

# A Hierarchy of Healing: The Therapeutic Order

## The Unifying Theory of Naturopathic Medicine

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## A BRIEF HISTORY OF NATUROPATHIC MEDICINE

Benedict Lust “invented” naturopathy in 1902. Naturopathic medicine has deep roots, some of its therapies emerging from the mists of prehistory, but the modern naturopathic profession originated with Lust, and it grew under his tireless efforts. He crisscrossed the United States lecturing and lobbying for legislation to license naturopathy, testifying for naturopaths indicted for practicing medicine without a license and traveling to many events and conferences to help build the profession. He also wrote extensively to foster and popularize the profession, and through his efforts the naturopathic profession grew rapidly.<sup>1-3</sup> By the 1940s naturopathic medicine had developed a number of 4-year medical schools and had achieved licensure in about one third of the United States, the District of Columbia, four Canadian provinces, and a number of other countries.<sup>2,4</sup> By 1957, however, there was only one naturopathic college left. By 1965 only eight states still licensed naturopathic physicians, and by 1979 there were only six. A survey conducted in 1980 demonstrated only about 175 naturopathic practitioners still licensed and practicing in the

United States and Canada.<sup>5</sup> In 1951 the number was approximately 3000.<sup>6</sup>

The decline of naturopathic medicine after a rapid rise was due to several factors. By the 1930s a significant tension was developing within the profession regarding naturopathic practice; the development of unified standards; and the role of experimental, reductionist science as an element of professional development.<sup>7,8</sup> This tension split the profession of naturopathic physicians from within after the death of Lust in the late 1940s, at a time when the profession was subject to both significant external forces and internal leadership challenges. Many naturopathic doctors questioned the capacity for the reductionist scientific paradigm to research naturopathic medicine objectively in its full scope. This perception created mistrust of science and of research. Science was also frequently used as a bludgeon against naturopathic medicine, and the biases inherent in what had become the dominant paradigm of scientific reductionism made a culture of scientific progress in the profession challenging. The discovery of effective antibiotics elevated the standard medical profession to dominant and unquestioned stature by a culture that had turned to mechanistic

science as an ultimate authority. The dawning of the atomic age reinforced a fundamental place for science in a society increasingly dominated by scientific discovery. In this culture, standard medicine, with its growing political and economic strength, was able to force the near elimination of naturopathic medicine through the repeal or sunset of licensure acts.<sup>1,2,9</sup>

In 1956, as the last doctor of naturopathy (ND) program ended (at the Western States College of Chiropractic), several doctors in the Northwest created the National College of Naturopathic Medicine in Portland, OR, to keep the profession alive. But that school was nearly invisible, the last vestige of a dying profession, and attracted rarely as many as 10 new students a year. The profession was considered dead by its historic adversaries.

The culture of America, dominated by standard medicine since the 1940s, began to change by the late 1960s. The promise of science and antibiotics was beginning to seem less perfect. Chronic disease was increasing in prevalence as acute infection was less predominant, and standard medicine had no “penicillin” for chronic diseases. In the late 1970s, family medicine proposing a biopsychosocial model of care emerged within conventional medicine in response to the perception then of a growing crisis in standard medicine. The publication of Engel’s “The Need for a New Medical Model”<sup>10</sup> in April 1977 signaled this trend. Elements of the culture were rebelling against plastics and cheap synthetics, seeking more natural solutions. The publication of Rachael Carson’s *Silent Spring*, an indictment of chemical pesticides and environmental damage, marked a turning point in cultural thinking. In *Silent Spring* (1962) Carson challenged the practices of agricultural scientists and the government and called for a change in the way humankind viewed the natural world.<sup>11</sup> New evidence of the dangers of radiation, synthetic pesticides, and herbicides, as well as environmental degradation from industrial pollution, were creating a new ethic. Organic farming, natural fibers, and other similar possibilities were starting to capture attention. A few began seeking natural alternatives in medicine. By the late 1960s and early 1970s, enrollments at National College of Naturopathic Medicine began to reach into the 20s. In 1975 National College enrolled a class of 63 students. The 1974 class had numbered 23.<sup>12</sup> The profession was experiencing a resurgence.

In 1978, with increasing enrollment interest at National College, Joseph E. Pizzorno, ND, LM, and his colleagues (Les Griffith, ND, LM; Bill Mitchell, ND; and Sheila Quinn) created the John Bastyr College of Naturopathic Medicine in Seattle, WA. With the creation of Bastyr, named after the eminent naturopathic physician Dr. John Bartholomew Bastyr (1912-1995), the profession entered a new phase. Not only did this new college

double the profession’s capacity to produce new doctors, it also firmly placed the profession upon the ground of scientific research and validation. “Science-based natural medicine” was a major driving force behind the creation and mission of Bastyr. Both Drs. Bastyr and Pizzorno had significant influence and leadership in achieving this focus.

One of Bastyr’s important legacies was to establish a foundation and a model for reconciling the perceived conflict between science and the deeply established healing practices of naturopathic medicine. Kirchfeld and Boyle described his landmark contribution as follows:

Although naturopathic colleges in the early 1900s did include basic sciences training, it was not until Dr. John Bastyr (1912-1995) and his firm, efficient and professional leadership that science and research-based training in natural medicine was inspired to reach its fullest potential. Dr. Bastyr, whose vision was one of “naturopathy’s empirical successes documented and proven by scientific methods,” was himself “the prototype of the modern naturopathic doctor, who culls the latest findings from the scientific literature, applies them in ways consistent with naturopathic principles and verifies the results with appropriate studies.” Bastyr also saw a tremendous expansion in both allopathic and naturopathic medical knowledge, and he played a major role in making sure the best of both were integrated into naturopathic medical education.<sup>3,13</sup>

Bastyr met Lust on two occasions and was closely tied to the nature cure tradition of Kneipp through his mother and Dr. Elizabeth Peters. He effortlessly reconciled the empirical tradition of naturopathy with the latest scientific studies, and helped create a new and truly original form of clinical care naturopathic medicine. He spent the twentieth century preparing the nature cure of the nineteenth century for entry into the twenty-first century.<sup>1,13</sup> “Today’s debates concerning the philosophical range in the profession are no longer about science. They tend to center on challenges to “green allopathy” vs the importance of implementing the full range of healing practices derived from nature cure, along with natural substances. Professional consensus appears strong that the full range of naturopathic healing practices must be retained, strengthened and engaged in the process of education and scientific research and discovery in the twenty-first century.”<sup>14-16</sup>

## **ORIGINAL PHILOSOPHY AND THEORY**

Through the initial 50-year period of professional growth and development (1896-1945), naturopathic medicine had no clear and concise statement of identity. The profession was whatever Lust said it was. He defined “naturopathy” or “nature cure” as both a way of life and a concept of healing that used various

natural means of treating human infirmities and disease states. The “natural means” were integrated into naturopathic medicine by Lust and others based on the emerging naturopathic theory of healing and disease etiology. The earliest therapies associated with the term involved a combination of American hygienics and Austro-Germanic nature cure and hydrotherapy. Leaders in this field included Lindlahr, Trall, Kellogg, Holbrook, Tilden, Graham, Kuhne, McFadden, Rikli, and others who wrote foundational naturopathic medicine treatises or developed naturopathic clinical theory, philosophy, and texts, enhancing, agreeing with, and diverging from Lust’s original work.<sup>17-25</sup>

Naturopathic medicine was defined most formally by the various licensure statutes, but these definitions were legal and scope-of-practice definitions, often in conflict with each other, reflecting different standards of practice in different jurisdictions. In 1965 the U.S. Department of Labor’s *Dictionary of Occupational Titles*<sup>26</sup> presented the most formal and widespread definition, perhaps, but it reflected one of the internally competing views of the profession, primarily the nature cure perspective:

Diagnoses, treats and cares for patients using a system of practice that bases treatment of physiological function and abnormal conditions on natural laws governing the human body. Utilizes physiological, psychological and mechanical methods such as air, water, light, heat, earth, phytotherapy, food and herbs therapy, psychotherapy, electrotherapy, physiotherapy, minor and orificial therapy, mechanotherapy, naturopathic corrections and manipulations, and natural methods or modalities together with natural medicines, natural processed food and herbs and natural remedies. Excludes major surgery, therapeutic use of x-ray and radium, and the use of drugs, except those assimilable substances containing elements or compounds which are components of body tissues and physiologically compatible to body processes for the maintenance of life.<sup>26</sup>

This definition did not list drugs or surgery within the scope of modalities available to the profession. It defined the profession by therapeutic modality and was more limited than most of the statutes under which naturopathic physicians practiced, even in 1975 when there were only eight licensing authorities still active.<sup>27</sup>

The bulk of professional theory was found in Lust’s magazines: *Herald of Health* and *The Naturopath*. These publications displayed the prodigious writings of Lust but did not contain a comprehensive and definitive statement of either philosophy or clinical theory. Lust often stated that all natural therapies fell under the purview of naturopathy. Several other texts were also used as somewhat definitive by various aspects of the

profession at different times. These texts included Henry Lindlahr, MD’s seven-volume *Natural Therapeutics*, published in the early 1900s. Lindlahr’s *Nature Cure* (1913) is considered a seminal work in naturopathic theory, laying the groundwork for a systematic approach to naturopathic treatment and diagnosis. Lindlahr ultimately presented the most coherent naturopathic theory extant, summarized in his *Catechism of Naturopathy*, which presented a five-part therapeutic progression:

1. “Return to Nature,” which meant attend to the basics of diet, dress, exercise, rest, etc.
2. Elementary remedies—water, air, light, electricity
3. Chemical remedies—botanicals, homeopathy, etc.
4. Mechanical remedies—manipulations, massage, etc.
5. Mental/spiritual remedies—prayer, positive thinking, doing good works, etc.<sup>28</sup>

In the 1950s Spitler wrote *Basic Naturopathy, a Textbook*,<sup>29</sup> and Wendel, *Standardized Naturopathy*.<sup>30</sup> These texts presented the somewhat opposing perspectives of the more science-based, or “green allopathic,” and the nature cure camps. Kuts-Cheraux’s *Naturopathic Materia Medica*, written in the 1950s, was produced to satisfy a statutory demand by the Arizona legislature but persisted as one of the few extant guides. Practitioners have relied on a number of earlier texts, many of which arose from the German hydrotherapy practitioners<sup>31-36</sup> or the Eclectic school of medicine (a refinement and expansion of the earlier “Thomsonian” system of medicine)<sup>37-41</sup> and predated the formal American naturopathic profession (1896). But by the late 1950s, publications diminished. The profession was generally considered on its last gasp, an anachronism of the preantibiotic era.

## MODERN NATUROPATHIC CLINICAL THEORY: THE PROCESS OF DEVELOPMENT

*“Medical philosophy comprises the underlying premises on which a health care system is based. Once a system is acknowledged, it is subject to debate. In Naturopathic medicine, the philosophical debates are a valuable, ongoing process which helps the understanding of health and disease evolve in an orderly and truth revealing fashion.”*

—Randall Bradley, ND.<sup>42</sup>

After the profession’s decline in the 1950s and 1960s, a rebirth was experienced, more grounded in medical sciences and fueled by a young generation with few teachers. The profession’s roots were neglected out of ignorance, for the most part, along with a youthful arrogance. By the early-1980s it was apparent that attempts

to regenerate the progress made by Lust would require the creation of a unified professional organization and all which that entailed: accreditation for schools, national standards in education and licensure, clinical research, and the articulation of a coherent definition of the profession for legislative purposes, as well as for its own internal development. These accomplishments would be necessary to be able to demonstrate the uniqueness and validity of the profession, guide its educational process, and justify its status as a separate and distinct medical profession.

In 1987 the newly formed (1985) American Association of Naturopathic Physicians (AANP) began this task under the leadership of James Sensenig, ND, (president) and Cathy Rogers, ND, (vice president) appointing a committee to head the creation of a new definition of naturopathic medicine. The "Select Committee on the Definition of Naturopathic Medicine" succeeded in a 3-year project that culminated in the unanimous adoption by AANP's House of Delegates of a comprehensive, consensus definition of naturopathic medicine in 1989 at the annual convention held at Rippling River, OR.<sup>43-45</sup> The unique aspect of this definition was its basis in definitive principles, rather than therapeutic modalities, as the defining characteristics of the profession. In passing this resolution, the House of Delegates (HOD) also asserted that the principles would continue to evolve with the progress of knowledge and should be formally reexamined by the profession as needed, perhaps every 5 years.<sup>43-48</sup>

In September 1996 the AANP HOD passed a resolution to review three proposed principles of practice that had been recommended as additions to the AANP definition of naturopathic medicine originally passed by the HOD in 1989. These three new proposed principles were rejected, and the AANP HOD reconfirmed the 1989 AANP definition unanimously in 1999. The results of a profession-wide survey conducted from 1996-1998 on these three new proposed principles demonstrated that while there was lively input, the profession agreed strongly that the original definition was accurate and should remain intact. The HOD recommended that the discussion be moved to the academic community involved in clinical theory, research, and practice for pursuit through scholarly dialogue.<sup>49-53</sup> This formed the basis for further efforts to articulate a clinical theory. AANP members had stated in 1987-1989 during the definition process: "These principles are the skeleton, the core of naturopathic theory. There will be more growth from this foundation."<sup>45</sup> By 1997 this growth in modern clinical theory was evident.

The first statement of such a theory was published in the AANP's *Journal of Naturopathic Medicine* in 1997 in an article titled "The Process of Healing, a Unifying Theory of Naturopathic Medicine." This article contained three fundamental concepts that were presented as an

organizing theory for the many therapeutic systems and modalities used within the profession and was based on the principles articulated in the consensus AANP definition of naturopathic medicine. The first of these is the characterization of disease as a *process* rather than a *pathologic entity*. The second is the focus on the determinants of health rather than on pathology. The third is the concept of a therapeutic hierarchy.<sup>54</sup>

The article, "The Process of Healing: A Unifying Theory of Naturopathic Medicine" signaled the emergence of a growing dialogue amongst physicians, faculty, leaders and scholars of naturopathic philosophy concerning theory in naturopathic medicine. The hope and dialogue sparked by this article was the natural next step of a profession redefining itself both in the light of today's advances in health care, and with respect to the foundations of philosophy at the traditional heart of naturopathic medicine. This dialogue naturally followed the discussions of the definition process and created a vehicle for emerging models and concepts to be built on the bones of the principles. The genome of traditional naturopathic philosophy had been carried in the hearts and minds of a new generation of naturopathic physicians into the twenty-first century—these modern naturopathic physicians began to gather to redefine and reunify the soul of the medicine and articulate the code of the naturopathic genome.

This new dialogue was formally launched in 1996, when the AANP Convention opened with the plenary session: "Towards a Unifying Theory of Naturopathic Medicine" with four naturopathic physicians presenting facets of emerging modern naturopathic theory. The session closed with an open microphone. The impassioned and powerful comments of the naturopathic profession throughout the United States and Canada engaged in the vital process of deepening and clarifying its unifying theory. Dr. Zeff presented "The Process of Healing: The Hierarchy of Therapeutics"; Dr. Mitchell presented "The Physics of Adjacency, Intention Naturopathic Medicine and Gaia"; Dr. Sensenig presented "Back to the Future: Reintroducing Vitalism as a New Paradigm"; and Dr. Snider announced the Integration Project, inviting the profession to engage in it by "sharing a beautiful and inspiring anguish—the labor pains of naturopathic theory in the twenty-first century. We know what we have done, and we know there is much more. . . . The foundation is laid. We are ready now [for integration]."<sup>55</sup>

Days later, in September 1996, the Consortium of Naturopathic Medical Colleges (now American Association of Naturopathic Medical Colleges [AANMC]) formally adopted and launched the Integration Project: an initiative to integrate naturopathic theory and philosophy throughout all divisions of all naturopathic college curricula, from basic sciences to clinical training. A key element of the project engaged the further development

and refinement of naturopathic theory. The project has been cochaired by Drs. Snider and Zeff since 1996. Steering members from all colleges have participated and contributed.<sup>45</sup> Methods include professional and scholarly research, expert teams, symposiums, and training. The proposed result is the fostering of systematic inquiry among academicians, clinicians, and researchers concerning the underlying theory of naturopathic medicine and to bring the fruits of this work and inquiry into the classroom and into scientific research.<sup>56</sup>

The Integration Project has sustained both formal and informal dialogue since its inception in 1996, which continues today. The work has engaged faculty and scholars of naturopathic philosophy in the United States, Canada, and Australia. It also engaged institutional leaders and practicing doctors and faculty in all areas of the profession. Why? Naturopathic philosophy is deeply felt as the “commons” of naturopathic medicine: a place where the profession meets; one that is owned by all naturopathic physicians; and reflects, holds, and deepens the heart of naturopathic medicine. Naturopathic philosophy is the foundation and heart of naturopathic medicine. It remains valid by evolving with the progress of knowledge, the progress of science, and the progress of the human spirit. Because naturopathic philosophy engages the felt mission of nature doctors, it is vital that the profession periodically gathers to renew and revitalize progress regarding its unifying foundations.

The Integration Project sparked a wide range of activities in all six ND colleges, resulting in all-college retreats to share tools, retreats for training of non-ND faculty in naturopathic philosophy, integration of basic sciences curriculum, expert teams revision of core competencies across departments ranging from nutrition to case management and counseling, development of clinical tools and seminars for clinic faculty, creation of new courses, and the integration of important research questions derived from naturopathic philosophy into research studies and initiatives.<sup>57</sup> North American core competencies for naturopathic philosophy and clinical theory were developed by faculty representing all accredited ND colleges in a landmark AANMC retreat in 2000. The AANMC’s Dean’s Council formally adopted these competencies in 2000 and recommended that they be integrated throughout curricula in all ND colleges. These national core competencies included the hierarchy of therapeutics, or the therapeutic order.<sup>58,59</sup>

Finally, many meetings with scholars and teachers of naturopathic theory and other faculty and leaders—formal and informal—have resulted in the further development and refinement of the hierarchy of therapeutics developed by Dr. Zeff in 1997. Drs. Snider and Zeff and naturopathic theory faculty have worked closely with other naturopathic faculty from AANMC colleges in a series of revisions. Drs. Snider and Zeff collaborated in

1999 to develop the hierarchy of therapeutics into the therapeutic order. The therapeutic order has been subsequently explored and refined also through a series of faculty retreats and meetings, as well as experience with students. A key finding of the clinic faculty at Bastyr University was the emphasis on the principle “holism: treat the whole person” and respect for the patient’s own unique healing order and his or her values as a context for applying the therapeutic order to clinical decision making.<sup>60</sup>

The therapeutic order, or hierarchy of healing, is now incorporated into ND college curricula throughout the United States, Canada, Australia, and New Zealand. For example, an important international outgrowth of the profession’s development of theory is the adoption of the unified “*Working Definition of Naturopathic Nutrition*” in June 2003 by the Australian naturopathic profession (Box 3-1). The 3-year project under the coordination of Professor Stephen Myers, ND, BMed, PhD, brought together nutrition faculty from naturopathic medicine colleges throughout Australia. The project was cohosted by the Naturopathy and Nutrition panel, an independent group of naturopaths and nutrition educators whose mission is to foster and support the development of the science, teaching, and practice of naturopathic nutrition, and the School of Natural and Complementary Medicine at Southern Cross University. The definition evolved over two retreats attended by more than 40 faculty members involved in teaching nutrition as part of naturopathic medicine education. It commenced as a general agreement within the group that there was a real and distinct difference between conventional nutrition and naturopathic nutrition. General agreement was that the distinction between the two had to date been poorly defined and had been the source of dissonance between the naturopathic and science faculty within the colleges. The obvious next step was to define that difference to ensure that nutrition curriculum within naturopathic medicine colleges reflected the core elements of naturopathic nutrition. At the second retreat held in June 2003, the working definition was adopted with a recommendation that it be widely circulated within the naturopathic medicine profession to commence a dialog aimed at both appropriate revision and broad adoption. This process created a much-needed consensus definition on naturopathic nutrition. This definition is based on the AANP defining principles and incorporates the therapeutic order theory.

## **A THEORY OF NATUROPATHIC MEDICINE**

Standard medicine, or biomedicine, has a simple and elegant paradigm. Simply stated, it would be “the diagnosis and treatment of disease.” In practice, this statement

**Box 3-1** Working Definition of Naturopathic Nutrition**Preamble**

Naturopathic medicine is a distinct system of primary health care—an art, science, philosophy and practice of diagnosis, and treatment and prevention of illness. Naturopathic medicine is distinguished by the principles that underlie and determine its practice. These principles include the healing power of nature (*vis medicatrix naturae*), identification and treatment of the causes (*tolle causam*), the promise to first do no harm (*primum non nocere*), doctor as teacher (*docere*), treatment of the whole person, and emphasis on prevention. These principles give rise to a practice that emphasizes the individual and empowers him or her to greater responsibility in personal health care and maintenance.

**Definition**

*Naturopathic nutrition* is the practice of nutrition in the context of naturopathic medicine.

*Naturopathic nutrition* integrates both scientific nutrition and the principles of naturopathic medicine into a distinct approach to nutritional practice.

Core components of *naturopathic nutrition* are:

- A respect for the traditional and empirical naturopathic approach to nutritional knowledge
- The value of food as medicine
- An understanding that whole foods are greater than the sum of their parts and recognition that they have vitality (properties beyond physiochemical constituents)
- Individuals have unique interactions with their nutritional environments

**Practice**

In the context of the definition, and with respect to the therapeutic order, the practice of *naturopathic nutrition* may include the appropriate use of the following:

- Behavioral and lifestyle counseling
- Diet therapy (including health maintenance, therapeutic diets, and dietary modification)
- Food selection, preparation, and medicinal cooking
- Therapeutic application of foods with specific functions
- Traditional approaches to detoxification
- Therapeutic fasting strategies
- Nutritional supplementation

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Data from Snider P, Payne S. Making naturopathic curriculum more naturopathic: agendas, minutes, 1999-2001. Clinic faculty task force on integration. Faculty development retreat, Bastyr University, 1999.

contains several assumptions. One assumption is that illness can be understood in terms of discrete diseases (i.e., human suffering can be divided into identifiable entities, such as measles or cancer [in its specific types], or all the other catalog of illnesses to which we are subject). Next is that “cure” is the elimination of the disease entity. Third, this is accomplished by the evidence-based application of pharmaceuticals, surgeries, or similar treatments to eliminate, palliate, or suppress the entity and its symptomatic expressions. These are so obvious that they are not commonly considered. They form the background thinking in medical decision making: identify and treat the disease.

The elegance of this model, and the science behind it, has taken medicine to its highest point in history as a reliable vehicle to ease human suffering, and its application has saved countless lives. The understanding of the physician, at least about the nature of pathology, has never been as complete. But illness has a near infinite capacity to baffle the physician. New diseases arise, such as human immunodeficiency virus/acquired immune deficiency syndrome, and shifts occur in disease focus, such as the shift between 1900 and 2000 from acute infection to chronic illness as the predominant cause of death.

Beyond these obvious changes, even with the current depth of understanding, standard medicine physicians continue to experience a depth of ignorance. So, even representing an apex of human achievement as it does, modern medicine is not without its weaknesses. Its greatest weakness is probably its inability to cure chronic illness as easily as it once dealt with things like infectious pneumonia with penicillin, or even tuberculosis with streptomycin. To compound that problem is the growing prevalence of antibiotic-resistant infections. Part of the reason for the failures within modern medical science is the mechanistic basis of it, with its fundamental ignorance of and disrespect for the wholeness of the individual, the natural laws of physiology governing health and healing, and especially for all things spiritual. Inherent in the dictum—*diagnose and treat the disease*—is the general neglect of the larger understanding that disease is a process conducted by and within an intelligent organism “whose genome(s) is (are) developed and expressed in the natural world.”<sup>1</sup>

The uniqueness of naturopathic medicine is not in its therapeutic modalities, “natural” alternatives to the drugs and surgeries of standard medicine. It is in the clinical theory that governs the selection and application of these modalities, captured in the unifying definition adopted in 1989 and expressed more specifically in the continuing articulation of clinical theory. That is, it is the way the naturopath thinks about illness and healing.

The first element of this theory is based upon the first defining principle: *vis medicatrix naturae*. It is based on the understanding that disease can be seen as a process, as well as an entity. One can analyze the process of illness and derive some understanding. But to do this, one needs to examine the assumptions underlying this concept. The governing assumptions of standard medicine are principally that diseases are entities and that drugs and surgery can eliminate these entities from the suffering person. These are not the governing assumptions of naturopathic medicine.

**ILLNESS AS PROCESS**

Naturopathic medicine can be characterized by a different model than “identify and treat the disease.”

“The restoration of health” would be a better characterization. In fact, naturopathic physicians adopted the following ultrashort definition of naturopathic medicine in 1989 in an AANP position paper: “Naturopathic physicians treat disease by restoring health.” Immediately one can see a difference: Standard medicine is disease based; naturopathic medicine is health based. Although naturopathic medical students study pathology with the same intensity and depth as standard medical students, as well as its concomitant (diagnosis), the naturopathic physician applies that information in a different context. In standard medicine, pathology and diagnosis are the basis for the discernment of the disease “entity” that afflicts the patient, the first of the two steps of identifying and destroying the entity of affliction. In naturopathic medicine, however, disease is seen much more as a process than as an entity.

Rather than viewing the ill patient as suffering from a “disease,” the naturopath views the ill person as functioning within a process of disturbance and recovery, in the context of nature and natural systems. Various factors disturb normal health. If the physician can identify these disturbances and moderate them (or at least some of them), the illness and its effects abate, at least to some extent, if not totally. As disturbances are removed, the body can improve in function, and in doing so the health naturally improves. The natural tendency of the body is to maintain itself in as normal a state of health as is possible. The role of the physician is to facilitate this self-healing process.

The obvious first task of the naturopathic physician, therefore, is to determine what is disturbing the health so that these causative elements may be ameliorated. Disease is the process whereby the intelligent body reacts to disturbing elements. It employs such processes as inflammation and fever to help restore its health. In general, one can graph this process simply:

healthy state + disturbing factors → disturbance  
of function → reaction → discharge of the products  
of reaction → resolution

One can see this most easily in the common cold. Within standard medical understanding, the common cold is caused by a virus, from among a family of pathologic viruses, which infects the person. The immune system responds, developing appropriate antibodies, which eventually neutralize the virus. There is no “cure” yet discovered, except time. Medications are used to ameliorate the symptomatic experience: aspirin or acetaminophen for fever, antihistamines to dry the mucus discharge, etc. These measures are not cures: They reduce the symptomatic expression of the “cold” but often lengthen the process. In naturopathic medicine, the cold is seen not as a disease entity but as a fundamental process whereby the body restores itself.

If colds were caused solely by a virus, then everyone who came in contact with the virus would get the cold. Obviously, this does not happen. Susceptibility factors include immune competence, fatigue, vitality, and other resistance factors. The virus enters a milieu in which all these factors affect the process. Once the virus enters the system, if it overcomes some resistance factors, one begins to see disturbance of function. One does not feel quite right. One may begin to get a sore throat, the first inflammatory reaction, occurring at the point of entry of the virus into the body. The immune factors may overcome the virus at this point or may be insufficient or suppressed. All of this is mutable to some extent and is affected by nutrition, fatigue, an increase in immune tonics, vitamin C, etc. But the “cold” may proceed into a general state of fatigue and inflammation, possibly fever, etc., followed by mucus discharge, cough, and so forth, as the body processes the virus and its effects, eventually overcoming it and eliminating the results.

This model is not understood so much to be a separate disease entity but a general and *fundamental* process of disturbance and recovery within the living body. It is a method whereby the body *restores* itself after a sufficient amount of disturbance accumulates within the system. This is why the cold has no “cure.” It is the cure for what is ailing the body.

Chronic illness arises, in general, when any or all of three factors occur: (1) The disturbing factors persist, such as a chronically improper diet, which continues to burden the body cumulatively, as the digestive processes slowly weaken under the stress of that improper diet; (2) The reactive potential is blocked or suppressed, usually by drugs, which interferes with the capacity of the body to process and remove its disturbances; or (3) The vitality of the system is insufficient to mount a significant and sufficient reaction. As these three factors prevent a sufficient reactive purge of disturbances, the body slides into a chronic, weaker reactive state or episodes of intermittent reaction, perceived as persistent and chronic illness.

Ultimately, as function is sufficiently disturbed, structures or functions are damaged and chronic inflammation becomes ulceration or scar tissue formation. Atrophy, paralysis, or even tumor formation may occur. All of this is the body manifestly doing the best it can for itself in the presence of persistent disturbing factors and with respect to the limitations and range of vitality influenced by the constitution, psycho-emotional/spiritual state, and genotype of the person and his or her surrounding environment.

The reversal of this condition is rarely accomplished by “drugging” the pathologic state, which usually results in the control of symptoms and persistence of the illness, hopefully controlled in its more dangerous

aspects by the presence of the drug or performance of the surgery. Reversal is more likely accomplished by identifying and ameliorating the disturbance, and as necessary, strengthening or supporting the reactive potential. The first step in this process is to identify and reduce disturbing factors.

## THE DETERMINANTS OF HEALTH

In order to reduce the disturbance, one must identify the disturbance. In standard medicine, the first step is to identify the pathology, which is then treated. In naturopathic medicine, one must come to understand what is disturbing the health. To do this, the physician needs to understand what determines health in the first place. The physician can then evaluate the patient in these terms and come to understand what is disturbing the natural state of health. Such a list could be created by any doctor, certainly any *naturopathic physician*. The authors propose the list in Box 3-2.

The naturopathic physician evaluates the patient with these areas in mind, looking for aspects of disturbance, first in the spirit, and most generally in diet, digestion, and stress in its various aspects. In this evaluation the naturopathic physician brings to bear a body of knowledge somewhat unique to naturopathic medicine, to evaluate not solely in terms of pathologic entity but in terms of normal function and prepathologic functional disturbance. Locating areas of abnormal function or

disturbance, the physician acts or recommends ways to ameliorate the disturbance.

As disturbing factors are reduced in the system, the natural tendency of the system to improve and optimize its function directs the system back toward normalcy. This is the removal of the obstacles to cure, which allows the action of the *vis medicatrix naturae*, the vital force, the healing power of nature. This is the first step in the hierarchy of healing and what naturopathic physicians may call the overarching clinical theory of naturopathic medicine: the therapeutic order.

## THERAPEUTIC ORDER

The therapeutic order is a natural hierarchy of therapeutic intervention, based on or dictated by observations of the nature of the healing process, from ancient times through the present.<sup>61</sup> It is a natural ordering of the modalities of naturopathic medicine and their application. The concept is somewhat plastic in that one must evaluate the unique needs, and even the unique healing requirements, of the specific patient or situation,<sup>62</sup> but in general the nature of healing dictates a general approach to treatment. In general, this order is listed in Box 3-3.

### 1. Establish the Conditions for Health Identify and Remove Disturbing Factors

If one understands health to be the natural state and “disturbance” the original culprit, then identifying and

#### Box 3-2 Determinants of Health

In order to understand what disturbs health, one must understand what determines health. Therefore doctors of naturopathy study the determinants of health. A determinant of health becomes a disturbance when it is absent or present but distorted.

#### 1. Inborn

- Genetic makeup (genotype)
- Intrauterine/congenital
- Maternal exposures
  - Drugs
  - Toxins
  - Viruses
  - Psychoemotional
- Maternal nutrition
- Maternal lifestyle
- Constitution: determines susceptibility

#### 2. Hygienic Factors/Lifestyle Factors: How We Live

##### *Environment, Lifestyle, Psychoemotional, and Spiritual Health*

- Spiritual life
- Self-assessment
- Relationship to larger universe

##### *Exposure to Nature*

- Fresh air

- Clean water
- Light

##### *Diet, Nutrition, and Digestion*

- Unadulterated food
- Toxemia

##### *Rest and Exercise*

- Rest
- Exercise

##### *Socio-economic Factors*

- Culture
- Loving and being loved
- Meaningful work
- Community

##### *Stress (Physical, Emotional)*

- Trauma (physical/emotional)
- Illnesses: pathobiography
- Medical interventions (or lack of)
- Surgeries
- Suppressions
- Physical and emotional exposures, stresses, and trauma
- Toxic and harmful substances
- Addictions

**Box 3-3** The Therapeutic Order

1. Establish the conditions for health
  - Identify and remove disturbing factors
  - Institute a more healthful regimen
2. Stimulate the healing power of nature (*vis medicatrix naturae*): the self-healing processes
3. Address weakened or damaged systems or organs
  - Strengthen the immune system
  - Decrease toxicity
  - Normalize inflammatory function
  - Optimize metabolic function
  - Balance regulatory systems
  - Enhance regeneration
  - Harmonize with your life force<sup>65</sup>
4. Correct structural integrity
5. Address pathology: Use specific natural substances, modalities, or interventions
6. Address pathology: Use specific pharmacologic or synthetic substances
7. Suppress or surgically remove pathology

From Zeff J, Snyder P. Course syllabus: NM51 71, Naturopathic clinical theory. Seattle: Bastyr University, 1997-2005.

The actual therapeutic order may change, depending on the individual patient's needs for safe and effective care. The needs of the patient are primary in determining the appropriate approach to therapy.

reducing disturbance is the obvious first step, unless there is immediate danger to life or limb, in which case acting to preserve life or limb is paramount. In most chronic disease, neither life nor limb is immediately threatened. This understanding dictates the first thing the physician must attend to: the identification and amelioration of those factors disturbing health, especially factors that most disturb health (inappropriate diet, excessive stress, and spiritual disharmony). To understand what disturbs health, one must understand what determines health. The naturopathic physician evaluates a patient with reference to the determinants of health to discover wherein the patient's health is disturbed. In this step, the physician is essentially "removing the obstacles to cure, and allowing the *vis medicatrix naturae* to do its work."

Among these many possibilities, in general, the most significant are diet, digestion, stress, and what might be called "spiritual integrity." Humans are spiritual beings. They are spirits that reside within bodies. Though the general purview of the physician is the body, that instrument cannot be separated from the spirit, which animates it. If the spirit is disturbed, the body cannot be fundamentally healthy. Hahnemann, the brilliant founder of homeopathy, instructs physicians thus. Disturbance in the spirit permeates the body and eventuates in physical manifestation. Physicians are responsible for perceiving such disturbances and addressing them. At colleges of naturopathic medicine in Australia and North America, faculty work with naturopathic medicine students to develop their ability to perceive the spiritual nature of an individual as those factors that give rise to an individual's

"will to live," their "joie de vivre," and their core beliefs and values. This is a foundational skill in addressing spirituality and health. Using this definition, both atheists and agnostics can be seen to have a spiritual aspect. This definition also removes spirituality from religiosity in a way that does not denigrate any individual religious belief a patient may hold, allowing the naturopathic clinician to explore this aspect of the individual. Perceived in this way, it is also easier to understand that many individuals within society are experiencing a "spiritual crisis."

One of the oldest concepts in naturopathic medicine is the concept of toxemia. Toxemia is the generation and accumulation of metabolic wastes and exogenous toxins within the body. These toxins may be the results of maldigestive processes, non-end product metabolites, environmental xenobiotics, colon bacteria metabolites, etc. These toxins become irritants within the body, resulting in inflammation of tissues and interference with biochemical processes. The maldigestive and dysbiotic origin of these toxins is the product of inappropriate diet, broad spectrum antibiotics, and the effects of excessive stress on digestion. Eating a diet that cannot be easily digested or is out of appropriate nutrient balance for the individual results in the creation of metabolic toxins in the intestines. Stress, resulting in the excessive secretion of cortisol and adrenalin, results in the decrease of blood flow to the digestive process, which decreases the efficient functioning of digestion and increases the tendency toward maldigestion, dysbiosis, and toxemia. Physicians can now easily measure the degree of toxemia in various ways (e.g., urinary indican or phenol).

Spiritual disharmony, inappropriate diet, digestive disturbance, stress, and toxemia are primary causes of chronic illness and must be addressed if healing is to occur. Beyond these, other disturbing factors must be discerned and addressed, whichever pertain to the individual patient.

### Institute a Healthier Regimen

As a corollary of the first, once physicians have determined major contributing factors to illness, they construct a healthier regimen for the patient. Some disturbing factors can be eliminated, like inappropriate dietary elements. Others are a matter of different choices or living differently. The basics to consider are: appropriate diet, appropriate rest and exercise, stress moderation, a healthy environment, and a good spiritual connection.

If this model is correct, these measures alone should result in enhanced health. The problem arises in knowing how to do these things. What is an appropriate diet? This is an area of considerable controversy. Physicians think about diet in many different ways. The goal of dietary improvement is to reduce the symptomatic consequences of the patient's diet and provide optimal nutrition to the patient. The point here, regardless of

how this is done, is that it is central and essential for fundamental health improvement. If the diet is not correct, if digestion is not appropriate, if nutrition is not adequate, the patient cannot maximally improve. If the diet and digestion are appropriate, the basis for improvement in other areas is enhanced.

The same is true with these other fundamental elements, to which Lindlahr referred in the first element of his catechism, “return to nature”: exercise, rest, dress, etc.<sup>28</sup> These have been expanded in the “determinants of health.” They create the basis for improvement. What this really means is to change the “terrain,” the conditions in which the disease has formed—not only to change but to improve the conditions so that there is less basis for the disease. Hahnemann addresses this on the first page of his *Organon of Medicine*. He identified four tasks for the physician: to understand the true nature of illness, “what is to be cured”; to understand the healing potential of medicines; to understand obstacles to recovery and how to remove them; and to understand the elements that derange health and how to correct them so that recovery may be permanent.<sup>63</sup> Changing and improving the terrain in which the disease developed is the obvious first step in bringing about improvement. This sets up the basis for the following elements to have the most beneficial effects.

## 2. Stimulate the Self-Healing Mechanisms

A certain percentage of patients improve sufficiently simply by removing disturbing factors and establishing a healthier regimen. Most require more work. Once the patient is prepared, once the terrain is beginning to clear of disturbing factors, then one begins to apply stimulation to the self-healing mechanisms. The basis of this approach is the underlying recognition of the *vis medicatrix naturae*, the tendency of the body to be self-healing, the wisdom and intelligence within the system that constantly tends toward the healthiest expression of function, and the healing “forces” in the natural environment (air, water, light, etc.). The body heals itself. The physician can help create the circumstances to promote this. Then, as necessary, the physician stimulates the system.

One of the best ways to do this is through constitutional hydrotherapy, as developed by Otis G. Carroll, ND, early in the past century. This procedure is simple, involving the placement of hot and then cold towels on the trunk and back, in specific sequence (depending on the patient), usually accompanied by a sine wave stimulation of the digestive tract. This is a dynamic treatment, simple, inexpensive, and universally applicable. It helps recover digestive function, stimulates toxin elimination, “cleans the blood,” enhances immune function, and has several other effects. It moves the system along toward a healthier state.<sup>64</sup> Exercise often achieves similar results.

Many naturopathic modalities can be used to stimulate the overall vital force.

More specific approaches to stimulation, though general in effect, are applied differently to each patient and have a less general effect than those previously mentioned. Homeopathy and acupuncture are primary methods of such stimulation. They add little to the system: They are not gross chemical treatments. They work with what is there, stimulating a reaction, stimulating function, correcting disturbed patterns.

Each method helps move the system out of its disturbed state and, with the reduction of encumbrance, helps move it toward health.

Finally, exposure to the patterns, rhythms, and forces of nature is a traditional part of naturopathic medicine and the tradition of nature doctors throughout the world. As Pizzorno and Snider wrote: “We are natural organisms, our genomes developed and expressed in the natural world. The patterns and processes inherent in nature are inherent in us. We exist as part of complex patterns of matter, energy, and spirit.”<sup>71</sup> The natural processes of these patterns and the drive toward health inherent in them is a natural ally for the physician. Exposure to appropriate rhythms, patterns, and forces of nature strengthens vitality and stimulates the healing power of nature.

## 3. Support Weakened or Damaged Systems or Organs

Some systems or functions require more than stimulation to improve. Some organs are weakened or damaged (e.g., adrenal fatigue after prolonged stress), and some systems are blocked or congested (e.g., the hepatic detoxification pathways) and require extra help. This is where naturopathic physicians use their vast natural medicinary. Botanical medicines can affect any system or organ, enhancing its function, improving its circulation, providing specific nutrition, stimulating repair. Glandular substances can be applied to a similar purpose. And then there are the growing number of evidence-based “nutraceuticals,” biological compounds that enhance metabolic pathways and provide substance for metabolic function.

Naturopathic physicians can also apply specific homeopathic medications, usually in the lower potencies, which act nutritively and can stimulate specific organs or functions. This method can be used to stimulate detoxification of specific substances from the body in general or of specific organ systems or tissues. Dr. Pizzorno’s work in *Total Wellness* and the work of “functional medicine” leader Jeffrey Bland, PhD, exemplify the clinical strategies applied at this level of the therapeutic order. These strategies are used to restore optimal function to an entire physiologic system (immune, cardiovascular, detoxification, life force, endocrine, etc.).<sup>65</sup>

One can use specific exercises to stimulate or enhance organ health. Some systems of Yoga and Qi Gong are organ specific. And specific applications of hydrotherapy and other physiotherapy systems can be applied to enhance the function of organs or tissues.

These methods, combined with an appropriate diet and a healthier regimen, along with constitutional hydrotherapy, appropriate homeopathy, and acupuncture, usually bring most health problems back to normal, without negative consequence, rapidly, efficiently, and permanently.

#### 4. Address Structural Integrity

Many structural problems result from stress of some kind on internal systems. For example, midback misalignment or discomfort is often found associated with a history of underlying stress on the digestive organs, the enervation of which originates at those spinal segments. One can manipulate that vertebra back into proper alignment or massage contracted musculature, but until one corrects the underlying functional disturbance, there will be a tendency to repeated structural misalignment. In some circumstances the singular problem may be simply structural disintegrity. One may have fallen or been hit in some fashion and simply need the neck manipulated back into proper alignment and the surrounding soft tissue relaxed. There may be no diet error or other disturbance aside from the original injury, and correction requires only simple manipulation or therapeutic massage. This is an example of the flexibility of the "therapeutic order" concept. In this case, first-order therapeutics is to manipulate the cervical spine or to relax chronically contracted muscles. Usually, however, the problem of structure is part of the larger problem, and such intervention becomes a fourth-order therapeutic.

Reintegrating structure can occur in many ways, one of which is the method of "bone cracking" known to the ancient Greeks and Chinese and probably all other ancient healing cultures. But there are nonforce manipulative systems that include many modalities of therapeutic massage. Some systems of exercise are designed to reintegrate and maintain normal structural relationships. Any of these might be appropriate to a specific patient. By approaching the problem in the context of the therapeutic order, one can expect structural corrections to be required only occasionally and for the results to be more or less permanent.

#### 5. Address Pathology: Use Specific Natural Substances, Modalities, or Interventions

Having gone through the first four steps of this therapeutic hierarchy, most patients improve. The improvement is based on the sound footing of the underlying correction

or removal of fundamental causative elements. It is also based on the intrinsic nature of the body to heal *itself by using the least possible force*. Most pathology improves or disappears under these circumstances. Sometimes it is necessary to address pathology. This may be the case because the particular pathology may be threatening to life or limb. Acting on this threat is imperative. It can be done often with naturopathic means, directed specifically against the pathology. Biochemical or genetic individuality also can demand an emphasis at this level of intervention.

One of the major conflicts in naturopathic medicine is that some practitioners find it expedient to diagnose and treat pathology (the standard medical model) rather than pursue a naturopathic model of practice. This approach tends to be less satisfying and less productive of the most elegant outcomes and the long-term continued health of the patient. It also reduces the capacity of the physician to treat, such as in cases where there is no evidence-based treatment for the pathology in question, or where there is no clear diagnosis (i.e., no distinct pathology to treat). This approach is increasingly referred to as "green allopathy." But the vast body of knowledge that naturopathic education presents in this arena makes such an approach seductive, especially in a culture that more or less expects, supports, reinforces, and pays for an "allopathic" approach to diagnosis and treatment.

It is easy to do this. The culture is accustomed to this model and often expects to encounter this in the naturopathic physician's office. In some states, such as Oregon, where the naturopathic formulary includes most antibiotics and many pharmaceutical drugs, one can practice almost without distinction from a medical doctor. The typical naturopathic formulary is often sufficient to prescribe on a strictly pathologic basis.

The problem with this is that it is generally not as effective, especially in the treatment of chronic disease. The value of naturopathic medicine in our culture is *not* that naturopathic physicians can function almost like medical doctors, with a "natural" formulary instead of drugs. It is that they offer a fundamentally different approach, one based on the restoration of health rather than the treatment of pathology.

Given all of this, it still may be useful to directly address the pathologic entity or its etiology. When treating an antibiotic-resistant infection, for example, it may be useful to apply botanical medicines with specific antibiotic properties along with immune tonics, and the more fundamental steps of this therapeutic hierarchy. In difficult cases, such as many cancers, using agents that have specific, pathology-based therapeutics may be an essential element of comprehensive treatment. The naturopathic formulary provides a vast and increasing number of such options. One advantage of such treatment is that, in general, when applied by a knowledgeable

practitioner, it rarely adds more burden or toxicity to the system. Naturopathic pathology-based treatments still follow the dictum “do no harm.”

## 6. Address Pathology: Use Specific Pharmacologic or Synthetic Substances

About 800,000 medical doctors and osteopathic physicians in the United States are well trained in the science of pathologic-based treatment, using pharmaceuticals, surgery, etc. There are times when such an approach is necessary to preserve life, limb, or function. Although some naturopathic physicians, by training and by statute, may prescribe pharmaceuticals or even perform surgeries, naturopathic physicians may also refer patients in need of such services to appropriate medical doctors or osteopaths, depending on licensed formulary. In a growing number of states, NDs can legally provide an expanding range of prescription drugs. Although this is an important tool for the naturopathic primary care giver, this privilege requires enhanced responsibility for the ND to prescribe those substances only as needed—and to thoroughly rely on applying the least force appropriate to effect recovery and protect patient safety.

Naturopathic physicians are well trained in this regard and respect the necessity and utility of standard medical practice in appropriate situations. Some disagreement exists regarding which situations may be appropriate. The AANP has developed position papers to resolve some of these questions.

In general, while recognizing the necessity of such treatment, most naturopathic physicians also recognize that such treatment often carries consequences that must also be addressed.

## 7. Suppress Pathology

Sometimes it is necessary, for the preservation of life or limb, to suppress pathology. Medical doctors are especially trained in this art and have powerful and effective tools with which to do this. Unfortunately, suppression, because it does not fundamentally remove or address essential causative factors (such as dietary error) often results in the development of other, often-deeper disturbance or pathology. Since much pathologic expression is the result of the actual self-healing mechanisms, such as inflammation, suppressive measures are, in general, anti-*vis medicatrix naturae*. The result of suppression is that the fundamental disturbing factors are still at play within the person, still disrupting function to some extent, while the suppression reduces the symptomatic expression and resolution of disturbance. One simple example of this is the use of steroidal anti-inflammatory and antihistaminic drugs in the treatment of acute asthma. This usually effectively opens the airways. But prolonged use weakens the patient. If the

treatment persists, the patient becomes immune compromised and osteoporotic and can develop psychologic disorders. These symptoms are part of the long-term effects of prednisone. It may necessarily maintain breathing, but the long-term cost to the organism is expensive.

Suppression, although it may be life saving, often has serious consequences. With standard medical methods of care, cure of chronic illness is often elusive. This is the benefit of the naturopathic approach: by taking a nonsuppressive course of action, based on sound physiologic principles, one can often restore health without recourse to the potential damage of suppression. Naturopathic physicians, while recognizing the occasional necessity of suppressive approaches, in general avoid suppression, which is a primary way in which physicians can inflict harm, even with the best of intentions.

## THEORY IN NATUROPATHIC MEDICINE

This therapeutic hierarchy is based on the observation of the nature of healing and the inherent order of the healing process. It is part of a unifying theory of naturopathic medicine, an outgrowth of the principles which underlie naturopathic thinking. It provides the physician with instructions that order the many therapeutic modalities used by the practice.

The consensus definition of naturopathic medicine, adopted by the AANP in 1989, is a statement of identity, distinguishing naturopathic medicine from other systems of medical thought. Contained within it is a set of instructions regarding the practice of the medicine. The three concepts discussed here—“disease as process,” “the determinants of health,” and “the therapeutic order”—are an articulation of these instructions. They are presented as a clinical theory of naturopathic medicine. They are abstracted, as is the definition, from the observation by nature doctors throughout time and across many traditions of the nature of health and of disease and of the nature of healing. They provide the physician with instructions. These instructions include a procedure for thinking about human illness in such a way that one can approach its cure in an ordered and elegant fashion by understanding its process as an expression of the *vis medicatrix naturae*. It provides the framework for truly evaluating the patient as a whole being: spiritual, mental/emotional, and physical, rather than as a category of pathology. And it provides the physician a system for organizing and efficiently integrating the vast therapeutic array provided in naturopathic medicine. Ultimately, it satisfies Hahnemann’s observation of the ideal role of medicine, that “the highest ideal of cure is rapid, gentle and permanent restoration of the health . . . in the shortest, most reliable and most harmless way, upon easily understood principles.”<sup>63</sup> As in any system

of medicine, it is understood that medicine evolves with understanding. The roots of the observations that form this theory are traceable through the mid- and early-twentieth century, to the traditional theory of nineteenth-century European nature cure, and to the roots and theories of traditional world medicines. Hippocrates' writings on the *vis medicatrix naturae* form a foundation that historically underpin the development of this theory.<sup>66,67</sup>

Finally, it is observable across many traditional world medicines that various healing orders are described.

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