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Treatment for H.  
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**And more!**



# **Monitor**

## **OF NATUROPATHY**

**Autumn 2025**

# Monitor

## OF NATUROPATHY



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**Monitor of Naturopathy** is  
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### **VACCINE STUDY FINALLY REVEALED**

In 2016, head of infectious disease at Henry Ford Health in Detroit Dr. Marcus Zervos took on a challenge. He met journalist and filmmaker Del Bigtree (producer of the documentary “Vaxxed”), who pointed out the fact swept under the carpet by the medical establishment: No one had ever done a study comparing the health outcomes of the vaccinated vs. the unvaccinated. Dr. Zervos, his faith in vaccines unshakeable, agreed to do the test to quiet the anti-vax crowd. He promised that the results would be published—no matter the outcome.

Those results have not been seen until now.

The health outcomes of 18,468 subjects were compared—not a small study. The title of the study is *“Impact of Childhood Vaccination on Short and Long-Term Chronic Health Outcomes in Children: A Birth Cohort Study”*. It revealed that:

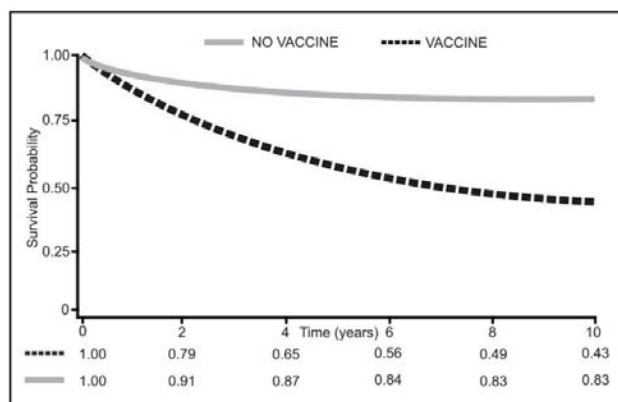
- Speech disorders were 4.4 times higher in vaccinated children
- Asthma was 4 times higher in the vaccinated
- The vaccinated had 6 times the number of acute and chronic ear infections
- The unvaccinated group showed ZERO cases of learning disabilities, brain

dysfunction, tics, other psychological disorders, and no diabetes.

The study was not published because it would have ruined careers and threatened the medical status quo, not to mention the pharmaceutical industry.

Attorney Aaron Siri of ICAN (Informed Consent Action Network) has stated that the study should have been “rushed to publication on an emergency basis.” Siri testified at a Senate vaccine hearing recently that “...after ten years, 17% of vaccinated children had a chronic health issue, while 57% of vaccinated children had at least one.”

That **vaccinated people have three times the chronic health problems of the unvaccinated** is no news to naturopathic doctors, but the public at large is now finally starting to get a glimpse of the true science, through congressional hearings and with Robert F. Kennedy Jr. at the helm of the Health and Human Services. Aaron Siri pointed out that **“Had it found vaccinated children were healthier, it no doubt would have been published immediately. But because it found the opposite, it was shoved in a drawer.”**



The naturopathic profession is indebted to Del Bigtree for prodding the matter in the first place, and of course to Dr. Zervos for being objective in doing the study. Aaron Siri and his associates should be lauded for fighting the good fight. Children had a chronic disease rate of 12.8% in the 1980s, and by 2011 that had risen to 54%.

The hearing content is posted at:  
<https://www.hsgac.senate.gov/wp-content/uploads/Siri-Testimony-1.pdf>

Watch an overview on Del Bigtree’s channel here:  
[https://rumble.com/v6ywoge-bombshell-senate-hearing.html?e9s=src\\_v1\\_s%2Csrc\\_v1\\_s\\_o&sci=238ff9f2-39cc-4bcb-9a99-df4c9e2a446c](https://rumble.com/v6ywoge-bombshell-senate-hearing.html?e9s=src_v1_s%2Csrc_v1_s_o&sci=238ff9f2-39cc-4bcb-9a99-df4c9e2a446c)

Bigtree has produced a documentary called *“An Inconvenient Study”*.



Outcome	Any Vaccine Exposure N (Incidence per 1,000,000 pt-yrs)	No Vaccine Exposure N (Incidence per 1,000,000 pt-yrs)	IRR (95% CI)
Chronic Health Condition	4,732 (277.3)	160 (111.7)	2.48 (2.12-2.91)
Asthma	2,867 (145.6)	52 (35.6)	4.09 (3.11-5.38)
Atopic Disease	946 (41.2)	23 (15.6)	2.64 (1.74-3.99)
Autoimmune Disease	201 (8.4)	2 (1.4)	6.16 (1.53-24.79)
Brain Dysfunction	8 (0.3)	0 (0.0)	∞
Cancer	169 (7.0)	13 (8.8)	0.79 (0.45-1.39)
Diabetes	42 (1.7)	0 (0.0)	∞
Food Allergy	577 (24.3)	30 (20.5)	1.19 (0.82-1.71)
Mental Health Disorder	341 (15.9)	5 (4.5)	3.50 (1.45-8.46)
Neurodevelopmental Disorder	1,029 (50.2)	9 (8.2)	6.15 (3.19-11.86)
ADHD	262 (12.1)	0 (0.0)	∞
Autism	23 (1.1)	1 (0.9)	1.16 (0.16-8.62)
Behavioral Disability	165 (7.6)	0 (0.0)	∞
Developmental Delay	219 (10.1)	3 (2.7)	3.74 (1.20-11.68)
Learning Disability	65 (3.0)	0 (0.0)	∞
Intellectual Disability	5 (0.2)	0 (0.0)	∞
Speech Disorder	463 (21.8)	6 (5.4)	4.02 (1.80-9.00)
Motor Disability	150 (6.9)	2 (1.8)	3.83 (0.95-15.47)
Tics	46 (2.1)	0 (0.0)	∞
Other Psychological Disability	9 (0.4)	0 (0.0)	∞
Neurological Disorder	127 (5.2)	12 (8.1)	0.64 (0.35-1.16)
Seizure Disorder	319 (13.3)	12 (8.2)	1.63 (0.92-2.91)

## Editorial

### A BRIGHTER FUTURE? OR MORE OF THE SAME?

C.P. Negri, ND

The revelation of the blockbuster vaccine study discussed on page one of this issue should give one hope. Finally, the truth about vaccines is slowly but surely bleeding out to the general public. Yes, there are always committees and representatives and sponsors of this or that bill, but over the years little has changed in a legal sense. With the right people now in power, there may be a great leap forward in favor of naturopathic principles and procedures.

I can't help thinking back, though, to fifteen years ago when there was another big revelation. In 2010, studies were published that showed that SSRI antidepressants like Prozac had no greater efficacy than a placebo. This was very big news, of course, because what seemed like half the country was taking them by then.

It wasn't that the study was published that was remarkable; it was the fact that the media ran with the story. In a departure from a long tradition of covering for the pharmaceutical industry, the media actually brought the message home to people who don't read medical journals. It was on the cover of Newsweek Magazine, of all things!<sup>1</sup>

You don't get more mainstream than that (Note to our younger members: magazines used to be a *very big deal*).

In January 2010, I was frustrated that three different naturopathic schools had told me that they would use textbooks in their program that I had written—and then reneged on the matter. I was sitting around bemoaning the fact that my books were largely unknown and going nowhere after all that work, when I spotted the Newsweek cover.

I knew an opportunity when I saw one. If mainstream America's faith was shaken in antidepressants, they would be looking for alternatives. I knew in an instant that the big name natural health authors would be scrambling to get a best seller out to provide that.

In that weak moment, I experienced an uncharacteristically commercial urge. I decided I would scramble also. I was in a race to fill this need. In a short time, I produced what is still my highest selling book: *Naturopathic Treatment of Emotional Illness*.

I figured I could compete with the more well known authors because I was sure no one would write anything as comprehensive as this: Nutrition, phototherapy, acupuncture points, manual therapies, body-centered psychology, olfactory therapy, flower essences, biological medicines, botanical medicines, homeopathic medicines, and an extensive repertory to cross reference someone's symptoms with the correct treatment.

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<sup>1</sup> <https://www.newsweek.com/why-antidepressants-are-no-better-placebos-71111>

Predictably, the big name health writers did jump into the ring, and of course they had a tremendous advantage because they were signed with large publishing houses with publicity teams. But what was the outcome?

*Nobody stopped taking SSRI drugs. No doctors stopped prescribing them, even though it was their side saying they didn't work.* It didn't happen.

It didn't happen, in spite of my book; it didn't happen even in spite of the collective power of *all* those other books.

But information is like sand slowly trickling into a sack. Sometimes the trickle is so fine you can barely see it and sometimes larger clumps fall in. The Newsweek story was one such clump. The Senate hearing exposing the vaccine study is another. Slowly the sack gets so heavy you can't move it.

We are making progress. It only becomes clear when I think about the state of things when I started practice 46 years ago. I had to be a one man publicity agent, producer of educational materials, *and* a doctor. People had to be convinced, for example, not to eat processed foods; now it is a mainstream idea. I promoted our local natural food store in the '70s; now big chain supermarkets have entire organic sections.

I used to leave dietary guidance until someone was well underway with their treatment, because no one wanted to give up their favorite foods, and I didn't want to lose the patient. In the last ten years, one of the first things people ask is: Are you going to give me a diet?"

Today, you lose the patient if you *don't* give them a diet.

The old health food stores and the books they carried (forced by the FDA to be placed far way from the products they recommended) began turning natural medicine from a niche market to a more mainstream one. The impact of the Internet and social media multiplied that tremendously. Now we have a population that does not need to be convinced that "natural is better".

Still, public support is never quite enough. In my home state of West Virginia, I have been watching as county school districts have been refusing to obey the Governor's executive order to recognize religious vaccine exemptions, in defiance of the Capitol. West Virginians for Health Freedom is a group that is actively fighting this and raising heck with their school boards.

Up to the critical breaking point, power will resist what the people want. Knowing this, all the forward movement I see is still tinged with pessimism.



*The Naturopath believes that the same freedom, guaranteed by the fathers of this country respecting religious thought, should also be granted respecting philosophic or medical thought.*

## Phytotherapy

### A NEW NATUROPATHIC REMEDY FOR KIDNEY DISEASE

A few years ago, a mainstream medical journal published an article showing positive results in kidney disease from a natural product. Because antioxidant theory has been an accepted concept in the last twenty years, it is assumed that the antioxidant properties were the entry point for testing it in the first place.

The journal *Kidney Disease* published a review of studies<sup>2</sup> on thymoquinone, a phytochemical compound found in Black Cumin or Black Seed oil (*Nigella sativa*). They show beneficial protective effects against kidney disease through anti-inflammatory, antioxidant, and anti-apoptotic activity in thymoquinone.

Naturopathy has as one of its main strategies *detoxification*, which can be defined broadly or specifically. As far as human physiology goes, there are several organs that achieve the removal of waste matter from the bloodstream. Primary are the lymphatic channels, the liver, the colon, and the kidneys. Naturally, if any of these are damaged or diseased, there is resulting systemic toxicity.

Besides various detoxification therapies, naturopaths have relied upon oral agents in the form of *alteratives*. These are herbal extracts that excite increased activity (up-regulate) in the eliminative organs. Alterative herbs were well

established and researched by the Eclectic school of medicine, and when their schools declined, many eclectics came over to Naturopathy and the use of herbal medicines by naturopaths widely expanded. Phytotherapy became one of the pillars of naturopathic practice.

One of the pleasures of keeping pace with Phytotherapy is the discovery of new benefits from old herbs. For example, we have all used barberry (*Berberis vulgaris*) as a kidney tonic and as an antimicrobial. It is only in the last ten years that we found that it also lowers blood sugar—something that was not in the old literature, because there were so few diabetics compared to today.

The kidneys need all the options they can get. Kidney injury, tissue destruction due to toxic chemical agents, degeneration due to diabetes—they all have in common the inflammation and oxidative stress that cause kidney disease to progress, unless opposed by a well-targeted remedy. The best that conventional medicine has to offer are antioxidants, which happens to be a beneficial byproduct of many of our botanical remedies that are also detoxifiers.



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<sup>2</sup>An Overview on Renoprotective Effects of Thymoquinone; *Kidney Dis* 2018;4:74–82; DOI: 10.1159/000486829



*Nigella sativa*, generally known as black seed or black cumin, is an annual flowering bush plant from the family *Ranunculaceae*. It grows in Southwest Asia, North Africa, and southern Europe. The main compounds that have been isolated from it include proteins, carbohydrates, fixed oils, essential oil, crude fiber, alkaloids, minerals, vitamins, ash, and moisture<sup>3</sup>. But the singular component of the oil that was studied is thymoquinone (TQ). This is considered the most important component and is what the study describes as the active agent responsible for the benefits in kidney disease.

Of course, we all know that the urge to find that *one* “component that is responsible” is not simply a scientific bent but also a commercial one. By reducing a plant medicine with dozens of phytochemicals to a single element, you can make it into a drug. While that single element may be made more powerful, it will possibly be ineffective for all the other uses that the plant has (like, in this case, treating cancer).

The oil of *Nigella sativa* contains many compounds that collectively have been used successfully against diabetes, asthma, cancer, epilepsy, and hypertension. It has anti-inflammatory and analgesic properties in addition to its antioxidant effects. It is not only renoprotective, as the article states, but also is hepatoprotective and neuroprotective.

There is a lot of benefit in those little seeds.

Another journal article is a bit more bold in its suggestion that Black Seed oil can be legitimately used for many diseases: *Thymoquinone: an Emerging Natural Drug With a Wide Range of Medical Applications*. This was published by the Iranian Journal of Basic Medical Sciences<sup>4</sup>. Note that they call it an emerging *drug*. This can be pardoned somewhat because products like Black Seed oil have been taken seriously as drugs in middle Eastern medicine for a very long time.

*Nigella sativa* came to my attention during the COVID-19 debacle, when I saw that it inhibited SARS-Co-V2 and was very effective in minimizing its impact in dozens of patients. Antiviral activity has not been noted in any of these articles, to my knowledge, but COVID is not a *normal* virus in any case.

The traditional naturopathic doctor may opt to use the isolated thymoquinone, and I am sure it will be promoted heavily. But, knowing what we know about Phytotherapy, the fractionated product never does everything that the natural plant does. Choosing isolated thymoquinone because it makes you sound more “scientific” is poor justification for giving sick people what will likely be a vastly more expensive product, and one that falls short of its full action.



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<sup>3</sup> The other components are tannins, resin, saponin, carotene, glucosides, and sterols.

<sup>4</sup> Thymoquinone: an Emerging Natural Drug With a Wide Range of Medical Applications; *Iran J Basic Med Sci*, 2014 Dec; 17(12):950–957

## Phytotherapy

### AILANTHUS, TREE OF HEAVEN

CP Negri, ND

When I did a one-year preceptorship with a homeopathic medical doctor, I was exposed to a lot of what homeopaths call the “small remedies”—those with a narrow range of action and not the “superstars” of the materia medica we were required to study in school. One of them was Ailanthus. I learned it to be almost a specific for strep throat.

*Boericke's Materia Medica* describes its common name as “Chinese Sumac”. I didn't learn until years later that it was what people typically called the “tree of heaven”, a couple of which grew across the street where I grew up. I remember my aunt complaining, “Tree of heaven? It's more like hell!” because of the foul odor that came off this tree in the hot, humid weather, especially at night.

Extract of the tree bark was used in Eclectic medicine, and its nastiness is described in *King's Dispensatory*: “The bark has a nauseating, bitter taste, and when recent, a sickening odor”. But in spite of this, it does some wonderful things:

The bark of ailanthus has been employed by Roberts, Dugat, and others, both in the recent and dried state, as a remedy for dysentery and diarrhoea; also in gonorrhoea, leucorrhoea, prolapsus ani, etc... Webster states, “the remedy, in 2x dilution, will cure malignant sore throat, ulcerated tonsils, and other tonsillar inflammations, marked by adynamia

and persistency.” He states that he has been pleased with it in putrid, malignant, typhoid scarlatina, with dusky, carmine eruption, high temperature, pungent surface, pulse small and extremely rapid, with thirst, delirium, and coma. The tongue is dusky, parched, and fissured; sordes upon the teeth; and the urine discharges involuntarily. Dose, 1 to 10 drops of the 2x dilution. His uses of the drug were derived from homoeopathy.

I should not have been surprised, after moving back to my old neighborhood, to find a tree of heaven right on the edge of my backyard. A larger tree had been cut down, and its neighbor Ailanthus decided to go with it. Here was an opportunity to have some raw material with which to make my own dilutions.

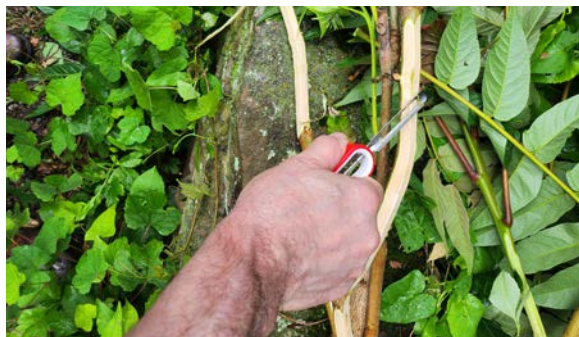


Here is what it looks like (very much like a sumac) after being cut down.



The bark is the prize.





A potato peeler to harvest the bark.



A nice bunch of shavings.



Tincture time!

Chop, mix 1:1 with 50% alcohol, and let it macerate for a few weeks. It is already starting to turn green after just a few minutes in the “soup”. I will use the resulting tincture to make a 2X potency, which is a higher strength than I believe you can purchase from a homeopathic supplier today.

It has been used successfully to expel tapeworms, so this is no milquetoast of a plant. Its purgative properties are attributed to its volatile oils, and it has the reputation of sickening anyone who even smells it. But, as any herbalist will tell you, the most powerful herbs are the ones that make you sick if you don't use them right. Those are the ones the pharmaceutical companies turn into drugs.

I am thinking of adding the diluted *Ailanthus* to my ECP formula, which I have used for decades as a throat spray (I'll tell you about that one sometime). I hate to fool with something that has a near 95% reliability in *instantly* eliminating throat inflammation, but sometimes things can get even better.

In all, a fun project that can help me help people.



*Any similar fun projects in your naturopathic life? Share them here!*  
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— Dr. Benedict Lust

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## Heritage

### A BETTER DAY

T.M. Shippell, ND

The one-time President of the ANA made this statement in 1950:

"A better day is dawning for the American people. Yes, the far-off horizon is beginning to brighten from a health standpoint because the time, at long last, has arrived when many of the leading practitioners of the medical fraternity are beginning to speculate about the *true efficiency* of these so-called "wonder drugs". It is certainly a good sign when the medics actually express their doubts about anything that the great laboratories turn out. It is strange indeed to see some medical men

actually go contrary to the expensive big business sales propaganda that continuously launch the new "miracles" on suffering Americans".

If only Dr. Schippell were still living today to see the recent manifestations of this. With the independent media giving exposure to the voices of medical "heretics" like Pierre Cory, Peter McCullough, Robert Malone, Andrew Wakefield, and others, and the MAHA movement dismantling the corrupt CDC under the direction of Robert Kennedy Jr., that sun is pushing up over the horizon that Dr. Shippell spoke of so long ago. With every naturopath's help, it can shine brightly and disinfect every dark corner.



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## Dietetics

### NATUROPATHIC TREATMENT OF H. PYLORI

Since the bacterium involved with stomach ulcers was identified years ago, the public—and medical doctors—have had reason to use even more antibiotics than previously. In fact, the hidden thoughts of our medical counterparts probably ran to “What other common problems can we simply treat with an antibiotic? My job could get easier and easier.”

The really awful part is the knowledge that the antibiotic use and proton pump inhibitors (Nexium®, Prilosec®, Protonix®, etc.) increases the risk of developing stomach cancer by as much as 800%.

What do we do, as naturopathic doctors, to treat *Helicobacter pylori*?

A simple antibacterial approach would be to take 10 drops of 3% hydrogen peroxide in a glass of water between meals, 3 times daily. This alone has eradicated *H. Pylori* in many people.

Although there are many plant-based natural antibiotics we NDs use that would be a step up from the orthodox method, that is not (as we used to say in the ‘70s) the “beautiful solution”.

First off, probiotics are called for, because the nasty “bugs” take advantage of a shortage of the healthy bacteria that line our GI tracts and actually help digest our food. Replacing the healthy flora goes a long way toward crowding out unwelcome

squatters like *H. Pylori*. Taken between meals, they can “seed the field” for growing a new crop of beneficial bacteria.

Next would be digestive enzymes. Taking the full burden off the stomach in breaking down food helps the gastric tissues repair at a faster rate. Digestive enzymes should be taken with meals, unless there is so much ulceration that they irritate the stomach. In such a case, a demulcent herb like slippery elm (*Ulmus rubra*) or marshmallow (*Althea officinalis*).

Many doctors rely on DGL for these patients. De-glycyrrhizinated licorice root (DGL) has a good track record of alleviating the symptoms of ulcers and GERD. The dosage is usually 800-1600 mg of DGL a half hour before meals.

People today are more likely to respond to taking a pill—even if it’s an herbal pill—than a diet or lifestyle change. So you have to use a little psychology when you want to treat them dietarily. Patient education is the key. When you give them this information, you look smart and they feel empowered. Everybody wins.

You first point out that science has uncovered a lot of the underlying substances that were behind what we all thought were folk remedies.

It’s your chance to sound really scientific when you tell your patient/client that you are going to give them a really powerful medicine: *Sulphoraphane*. Pause dramatically before you explain what it is.

Sulphoraphane is a sulphur-based compound found in cruciferous vegetables, such as cauliflower, cabbage, kale, garden cress, bok choy, and

broccoli. In fact, broccoli sprouts are nothing short of sulforaphane concentrate, containing as much as 50 times the amount of this compound as the broccoli plant itself. They are best eaten raw or lightly steamed. Even people who dislike broccoli can eat this. One study showed that taking under 30 grams (one ounce) of the sprouts twice daily for 7 days eliminated the H. Pylori.

Brussel sprouts and cabbage (Savoy or red) are also high in sulphoraphane. Eat steamed. The cabbage can be eaten raw (coleslaw, anyone?).

A longtime naturopathic remedy for digestive problems was cabbage juice. This is a very efficient way to take it if you have a juicer. In the old days, they attributed its efficacy to containing "Vitamin U", which was later found to be the compound S-methyl methionine, or SMM.

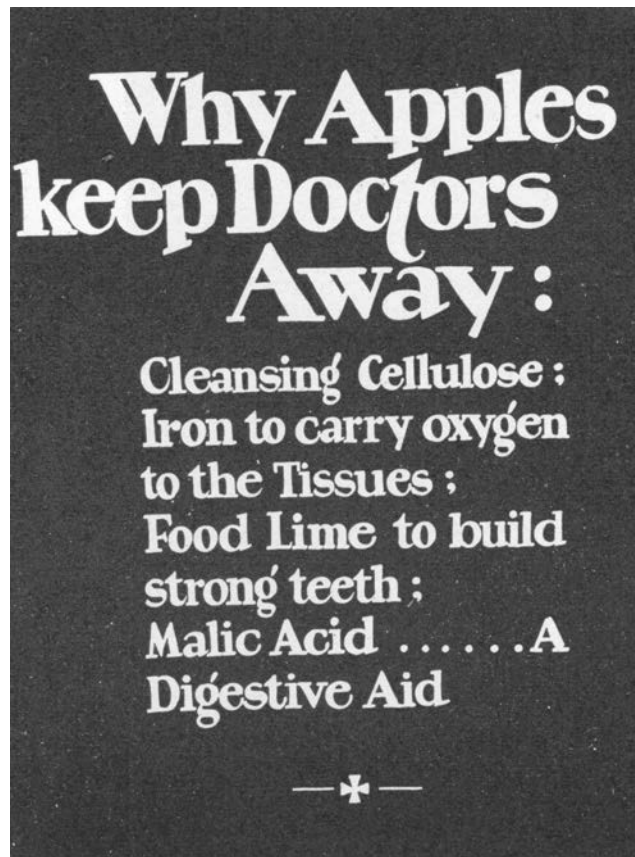
SMM stimulates the secretion of mucin, the substance produced in the stomach that protects itself from its own hydrochloric acid and heals the mucosal lining. Clinical trials gave patients with ulcers 1.5 ounces of freshly made cabbage juice four times daily. There was an 80% reduction in symptoms within a week.

There you have two examples of results in just one week. A very simple "beautiful solution" that works fast for the patient and doesn't keep them on an endless round of pills. And when they want to know the science, just point them to these published studies:

*Dietary sulforaphane-rich broccoli sprouts reduce colonization and attenuate gastritis in Helicobacter pylori-infected mice and humans; Cancer Prev Res (Phila) 2009 April;2(4):353-60*

Sulforaphane inhibits extracellular, intracellular, and antibiotic-resistant strains of *Helicobacter pylori* and prevents benzo[a]pyrene-induced stomach tumors;

Fahey JW, et al. *Proc Natl Acad Sci U S A*. 2002



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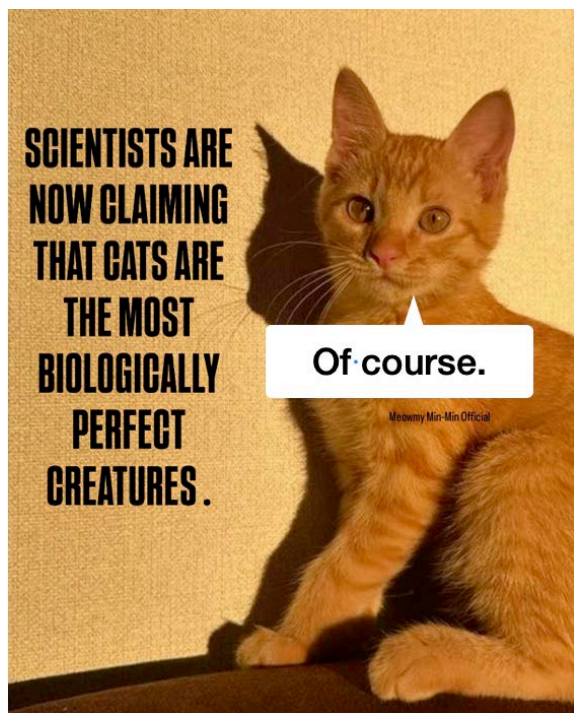
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## Physiotherapy

### CAT'S PURR: HEALING FORCE

It is well known that migraine sufferers are relieved by lying down with a purring cat next to their head. Many arthritis patients report the same for their joints when a purring cat makes contact.



One of the more unusual studies in the field of healing energies was done almost a quarter-century ago but little has ever been mentioned about it. The research team recorded the purrs of 44 different *felids*; not just house cats but ocelots, cheetahs, pumas and serval cats. Every one of them was found to generate strongly projected frequencies ranging between 25Hz and 150 Hz. This tallies with other studies done in the past showing this frequency range has been successful in treating sprains, increasing flexibility, healing fractures and

accelerating bone growth, and relieving difficult breathing. Domestic cats generated the strongest frequencies at exactly 25 Hz and 50 Hz. These are the two in the low frequency ranges that have been the most studied to promote the healing of non-union fractures and to stimulate bone growth in general. When they harmonize, the resulting purr is within 2 Hz of 100 Hz, which is the exact frequency used in treating wounds, pain, swelling, and shortness of breath. It should be pointed out that difficult breathing associated with heart disease is practically non-existent in cats, while it is common in dogs (who don't purr). Likewise, skin tissue grafts often fail in dogs, but will take very quickly in cats. Bone diseases and bone cancer is rarely found in cats, but common in dogs, across all breeds. Complications from surgery are far less in cats than dogs.

Cat purring appears to be a built-in self-healing mechanism that can transfer to others. For naturopathic doctors utilizing frequency specific therapy, this should be of interest.

*J Acoustic Soc Am 2001;110:2666.* ❖

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## Physiotherapy

### KANSHO-HO: A NEW MANUAL THERAPY

A new therapy coming out of Japan is somewhat remarkable, because of the long history of methods like *Shiatsu* and *Amma* (and of course, acupuncture) practiced there. In fact, culturally, massage methods have been an integral part of everyday life in Japan for centuries. Children have traditionally massaged the shoulders of their parents or grandparents at the end of a workday.

With an estimated 10% of Japanese suffering from chronic nonspecific low back pain, there is room for many variations on manual medicine. Enter Kansho-ho. This new therapy, originating only in 2007, has a different flavor (the “ho” at the end means “method”). It is characterized by extremely light pressure. It has been found to be effective in relieving chronic musculoskeletal pain.

Since the mechanism is somewhat mysterious, its results have been compared with other manual techniques such as myofascial release and PNF (muscle energy technique), as well as regular massage. Its curious effects, with rapid pain relief and muscular relaxation, have been published in a mainstream medical review.

Kansho-ho uses a very slight pressure, measuring only 4.9 to 7.4 Newtons (about 1 to 1 1/2 pounds). It is applied to a small area while the subject performs active movements. Initial tests suggest that higher or lower pressure do not result in

the same degree of reduction in pain and stiffness.

The fact that Kansho-ho produces effects equal or greater than the effects from better-known methods is exciting scientific inquiry.

But, even in the absence of more definitive studies, Kansho-ho is potentially very valuable for several reasons: It is better suited for elderly patients (which is a large demographic in Japan today); the frail and hypersensitive can benefit from manual treatment that would otherwise be too rough; and there is no post-treatment soreness as there is from other methods (even stretching).

But the outstanding characteristic that makes it likely you will hear more about this therapy in the years to come is the fact that it reportedly works rapidly. And every culture, even Japanese culture, appreciates quick results.

Sakato T, Amitani H (August 08, 2025) The Muscle Relaxation Effects of Gentle, Focal Load (4.9–7.4 N) With a Narrow Contact Area: A Narrative Review of Kanshoho and Conventional Manual Therapies. *Cureus* 17(8): e89646.

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## History

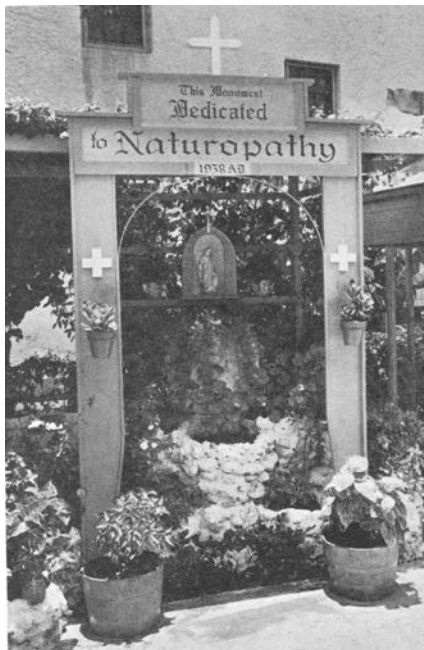
### Monument to Naturopathy in Miami

A ceremony was held in 1938 to dedicate a monument to Naturopathy. It was held at the Loran Morris Alexander Memorial Hall of the Southern University of Naturopathy and Physiomedicine in Miami, Florida.

Myron Post, ND, president of the Dade County Association of Naturopathic Physicians, gave the address of

It was an inspiring speech which we cannot reproduce in full, but there is a section that seems most pertinent today:

**“Since the time when Dr. Benedict Lust founded the first school of Naturopathy in the United States, many other schools have come to pass and totally disappeared, because of lack of moral and financial support. No one has thought of endowing any of our schools, but it was necessary for the schools to rely on the support of private funds with which to carry on, which is impossible to continue forever.**



The monument in 1938 (left) and the site today, behind where the man is sweeping the walkway.

welcome. It was quite a ceremony, reported on in two consecutive issues of *Naturopath and Herald of Health*, the ANA journal of the day. Speeches were given by Dr. A. H. Kendall, Dr. D. J. Farr, and Dr. Phyllis Casey, as well as seniors Randall Kendall Jr. and Beatrice Luther. The final address was made by president of the University, Dr. I. S. Weinger.

**“Professions seem to be imbued with the idea that it requires external appurtenances of education, such as buildings, campus, athletic organizations, etc., to make education possible. Imposing buildings may continue to rise, and we may point with pride and boast about our million dollar apparatus and equipment, and**



**still we have only buildings and equipment—an edifice without a soul. It takes more than these things to build an institution. It takes real devotion and sacrifice on the part of men and women in the profession, those willing to give of themselves to the neophytes—willing to give the best that has been taught in Naturopathy”.**

Dr. Weinger makes some very good points and one would like to think that it was *this* attitude of dedication—not desperation—that led to traditional Naturopathy concentrating on distance learning for the last several decades.

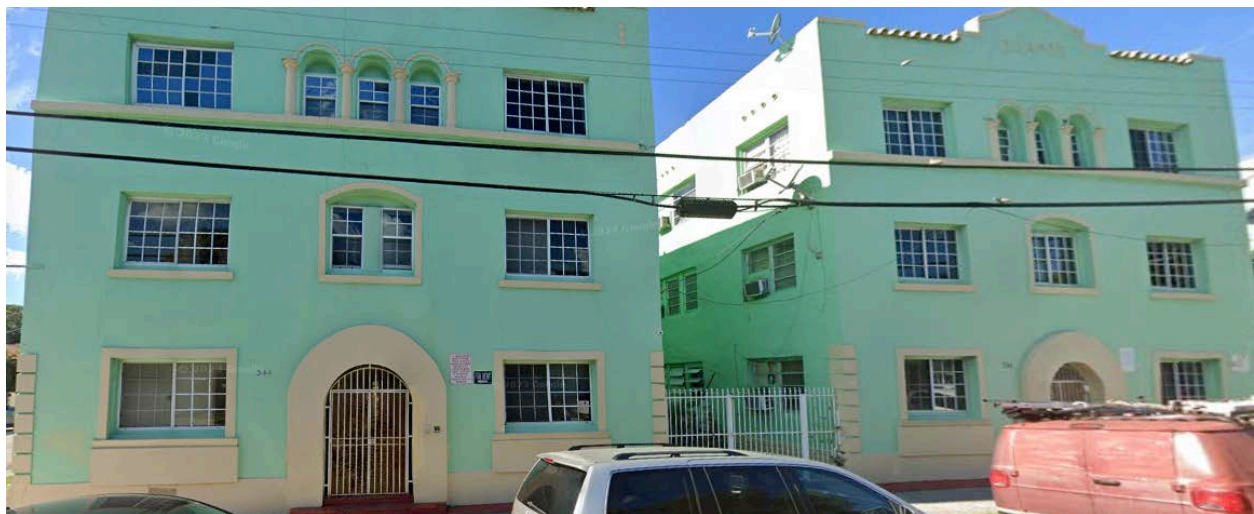
But what we have traded for that integrity we have lost in capability. Without facilities for learning them properly, many of the modalities naturopaths used so expertly years ago have been silently dropped.

While it is true that a campus and buildings and equipment do not alone create quality, it is equally true that one cannot competently learn manual

therapies, or hydrotherapy, or physical assessment skills without an experienced instructor guiding them, or access to a variety of patients in a clinical setting—and a physical facility for it all!

Concentrating on “health counseling”, important as it is, and doling out manufactured nutraceuticals, is a fraction of what Dr. Weinger describes as “the best that has been taught in Naturopathy”.

The owners of today’s traditional naturopathic schools need to look long and hard at the photo below and dream, as they likely once did. And, after a reasonable period of dreaming, start putting together a plan for at least *one* new training facility where all the missing pieces of Naturopathy can be taught competently and top off students’ education, producing the caliber of naturopaths who once walked the now-crumbling halls you see below.



Faded beauty: Former campus of the Southern University of Naturopathy and Physio-medicine, including the College of Allied Sciences. A grandeur that few school owners today would aspire to.

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