite Clinic has been maintained in downtown Portland.

Anticipated increased enrollment will necessitate the construction of new facilities within the next few years. NCNM is planning to add new academic and research facilities, a birthing center, a new athletic center, and satellite Clinics within and around the Portland area.

Recognition

NCNM has met the requirements of the Oregon Educational Coordinating Commission to grant the N.D. Degree (Doctor of Naturopathic Medicine). Additionally, NCNM is undergoing a thorough institutional self-study to pursue accreditation with other agencies.

The Council on Naturopathic Medical Education was founded in 1978 to serve as the national accrediting body for Naturopathic colleges. NCNM, along with other colleges and representatives of the Naturopathic profession, was active in the Council's formation and continues to support its work. The CNME is seeking recognition from the U.S. Department of Education as a full qualified accrediting agency. No Naturopathic colleges will be accredited by CNME before 1982. NCNM is applying for accreditation by CNME.

NCNM is recognized by the Council of Education, Canadian Naturopathic Association.

NCNM is currently recognized by all states and provincial boards of Naturopathic examiners as qualifying graduates for licensure examinations.

Naturopathic physicians practice in virtually every state and province under various legal provisions. The following jurisdictions have laws which specifically license Naturopathic physicians: Arizona, Connecticut, Florida, Hawaii, Nevada, Oregon, Utah, Washington, and the Canadian provinces of Alberta, British Columbia, Manitoba, Ontario and Saskatchewan. Each state or province listed has its own examining and licensing board and its own requirements for licensure. Each requires that an applicant be a graduate of an approved Naturopathic college with at least 4000 hours of training in specified subject areas. Most also require two years of pre-professional college education.

Specific questions about the legal status and/or licensure requirements for practice in a particular area should be directed to the appropriate government agencies of the state or provincial Naturopathic association.

Extension Division.

As the demand arises, NCNM may establish extension programs at various locations in the United States and Canada. These extension programs are designed to enable persons with a recognized doctorate in the healing arts to obtain the N.D. degree by attending classes and clinical training on a part-time basis. The length of time required for each student to earn the N.D. degree will depend on what portion of the NCNM curriculum has been duplicated in the student's previous professional training.

For information regarding extension education, contact the Vice President of Education and Services.

Admissions

The National College of Naturopathic Medicine has a limited enrollment and admits new students on a competitive basis. All applications for admission are reviewed by the Admissions Committee, which evaluates each candidate's motivation, character, and academic achievement for evidence of those qualities desired in a Naturopathic physician and ability to successfully complete and contribute to the NCNM program.

Preparing for Naturopathic Education

There is no simple formula that will ensure success as a student or practitioner of Naturopathic medicine. Several courses are required as basic preparation for Naturopathic education, but beyond these subjects, students are encouraged to pursue individual interests and educational goals and to explore many fields of knowledge during their undergraduate years.

Our goal is to attract students with a wide variety of talents and backgrounds who will enhance the development of the Naturopathic profession. As important as a record of academic excellence are life experience and personal attributes needed by a doctor — maturity, integrity, sound judgment, sensitivity, and a desire to serve. Well-rounded individuals with an ability to communicate effectively and a capacity for growth, responsibility, and independence will be best equipped to meet the challenges of a career in Naturopathic education.

Requirements for Admission

Though NCNM encourages diverse backgrounds in its applicants, the College also maintains the following minimum prerequisites for admission:

1. A total of three years of undergraduate study at an accredited college or university. Three years of college is equivalent to 90 semester credit hours or 120 quarter credit hours. Coursework taken at junior colleges is acceptable to the Admissions Committee.

2. Specific coursework in the following subjects:

- a. *Sciences:* One year General Chemistry with lab
One year Organic Chemistry with lab
One year Biology with lab
One course (term or semester) Botany with lab

In addition, NCNM recommends study in basic mathematics and physics.

- b. *Social Sciences and Humanities:* A total of 18 hours (4 semesters, 6 quarters) combined in any of the social sciences and/or humanities, to include one year of English Composition. Particularly suggested are psychology, sociology, anthropology, social work, philosophy or other courses that will expose the student to a variety of theories about human nature and interpersonal behavior.

Questions regarding the availability of prerequisite courses being offered at NCNM or other colleges in the Portland area should be directed to the Office of Admissions.

When selecting an undergraduate program to meet NCNM prerequisites, students are advised to choose those courses that are recommended for pre-medical students, although any level course will be acceptable provided it satisfies the requirements above.

Only courses with grades of 'C' or better may be applied toward meeting these specific course requirements. 'Pass' grades will be accepted only with additional written documentation from the course instructor(s) stating that the quality of work was equivalent to at least a 'C'. In addition, these courses must have been taken within ten years of the date of intended entrance to NCNM. CLEP credits are accepted by NCNM, but the College does not administer or evaluate the CLEP tests.

Applicants may request a waiver of any admissions requirement by writing to the Admissions Committee at the time of their applications, though the Committee cannot guarantee that such requests will be granted.

Please Note: Our admissions staff is unable to review or evaluate the educational credentials of anyone who has not formally applied for admission to NCNM.

Conditional Acceptance

Applicants who have not completed all requirements for admission at the time of application may be accepted on the condition that outstanding requirements will be fulfilled by the date of registration. The applicant must indicate, on the appropriate portion of the application form, courses that are in progress or will be taken prior to matriculation. Successful completion of prerequisites must be verified by submitting official transcripts as soon as each course is completed. Students who have failed to provide these transcripts by the end of Fall term will receive no credit for coursework, and may be dismissed at the discretion of the Dean of Student Services.

Application Procedure

First year students are admitted only in the Fall of each year. Students requesting advanced standing may apply for entry at any time (see section on Advanced Standing.) Entry other than at the beginning of a year is at the discretion of the Admissions Committee, but applications must be received by midterm of the term prior to proposed attendance. First year applicants should submit materials by February 28 for Fall term entry. Applications will be accepted after February 28 as openings are available. Applicants should inquire.

To be considered for admission to NCNM, an applicant should send the following to the Office of Admissions, The National College of Naturopathic Medicine, 11231 S.E. Market Street, Portland, Oregon 97216:

1. Completed NCNM application form, including answers to essay questions listed on the form.
2. \$40 non-refundable application fee.
3. Official transcripts sent directly to NCNM from all colleges attended. A student who has taken courses at foreign institutions must also submit:
 - a) certified TRANSLATED copies of all transcripts;
 - b) evaluation of transcripts in terms of American equivalency (by a foreign student advisor at an accredited American college); OR NCNM will refer the applicant to a transcript evaluation service. Forms for this service are available from the Admissions Office.
4. Two letters of recommendation from individuals who have known the applicant for at least a year. One faculty recommendation is essential. NCNM includes forms with the application.

All application materials become the property of the National College of Naturopathic Medicine. Applications received after February 28 may be reviewed by the Admissions Committee at its discretion.



Interview

An interview is required of all applicants before final admission to NCNM is granted. The interview with the Admissions Committee will usually take place at the College before April 1. The application form includes space for an applicant's preferred interview date, and the Admissions Committee will try to accommodate this preferred date(s).

Advanced Standing

A limited number of students may be admitted each year with advanced standing. Applicants with doctoral degrees (Ph.D., M.D., D.C., D.O., D.V.M., etc.) from recognized professional schools of the healing arts, or with at least one year's credits towards such a degree, may apply for admission with advanced standing.

In addition to following prescribed admissions procedure, applicants for advanced standing must submit catalog descriptions of classes taken at the graduate level. Credit will be granted only for those courses that are substantially equivalent to NCNM courses. After acceptance by the Admission Committee, the Promotions Committee will review the applicant's record and grant transfer credit where appropriate. The applicant will be offered admission as a special student with a specified level of advanced standing.

Applicants with less than one year's transfer credits should apply for admission without advanced standing. Upon acceptance, they may apply directly to the Dean of Curriculum and Instruction for transfer credit for individual courses. Any student requesting transfer credit for a given course must show evidence of having taken and passed a comparable course elsewhere, and may be required to take a challenge exam for that course in an effort to assure that previous coursework completed was appropriate to meet NCNM requirements.

Notification of Decision

The Admissions Committee reviews all applications at the close of the application period. Each applicant is given written notification of acceptance, placement on a waiting list, or rejection. All notices are mailed on or about April 1.

Early Admissions

Exceptional applicants may be notified of their acceptance by NCNM prior to the application deadline, at the discretion of the Admissions Committee.

Responding to NCNM's Offer of Admission

An applicant who is accepted for admission to NCNM and wishes to accept this offer must send a \$250 deposit within fourteen days to reserve a place in the entering class. This deposit will be credited toward the applicant's tuition and is not refundable. If the deposit is not received in the specified time, the place may be offered to an applicant on the waiting list. An applicant who is accepted but unable to attend that year may request a one-year deferment of enrollment by writing to the Admission Committee. Such a request will be granted only to exceptional candidates.

Medical Examination

All applicants who are accepted are required to have a medical examination by a licensed physician, the findings of which must be returned to NCNM before registration. The physician is asked to state that the applicant is in good physical and mental health and has no defects or deficiencies that would hinder satisfactory progress at NCNM.

Reapplication

Previous application materials are retained on file at NCNM for only one year. If a prior applicant wishes to reactivate his or her file within this one year period, s/he may do so by submitting an application fee (\$40) and updated application materials as designated by the Admissions Committee. These may include supplementary transcripts for coursework taken since previous application and additional letters of reference. The prerequisites in effect at the time of reapplication must be satisfied.

Foreign Students

Foreign Students are encouraged to apply to the National College of Naturopathic Medicine. Foreign applicants who are accepted for admission will be issued the 1-20 form required by U.S. Immigration and Naturalization Service to obtain a student visa required for entry into the United States.

Academic Regulations

Registration

The registration period for Fall term begins three days before classes begin and continues through the second day of classes. The registration periods for Winter and Spring terms are the last three days of the preceding term through the second day of classes. Specific dates appear in the academic calendar. A late registration period extends from the third day of classes through the first day of the third week of classes in each term. Students registering during this late registration period are required to pay a late registration fee of \$100.00

A student is considered registered for classes only when s/he has completed all the necessary registration forms and paid tuition for the term. No credit will be given for attendance in classes unless the student is properly registered.

For registration purposes, students are divided into two categories:

1. *Degree students* are those who have applied and been accepted to NCNM, having met all the prerequisites for admission. Degree students will have priority for registering for all courses. Degree student tuition is considered the base fee for all courses.
2. *Non-degree students* are those who have applied to NCNM for admission to a non-degree status, and have met all necessary prerequisites; OR are licensed physicians, OR have permission of the Dean. Non-degree students will be admitted to courses on a space available basis only, and will be charged a tuition rate which is somewhat higher than the base fee.

Course Load

The normal course load for each class is listed in the Curriculum Section. A student may register for a greater course load only with the permission of the Dean of Curriculum and Instruction.



Sit-Ins and Audits

Whether a student is sitting-in or auditing a class, s/he must register for the course and pay the appropriate fees. Anyone who is regularly in attendance in any class is required to be registered, and faculty are asked to request unregistered persons to either leave the class or take the appropriate steps to register.

Degree students, non-degree students and NCNM faculty are eligible to audit courses. The difference between auditing a course and taking a course for credit is only that a student auditing a course is not evaluated. In both cases, the course appears on an official transcript for the individual, and the fees for both are the same.

Where one "sits in" on a class, s/he is not evaluated, and no official records are kept. This category of participation is open only to NCNM faculty and staff.

Dropping and Adding Courses and Withdrawal from Courses

Students may drop or add courses by completing the necessary forms at the Dean of Student Services' Office. Students may add classes during the first two weeks only; they may drop classes until the end of the eighth week of class.

No charge is made for these transactions during the first two weeks of the term; thereafter, a fee of \$10.00 will be assessed for each change.

Attendance

The College expects prompt and regular attendance of classes by all students. Any faculty member may require students to attend up to 90% of scheduled classes

as a condition of passing his/her course. In addition to possible academic consequences, habitual tardiness will be reported to the Dean of Student Services for disciplinary action as "disruptive behavior" under the Student Conduct Code.

Veterans attending NCNM with VA education benefits must have their attendance recorded by instructors regardless of individual course attendance policies, and it is the student's responsibility to have his/her attendance noted at each class. Forms are available from the Dean of Student Services.

Professional Conduct and Appearance

The College expects all students to maintain appropriate professional standards of conduct and appearance during their period of study at NCNM. The Student Handbook contains details of the Student Conduct Code, procedures for investigating violations, and the sanctions that may be imposed.

Complaints of specific misconduct are directed to the Dean of Student Services, who may refer the complaint to the Promotions Committee. If the alleged violation is serious enough that suspension or dismissal is warranted, the Dean will bring the charges to the Promotions Committee for formal proceedings.

Student Evaluation and Promotion

NCNM maintains high standards of scholarship and professional achievement, and it is felt that all students who are admitted are capable of completing the N.D. program. The College recognizes a responsibility to use all its resources to provide each student the fullest opportunity to satisfy the academic requirements.

Each member of the faculty is required to clearly define and notify students of the objectives of his/her course and the standards and methods by which student achievement will be measured. At the end of each course, each student's performance is reported to the Promotions Committee, using the following grading system:

H	(Honors)	Superior Performance
P	(Pass)	Satisfactory completion of objectives
F	(Failure)	Unsatisfactory performance
I	(Incomplete)*	Temporary grade — course requirements not completed due to extenuating circumstances
W	(Withdrawal)	Student withdrew from course

*It is the responsibility of the student receiving an Incomplete to complete the course requirements as specified by the instructor and to see that the Dean of Student Services receives proper notification of the grade change.

A grade of Incomplete that is not converted to a passing grade by the end of the next term will automatically become a Failure. Any course with a grade of Failure must be repeated by the student.

Each grade of Honors, Failure, or Incomplete must be accompanied by a written statement supporting the choice of grade. In addition, each instructor is encouraged to submit a personal evaluation of each student's non-academic performance to the Promotions Committee.

Promotion to each successive phase of the program is based on continued satisfactory academic performance and professional development. The Promotions Committee reviews the overall progress of each student at the end of each term. Students whose performance is marginal will be placed on probation as described below. During this time, the student must demonstrate consistent improvement or s/he may be required to withdraw from the College. Veterans who are on probation for more than one term may be disqualified for VA benefits. If the Committee finds that a student shows little promise of ability to complete the program, it may dismiss the student.

Any decision of the Promotions Committee resulting in suspension or dismissal may be appealed to the College Appeals Committee. All other decisions are final.

Academic Probation

A student will be placed on academic probation if s/he fails *any required* course during an academic term.

Two consecutive terms on probation is grounds for dismissal. Such cases will be reviewed by the Promotions Committee on an individual basis. A student who is dismissed for academic reasons may reapply for admission.

Withdrawal from the College, Leave of Absence, Readmission

Students who withdraw from the College for any reason must complete an "Interruption of Education" notice and submit it to the Registrar. Any tuition refunds or remaining financial obligations to the College will be determined on the basis of the date this notice is received. Failure to register for any term will be considered a withdrawal.

A student may apply for a leave of absence, which entitles him/her to unconditional readmission during the next calendar year. A leave of absence will normally be granted to any student who is in good standing (not on academic or disciplinary probation) and who has satisfied all financial obligations to NCNM.



If a leave of absence is not granted, or if a student on leave does not return within one year from the time of withdrawal, s/he will be required to submit a new application for admission. The student will need to satisfy admission requirements in effect at the time of reapplication.

Students who are required to withdraw by official action of the Promotions Committee will have additional conditions imposed for readmission.

Student Records and Transcripts

The Dean of Student Services maintains permanent records of each student enrolled at NCNM. A student's record contains his/her application file, personal information necessary for the business of the College, grade reports and comments, and records of any official action by the College concerning that student. The

Business Office, Dean of Clinical Education, and Dean of Medical Services may also maintain student files as required for their respective functions.

These records may be examined by the individual student on request, and they are available to members of the faculty and administration with a demonstrated need. No part of a student's file will be released to any other person outside the College without written consent of the student.

A student who believes information contained in his/her official records is inaccurate, misleading or a violation of privacy may request that the records be amended. If the individual responsible for the record in question denies the request, the student has the right to a formal hearing before the Promotions Committee, if desired. If the outcome of this hearing is unsatisfactory to the student, s/he may submit an explanatory statement for inclusion in the permanent record.

The transcript is an official record of all academic credits earned by a student toward the N.D. degree. It lists course title, number of hours, and grade for each course taken. One copy of the transcript is provided to each student free of charge. Additional copies are \$5 each. Requests for transcripts must be in writing and must be paid for in advance. Such requests should be made to the Dean of Student Services.

Transferring Credits

Credits for coursework taken at NCNM may be accepted by other institutions at their discretion.

Requirements for Doctor of Naturopathic Medicine Degree

The candidate for the N.D. degree must fulfill the following requirements:

1. Pass all courses in the prescribed curriculum;
2. Complete the final year (approximately 108 credit hours) of professional training enrolled as a student of the National College of Naturopathic Medicine;
3. Attend the required number of hours in clinical externship and preceptorship.
4. Satisfy all financial obligations to the College;
5. Be 21 years old;
6. Be recommended by the faculty for a degree.

Financial Information

Tuition and Fees

Due to increasingly complex enrollment patterns, NCNM is instituting a per hour tuition plan for all students effective beginning in the Fall term of 1982. The hourly rate shall apply to courses taken either for credit or for audit. In addition, each student is required to pay a student activities fee of \$10.00 per term. This fee is maintained and dispersed by the student association.

Effective June 7, 1982, tuition will be assessed as follows:

Per hour of coursework (degree students)	\$50 full or part-time
Per hour of clinic (degree students)	\$40 full or part-time
Per hour of coursework/clinic (non-degree students)	\$70 full or part-time

The per hour rate for the 1983-84 academic year will be announced by May of 1983. Students should expect a slight increase in the per hour rate. The hourly rate is comprehensive and includes tuition, lab fees and graduation fees.

Additional Fees as Applicable:

Late registration	\$100.00
Drop or add courses (per course)	10.00
Transcript copy (first copy free)	5.00
Challenge Examinations	50.00/exam
Late Examination Fee	25.00/exam
Late change of grade fee	25.00

Tuition and fees for each term are payable in full to NCNM at the time of registration for that term. A 5% discount will be granted for payment of a full year's tuition and fees in advance.

Deferred Payment of Tuition

Students unable to pay the entire amount due at registration should see the Vice President for Administration and Finance to make suitable financial arrangements. Interest shall be charged on all unpaid balances at the same rate of NCNM's bank interest rate, but shall not be less than 14% per month.

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No credit for courses taken will be given until tuition and fees are paid in full. No transcripts or diplomas will be issued to students in default. In no case shall a student be permitted to register for a term or take final exams until all tuition and fees are paid in full.

Other Expenses

Students must provide their own binocular microscopes equipped with low power (10x), high power (40x) and oil-immersion (100x) objectives. A 4x objective, internal light source, and eye-piece pointers are also strongly recommended.

Students are required to purchase textbooks and other personal equipment as needed for each course as well as basic diagnostic equipment for use in the clinic.

Refunds

For students who are attending NCNM with financial assistance from the Veterans Administration, the amount of any refund of tuition and fees will be proportional to the time remaining in the term. A registration fee of \$25 is deducted from this refund.

Refunds for students will be made according to the following schedule:

Withdrawal first 2 weeks	75%
Withdrawal second 2 weeks	50%
Withdrawal 5th week & on	0%

Refunds are calculated from the date of receipt of "interruption of education" notice by the registrar.

There will be no refunds for students who are suspended or dismissed by official action of the college.

Financial Aid

Financial aid to students at NCNM is very limited. Federal grant and loan programs are not presently available. In making plans to pay for their education, students should not expect to be able to obtain any financial aid through the College.

The following sources of assistance are currently administered through the office of the Dean of Student Services:

The NCNM Student Scholarship Fund offers limited monies to qualified students on a competitive basis. All NCNM-based financial assistance is disbursed through the office of the Dean of Student Services, and any interested persons should contact that office for information and application forms.



The NCNM Student Loan Fund is maintained by various fund-raising projects conducted by the College and student body. Limited loans are made to students on the basis of financial need.

The Hahnemann Clinic Foundation Scholarship provides a prize of \$1000 to the student presenting the best original paper on homeopathic medicine at the completion of his/her third year at NCNM.

Additional scholarship funds are expected beginning 1982. Contact the Dean of Student Services for information.

Information for Veterans

NCNM is approved by the Veterans Administration for the training of veterans. Eligible veterans should request transfer of their VA file to the VA office in Portland and complete an application for education benefits. The NCNM Dean of Student Services will certify enrollment to the VA.

Veterans who withdraw from the College are advised to notify the VA immediately of their change of status. Failure to do so may result in reduction or loss of future benefits.

Student Affairs and Services

Student Association

The Associated Students of NCNM/(ASNCNM) is the official organization of students at NCNM. All students enrolled in the College are members of ASNCNM, entitled to a vote in the affairs of the association. ASNCNM receives and administers the student activity fees collected by the College each term. The association sponsors educational and social activities for the benefit of its members and acts as the collective voice of student opinion to the faculty and administration.

Student Participation in College Government

Active student participation in the formulation and review of college policies is encouraged by the appointment or election of students to the following institutional committees: Curriculum and Educational Policy Committee (Dean of Curriculum and Instruction), Faculty Development Committee (Dean of Curriculum and Instruction), Admissions Committee (Dean of Student Services), Student Affairs Committee (Dean of Student Services), College and Community Relations Committee (Director of Planning and Public Relations), and College Appeals Committee (President). Students with interest in any of these committees should notify the appointing officer of their interest. The ASNCNM also elects the student representative to the Board of Trustees.

Employment

Because of the demands of the educational program, students are discouraged from working while attending NCNM. It is recognized, however, that some students find it necessary to work for financial reasons. A limited number of jobs for students are available at NCNM, which are advertised to students by the various departments. Further information about the Portland area job market and job opportunities may be directed to the Dean of Student Services.

Student Health Services

The services of the Portland Naturopathic Clinic, NCNM's teaching clinic, are available to students and their dependents at reduced cost.

Bookstore

NCNM Books, a student operated business, sells required texts and some equipment required for classes during announced hours. Students should purchase books as early as possible in the term. When ordering books for Winter and Spring terms, students may be required to make a non-refundable deposit for each textbook desired. Other school supplies are not presently sold, but are available at nearby stores.

Bulletin Boards

Bulletin Boards are located in several places around the College for various purposes. One of them is designated for announcements from administrative officials to students. It is the student's responsibility to check this bulletin board regularly for notices that may affect them. No other announcements may be given.

Copy Machine

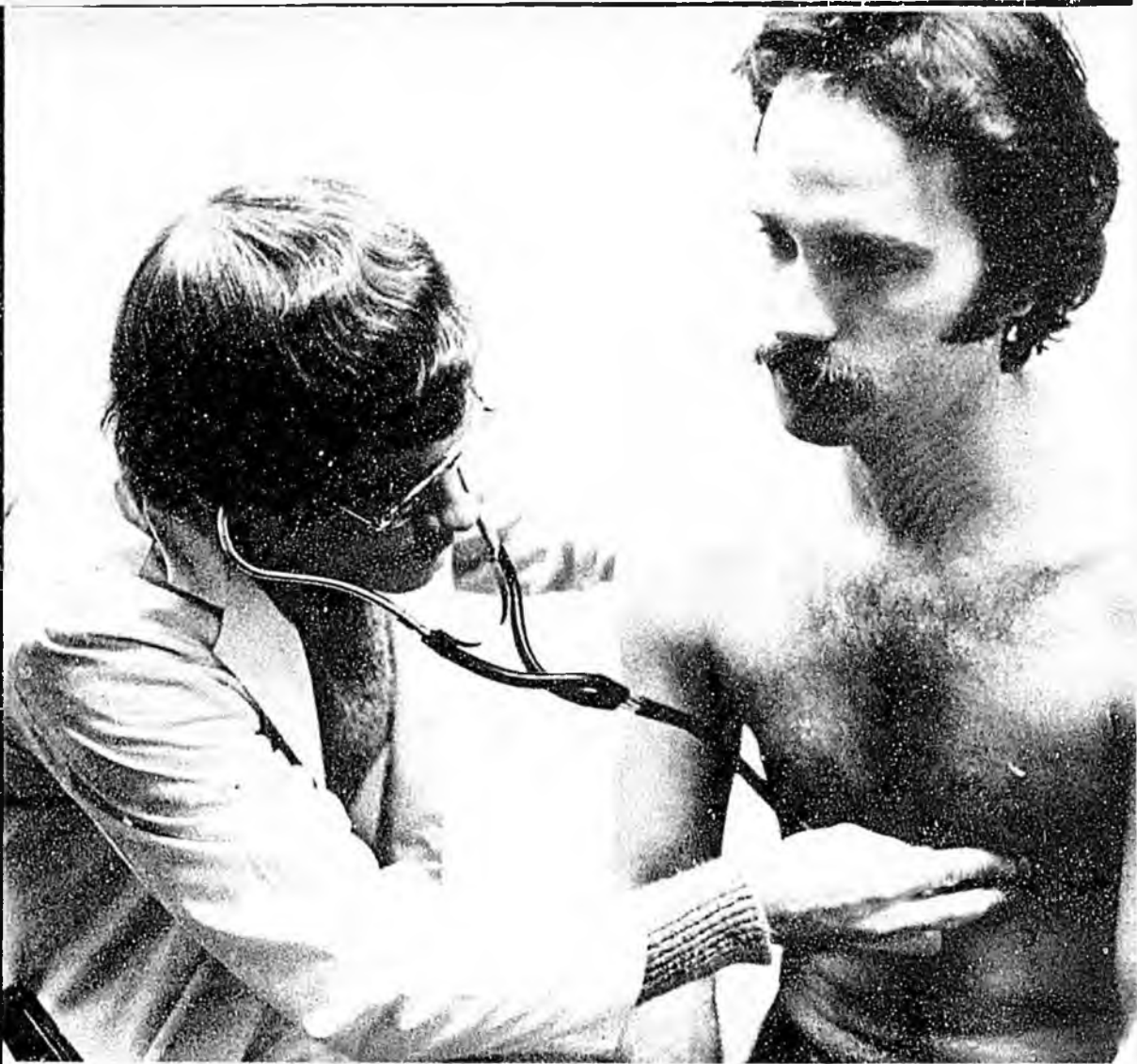
Students may use the copy machine during normal hours when not in use by faculty and staff for college-related purposes. The coin-operated machine costs 5¢ per copy.

Library

The NCNM library is a unique collection which combines classical and modern works in natural health and alternative therapies with the most timely books and periodicals from the conventional medical sciences. The library contains over 4,000 books, 75 serials, 300 tape cassettes and an extensive vertical file. A high-speed cassette copier and tape listening facilities are available for student uses as well as the coin-operated photocopier.

NCNM students may also borrow freely from the Oregon Health Sciences University Library in Portland and the Western States Chiropractic College.

The Library is open Monday - Friday, 9:00 a.m. to 6:00 p.m. and Saturday 9:00 to 2:00 p.m. Most books may be borrowed for a period of four weeks and may be renewed if they have not been requested by another person. A fine of 10¢ per day is charged on all overdue materials. Periodicals, reference and reserve materials do not normally circulate; however, overnight and weekend loans may be arranged with the librarian.



Food Service

Delicious natural breakfasts, lunches and snacks are available throughout the school year in the NCNM cafeteria.

Publications

News and information important to the NCNM community is transmitted by the *Axon*, the weekly newsletter put out by the office of the Dean of Student Services.

The *NCNM Review* is published bimonthly by students at the College as a networking tool between the college and health care professionals and members of the general public who are interested in Naturopathic medicine. The *Review* contains case presentations, book reviews, and articles on such subjects as homeopathic and Naturopathic medicines and techniques, botanicals, herbs of the Northwest, nutrition and home birthing. The *Review* welcomes articles of interest to its readers. It is available by single copy or subscription.

Lockers

Lockers are available to all students by registering with the Dean of Student Services. A rental fee of \$1 per year is charged. Locks found on unregistered lockers will be cut off and locker contents removed.

Lost and Found

A Lost and Found is located in the administrative office.

Mail

Mail received for students is sorted by class and is picked up once a day by a member of each class for distribution. Students should make arrangements within the first two weeks of classes to receive personal mail at their own address.

Messages

Incoming telephone messages and notices to individual students will be posted outside the reception area. Students will be contacted in classes *only* in cases of emergency.

Notary Service

Notary service is available to students in the Business Office free of charge.

Telephones

There are telephones located on campus for student use which are available for local calls only. Students must use pay telephones for long distance calls. Students are asked NOT to use phones in college offices.

Career Placement

Information on licensing laws, examinations and practice opportunities is maintained by the Dean of Student Services.

Identification Cards

All students must obtain an NCNM identification card. The Dean of Student Services will make arrangements and notify students of the times they may have photos taken and cards made.

Housing

NCNM does not provide on-campus housing for students. The office of Student Services will assist entering students in obtaining off-campus housing.

Program of Study

The courses listed below represent only one element in the total educational process at NCNM. The curriculum is constantly changing to meet the needs of the practicing Naturopathic physician. The Curriculum and Educational Policy Committee is responsible for reviewing the curricular offerings on an annual basis.

The primary change in the curriculum from past offerings is the addition of elective courses into all four years. General electives are offered to help create a more balanced lifestyle while in school, and the special electives (years III and IV) are included to allow students to begin to specialize in one or more therapeutic modalities while still receiving basic instruction in all modalities. Additionally, special electives should allow students to better meet requirements for licensure by various states.

Elective Requirements

A number of general electives will be offered each term for 2 credit hours each. In addition to the required courses listed, students must complete a total of 8 hours of general electives during years I and II. During years III and IV, students must complete an additional 18 hours of electives. At least 12 of these must be selected from specialty electives offered for 3 credit hours each. The remaining hours may be selected from either the general or special electives. Students should pay particular attention to the requirements for licensure in the state in which they wish to practice and make their selection of electives accordingly.

A list of electives to be offered each term will be available on or before the time of registration for each term.

The Division of Preclinical Sciences

The NCNM basic science curriculum is designed to provide students with and understanding of the structure and function of the human organism in health and disease. Of equal importance is and understanding of the philosophical basis of Naturopathic medicine. This fundamental knowledge prepares the future physician

for study and practical experience in clinical medicine. By gaining familiarity with the language and tools of modern Naturopathic medicine and an appreciation of scientific research methods, students are stimulated to seek scientific verification of the principles of Naturopathic medicine in their own work and in the work of others.

Synopsis of Curriculum — Preclinical Sciences

For each 12-week term, the required courses are listed below by course number, title and credit hours (clock hours/week and total hours/term);

First Year

Fall Term		Clock Hrs/Wk	Total Hrs/Term
101	Conjoint Basic Medical Sciences (CBMS):		
	BMA Anatomy/Histology/Embryology	13	156
	BMP Physiology	7	84
121	BCH Biochemistry	5	60
131	HIS Introduction to Healing Arts and History of Medicine	2	24
132	PHL Naturopathic Philosophy	2	24
271	GeL General Elective	2	24

Winter Term

102	Conjoint Basic Medical Sciences (CBMS):		
	BMA Anatomy/Histology/Embryology/Neurology ..	13	156
	BMP Physiology	7	84
122	BCH Biochemistry	5	60
133	IPC Interpersonal Communication	2	24
134	RES Introduction to Research	2	24
271	GEL General Elective	2	24

Spring Term

		Clock Hrs/Wk	Total Hrs/Term
103	Conjoint Basic Medical Sciences (CBMS):		
	BMA Anatomy/Histology/Embryology	13	156
	BMP Physiology	7	84
122	BCH Biochemistry	5	60
111	XRA X-Ray Positioning and Technique	2	24
112	FEM First Aid & Emergency Medicine	4	48
271	GEL General Elective	2	24

Second Year

Fall Term

201	Conjoint Basic Medical Sciences (CBMS):		
	LAB Laboratory Diagnosis	3	36
	CPD Clinical and Physical Diagnosis	8	96
	PTH Pathology	5	60
	XRA X-Ray Diagnosis	2	24
205	MCB Microbiology	5	60
241	COU Counseling	2	24
224	NUT Nutrition I	3	36
271	GEL General Elective	2	24

Winter Term

202	Conjoint Basic Medical Sciences (CBMS):		
	LAB Laboratory Diagnosis	3	36
	CPD Clinical and Physical Diagnosis	8	96
	PTH Pathology	5	60
	XRA X-Ray Diagnosis	2	24
206	IMG Immunology and Genetics	5	60
223	PHG Pharmacognosy	4	48
221	PHM Pharmacology I	2	24
271	GEL General Elective	2	24

Spring Term

203	Conjoint Basic Medical Sciences (CBMS):		
	LAB Laboratory Diagnosis	3	36
	CPD Clinical and Physical Diagnosis	8	96
	PTH Pathology	5	60
	XRA X-Ray Diagnosis	2	24
207	PBH Public Health	3	36
211	MAN Biomechanics and Manipulation I	4	48
222	PHM Pharmacology II	2	24
212	EXC Exercise as Preventive Medicine and Therapy	2	24
271	GEL General Elective	2	24

The Division of Clinical Sciences

The Clinical sciences program presents NCNM students with the opportunity to integrate their basic science knowledge and apply it to the disciplines of clinical medicine. This is a two-year period of transition from student to doctor, in which students receive instruction and gain practical experience in all phases of Naturopathic practice. The curriculum combines detailed classroom study - Naturopathic Materia Medica, therapeutic methods, diagnostic techniques and specialized aspects of medicine — with clinical practice in the Portland Naturopathic Clinic to develop the knowledge, skills and sensitivity necessary for patient care.

for study and practical experience in clinical medicine. By gaining familiarity with the language and tools of modern Naturopathic medicine and an appreciation of scientific research methods, students are stimulated to seek scientific verification of the principles of Naturopathic medicine in their own work and in the work of others.

Synopsis of Curriculum — Preclinical Sciences

For each 12-week term, the required courses are listed below by course number, title and credit hours (clock hours/week and total hours/term);

First Year

Fall Term		Clock Hrs/Wk	Total Hrs/Term
101	Conjoint Basic Medical Sciences (CBMS):		
	BMA Anatomy/Histology/Embryology	13	156
	BMP Physiology	7	84
121	BCH Biochemistry	5	60
131	HIS Introduction to Healing Arts and History of Medicine	2	24
132	PHL Naturopathic Philosophy	2	24
271	GEL General Elective	2	24
Winter Term			
102	Conjoint Basic Medical Sciences (CBMS):		
	BMA Anatomy/Histology/Embryology/Neurology ..	13	156
	BMP Physiology	7	84
122	BCH Biochemistry	5	60
133	IPC Interpersonal Communication	2	24
134	RES Introduction to Research	2	24
271	GEL General Elective	2	24
Spring Term		Clock Hrs/Wk	Total Hrs/Term
103	Conjoint Basic Medical Sciences (CBMS):		
	BMA Anatomy/Histology/Embryology	13	156
	BMP Physiology	7	84
122	BCH Biochemistry	5	60
111	XRA X-Ray Positioning and Technique	2	24
112	FEM First Aid & Emergency Medicine	4	48
271	GEL General Elective	2	24

Synopsis of Curriculum — Clinical Sciences

Third Year

Fall Term		Clock Hrs/Wk	Total Hrs/Term
321	NUT Nutrition II	3	36
351	BMM Botanical Materia Medica I	2	24
311	MAN Manipulation II	2	24
341	PTM Patient Management	2	24
331	CHI Chinese Medicine and Acupuncture	3	36
334	HOM Homeotherapeutic Theory & Philosophy	3	36
301	GYN Gynecology	2	24
391	CLN Clinical Externship	16	192
271	GEL General Elective	2	24
or			
371	SEL Specialty Elective	3	36
Winter Term		Clock Hrs/Wk	Total Hrs/Term
322	NUT Nutrition III	3	36
352	BMM Botanical Materia Medica II	2	24
312	PHS Physiotherapy	4	48
313	OTH Orthopedics	4	48
355	MNS Minor Surgery	3	36
302	OBS Obstetrics I	2	24
392	CLN Clinical Externship	16	192
271	GEL General Elective	2	24
or			
371	SEL Specialty Elective	3	36
Spring Term		Clock Hrs/Wk	Total Hrs/Term
323	NUT Nutrition IV	3	36
353	BMM Botanical Materia Medica III	2	24
314	MAN Manipulation III	3	36
342	HSX Human Sexuality	2	24
303	OBS Obstetrics II	2	24
304	CDV Cardiovascular	3	36
305	PED Pediatrics	3	36
393	CLN Clinical Externship	16	192
271	GEL General Elective	2	24
or			
371	SEL Specialty Elective	3	36

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Fourth Year

Fall Term

401	ENT	Eye, Ear, Nose and Throat	2	24
402	NEU	Neurology	2	24
403	END	Endocrinology	2	24
491	CLN	Clinical Externship	24	288
371	SEL	Specialty Elective (required)	2	24
271	GEL	General Elective	3	36
or				
371	SEL	Specialty Elective	3	36

Winter Term

			Clock Hrs/Wk	Total Hrs/Wk
401	GAS	Gastroenterology	2	24
405	DER	Dermatology	1	12
406	URO	Urology	1	12
407	GER	Geriatrics	1	12
409	PRO	Proctology	1	12
492	CLN	Clinical Externship	24	288
371	SEL	Specialty Elective (required)	3	36
271	GEL	General Elective	2	24
or				
371	SEL	Specialty Elective	3	36

Spring Term (8 weeks)

408	ONC	Oncology	3	36
461	BUS	Business and Office Practice	3	36
462	LAW	Medical Jurisprudence	3	36
493	CLN	Clinical Externship	24	192
371	SEL	Specialty Elective	3	36
or				
271	GEL	General Elective	2	24
494	PRC	Preceptorship (4 weeks)		100
or				
395/				
495	OBX	Obstetrical Externship (15 births @ 10 hours each)		150

Total Hours of Clinic/Obstetrical Externship/Preceptorship 1694

Total Hours of Instruction 4926

Description of Courses

101/2/3 - BMA & BMP Conjoint Basic Medical Science I, II, III (CBMS)

An integrated approach to the study of the human body. The anatomy, histology, embryology, neuroanatomy and physiology of each major organ system are presented as a concentrated unit to better understand the complex interrelationships among structure, development and function. This year-long course is taught as two distinct disciplines: BMA 101/102/103, Gross Anatomy/Histology/Embryology/Neuroanatomy; BMP 101/102/103, Physiology.

111 - XRA X-Ray Positioning and Technique

This course teaches the proper techniques for positioning of patients and the use of X-Ray equipment to produce diagnostically useful radiographs. Protection of patients and operators from the hazards of radiation is stressed throughout. Contrast studies, fluoroscopy and other special techniques are included.

112 - FEM First Aid and Emergency Medicine

Prepares students to deal with medical emergencies under various circumstances, especially in an office setting. The course includes instruction and practice in conventional procedures for emergencies as well as specific Naturopathic treatments for some of these conditions.

121 - BCH Biochemistry I

This course is devoted to the basic principles of biochemistry with particular emphasis on the structure, chemical and physical properties and the function of the biomolecular components of the cell. Laboratory will enhance concepts and explore basic analytical techniques.

122 - BCH Biochemistry II

This course will focus on the anabolic and catabolic aspects of the metabolic pathways. Within this realm of biochemical transformation, the chemical basis for many health problems will be explored. The laboratory experience this term will involve direct clinical application of the basic biochemical principles studied in the first term.

123 - BCH Biochemistry III

This course will continue to focus on intermediary metabolism and its hormonal control. Additionally, the biosynthesis of macromolecular (i.e., DNA, RNA and Protein) will be addressed, with particular emphasis on the control of these processes. As time permits, special topics in biochemistry will be covered. The laboratory experience this term will involve direct clinical application of basic biochemical principles, and will also involve an independent lab project.

131 - HIS Introduction to the Healing Arts and History of Medicine

Explores the origins and developments of the healing arts from prehistoric times to the present. Examines the traditions and principles of the various schools of the healing arts — Naturopathic, Chiropractic, Homeopathic, Osteopathic, conventional. Also discusses spiritual and esoteric healing, Oriental and Ayurvedic medicine and many other systems.

132 - PHL Naturopathic Philosophy

Lecture and discussion on the philosophical basis of Naturopathic medicine and the role of the Naturopathic physician in today's world. Examination of medical philosophy and its historical development includes readings from the earliest pioneers of Naturopathic medicine, and in-depth discussion of the principles of natural healing and Naturopathic medicine.

40/COURSES

133 - IPC Interpersonal Communication

This course is designed to serve as a prerequisite and basis for the Counseling course. A variety of communications modalities will be presented in an interactive group process setting.

134 - RES Introduction to Research

An introduction to the objectives, methods and analysis of data in research. Discussions of laboratory, clinical and literature research are emphasized.

201/2/3 - LAB/CPD/PTH/XRA Conjoint Basic Medical Science IV, V, VI (CBMS)

A year-long course integrating the study of pathology with the disciplines of physical diagnosis, differential clinic diagnosis, laboratory diagnosis and radiological diagnosis. The disease processes, signs and symptoms and diagnostic techniques for evaluating each organ system are studied in detail. This course builds on information gleaned from BMA and BMP 101/102 & 103. The course is offered as 4 distinct disciplines: LAB 201/202/203, Laboratory Diagnosis; CPD 201/202/203 Clinical and Physical Diagnosis; PTH 201/202/203 Pathology; XRA 201/202/203 X-Ray Diagnosis. Lecture material is integrated according to systems when possible, and laboratory experiences reinforce major concepts. Prerequisites: BMA and BMP 101/102/103; BCH 121/122/123 or equivalents.

205 - MCB Microbiology

A lecture and laboratory course in which the anatomy, physiology, taxonomy and ecology of microorganisms are studied. Particular attention is given to the relationship of microorganisms to man in health and disease. Includes a review of antibiotic action.

206 - IMG Immunology and Genetics

Discusses the intricate cellular and biochemical defense mechanisms of the immune system. The properties of immunoglobulins and the clinical use of those properties in diagnostic techniques are stressed. The course will also address hereditary disorders and diseases, mutagens, mutations and metabolic disorders of genetic origin. Prerequisite CBMS 101/102/103 or equivalents.

207 - PBH Public Health: Community and Environmental Medicine

A lecture course in two parts. One part is concerned with the etiology, epidemiology, prevention, and control of communicable diseases, with an emphasis on personal and community hygiene measures. The other portion describes the health effects of a wide variety of environmental pollutants, aimed at enabling students to recognize the hazards and their manifestations in patients. Prerequisite: MCB 205 or equivalent.

211 - MAN Biomechanics and Techniques of Manipulation I

Introduces the principles of osseous and soft tissue manipulation with emphasis on the mechanics of the human musculoskeletal system. This provides a foundation for the practical portion of the course — developing the skills of structural assessment and proper positioning and movement for the basic manipulation of the spine, extremities and related soft tissue.

212 - EXC Exercise as Preventive Medicine and Therapy

Focuses on physical exercise as a mechanism for restoring and maintaining health. The course is aimed at training students in fitness testing and in formulating fitness programs for use in their practice. The effects of exercise as therapy for many disease states will be examined. Prerequisites: BMP 101/102/103 or equivalent.

221/2 - PHM Pharmacology

The course emphasizes an understanding and an examination of the actions and mechanisms of drugs upon the body as well as their adverse reaction, side effects, contraindications, and drug interactions. Particular attention will be paid to drug induced nutritional deficiencies; rational approaches to drug withdrawal and drug withdrawal syndromes, and over the counter drugs.

223 - PHG Pharmacognosy

The simultaneous study of the history, distribution, cultivation, collection, preparation, preservation and therapeutics of medicinals. A portion of the course is devoted to laboratory experiments with medicinal plants. Provides a basis for detailed study of the materia medica at higher level courses.

224 - NUT Nutrition I

Concentrates on the individual nutrients in food, their interacting biochemical roles in human metabolism and the effects of nutrient deficiencies. Prerequisites BCH 121/122/123; BMP 101/102/103 or equivalents.

241 - COU Counseling

The principles and techniques of creating an effective patient-doctor interrelationship; Practicum for developing treatment skills that facilitate emotional and psychological health. Prerequisite: IPC 133 or equivalent.

271 - GEL General Electives

A number of general electives will be offered each term from the list below. Students may select electives to help balance their lifestyle or to supplement their academic pursuits beyond required curriculum. A total of 8 hours of general electives is required during years I and II. Students in years III and IV may also choose from the general electives offered in addition to special electives required. (See Special Electives 371).

Since not all electives will be offered on a continual basis, those electives being offered for each term will be announced with course descriptions on or before the registration date for the term.

The following courses represent some of the electives which have been offered previously:

Clinical Kinesiology	Clerkship	Body-Oriented Psychotherapy
Plant Identification	Massage	EMT Tra.
Clinic Conference	Yoga	Independent Study (General)

301 - GYN Gynecology

Focusing on women's health, this course is concerned primarily with the female genital system and the diagnosis and treatment of the problems associated with it. Fertility and family planning are also discussed. Students are encouraged to develop a sensitivity to the special needs of female patients and an awareness of the many factors influencing women's health in today's world. Prerequisites: BMH and BMP 101/102/103 or equivalents.

302/3 - OBS Obstetrics I, II

Examines the anatomy and physiology of pregnancy and birth and the role of the physician in each phase of the process. The principles and practice of physical and laboratory examination in pregnancy and labor. This course centers around birth in the home, complete parent education and parental care; natural childbirth techniques; diagnosis, prevention and treatment of problems; examination and care of the newborn. Recognition of high risk birthing situations and appropriate management are stressed. Prerequisites: BMA and BMP 101/102/103; GYN 301 or equivalents.

304 - CDV Cardiovascular and Respiratory Diseases

Pathophysiology, diagnosis and treatment of conditions affecting the heart, circulatory system, and respiratory system, whose functions are so intimately related. Includes the interpretation of electrocardiography, heartometry, endocardiography. Prerequisites: BMA and BMP 101/102/103 or equivalents.

305 - PED Pediatrics

A course focusing on the special aspects of health care for children. Techniques of examination for assessing children and the normal growth and development patterns are discussed. Emphasis is on the treatment of conditions encountered in family practice. Prerequisites BMA and BMP 101/102/103 or equivalents.

311 - MAN Techniques of Manipulation II

Continued instruction and practice of structural assessment and manipulation of osseous and soft tissue aimed at refining basic techniques. Introduces additional manipulative approaches to treatment. Prerequisites: MAN 211 or equivalent.

312 - PHS Physiotherapy

A lecture and laboratory course which explores the physiological effects and therapeutic use of heat, light, water, electricity and sound, and the equipment involved in the production or utilization of these natural forces. Students gain practical working knowledge of the various modalities and experience each from the patient's viewpoint. Emphasis is placed on safe and proper application to achieve desired therapeutic results. Prerequisites: CBMS 201/202/203 or equivalents.

313 - OTH Orthopedics

The diagnosis and treatment of disorders of the musculoskeletal system are discussed and practiced in this course. Laboratories will concentrate on techniques of splinting and casting various body parts. Use of Naturopathic modalities in caring for the orthopedic patient is stressed, with discussion of contraindications to treatment. Prerequisites: CBMS 201/202/203.

314 - MAN Techniques of Manipulation III

Presents specialized manipulative systems, including applied kinesiology and sacro-occipital technique, and discusses the use of manipulation in the management of specific health problems. Prerequisite: MAN 311.

321/2/3 - NUT Nutrition II, III, IV

The application of the principles of nutrition to clinical dietetics, including dietary analysis and the concept of biochemical individuality. The recognition and treatment of specific health problems associated with nutritional deficiencies are discussed. Emphasis is on familiarity with and use of current nutritional research in health care practice. The courses will also explore a wide variety of dietary regimes which are used in Naturopathic practice for treatment of specific conditions. Includes a thorough discussion of fasting, elimination diets and vegetarian diets, among others. Prerequisite: NUT 224 or equivalent.

331 - CHI Chinese Medicine and Introduction to Acupuncture

An introduction to the underlying concepts and philosophy of traditional Chinese medicine, including concepts of Yin/Yang, Ch'i, Blood and the Law of the Five Elements. Courses, relationships and qualities of the meridians and diagnostic modalities will be introduced.

332 - HOM Homeopathic Theory and Philosophy

The principles of homeopathic philosophy are discussed: the law of similars, the concepts of health and disease, cure and resistance. The symptom pictures of key remedies are presented. Skills of homeopathic case-taking, repertorizing and prescribing are introduced.

341 - PTM Patient Management — Personal and Professional Growth

This course discusses the growth of a physician in terms of values, responsibility, and professional ethics. Special emphasis is placed on relating these issues to the dynamics of physician-patient relationships, including the promotion of patient motivation and confidence. Prerequisites: IPC 133; COU 241 or equivalents.

342 - HSX Human Sexuality

Counseling and various therapeutic approaches to sexual problems of men and women, both physical and psychological, are discussed. Students are encouraged to examine their own attitudes toward sexuality and to develop an ability to deal comfortably with the sexual problems of patients.

351/2/3 - BMM I, II, III Botanical Materia Medica

A detailed survey of plants and plant preparations used in Naturopathic practice, integrating traditional herbal knowledge with modern pharmacological research. The pharmacognosy, pharmacodynamics, toxicology, and the therapeutics of each plant are considered, as well as methods of preparing and compounding botanical medicines. Field studies in identification and collection of local plants are conducted. Prerequisites: PHG 223; CBMS 201/2/3 or equivalents.

355 - MNS Minor Surgery

A study of the principles, tools and procedures of minor surgery used in Naturopathic practice. Much of the course is devoted to the practice of surgical techniques so that students acquire the confidence and skills necessary to perform safe and effective minor surgery. Prerequisites: CBMS 201/2/3 or equivalents.

44/COURSES

371 - SEL Specialty Electives

In an effort to provide opportunity to begin specializing in one or more treatment modalities, a series of special electives are offered for students in years III and IV. These electives should be used by students to meet licensure requirements in specific states. Of the 18 hours of electives required in years III and IV, at least 12 must be chosen from the special electives, and the remaining 6 may be selected from either the general or special elective offerings (except Clinic Conference, which is required for all students in III and IV.) Electives to be offered will be announced at or before registration with course descriptions. All special electives will be 3 hours each. Approved courses include:

Special Elective Prerequisites

Homeotherapeutic Materia Medica	PHL 132; HOM 332
Chinese Medicine and Acupuncture	PHL 132; CHI 331
Botanical Materia Medica	PHL 132; 351 - 3 BMM
Nutrition	BCA 121 - 3; NUT 224; NUT 321 - 3
Manipulation	MAN 211; MAN 311; MAN 314
Physiotherapy	MAN 211; PHS 312
Obstetrics	GYN 301; OBS 302 - 3
Psychological Medicine	IPC 133; COU 241; PTM 341
Independent Study-Special	Instructor Consent

391 - Clinical Externship

During the final two years at NCNM, students enter what is perhaps the most challenging and rewarding phase of their professional education — the clinical externship. Each student is scheduled for 15-16 hours/week (year III) and 24-25 hours/week (year IV) in the Clinic, where s/he gradually assumes responsibility for the care of patients under the guidance of the licensed Naturopathic physicians of the Clinic staff. Students also rotate on a weekly basis through the clinic departments of pharmacy, physiotherapy, X-ray and laboratory.

Each student is expected to spend at least one month in the clinic during the summer between years III and IV.

The Clinic offers expectant parents a program of complete obstetrical services, which includes childbirth in the home. Each student will attend at least 15 births, supervised by a licensed Naturopathic physician.

Each student must complete a minimum of 1400 hours of clinical externship/preceptorship, excluding obstetrical hours, to meet the requirements for graduation. Prerequisites: Satisfactory completion of all courses in years I and II — or permission of Promotions Committee.

401 - 409 NOTE:

These courses constitute a review of organ systems including a review of the basic and diagnostic sciences as well as the treatment regimens or therapeutic modalities for each system. The philosophical and practical aspects of holistic and preventive health care are emphasized. Particular emphasis is placed on all useful Naturopathic therapeutics (including the physical, neurological, psychological and biochemical tools) and on patient education. Specific courses in this series are:

401 - ENT Eye, Ear, Nose and Throat

Reviews the anatomy, physiology, and pathology of each of these organs. The use of special diagnostic techniques and the local and systemic treatment of conditions in the eye, ear, nose and throat. Includes demonstration and practice of the nasal specific and endo-nasal techniques.

402 - NEU Neurological Diseases

Pathological conditions of the nervous system — illness and injury — are considered. Diagnostic techniques and a wide variety of therapies are discussed. Recognition of conditions requiring referral for specialized care is addressed.

403 - END Endocrinology

A course aimed at understanding the complex interactions of the hormone systems of the body and the causes and effects of hormonal imbalance. Diagnosis and treatment of hormone disorders are presented.

404 - GAS Gastroenterology

A lecture and practical course which concentrates on the disorders of the digestive tract and associated organs. Physical examination techniques. X ray and laboratory studies and treatments using the full spectrum of natural therapeutics are discussed.

405 - DER Dermatology

Skin disease is one of the most common complaints a physician encounters. The course emphasizes the diagnosis of common and serious skin lesions. The principles of non-suppressive and curative therapies for dermatological conditions are discussed, as well as conventional medical treatment.

406 - URO Urology

Study of disorders of the kidney and urinary tract. Details the diagnosis and treatment of these conditions using natural therapeutics.

407 - GER Geriatrics

A consideration of the process of aging and the special health problems of older people. Diagnostic and therapeutic techniques which are commonly used in this area of practice are discussed and performed. Emphasis is placed on preventing, reversing or retarding degenerative changes and maximizing health in the later years.

408 - ONC Oncology

A lecture course concerned with neoplasms — etiology, — pathology, diagnosis, epidemiology, and therapeutics. Critically examines conventional and unconventional approaches to treatment and current research. Emphasizes cancer prevention as well as therapy with regard to food, vitamins, minerals and non-vitamin nutrients. Prerequisites: NUT 224, 321 - 323; BCH 121 - 123 or equivalents.

409 - PRO Proctology

A lecture and practical course which concentrates on disorders of the anus and rectum and associated organs. Physical, laboratory and radiological examination techniques are discussed, along with natural therapeutics and surgical treatment.

FACULTY

MARTHA J. ADEN, B.A., St. Olaf College, 1972; B.S., Kansas Newman College, 1977; N.D., The National College of Naturopathic Medicine, 1979.

MICHAEL R. ANCHARSKI, B.A., Prescott College, 1972; B.S., Kansas Newman College, 1977; N.D., The National College of Naturopathic Medicine, 1979.

CASCADE ANDERSON, Chartered Herbalist from Dominion Herbal College, 1978.

WILLIAM HENRY BABNICK, D.C., Western States Chiropractic College, 1942; N.D., 1944.

RANDY BAROLET, B.S., Cornell University, 1972; Ac. New England School of Acupuncture, 1978

STEPHEN BE, B.A., U. of Colorado, 1972; M.A., West Georgia Coll., 1974.

COLLON BRAYCE, B.S., Oregon State University, 1970; B.S., Kansas Newman College, 1975; N.D., National College of Naturopathic Medicine, 1977.

JAMES CAMPBELL, B.S., Portland State University, 1975; M.S., Portland State University, 1980.

BRUCE L. CANVASSER, B.S. Ed., Wayne State University, 1969; B.S., Kansas Newman College, 1975; N.D., The National College of Naturopathic Medicine, 1977.

JOHN D. CHILGREN, B.S., Gonzaga University, 1965; M.S, Washington State University, 1968; Ph.D., 1975.

STEVEN G. CRANFORD, D.C., Western States Chiropractic College, 1975; N.D., The National College of Naturopathic Medicine, 1975.

BRUCE A. DICKSON, B.A., Wake Forest university, 1973; B.S., Kansas Newman College, 1977; N.D., The National College of Naturopathic Medicine, 1979.

J. MICHAEL DUNN, B.A., B.S., University of South Florida, 1971; Ph.D., University of Kansas Medical Center, 1977.

JOHN M. DYE, B.A., Whittier College, 1974; N.D., The National College of Naturopathic Medicine, 1979.

MARIAN FISH, B.S., Michigan State U., 1968; D.C., Western States Chiropractic College, 1976.

JANET A. HARRIS, B.S., Otterbein College, 1962; M.S., University of Illinois, 1964; Ph.D., 1971

JOSIAH HILL, A.S./P.A., Kirkwood College/University of Iowa Medical Center, 1971.

EDWIN HOEMANN-SMITH, B.S., Case Institute of Technology, 1965; Ph.D., Case Western Reserve University, 1971; N.D., The National College of Naturopathic Medicine, 1979.

ELENA HOFMANN-SMITH, B.A., University of Washington, 1973; N.D., The National College of Naturopathic Medicine, 1979.

ARTHUR E. ISRAELSON, EMT III, Emanuel Hospital, 1975.

GREGORY J. JOHANSON, B.A., Willamette University, 1969; M.Div., Emory U., Candler School of Theology, 1972.

MARY JANE KELLEY, B.S., Louisiana State University, 1969; M.S., 1972.

GURU SANDESH SINGH KHALSA, B.A., Occidental College, 1971; B.S., Kansas Newman College, 1976; N.D., The National College of Naturopathic Medicine, 1978.

JEFFREY KLASS, B.S., Kansas Newman College, 1977; N.D., The National College of Naturopathic Medicine, 1979.

FRIEDHELM KIRCHFELD, M.L.S., University of Denver, 1975.

GERALD M. LABUNSKI, R.T., 1978.

DANIEL LAMAR, B.S., Kansas Newman College, 1978; N.D., The National College of Naturopathic Medicine, 1978.

STEVEN E. LANDAU, B.S., Harvard University, 1971; M.D., Temple University, 1975.

BRIAN LEIBOVITZ, B.A., California State College at Sonoma; M.S., 1979, Portland State University, Ph.D. Candidate Portland State University.

STEVE MEREDITH, B.A., University of Puget Sound, 1961; M.A., University of Puget Sound, 1964.

ROBIN MURPHY, B.S., Michigan State University, 1976; N.D., The National College of Naturopathic Medicine, 1980.

MARTIN J. OSTERHAUS, B.S., Kansas Newman College, 1978; N.D., The National College of Naturopathic Medicine, 1980.

NOEL PETERSON, B.S., Kansas Newman College, 1976; N.D., The National College of Naturopathic Medicine, 1978.

MARY REX, B.S., Colorado State University, 1962; M.A., Washington University, 1964.

KENNETH RIFKIN, B.S., Kansas Newman College, 1975; N.D., The National College of Naturopathic Medicine, 1977; A.C., Veterans General Hospital (Taiwan), 1978.

GLENN A. ROSE, B.A., Indiana University, 1972; M.A., California State College at Sonoma, 1976.

JAMES S SENSENIG, B.S., Kansas Newman College, 1976; N.D., The National College of Naturopathic Medicine, 1978.

ALAN TRACHTENBERG, B.S., Rensselaer Polytechnic Institute, 1978; M.D., Tufts University School of Medicine, 1980.

GEORGE VEE, B.S., University of Illinois, 1969; M.S., Illinois Institute of Technology, 1977.

JOEL D. WALLACH, B.S., University of Missouri, 1962; D.V.M., 1964.

TYRONE WEI, B.S., University of Oregon, 1974; D.C., Western States Chiropractic College, 1979.

WAYLENE WILSON, G.E.D. Lane Community College, 1978; Extensive experience as business consultant and bookkeeper.

JARED L. ZEFF, B.S., University of California at Riverside, 1974; N.D., The National College of Naturopathic Medicine, 1979.

1981 - 82 CLINIC PRESIDENTS

SALLY BLAKE, B.A., Wichita State University, 1975; B.S., Kansas Newman College, 1979; N.D., The National College of Naturopathic Medicine, 1981.

FRANCIS BRINKER, B.A., University of Kansas; N.D., The National College of Naturopathic Medicine, 1981.

MAUREEN SANDLER, N.D., The National College of Naturopathic Medicine, 1981.

MICHAEL TRAUB, B.S., Kansas Newman College, 1979; B.S., U.C. Irvine, 1976; N.D., The National College of Naturopathic Medicine, 1981.

Naturopath ordered to limit treatment

By SHEILA TOOMEY
Daily News reporter

The Alaska Medical Board has endorsed a state order that an Anchorage naturopath must stop most of the treatment he now offers patients on the grounds that he is practicing medicine without a license.

But Patton Pettijohn, a naturopathic physician who has practiced in Anchorage since 1979, says he will appeal the

Sept. 14 order to the Superior Court.

Naturopathy, sometimes called holistic medicine, relies on nutrition, vitamin therapy, exercise and herbal remedies to promote good health and heal illnesses.

"It's a system of healing," Pettijohn said Wednesday. "We try to assist the body to heal itself without using harmful substances."

The cease and desist order against Pettijohn was issued

last December by the Occupational Licensing Division of the state Department of Commerce. Both sides agreed to take the matter before the state medical board, which is charged with regulating the practice of medicine in Alaska.

In issuing its order, the board adopted the findings of a hearing officer who said Pettijohn diagnoses and treats the sick and injured and therefore practices medi-

cine as the phrase is generally understood. The hearing was held last month.

Assistant Attorney General Richard Monkman said the order is directed only at Pettijohn but the ruling "applies generally." Pettijohn's practice is "similar to what other naturopaths in the state are doing," Monkman said.

There are three or four naturopaths now practicing in

See Back Page, NATUROPATH

Naturopath ordered to limit work, plans to appeal ruling

Continued from Page A-1

Alaska, according to people in the field.

According to medical board Chairman Hugh Gellert, Alaska law prohibits anyone but licensed doctors from "diagnosing, treating, operating on, prescribing for or administering to any human ailment, blemish, deformity, disease, disfigurement, disorder, injury or other mental or physical condition for a fee."

Hearing officer Elizabeth Johnson found that Pettijohn diagnosed illnesses such as bursitis, interpreted laboratory tests, "prescribed" vitamins, used some medicines generally not available without prescription and performed some surgery, such as circumcision, removal of cysts, episiotomies and repair of superficial cuts.

Pettijohn said the state de-

finition of practicing medicine is overbroad and unconstitutional.

Johnson also found that Pettijohn referred patients he felt he should not treat, such as those with symptoms of appendicitis or high-risk pregnancies to regular doctors. She noted that no complaints have been filed against Pettijohn by any of the approximately 4,000 patients he has treated.

About a dozen patients testified for Pettijohn at the hearing. Dr. C. E. Manwiller of Providence Hospital also testified, challenging Pettijohn's use of herbal treatment, hair analysis and the use of vitamin E. Manwiller said there were inherent risks in any pregnancy that sometimes made home birth dangerous, according to Johnson's report.

Gellert said state investiga-

tors moved against Pettijohn because a newspaper story brought him to their attention. "Some of the things that Patton Pettijohn was doing, to us clearly fell within the realm of practicing medicine without a license," Gellert said. He denied that the ruling, if upheld, would effectively abolish holistic medicine or home birth in Alaska.

However, defining the line between acceptable holistic practices and practicing medicine is "almost like figuring out how many angels can dance on the head of a pin," he said.

Gellert said his main objection to Pettijohn's practice was the surgery and the use of medicine normally available only by prescription. Gellert is not himself a physician and at least one doctor on the board suggested naturopaths should not be allowed to re-

place a physician at childbirth, he said.

Much of Pettijohn's practice involves assisting home childbirth.

Naturopathy is legal in other states, including Oregon, where Pettijohn was licensed after graduating from a four-year naturopathy college. He also has a bachelor's degree in human biology from Kansas Newman College in Wichita, Kan.

Pettijohn is one of a group of people who have been trying for several years to get legislation passed providing for licensing and regulation of trained naturopaths, said Cary Jasper, another Anchorage naturopathic physician.

"This should be an interesting test case," Gellert said. "There is a broad spectrum of community people who believe in him and he has done a good job for them."

Physician appeals ruling by medical board

by Mary Scarpinato
Times Writer

Naturopath physician Patton Pettijohn has appealed a ruling of the Alaska Medical Board saying he has been practicing medicine without a license and ordering him to strictly limit his patient treatment.

Naturopathy relies on nutrition, vitamin therapy, exercise and herbal remedies to promote good health and heal illness.

Pettijohn's appeal, recently filed in Anchorage Superior Court, has been called an "interesting test case" because, while the medical board's ruling was aimed at his practice, it has the effect of creating a general ruling aimed at all naturopath practice in this state.

A group including Pettijohn has tried for several years to see legislation passed that would license and regulate trained naturopaths.

Naturopathy is a recognized treatment in other states, such as in Oregon where Pettijohn holds a license.

board had ruled that Pettijohn diagnoses and treats the sick and injured and therefore practices medicine without a proper license.

But Pettijohn, who has maintained a practice in Anchorage since 1979, claims the board's definition of medical practice is too broad — so broad, he claims, as to unconstitutionally prohibit his fundamental right to work and follow a career that poses no societal hazard.

It is too narrow in another respect, he claims, because it fails to recognize naturopathy as a legitimate health and healing art.

As a further measure of professional responsibility, Pettijohn refers all patients to conventional physicians if he determines any additional diagnosis, specialty treatment or surgery might be in order, according to his attorney, Aver L. Lerman.

"He's a very cautious, serious, professional person," Lerman said.

The medical board also noted

estimated 4,000 patients Pettijohn has treated.

Pettijohn has no complaint record in Oregon, Lerman added.

Naturopaths battle medical monopoly

By Patton D. Pettijohn
Naturopathic Physician

Naturopathy is becoming the center of attention concerning freedom of choice in health care.

The controversy has arisen from the efforts by the State Division of Occupational Licensing and the State Medical Board to stop naturopaths from diagnosing and treating the sick in Alaska. Their argument is that naturopathic physicians are practicing "medicine" without a license. The practice of medicine, as defined, is so general that it includes all conceivable forms of health care. The definition as contained in the Alaska Statutes is as follows:

"The practice of medicine or the practice of osteopathy means: A) for a fee, donation or other consideration, to diagnose, treat, operate or, prescribe for, or administer to, any human ailment, blemish, deformity, disease, disfigurement, disorder, injury, or other mental or physical condition; or to attempt to perform or represent that a person is authorized to perform any of the acts set out in this subparagraph;

B) to use or publicly display a title in connection with a person's name including "doctor of medicine", "physician", "m.d.", or "doctor of osteopathic medicine", "D.O.", or specialist designation including

"surgeon", "dermatologist" or a similar title, or any title which tends to show that a person is willing or qualified to diagnose or treat the sick or injured.

Naturopathic physicians contend that they are practicing naturopathy, as trained, without a license because Alaska has no licensing procedure for them. Regardless of how the "practice of medicine" is defined in Alaska, naturopathic physicians contend they have the constitutional right to practice their chosen profession. Naturopaths also strongly feel that the Alaskan public has the right to choose for themselves how and from whom to receive treatment. State government has the authority to regulate professions in order to protect the public from those who are not properly trained and qualified, but the state should not and does not have the authority to abolish the practice of naturopathy. Naturopathic practitioners feel that if the definition of "medicine" prevents another health profession from practicing then that definition of medicine must be unconstitutional. This country was founded and has thrived on different points of view, e.g., the freedom to choose between religions, political parties or professions of healing.

Naturopathy is a separate and distinct profession which provides an alternative to orthodox medical care. This healing profession had its beginning in this country in 1898 and graduated its first class of physicians in 1902. Naturopathic colleges require four years of resident instruction in addition to three years of undergraduate training with emphasis in the life sciences. The resident studies include all the Basic Medical Sciences such as anatomy, physiology, pathology, biochemistry, microbiology, etc., as well as clinical sciences such as physical diagnosis, laboratory, X-ray, first aid and emergency medicine, obstetrics, gynecology, orthopedics, gastroenterology, endocrinology, etc. In addition, the naturopathic colleges require at least 1800 hours of clinically supervised practice either in an externship or preceptorship.

The main difference between the practice of naturopathy and the practice of medicine is that naturopathic doctors are trained to use more natural therapies as an alternative to synthetic chemical drugs. Naturopathic physicians are trained in therapies such as clinical nutrition, botanical (plant) medicine, physiotherapy (the application of heat, cold, light, sound, electricity, and exercise), homeotherapeutics, and acupuncture.

These therapies are used to complement the body's ability to heal itself without the threat of toxic chemical side effects.

Naturopathic doctors are trained to be concerned with the underlying cause of disease as well as the prevention of the disease. They value their role as teacher and almost always counsel concerning diet, exercise, relaxation and work habits.

Naturopathic physicians are licensed in many other states and foreign countries. If naturopaths had a licensing procedure in Alaska it would eliminate the threat of being ordered to cease and desist from practicing their profession and livelihood.

You should be aware that the state has already issued orders that prevent naturopaths from treating the sick. Naturopaths are presently challenging these orders on constitutional grounds to keep their practices open and available to those who choose their services. Questions can be directed to the author.

1 STATE OF ALASKA

2 DEPARTMENT OF COMMERCE AND ECONOMIC DEVELOPMENT

3 In the matter of:)
4)
5 PATTON D. PETTIJOHN, N.D.)
6 Respondent)

7 File: ME 84-901

8 TEMPORARY CEASE AND DESIST ORDER
(AS 08.01.087(b)(1))

9 TO: Patton D. Pettijohn, M.D.
10 515 West Northern Lights Boulevard
11 Anchorage, Alaska 99503

12 1. As a result of an investigation conducted by the Division of
13 Occupational Licensing, it has been determined that you are engaged in the
14 following activity:

15 On and after July 26, 1983, you diagnosed a medical problem of
16 Cheryl Jones, Anchorage. Your examination and diagnosis process
17 included your personally taking a blood sample from Ms. Jones
18 by needle and syringe, and by conducting what Ms. Jones
19 described as a urinalysis. You are alleged to have processed
20 the blood and urinalysis tests at "a lab", and thereafter analyzed
21 and interpreted these tests personally. You advised Ms. Jones that
22 you had diagnosed her problem as vaginitis. You prescribed and sold
23 various vitamins to Ms. Jones and provided her with a diet analysis
24 and diet instructions which Ms. Jones believed to pertain to her
25 general health. For her "vaginitis" you gave her only an excerpt
26 from an unnamed magazine which explained treatment for vaginitis
27 by a natural method. You did not refer her for treatment to any
28 other health care professional.

29 It has also been determined that during January 1983 you diagnosed
30 a medical problem for one Drew Holt, a north slope employee. Your
31 examination concluded that Mr. Holt had bursitis. You treated him
32 with diathermy and ultrasound, and, on January 19, 1983, you advised
his employer that he was again fit to return to work with regular
duties.

33 2. This constitutes the practice of medicine as defined under Alaska
Statute 08.64.380(2), which states that the practice of medicine means (A) for
a fee, donation or other consideration, to diagnose, treat, operate on, prescribe
for, or administer to, any human ailment, blemish, deformity, disease, disfigure-
ment, disorder, injury, or other mental or physical condition; or to attempt to
perform or represent that a person is authorized to perform any of the acts set
out in this subparagraph.

3. Investigation reveals that you are practicing without a license
issued under AS 08.64. This is in violation of AS 08.64.170.

STATE OF ALASKA
DEPARTMENT OF COMMERCE & ECONOMIC DEVELOPMENT
DIVISION OF OCCUPATIONAL LICENSING
POUCH D, JUNEAU, ALASKA 99811
TELEPHONE: (907) 465-2636

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4. Notification has been made to the members of the State Medical Board of the proposed issuance of this Temporary Cease and Desist Order and a majority of the members do not object to its issuance.

IT IS THEREFORE ORDERED pursuant to AS 08.01.087(b) (1) that you immediately CEASE AND DESIST from the further practice of medicine in the State of Alaska until you are properly licensed by the State Medical Board under AS 08.64.

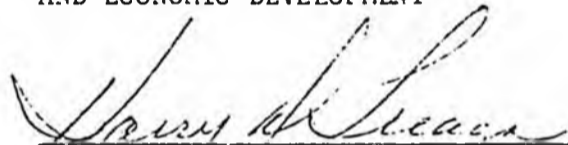
Upon your written request within 15 days of receipt of this order a hearing will be set and thereafter a further order will be entered; if no such request is received, this order shall stand as entered.

This order is effective upon receipt by you.

DATED this 12 day of December 1983, at Juneau, Alaska.

BY ORDER OF

COMMISSIONER
DEPARTMENT OF COMMERCE
AND ECONOMIC DEVELOPMENT



HARRY TREXGER, Director
Division of Occupational Licensing

IN THE SUPERIOR COURT FOR THE STATE OF ALASKA
THIRD JUDICIAL DISTRICT AT ANCHORAGE

PATTON D. PETTIJOHN, N.D.,)
VIKKI SOLBERG, ELLEN)
WICKETT, and LINDA ACTON,)
)
Plaintiffs,)
)
v.)
)
STATE OF ALASKA; RICHARD)
LYON, COMMISSIONER OF THE)
DEPARTMENT OF COMMERCE AND)
ECONOMIC DEVELOPMENT;)
HARRY D. TREAGER, DIRECTOR)
OF THE DIVISION OF)
OCCUPATIONAL LICENSING;)
THE ALASKA STATE MEDICAL)
BOARD,)
)
Defendants.)

Case No. 3AN-84-160 Civil

FIRST AMENDED COMPLAINT FOR PRELIMINARY
AND PERMANENT INJUNCTION, AND FOR DECLARATORY RELIEF

COME NOW the plaintiffs, by and through their attorneys R. COLLIN MIDDLETON and AVERIL LERMA., and for their complaint in the above-entitled action allege as follows:

1. Plaintiff Patton D. Pettijohn is a practitioner of naturopathic medicine. He received a Bachelor of Science degree from Kansas Newman College in Wichita, Kansas. He then completed a four-year graduate degree in naturopathy, graduating from the National College of Naturopathic Medicine in Portland, Oregon in May of 1977.

2. Plaintiff Vikki Solberg is a resident of Alaska who has sought and received health care from Patton D. Pettijohn for more than four years, and who desires to continue receiving that care for both herself and her family in the future.

3. Plaintiff Ellen Wickett is a resident of Alaska who has sought and received health care from Patton D. Pettijohn for more than three years, and who desires to

continue receiving that care for both herself and her family in the future.

4. Plaintiff Linda Acton is a resident of Alaska who has sought and received health care from Patton D. Pettijohn for more than two years, and who desires to continue receiving that care for both herself and her family in the future. She is currently pregnant, is expecting to deliver a baby in April of 1985, and is receiving health care from Patton Pettijohn.

5. Defendant Richard Lyon is the Commissioner of the Department of Commerce and Economic Development. Under AS 08.01.087(b) he is authorized to issue a cease and desist order to a person who "has engaged in or is about to engage in an act or practice" in violation of State licensing laws and regulations, when such an order is supported by the public interest.

6. Defendant Harry D. Treager is the Director of the Division of Occupational Licensing of the Department of Commerce and Economic Development. By order of Commissioner Lyon, defendant Treager issued a Temporary Cease and Desist Order to plaintiff Pettijohn on December 12, 1983.

7. The Alaska State Medical Board is a state agency which issued a Permanent Cease and Desist Order to Patton Pettijohn dated September 20, 1984.

8. Jurisdiction for this action is vested in this court pursuant to AS 22.10.020, and venue is proper under AS 22.10.030.

9. Plaintiff Pettijohn was born and raised in Anchorage, Alaska, and has resided there for his entire life, excepting the period of his undergraduate and graduate education, and one year following receipt of his graduate degree.

10. Following receipt of his N.D. degree, Pettijohn was licensed as a Naturopathic Physician in the State of Oregon, and practiced naturopathy there for one

year. To this day, Pettijohn is licensed and is in good standing as a Naturopathic Physician in Oregon.

11. Naturopathy is generally a healing art which seeks to maximize the ability of the human body to heal itself. Naturopathic healing methods are drawn from a wide range of sources, including those of conventional western medicine, Chinese medicine and acupuncture, homeopathy, nutrition, and the therapeutic use of heat, light, water, electricity, and sound. Naturopathic practice utilizes only those substances which are obtained from plants, minerals, or animals, or which are synthesized so as to be identical to those substances. Drugs and other preparations which contain substances not found in nature are not used. Plaintiff Pettijohn does not prescribe any substances which are controlled under AS 11.81.900 (b) (6).

12. Desiring to return to his home in Alaska, plaintiff Pettijohn made repeated efforts to determine whether naturopathy was a licensed profession under Alaska law. To this end, he wrote to 1) Janet Adasiak, then a member of the State Medical Board, on January 10, 1979; 2) Byron Perkins, Licensing Examiner at the Department of Commerce and Economic Development in January of 1979; 3) H. J. Henrickson, then a member of the State Medical Board, in January of 1979; and 4) Senator Mike Colletta, on March 14, 1979.

13. In response to Pettijohn's inquiries, the Alaska State Medical Board reviewed the status of naturopathy at its meetings on March 9th and 10th of 1979. At that meeting, the Board suggested that the practice of naturopathy may be encompassed within the definition of the practice of medicine, as defined by AS 08.64.380.

14. The Board relied in part on an advice letter from the Office of the Attorney General, dated March 5, 1979, which stated that to the extent that the practice of

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naturopathy constituted the practice of medicine, it would be a licensed activity.

15. On March 29, 1979, the Office of the Attorney General issued another advice letter on the same subject, in response to an inquiry by Senate Majority Leader Mike Colletta. That letter stated that, although naturopathy "may constitute the practice of medicine within the meaning of AS 08.64.380. . . ." it was unlikely that such a construction would be given, stating:

Given the Medical Board's posture with respect to naturopathy, it is highly unlikely that the state would take any action to prosecute or otherwise discipline an individual naturopath for the unlawful practice of medicine. In essence, then, naturopathy within the State of Alaska is an unlicensed activity.

This letter was signed by Bruce M. Botelho on behalf of Attorney General Avrum Gross. A copy of this letter is attached as Exhibit 1 to this Complaint.

16. On April 9, 1979, Senator Colletta forwarded the above described advice letter to Pettijohn, noting: "[T]he Office of the Attorney General has stated in its letter that naturopathy can be practiced as an unlicensed activity. . . ." A copy of this letter is attached as Exhibit 2 to this Complaint.

17. Pettijohn, reasonably relying on the opinions of the Attorney General of the State of Alaska and the Senate Majority Leader, concluded that the practice of naturopathy in Alaska was an unlicensed activity, and thus was not encompassed by the licensing statute for physicians and osteopaths, AS 08.64. He opened a naturopathic practice in Anchorage in 1979, and has been thus employed since that date.

18. Plaintiff Vikki Solberg had sought the services of Patton Pettijohn prior to the time that he was informed that the practice of naturopathy in Alaska was an unlicensed activity, but was told by him that, until his

status was clear, he could not practice. Solberg was one of Pettijohn's first clients after he opened his practice. Thus she, too, relied on the opinions of the Attorney General of the State of Alaska and the Senate Majority Leader.

19. During the past four years, Pettijohn has been consulted by more than 4,000 Alaskans, and has built a successful naturopathic practice. He has never been named as a defendant in any lawsuit, and no complaint concerning his services has ever been filed.

20. On Thursday, December 15, 1983, Pettijohn received a Temporary Cease and Desist Order signed by defendant Harry Treager on behalf of defendant Richard Lyon. The Temporary Cease and Desist Order alleged that, in several instances, Pettijohn's actions had constituted the practice of medicine without a license, in violation of AS 08.64.170. The Order commanded that "pursuant to AS 08.01.087(b)(1) that you immediately CEASE AND DESIST from the further practice of medicine in the State of Alaska until you are properly licensed by the State Medical Board under AS 08.64."

21. On or about September 20, 1984, the State Medical Board issued a Permanent Cease and Desist Order to Patton Pettijohn, following an administrative hearing. That Order commanded that Pettijohn cease and desist from the "practice of medicine" in Alaska, and was grounded in the Board's adoption of the decision issued by the administrative hearing officer.

22. Under the terms of that Order, Pettijohn must discontinue all treatment of Solberg, Wickett, Acton, and their families.

I. THE CEASE AND DESIST ORDER

23. Plaintiff Pettijohn realleges paragraphs 1 through 22, and incorporates each of them by reference here as if set forth in full.

24. AS 08.01.087(b) states that no Cease and Desist Order may be issued unless such order is "in the public interest." The "public interest" includes the recognition that citizens have a strong interest in predictable and consistent construction of the laws, and in predictable and consistent enforcement of those laws. Therefore, issuance of the Cease and Desist Order was not in the public interest.

25. The "public interest" also encompasses the basic right of residents to choose between different health care professions without unreasonable governmental intrusion, and to exercise an intelligent and knowing choice as to the method of health care which they seek and obtain. Therefore, issuance of the Cease and Desist Order was not in the public interest.

26. Because plaintiff Pettijohn reasonably relied on opinions of the State Attorney General and the Senate Majority Leader in concluding that naturopathy was a lawful and unlicensed activity in Alaska, and in therefore opening a naturopathy practice in Alaska, the issuance of the Cease and Desist Order was not "in the public interest," and the issuance of that order was an abuse of discretion.

27. Because enforcement of the Cease and Desist Order issued to Pettijohn will unreasonably restrain plaintiffs Vikki Solberg, Ellen Wickett, and Linda Acton from exercising an intelligent and knowing decision to obtain naturopathic care from Pettijohn, issuance of that order was not in the public interest, and constituted an abuse of discretion.

II. OCCUPATIONAL LICENSING LAWS

28. Plaintiffs reallege paragraphs 1 through 27 and incorporates each of them by reference here as if set forth in full.

A. AS 08.64.170 Is Overbroad

29. Naturopathy is a clinical healing profession distinct from each of those regulated by licensing statutes under Title 8 of the Alaska Statutes. Although similar in its aim to improve human health and treat human health problems, naturopathy is based on a unique philosophical basis, and relies on a framework of ideas, precepts, and methods which, in material ways, differ from the underlying principles and methods of the professions addressed in Title 8.

30. AS 08.64.170 states that, with certain exceptions, a person may not "practice medicine. . . in the State unless the person is licensed under this chapter...."

31. The "practice of medicine" is defined in AS 08.64.380(2) which states:

(2) "practice of medicine" or "practice of osteopathy" means:

(A) for a fee, donation or other consideration, to diagnose, treat, operate on, prescribe for, or administer to, any human ailment, blemish, deformity, disease, disfigurement, disorder, injury, or other mental or physical condition; or to attempt to perform or represent that a person is authorized to perform any of the acts set out in this subparagraph;

(B) to use or publicly display a title in connection with a person's name including "doctor of medicine," "physician," "M.D.," or "doctor of osteopathic medicine" or "D.O." or a specialist designation including "surgeon," "dermatologist," or a similar title, or any title which tends to show that a person is willing or qualified to diagnose or treat the sick or injured;

32. Because it is a profession which is reasonably directed at improving the health and well-being of the public, the right to practice naturopathy and to

receive naturopathic treatment is constitutionally protected, and is jeopardized solely by the apparent inclusion of naturopathy under AS 08.64.380(2).

33. Insofar as AS 08.64.170 forbids constitutionally protected behavior as well as behavior legitimately regulated by the State, it is overbroad and thus violates the 14th Amendment to the Constitution of the United States and Article I, Section 7 of the Constitution of the State of Alaska.

B. AS 08.64.170 is Vague

34. Insofar as AS 08.64.170 relies on the definition of "the practice of medicine" stated in AS 08.64.380(2), it prohibits both constitutionally protected conduct as well as conduct legitimately regulated by the State.

35. Because the definition of "the practice of medicine" incorporates every conceivable type of conduct relating to professional health care and healing, including practices which are uniformly treated as acts which do not require a license to practice medicine, AS 08.64.170 fails to give adequate notice of prohibited conduct, and thereby confers unbridled and excessive discretion on defendants to enforce AS 08.64.170 in uneven and arbitrary ways.

36. Patton Pettijohn was not given notice that the practice of naturopathy constituted prohibited conduct, and reasonably relied on the opinions of the Alaska Attorney General and the Senate Majority Leader that the opening of a naturopathic practice was not prohibited by AS 08.64.170.

37. AS 08.64.170 is thus violative of the due process guarantees of the Fourteenth Amendment to the Constitution of the United States and Article I, Section 7 of the Constitution of the State of Alaska.

C. AS 08.64.170 Violates Due Process

38. Patton Pettijohn's right to pursue a vocation which is not inherently harmful either to individuals or to society is a fundamental right, and is protected by the Constitutions of the United States and of Alaska.

39. The practice of Naturopathy is a vocation which is not inherently harmful either to individuals or to society.

40. AS 08.64.170 and Title 8 of the Alaska Statutes deprive Pettijohn of the right to pursue his chosen vocation in a manner which is unreasonable, arbitrary, and capricious, and therefore violate the Fourteenth Amendment to the Constitution of the United States and Article I, Section 7 of the Constitution of the State of Alaska.

41. Plaintiffs Wickett, Acton, and Solberg each desire to obtain naturopathic health care from Patton Pettijohn, who is a skilled and competent naturopath. He provides unique services which are unavailable from anyone not trained as a naturopath. The right to seek and obtain naturopathic care is a fundamental aspect of the rights of life and liberty, embraced by the Fourteenth Amendment to the Constitution of the United States, and by Sections 1 and 7 of Article I of the Alaska Constitution.

42. Insofar as defendants have applied AS 08.64.170 and Title 8 of the Alaska Statutes to Pettijohn, and have issued a cease and desist order to him, they have deprived Plaintiffs Wickett, Acton, and Solberg of their right to obtain his services in a manner which is unreasonable, arbitrary, and capricious, and therefore in violation of the Fourteenth Amendment to the Constitution of the United States and Article I, Sections 1 and 7 of the Constitution of the State of Alaska.

D. Defendants' Action Violate the
"Privileges and Immunities" Clause

43. The State of Alaska has provided no means for the licensing or regulation of the practice of naturopathy.

44. Defendants have nonetheless issued a Cease and Desist Order to Pettijohn, on the grounds that he is engaging in his occupation without a license in Alaska.

45. The right to pursue an occupation which does not inherently harm either individuals or the society at large is a fundamental right.

46. Naturopathy is an occupation which does not inherently harm either individuals or society.

47. Defendants actions have violated the privileges and immunities clause of Article IV, Section 2 of the Constitution of the United States, and of the equal protection clause of the Constitution of Alaska, Article I, Section 1.

E. Defendants' Actions Violate
the Guarantee of Equal Protection

48. Under Title 8 of the Alaska Statutes, the State has provided for the licensure of 11 different types of health care professionals, including allopathic physicians and osteopaths (AS 08.64.010), chiropractors (AS 08.20.010), dental hygienists (AS 08.32.010), dentists (AS 08.36.010), nurses (AS 08.68.010), opticians (AS 08.71.010), optometrists (AS 08.72.010), pharmacists (AS 08.80.010), physical therapists (AS 08.84.010), and psychologists (AS 08.86.010).

49. Under Title 8 of the Alaska Statutes, the State has also made various provisions for physicians' assistants, paramedics, acupuncturists, podiatrists, clinical social workers, and other health care workers.

50. Plaintiff Pettijohn, like the health care professionals listed in paragraph 40 above, is a highly

trained health care professional with a graduate degree in his occupation. Like the health care professionals listed above, he has been trained in and practices a distinct healing art, which is not taught or learned outside of institutions which specialize in that discipline.

51. In contrast to procedures created for the recognition of and licensing of the health care professionals listed in paragraphs 48 and 49 above, defendants have provided no mechanism by which Pettijohn may apply for or receive a license to practice naturopathy in Alaska. Defendants are, nonetheless, seeking to force him to abandon the practice of naturopathy in Alaska because plaintiff has no license.

52. Defendants actions violate the guarantee of equal protection under the laws, as provided under the 14th Amendment to the Constitution of the United States, and Article I, Section 1 of the Constitution of the State of Alaska.

53. Residents of Alaska are enabled to obtain health care from a wide variety of highly-trained health care professionals, including all of those listed in paragraphs 48 and 49 above. Therefore, they are enabled to make individual and important decisions about the type of health care and treatment they receive, and the type of health care and treatment their families receive.

54. Plaintiffs Solberg, Acton, and Wickett, like other residents of Alaska, desire to exercise individual and important decisions about the type of health care they seek for themselves and their families, and to receive that treatment from a practitioner who has received specialized training in that discipline.

55. Each of these plaintiffs has determined that their needs and those of their families are best served by obtaining health care from a professional with specialized training in naturopathy, and has specifically made a

reasonable and intelligent decision to seek naturopathic health care from Patton Pettijohn.

56. Insofar as defendants have provided no statutory mechanism by which Pettijohn may apply for or receive a license to practice naturopathy in Alaska, but have also ordered him to cease and desist from the practice of naturopathy because he has no license to practice medicine, they have deprived plaintiffs Solberg, Acton, and Wickett of equal protection under the laws, as provided under the 14th Amendment to the Constitution of the United States, and Article I, Section 1 of the Constitution of the State of Alaska.

F. Defendants' Actions Violate the Guarantee of Privacy

57. The opportunity to pursue an occupation which does not inherently harm either individuals or the society at large is a fundamental right, and is central to any scheme of ordered liberty.

58. Plaintiff Pettijohn desires to practice Naturopathy in his home state. Naturopathy is an occupation which does not inherently harm either individuals or society at large.

59. Defendants are seeking to force Pettijohn to abandon the practice of Naturopathy in Alaska because he has no license to practice in Alaska. However, defendants have provided no mechanism by which he may apply for or receive a license to practice Naturopathy in Alaska.

60. Insofar as defendants' actions unreasonably and arbitrarily deny Patton Pettijohn's right to personal autonomy in his choice of livelihood, and to be free from unwarranted governmental intrusion in a matter so fundamental to personal satisfaction and liberty, such actions violate the guarantees of privacy found in the Fourteenth Amendment to the Constitution of the United States, and

Article I, Section 22 of the Constitution of the State of Alaska.

61. The opportunity to choose between different types of health care and treatment without unreasonable governmental restriction is a fundamental right, and central to any scheme of ordered liberty.

62. Many residents of the State of Alaska desire to consult with plaintiff in his capacity as a naturopathic physician, with regard to personal health care. To date, some 4,000 Alaskan residents have sought the services of Patton Pettijohn. Plaintiffs Solberg, Acton, and Wickett are residents of Alaska who have sought Pettijohn's services, and desire to continue obtaining personal health care from Pettijohn.

63. The decision to choose naturopathic health care instead of, or in addition to, conventional medical treatment is a reasoned decision which has a central impact on the lives of Solberg, Acton, and Wickett, and a profound impact on their sense of well-being and personal liberty.

64. Insofar as defendants' actions unreasonably and arbitrarily deny the rights of plaintiffs Solberg, Acton, and Wickett to obtain naturopathic treatment, and to be free from unwarranted governmental intrusion in a matter so fundamental to personal lifestyle and autonomy as the choice of a health care method, such actions violate the guarantees of privacy found in the Fourteenth Amendment to the Constitution of the United States and Article I, Section 22 of the Constitution of the State of Alaska.

WHEREFORE, plaintiffs seeks a declaratory judgment finding that

1. The issuance of the Cease and Desist Order to Patton Pettijohn constituted an abuse of discretion, since the issuance of that Order was not in the public interest;

2. AS 08.64.170 is repugnant to the Constitution of the United States and the Constitution of the State of Alaska, as violative of the equal protection clause, the privileges and immunities clause, the due process clause, and the right to personal privacy, and as an unreasonable burden on commerce and interstate travel.

Further, plaintiffs seeks to preliminarily and permanently enjoin the defendants from enforcing the Cease and Desist Order issued to Patton Pettijohn, and to preliminarily and permanently enjoin defendants from further interfering with Pettijohn's practice of naturopathy insofar as such future interference is or may be based on failure to possess a license under the current contents of Title 8 of the Alaska Statutes. Plaintiffs further request that they be granted their costs and a reasonable attorney's fee for bringing this action, and for such further relief as this court may deem just.

DATED this 7th day of November, 1984, at Anchorage, Alaska.

MIDDLETON, TIMME & MCKAY

By: R. Collin Middleton by Averil Lerman
R. Collin Middleton

By: Averil Lerman
Averil Lerman

I certify that a true and correct copy of the above Alaska Preferred was served by Attorney's Process Service on: Attorney General's Office and by Certified Mail Restricted Delivery on all other parties this 7th day of November, 1984.

Averil Lerman

STATE OF ALASKA

JAY S. HAMMOND, GOVERNOR

DEPARTMENT OF LAW

OFFICE OF THE ATTORNEY GENERAL

POUCH K-STATE CAPITOL
JUNEAU, ALASKA 99811

March 29, 1979

Mike Colletta, Chairman
Rules Committee
Alaska State Senate
Pouch V
Juneau, Alaska 99811

Re: The Practice of Naturopathy in Alaska

Dear Senator Colletta:

This letter is in response to your recent request for information regarding the practice of naturopathy in Alaska.

Although one statute, AS 08.02.010, makes passing reference to "naturopath", Alaska has no statute which regulates the practice of naturopathy. It was this lack of legislation which led the Idaho Association of Naturopathic Physicians, Inc., to file against some 30 states and several municipalities in order to compel the defendants to recognize naturopathy as a discipline distinct from the orthodox practice of medicine. While the suit involving Alaska has yet to be decided, a companion case, Idaho Association of Naturopathic Physicians, Inc. v. United States Food and Drug Administration, et al. 582 F.2d 849 (4th Cir. 1978), the United States Court of Appeals for the fourth circuit unanimously affirmed decisions of two United States district courts dismissing the county and state defendants from the actions filed by the Association. We have no reason to believe that the outcome of the suit involving Alaska will diverge from the fourth circuit decision.

Although the Medical Board has apparently taken the position that it is not responsible for the licensure of naturopaths, naturopathy may constitute the practice of medicine within the meaning of AS 08.64.380(2)(A) (C) or (D):

"Practice of medicine" or "practice of osteopathy" means

(A) maintaining an office or place of business for the purpose of treating the sick or injured

EXHIBIT 1

for pay or . . .

(C) the assumption or promulgation of a title which tends to show that the person is willing or qualified to diagnose or treat the sick or injured . . . or

(D) for a fee prescribing, directing or recommending for the use of a person, a drug or medicine for the treatment, cure or relief of a disease, infirmity, bodily injury or defect.

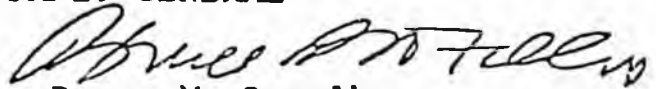
Given the Medical Board's posture with respect to naturopathy, it is highly unlikely that the State would undertake any action to prosecute or otherwise discipline an individual naturopath for the unlawful practice of medicine. In essence, then, naturopathy within the State of Alaska is an unlicensed activity.

It is my understanding from my conversation with your administrative assistant, Carlos Mercer, that you are currently contemplating legislation to regulate the practice of naturopathy in the State. In formulating this legislation, two fundamental issues arise: (1) does the practice of naturopathy constitute a practice which poses a risk to the health and safety of Alaskans such that it should be regulated? (2) in what manner can the State best control entrance into the occupation and support and enforce standards of practice among licensed practitioners?

I am available to meet with you at any time to discuss in further detail the background of the naturopathy suit and to assist you in the preparation of legislation to regulate naturopathy in Alaska.

Sincerely yours,

AVRUM M. GROSS
ATTORNEY GENERAL

By: 
Bruce M. Botelho
Assistant Attorney General

Alaska State Legislature

SENATOR MIKE COLLETTA
April 9, 1979



Senate

Patton D. Pettijohn, ND
2308 Jefferson
Anchorage, Alaska 99503

Dear Patton,

My sincere apologies for not being free to meet with you as scheduled on March 30, however my administrative assistant, Carlos Mercer has informed me in detail of that meeting.

In the past several weeks, my staff and I have studied your problem with great interest, and believe that the solution arrived at is a palatable one.

To offset the current decisions and policy of the Alaska Medical Board, legislation relating to the licensing of practitioners of naturopathic healing is being introduced in Senate Bill 263; "An act relating to the licensing of practitioners of naturopathic healing; and providing for an effective date" on the floor of the Senate, on the date of April 11 by the Senate Commerce Committee. I have in this way hoped to produce a solution satisfying the recognition of your profession.

Enclosed in the envelope are copies of the proposed legislation and a letter received by this office on naturopathy. Although the office of the Attorney General has stated in its letter that naturopathy can be practiced as an unlicensed activity, I would appreciate knowing your decision whether or not you intend on practicing in the near future.

I am very pleased with your vote of confidence. If I can answer any further questions or aid you in another manner, do not hesitate to write.

Best wishes,

Mike Colletta

Mike Colletta
Senate Majority Leader

MC/CM/das

Enclosures

cc: Stanley D. Crau
PO Box 972
Boise, Idaho 83701

Dr. Don Walker
State of Oregon
Department of Labor
Portland, Oregon 97210

EXHIBIT 2