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# **Monitor**

## **OF NATUROPATHY**

Summer 2025

# Monitor

## OF NATUROPATHY

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## METABOLITE MAY POWER UP CAR T CELLS TO KILL CANCER

### University of Pennsylvania reports:

A simple dietary supplement may provide a new approach to boost CAR T cell function, according to a study from researchers in the Perelman School of Medicine at the University of Pennsylvania and Penn Medicine's Abramson Cancer Center. While the approach needs to be assessed in clinical trials, the early research, shared in a press briefing today at the 66th American Society of Hematology (ASH) Annual Meeting and Exposition (Abstract 4), hints at a potentially cost-effective strategy to improve CAR T cell function and cancer-fighting abilities.

CAR T cell therapy is a personalized treatment approach, pioneered at Penn Medicine, that reprograms patients' own immune cells to kill their cancer.

"Thousands of patients with blood cancers have been successfully treated with CAR T cell therapy, but it still doesn't work for everyone," said co-lead author Shan Liu, PhD, a postdoctoral fellow who presented the study at ASH. "We took an outside-the-box approach to improve CAR T cell therapy, by targeting T cells through diet rather than further genetic engineering."  
(Continued next page)

Liu co-led the study with Puneeth Guruprasad, PhD, who earned his PhD at Penn and is now a medical student in the Perelman School of Medicine. The lead authors worked under the mentorship of co-senior authors Marco Ruella, MD, an assistant professor of Hematology-Oncology, a researcher with the Center for Cellular Immunotherapies and the scientific director of Penn Medicine's Lymphoma Program; and Maayan Levy, PhD, an assistant professor of Microbiology.

### **Car T Cells Prefer Bhb As A Fuel Source**

First, the research team tested the effect of several different diets, including ketogenic, high-fiber, high-fat, high-protein, high cholesterol, and a control diet, on CAR T cell's tumor-fighting capabilities using a mouse model of diffuse-large B-cell lymphoma. They found improved tumor control and survival in the mice receiving a ketogenic diet compared to all other diets. In subsequent studies, they found higher levels of beta-hydroxybutyrate (BHB), a metabolite produced by the liver in response to a ketogenic diet, was a key mediator of this effect.

The research builds on previous work from Levy's team, which found that BHB strongly suppressed the growth of colorectal tumors in lab experiments.

"Our theory is that CAR T cells prefer BHB as a fuel source rather than standard sugars in our body, such as glucose," Guruprasad said. "So, increasing the levels of BHB in the body gives the CAR T cells more power to take out the cancer cells."

### **Translational Studies In Patient Samples And Healthy Volunteers**

Next, the research team tested a BHB supplement combined with CAR T cell therapy in laboratory models of human cancer (on a standard diet); the results showed complete obliteration of the cancer in the vast majority of mice and resulted in higher CAR T cell expansion and activation. To see if BHB, which occurs naturally at various level in our bodies, had a similar effect in humans, the team assessed blood samples from patients who had recently received CAR T cell therapy and found that greater BHB levels were associated with better CAR T cell expansion in patients. They also looked at T cells of healthy volunteers who took a BHB supplement and found similar changes in how normal T cells generated energy after exposure to BHB. Past studies across several cancer types have looked at the impact of dietary interventions, such as a high-fiber diet, on the response to cancer immunotherapy, however the mechanism behind the BHB effect in this study appears to stem from metabolic changes in the blood, rather than via the gut microbiome, as in the case of a high-fiber diet.

### **Next Steps And Potential Impact**

The theory that BHB supplementation could improve response to CAR T cell therapy is being tested in a Phase I clinical trial at Penn Medicine's Abramson Cancer Center.

"We're talking about an intervention that is relatively cheap and has low toxicity potential," Levy said. "If the clinical trial data pans out, I'm excited to think about how a fairly simple approach like this could be combined with dietary interventions or other, more traditional approaches, to enhance the anti-cancer effect."

(Continued)

The clinical trial, led by principal investigator Elise Chong, MD, an assistant professor of Hematology-Oncology, will soon begin enrolling patients with relapsed or refractory large B-cell lymphoma who are receiving commercially available anti-CD19 CAR T cell therapy as part of their treatment.

“As a physician and scientist, I share my patients’ excitement for potential new strategies to better treat their cancer, and I’m thrilled to see this research move from the lab bench to translational studies and now to a clinical trial,” Ruella said. “However, we want to emphasize that, at this point, the research is still preliminary, and we’re not making any dietary or supplement recommendations to patients based on this study until we have definitive clinical evidence.”

The study was partly funded by the Penn-CHOP Microbiome Core.



### **Smart Toilets in Japan**

(From Straits Times)

Naturopaths who use colon hydrotherapy will be interested to know more data will be coming their way. The famous Japanese toilet manufacturer Toto has announced that they will be selling “smart toilets” that will measure the size, density, and color of the owner’s stools.

The new Neorest toilets contain an LED that bathes the excreta in light and a sensor captures the light to measure the length, shape, and contour.



The color is divided into three categories: ochre, brown, and dark brown. The density or hardness has seven levels, and the volume of stool has three levels of measurement.

The data is viewed through an application on the owner’s cellphone. Up to six users can access the smart toilet’s measurements.

Of course, while this is not elaborate enough for naturopathic analysis (there are eight degrees of stool hardness in reality, and more than three colors), it will be helpful for patients to acquire some diagnostic information at home, not only to report but to be more involved with their own care.





### A PLEA FOR THE RATIONAL USE OF NATUROPATHY

C.P. Negri, ND

We know all about the public's disenchantment with conventional health care. We have seen the disappearance of doctors who make house calls, the appearance of big money medicine, and daily bombardment by drug ads. The average person dislikes this trend. It is therefore a sad irony of human psychology that the public will also say, "But medicine is so much better now. People used to die from that disease." Maybe; but before they didn't die from the *medicine*.

Naturopathy, while centuries old, is in the process of being remodeled by some into a new product that more resembles allopathic medicine than the natural medicine we all know. One faction of our field has taken it upon themselves to represent this movement as the direction of the profession itself, and not what it truly is—the viewpoint of a minority group.

In the past two decades, naturopaths have been told to adopt new ways of doing things, new products, and new avenues of knowledge. The fact that these new ideas are based on thinking that is suspiciously like conventional medicine has escaped some. For others in our field, it is the same presumption the public makes about high-tech medicine: It's newer, and therefore "better". This discussion will examine this

phenomenon, focusing on the major areas in traditional naturopathic practice.

### Botanical medicines

There are items in our natural *materia medica* that we have all used and found to be effective in the majority of cases—we know them to be effective not because of their historical usage, but because we have put them to the test, time and time again. Allopaths (green and otherwise) would say that is anecdotal. The implication is that we don't really "know" those things are effective, and the things we *do* know to be effective have been "proven" by studies that have been published in peer-reviewed journals. All well and good. The double-blind controlled trial is a good way to find out what is going on. But it is not the *only* way.

First of all, a "statistically significant" response to a drug in the pharmaceutical industry might be as little as fifteen percent. But it has been proven and reviewed by experts. This puts us in the position of approving items that work partially or in only a small number of cases while ignoring those that work consistently with a much better clinical outcome, because they are not "proven" by the current standard.

Secondly, adopting such a hard line regarding our natural *materia medica* ignores the fact that much of the allopathic *materia medica* has mechanisms of unknown action. One does not have to read far in the PDR to see passage after passage stating "Mechanism of action: Unknown". So now we are boasting that we have scientifically chosen the materials we use by the confirmation of their mechanisms of action, while the allopathic medical

community has no problem using drugs that they cannot explain.

What we find when we look closely is that the items being subjected to those studies are materials that have been manufactured according to strict standards, often using the “active ingredient” isolated and produced in a “standardized” form to insure uniformity, and which are then found to create a “statistically significant” response in test subjects or the subjects’ follow-up lab work. But is this effective enough? A good example of the pitfalls of this thinking is the wide usage of *Hypericum perforatum* (St. John’s Wort) for depression. It was concluded from studying this plant that the *hypericin* in the plant was responsible for the antidepressant effects—the so-called “active ingredient”. Nutraceutical companies boasted of their standardization of their St. John’s Wort extracts to a guaranteed percentage of *hypericin*. Later, it was found that the *hyperforin* in the plant, a different constituent, was associated with the antidepressant effects. The latest research into the matter shows that the flavonoid content of the plant may be in fact the most important synergists allowing these phytochemicals to do their work.

If one reads between the lines, the picture becomes very clear: The companies endowing the various naturopathic schools and servicing the natural medicine profession are producing items that are scientifically defensible to the orthodox medical industry, but which may in some cases be less effective than the original substances used for that purpose. A more ominous aspect of this is that fractionated

substances, removed from their natural complex state, typically have side effects that the source material does not. This perpetuates the tradition of allopathic pharmacology in which patients will take medicines that will produce side effects for which they will take other medicines, ad infinitum.

### **Manipulation**

Naturopaths have used joint manipulation since almost the inception of the field, and most of our pioneers also had chiropractic degrees or osteopathic degrees. Benedict Lust’s original school had a chiropractic program as well. Today, chiropractic is the best-known system using manipulation, and a myriad of specialized technics have emerged, such as Logan Basic, Gonstead, Palmer Upper Cervical (Toggle) Technic, Sacro-Occipital Technic, Activator, etc.

As with the rush to scientifically “validate” botanical medicine and nutritional therapy, manipulation has been subjected to scrutiny that creates the impression that only the “right” application with the “correct trajectory and line of force” and even the “specific” pounds-per-square inch thrust matched to the degree of subluxation, etc., will be truly effective. This cleverly puts the burden on diagnostic information (more imaging, more assessment of the imaging, etc.), makes specialized training necessary (with the accompanying continuing education, certification, special equipment, etc.), and funneling of the information into a syndrome that can be matched to an ICD code that will make it possible to bill the patient’s insurance effectively. The flaw with this last effect is obvious; valuable information that better delineates the patient’s case (subjective as it may be) is thrown out in favor of

data that matches up with the technic the doctor wants to administer. Upper cervical specialists see C1 correlates to everything; activator users find very slight deviations in the spine that require a very slight force to be accurately corrected, etc.

Meanwhile, naturopathic legends such as Frederick Collins (who, in addition to his naturopathic and osteopathic degrees, had trained under both D.D. Palmer and B.J. Palmer for his chiropractic work) took an entirely different approach. He championed his “Universal (or General) Naturopathic Tonic Technique”, a general method that could be applied in very little time and which accomplished a globally mobilizing action on the spinal segments, with resulting lymphatic, vascular, and neurological effects. While immediately reducing any minor restrictions to range of motion, it revealed to the operator the areas for more intensified work; in this way it was diagnostic as well as therapeutic. It is relatively ignored today.

### **Hydrotherapy**

While many and varied technics have been established of applying water to the body in the form of hot and cold packs, ablutions, spritzes, submersion, and so forth (compiled most comprehensively in Kellogg’s *Rational Hydrotherapy*), it remained for naturopath Otis G. Carroll to create “Constitutional Hydrotherapy”. This is a general method that can be applied, with a few variations, to almost any chronic or acute condition. This is another non-specific therapeutic modality that is effective, reliable, and will never be subjected to a double-blind crossover trial to “prove” that it works.

### **Nutritional supplements**

Most of us, myself included, became used to prescribing USP vitamins and minerals because that was what the companies servicing our profession were manufacturing. We felt secure that we were on solid ground because of the wealth of published scientific studies validating the beneficial effects of nutritional supplementation. No longer would we have to endure taunts of “food faddist”, “health nut”, and suggestions of being unscientific pretenders by the orthodox medical community. But what were we doing? Our own profession clearly stated, in the 1947 clarification of naturopathic medicine, “...Naturopathy does not make use of synthetic or inorganic vitamins or minerals.”

Admittedly, the very few companies making totally natural vitamins had products that came in hard-to-take forms (large and/or many tablets) and were expensive. Because of problems with patient compliance, I overlooked many of these products for years. Fortunately, production methods have improved, prices have come down, and the economic level of the average naturopathic patient has come up. I have for decades now used only natural nutritional supplements, and I know there was no suggestive selling going on when patient after patient came back telling me, “I feel much better taking these vitamins than any I ever took before!” I know, because I take them, too.

Here is what the nutraceutical industry, the “green allopathic” NMDs, the schools and academies teaching and certifying specialized methods, and certainly the FDA, don’t want people to know: If a sick person thoroughly cleanses the colon; does lymphatic, liver, and kidney

detoxification; does a fast; regulates the diet; takes some good quality natural supplements; has some general spinal manipulation and gets a series of massages; does some hydrotherapy according to the chief complaints and takes a short course of botanical medicines according to the same complaints, *most of the time the sick person will get much better, regardless of the diagnosis.*

If further diagnostic or more specialized therapy is needed, the diagnostic testing will be more revealing and the treatment will be more effective than before the initial cleansing. Some abnormal findings that would have been seen on tests at the outset will have cleared and will not have to be addressed. Better for the patient! Therapies that might have been seen as absolutely necessary will be no longer needed. Again, better for the patient!

The only problem with this scenario is that none of these things is better for the *industry*. An industry that is pushing for more expensive products and more medical interventions on the part of more rigorously trained practitioners. Notice how the word “more” keeps entering into the discussion? The natural medicine monetary system breaks down if old-time naturopaths use cheap, low-tech methods to clear 80-90% of the problems a patient is having.

Admit it, my fellow naturopath. You have used some items in the past that are out of favor today. Did they work? You have read the studies and monographs of current nutraceutical materials that have been touted for different conditions, which have passed muster enough to have the FDA allow a specific health claim on the label. How well do they work? Be honest

with yourself. Aren't you in fact disappointed with the results of using a lot of the so-called “evidence-based” materials? Haven't you noticed that the standardized extracts of herbs you used in the past, in their easy-to-take capsules and their respectable-looking packaging, don't really work as powerfully as those tinctures of the whole plant you used to use?

We are now at a point where methods that we once knew to be reliable (upwards of 90% of the time) are being swept away in favor of methods that have been shown “scientifically” to work to a “significant” degree. One needs only look at the orthodox pharmaceutical industry to know how little a drug has to be effective to be approved. Our profession is aligning with the standards of orthodox medicine, and that does not honor us. That should enrage us.

This change in standards is not about doing a better job. It is not about weeding out those methods that have been historically used but are not actually effective. It is about money and power. It is about making sure that the most curative methods are eliminated, and those methods that encourage dependence on the medical system are foremost. It is about getting rid of the practitioners who can take care of the possibly 90% of patients who require a general treatment before needing the expertise of a more highly trained specialist.

Look at it this way. Allopathic medicine has gatekeeper providers, specifically the family practitioners. While the majority of doctors at one time were general practitioners, the age of specialization forced those who later entered the field to

“specialize” in the newly-renamed category of “family medicine”. When a patient has a problem that the family practitioner can’t take care of completely, he is referred to a specialist. One can’t just take one’s bowel problem directly to a gastroenterologist. So the gatekeeper makes money and the specialist makes money.

Naturopathy has no such system. Naturopathic practitioners have traditionally fulfilled the role of the general practitioner or family doctor, and the only specializing that has tended to occur has been in the therapeutic realm. Some naturopaths specialize in botanical medicine, some in homeopathy, some in hydrotherapy or manipulation, etc. Centering a practice on a particular type of pathology has been historically foreign to naturopaths.

Certainly, specialists in pathology are starting to appear, but the field is still small enough that this hierarchical system is not developed yet. But it is developing because the newer schools are emphasizing an allopathic approach. Also, we now have renegade MDs who convert to an “integrative” medical model and market themselves for the natural treatment of Lyme Disease and other specific conditions that have slipped through mainstream medicine’s reach.

I very much doubt that as the naturopathic field grows it will establish a gatekeeper provider in the same way. The “green allopathic” type of naturopath wants higher and higher standards of education and certification, and will practice in a more and more narrow fashion (in keeping with scientific reductionist thinking). Who, then, would serve as gatekeepers for these

impeccably trained specialists? Logically, it would be lesser-trained naturopaths in general practice. But this is not likely to happen, for two reasons.

First, the “green allopathic” agenda is one that forces a higher standard of certification on *everyone*, so there will be no “lesser-trained naturopaths”. But if more rational naturopathic politics come about, the practitioners born for this role are those who graduated from the so-called “non-accredited” schools. If these practitioners cling to only the most basic concepts of natural medicine, use only the most low-tech and simple of therapies, and are willing to bow to a specialist who has greater knowledge in a specific area and training in therapies that are more exacting in execution (injection or intravenous therapies, etc.), what would be the objection?

Only this: The naturopath using the most general approach and the simplest therapies *will likely cure eight out of ten patients before they get to the specialist!* To these doctors who have invested more years and money and are held accountable to higher standards of certification, this is unthinkable.

Specialists are definitely needed. But we are already starting to think like conventional medicine: You are being negligent if you don’t use the most up-to-date, technologically advanced method. You know all the arguments:

- “The newer drugs must be better than the ones we used for that complaint ten years ago.”
- “An X-ray may not show anything, so I’ll order an MRI.”

- “That textbook was published in the 1970s—we know so much more now.”

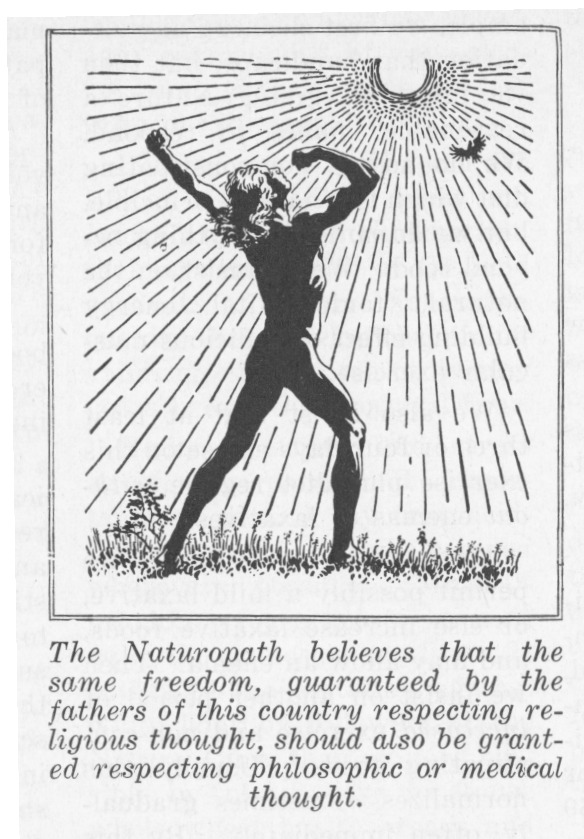
Yet, when we read the published cases of naturopaths from decades ago, the results of the treatments they were using are sometimes incredible. We tend, when reading these old accounts, to think, “Well, these weren’t objectively tested and are probably overly dramatic anecdotes.” Or, if we believe the accounts, we may think, “But conditions have changed since then, and illnesses are more complicated today.” Then we head right back to the most current information.

There are those of us, like myself, who took it upon ourselves to investigate those methodologies of old. Anything that stands a chance of being that good, I reasoned, is worth exploring. Luckily, I was able to prod a number of elderly doctors for inside information on these matters. You may have, also. If you didn’t, I am sorry for you, because the preceptor system is virtually dead, and few of those practicing today had any direct contact with those of the generations who were using the most effective methods.

The current educational situation discourages preceptors, and in many places one can read the propaganda that undesirable naturopaths are ones who do not attend accredited schools, “...or they learn from other naturopaths.” How this became a badge of ineptitude instead of experience I will leave you to figure out.

The methodologies of those past generations, adapted and chosen in light of modern knowledge, are no step backward. It is in the best interest of the

patient to try the simplest and most broadly health-enhancing treatments *first*, before relying on more intricate diagnostics, more expensive supplements, and more currently acceptable (“defensible”) procedures.



## **Dietetics**

### **Maximize Your Immune System Potential**

By Robert Irons, PhD

Frequently, I am asked about ways to “boost” your immune system. While there are a lot of different opinions on this, the truth is that you really don’t “boost” the system. You can only achieve optimum function, which is measured by successful, but controlled defense against infection. In fact, the immune system is poised on a fulcrum – balanced between a sufficient enough response to clear an infectious agent, and moderating that response so it does not destroy host tissue. Auto-immune disorders (e.g., Crohn’s disease, multiple sclerosis, etc.) are cases where maximum immune responses may not be desired. Because the pathology of all diseases involves tissue damage, and the immune system is responsible for removal of cell debris, there is an immune component to all disease.

The most common routes of infection are through the skin, mucous membranes, and gastrointestinal (digestive) tract. These tissues must function normally to maintain optimum immunity. If the skin is dry and cracked, or suffers from eczema, rashes, psoriasis, or other disorders, it cannot present a successful barrier to infection. Mucous membranes in the eyes, nose, and lungs must protect us from infectious agents, while not producing so much mucous and catarrh as to prevent clearance of the agent. The gastrointestinal tract must be functioning properly, and flowing freely in order to

keep dietary immunogens and toxins moving through and out of the body.

It makes sense, then, that the nutrients that are required for a healthy immune system are also those required for healthy skin, lymph, and digestive health. While the essential nutrients maintain immune system health, there are bioactive food components that can modify the immune response.

### **Antioxidants – Vitamin C, Vitamin E and Selenium**

The immune response is associated with the generation of free radicals, which must be neutralized before causing damage to cellular organelles and DNA. Vitamin C (water-soluble) and vitamin E (fat-soluble) work to neutralize free radicals inside the cell and at the cell membrane, respectively. Selenium functions in selenium-containing proteins (selenoproteins), which have antioxidant activity throughout the cell. Good sources of vitamin C are fresh fruits and vegetables. To get the most benefit, use natural food sources rather than isolated ascorbic acid. Good sources of vitamin E are nuts and seeds, leafy greens, whole grains, some fruits and vegetables, and wheat germ oil. When obtained from food sources alone, vitamin E has no documented research of toxicity. Selenium is present in nuts (especially brazil nuts), seeds, fruit, vegetables, seafood and meat, but the content varies greatly depending on the selenium content of the soil in which the plant was grown, and the fodder on which the livestock was raised.

### **Anti-inflammatory – Vitamin A and Omega-3 Fatty Acids**

The immune system uses inflammation to respond to infectious agents. But, the inflammation is held in check by signals that temper the extent of inflammation, so that host tissue is not affected greatly. Vitamin A (fat-soluble) has been shown to shift the immune response toward a humoral response that involves less inflammation. Long chain omega-3 polyunsaturated fatty acids, principally eicosapentaenoic acid (EPA) and docosahexaenoic acid (DHA) alter eicosanoid (fat-soluble messenger) production, thereby keeping inflammation in check. They also down-regulate the cytokines (protein messengers) that promote inflammation. An excellent food source of vitamin A, EPA, DHA, and vitamin D is cod liver oil. Fish and fish oils provide the omega-3s, but do not provide the fat-soluble vitamins A and D. Beta carotene is a precursor to vitamin A, and is found in leafy green and orange-colored vegetables like spinach, kale, sweet potatoes, carrots, and some fruit.

### **Maturation – Vitamin D**

Vitamin D is a fat-soluble vitamin that humans can make to a limited extent by exposure of the skin to sunlight. It is essential for proper calcium metabolism and bone mineralization. In the immune system, vitamin D is required to induce cell differentiation – a maturation process that all cells must go through to become fully mature and functional. Many nutritionists believe that people are unable to make sufficient vitamin D by sunlight exposure alone, so dietary intake of vitamin D is necessary. Good food sources of vitamin D include liver and cod liver oil (a nutritional powerhouse), shellfish, milk, and eggs. Milk naturally contains vitamin D in the cream fat, but commercially available milk has the fat

removed (especially low-fat and skim), so synthetic vitamin D is added back to the milk during pasteurizing and processing.

### **Intestinal Flora – Probiotics, Prebiotics and Fiber**

Bacteria are everywhere. There is no sterilizing or escaping them. The colon is colonized by a dense and complex community of bacteria (which can amount to 100 million bacteria per gram). These organisms have a major impact upon health because they supply nutrients, convert metabolites and interact with host cells. The make-up of this bacterial community is highly dependent upon dietary habits.

The energy sources that support colonic flora are endogenous mucin and dietary components that resist degradation in the upper intestinal tract – fiber. Depending on the energy source, these bacteria secrete different metabolites (i.e., vitamin K, short-chain fatty acids like butyrate, carbon dioxide, hydrogen, methane, etc.), which can have beneficial or negative effects on the body. For example, butyrate influences the health of the gut mucosa. Feed the intestinal flora good quality, whole grain fiber, and beneficial bacteria that produce compounds to help our bodies will flourish. But, feed them white, refined flour and sugar, and the putrefactive, detrimental bacteria will thrive – and poison us.

Prebiotics (e.g., fructooligosaccharides) are generally fiber products that support bacteria growth by providing short-chain carbohydrates that the bacteria use as an energy source. Probiotics are also a good source of some of the flora (principally *Lactobacillus*). The best food sources of cultured beneficial bacteria are



fermented foods like yogurt, sauerkraut, kimchi, and kefir. But, only 25% of the bacteria identified in the human colon are species that man can culture in the lab. So, the only way to get a well-rounded variety of intestinal flora is through a varied diet. Eat raw foods, have a picnic, go camping, eat a little “dirty” to expand your intestinal flora.

### **Bioactive Food Components - Herbs and spices**

From the beginning, mankind has used plants to improve the flavor of food. Science is only now elucidating how the many and varied compounds in herbs and spices - added in small amounts to food - can have cumulative effects on human physiology. Curcumin is one such compound, found in turmeric and curry, that can modulate the immune response by reducing the activity of transcription factors (i.e., NF-kappaB) that make inflammatory proteins. Most herbs and spices - such as green tea, cloves and licorice - have antioxidant activities. Don't hold back on using herbs and spices in your cooking, you'll get better flavor and health benefits that are not yet quantifiable. If variety is the spice of life, then spices give variety to life.

In addition to eating a diet rich in the nutrients mentioned above, optimum immune function requires adequate sleep, hydration, and exercise. Immune cells circulate throughout the body in the blood and lymph. Exercise helps keep the blood aerated (saturated with oxygen) and stimulates the lymph nodes to flow freely and function properly. Studies have shown that people who exercise in the morning are more likely to succeed at developing a healthy exercise habit. So, go to bed early, get up early to exercise in

the morning - and drink plenty of water throughout the day.

In conclusion, the immune system is challenged constantly by endogenous and exogenous threats. The important thing to keep in mind is: Too little or too much of a substance can throw the immune response out of equilibrium – causing a weak response that results in disease, or an over-exaggerated response that causes sickness. If you stick with a variety of natural foods and natural food concentrates to ensure a nutrient-dense dietary intake, the immune “enhancing” molecules will be present in bioavailable and balanced amounts.

*Dr. Robert Irons graduated from the University of Missouri at Columbia with a Ph.D. in Nutritional Immunology. He received postdoc training at the National Institutes of Health, National Cancer Institute in the Nutritional Science Research Group. He has been published in peer-reviewed journals such as the Journal of Nutrition, Journal of Infectious Disease, and Biochemical Journal. The late Dr. Irons was Vice-President of VIT-RA-TOX: **V**itamins, **M**inerals and **D**etoxification. He was the son of the late V.E. Irons, one of the founders of the National Health Federation.*



**JOIN OR RENEW MEMBERSHIP TODAY!**

## Heritage

### Four Simple Rules for Practice

E.W. Cordingly, ND

Taking it for granted that you agree with me that the mind does, to a measure at least, control the functional activities of the body, I will lay down a few simple rules to be followed in creating and maintaining the proper attitude on the part of the patient, which will assist in effecting a cure.

**RULE 1.** The more impressive the appearance of your office, the better able will you be of convincing your patient that you can help him, If your equipment is selected with care and so arranged in your office that it "stands out" prominently, you will have made the first step in getting control of the right mental attitude.

**RULE 2.** If your own appearance is neat, and you go about your work deliberately and confidently, showing in that way that you know what you are doing and understand your work, the patient will immediately gain that feeling of reposeful confidence in your ability that is always a desirable asset to you.

**RULE 3.** Let the patient know what headway he is making, if the headway is really being made. If his heart sounds better than it did when he commenced taking treatments, tell him about it, and don't fail to impress upon him what a great improvement in his physical well being his improved heart will eventually bring about. At all times during his course of treatments put great stress upon how

splendidly he is responding, and the more you get him thinking he is making good headway, the better headway he will make.

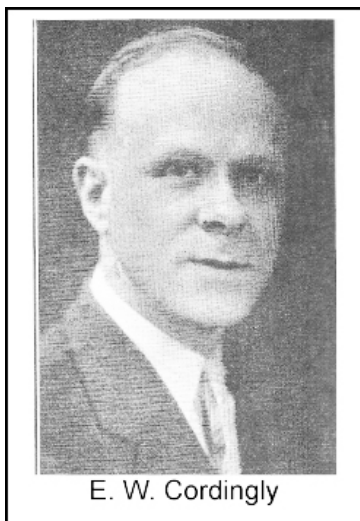
**RULE 4.** If you have a patient who is not responding well to treatment, or one who is hysterical (you know we all get such patients occasionally who seem to take a special delight in being sick, or thinking they are, and who will not allow you nor anybody else to get them well) try to arrange to have that patient come at a time when there is no one else waiting, If a patient of this type sits in your waiting room and tells the other patients all about his or her real or imaginary ailments, they may become discouraged and thus be prevented from recovering their health.

It is recorded in the Bible that even Christ was unable to do mighty works in his own country because of the unbelief of the people. Therefore, it is evident that you must get your patients to believe in you and your methods. They have some belief when they come to you, else they would not have come, and it behooves you by your every act and word to increase that belief.

If a patient complains of his stomach, explain to him how your treatment is increasing the amount of nerve force or the quantity of blood to that organ, and how the trouble is being benefited thereby. If he complains of constipation and you use mechanical treatment, or faradic or sinusoidal electricity, explain to him how the peristaltic action is being increased, and how the liver and intestinal secretions that you are stimulating are searching out and softening up the hardened accumulations of waste matter, and moving them along,

thus leaving his intestines clean and purified.

If he has headaches of a congestive variety tell him how your treatments are causing the impure, stagnated blood to be carried out of the head, and in turn how it is being replaced with pure, energizing, oxygenated blood. Let your patient visualize the improvement that is being brought about. If you will do this you will multiply your ability to cure.



E. W. Cordingly

**E.W. Cordingly** was a legendary naturopathic doctor and author of the textbook *Principles and Practice of Naturopathy: A Compendium of Natural Healing* (1925).



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## Docere

### **DOCERE: A Nontraditional Use of Naturopathy in Mental Health and Addiction Treatment**

Charles Rice, ND, PhD, LCDC-III, CMHIMP

Long before I became a naturopath, I was an addictions counselor, and this has always been my primary vocation. I have tried to provide quality services for my patients, and this has meant it has been necessary to be as holistic as possible. Drug addiction is a bio-psycho-social-spiritual disease, (as is all disease, when it comes down to it) and if all these elements are not addressed to some degree, true health and healing is not possible. This led me to get training and education in several disciplines, including traditional Naturopathy.



"And Jesus grew in wisdom and stature, and in favor with God and man." -- Luke 2:52

(This verse perfectly demonstrates the four-dimensional growth we need as humans).

In my current position, I am the alternative medicine clinician at a nonprofit mental health and substance abuse agency in rural Ohio, an area saturated with both fentanyl and methamphetamine, and with a high rate of fatal overdoses. The agency I work for has inpatient and outpatient counseling programs, sober living, detox, and medical management for those that need it. A little over a year ago I was asked to develop an alternative medicine program for those patients that either wanted an approach with fewer (or no) medications, or who just wanted to integrate more holistic practices into their daily lives.

"Doctor as teacher" (*Docere*) is the fourth tenet of naturopathic medicine and is the basis for the program. I teach patients who have been neglecting and abusing themselves with alcoholism and drug abuse and all the fallout that brings -- neglect of physical and dental concerns as well as mental health issues, relationship problems, and even spiritual issues how to begin to find their way. They can meet with a case manager or nurse to get medical and dental appointments scheduled, see a counselor for individual or family work, and see me for "docere" -- true teaching on how they can care for themselves (their whole selves) with modalities such as nutrition, grounding, meditation, self-hypnosis, sound therapy, aromatherapy, herbs and supplements, red light therapy for chronic pain, biofeedback, and ear seeds for smoking cessation, anxiety, depression, or even withdrawal. And because we are also a mental health agency, I do have a handful of non-addicted mental health patients, as well. My patients range in age from 7-70.

In addition to meeting with patients individually, I teach wellness groups for both men's and women's residential, as well as the intensive outpatient program. I am able to introduce



Auriculotherapy for addictions

my group patients to a variety of herbal teas. Most have had no experience with anything except iced sweet tea, and they are eager to learn of the medicinal benefits that different herbs can offer. I also talk about a number of wellness topics, including acupuncture, mindfulness meditation as a tool for relapse prevention, biofeedback, self-care, stress reduction techniques, family issues, and spirituality.

We were lucky to secure grant funding for our first year. Most of our patients would not be able to afford services otherwise. Another barrier we have encountered is attendance. Many patients come from out of county to residential treatment, then return home, so we are lucky to see them 6 times. If they are

local, they will likely have an additional 12 weeks of outpatient treatment, so they have more opportunity to receive services. If someone is coming for detox only, they might only stay 3-10 days, so they might only see me once, if at all.

Response to this program has been exceptional, with over 97% of respondents rating it 8 or above on a 10-point scale for satisfaction. Patients have

reported reduction in pain, improved self-efficacy, reduced need for both psychiatric and pain medications, reductions in both anxiety and depression, improved mood, improved distress tolerance, and decreased time in detox.

This is an innovative program. We use modalities that have a great deal of research behind them and have a proven track record of use in the mental health and substance use treatment fields, but have never been combined into such a cohesive program. In this regard, our program is quite unique and effective. As one patient put it: "This stuff really works!"



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## Physiotherapy

### Spondylotherapy

Spondylotherapy is a wonderful method for the traditional naturopath who may not have been trained in other spinal therapies such as manipulation. Particularly in those states where the Chiropractic lobby is strong and the ND may find manipulation outside the scope of practice, this simple procedure allows you to use the spine as a treatment pathway without encroaching on other licenses.

Spondylotherapy is a method of activating spinal reflexes without manipulating the spinal segments in the typical way. Instead, percussion is applied to the spinous processes, using a reflex hammer, a mechanical vibrator or concussor (or sometimes just the hand). The ulnar side of the hand proximal to the 5th MCP joint has been used effectively as a percussion tool.

Over 2500 years ago, the Chinese physician Mei Wei detailed the technic of tapping on the spinous processes to activate visceral responses and to treat musculoskeletal problems. His chief directive was to stimulate the spine at the level of involvement (i.e., at the same dermatome as the pain site or the affected organ).

Although his contemporary Dr. George Starr White may have been the first, Albert Abrams, M.D., officially developed and named Spondylotherapy as a way of eliciting spinal response with minimal intervention. Alva Emery Gregory, ND, and Joe Shelby Riley, ND, both

elaborated on this technic for the Naturopathic field. All four made contributions in the first third of the 20th Century to this simple method of treating the spine.

The amplitude of the percussive force and the length of time it is applied will vary according to whether the appropriate nerve needs to be stimulated or inhibited. This is a concept in common with acupuncture, in which one “tonifies” (stimulates) or “sedates” (inhibits) the points.



The author applying percussion to the T1 spinous process

To stimulate a spinal reflex and increase the activity of the nerves (in cases of hypofunction and numbness, paralysis, etc.), a short duration tapping is applied; up to 10 or so strokes. Tapping is applied two strokes per second for the duration, then paused for 30 seconds or so to allow for the response of the nerve reflex, then repeated.

To inhibit the spinal reflex (in the case of hyperactivity or pain), a longer duration is used; but still no more than 25-30 strokes. Tapping is once again applied two strokes per second for the duration, then paused for 30 seconds or so to allow for the response of the nerve reflex, then repeated. In inhibition, sometimes a third course of concussion is given.

In either case, the amplitude should be no more than 2-3 ounces of pressure.

Pain or organic dysfunction is treated by following the dermatome to trace the problem area to a particular spinal segment, then choosing the correct spot to perform the concussion. The affiliated spinal segment or spinous process will typically be tender. Extremely tender points can be treated with a steady pressure, gradually increasing the poundage of the pressure to the patient's tolerance. Steady pressure is especially indicated in spasm. Irritated areas may also be treated with cold applications; ice rubs, or spraying with refrigerants such as fluorimethane or ethyl chloride, are effective for quick relief of pain.



A guide to using Spondylotherapy in specific conditions will appear in the upcoming text, *Naturopathic Physiotherapy*, in 2026.

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Pleximeter or pad is placed over the target...



...and tapped by the plexor (hammer), or by the hand.

## A Look at Our Doctors

### **Naturopathic Department of the Freiburg University Medical Center**

Freiburg, in southwest Germany near the French and Swiss border, lies at the foothills of the Black Forest (Schwarzwald). Freiburg translates to “free castle,” and was founded in 1120. It has always been famous for its beautiful landscape and trade achievements.

Albert-Ludwig University, founded in 1457, is one of the leading universities in Europe. With over 30,000 students, approximately 10% are foreigners, giving Freiburg a cosmopolitan flavor. This mix of youth and the small town feeling has led to Freiburg being considered one of the most desirable places to study in Germany.

In the middle of the 18<sup>th</sup> century the Medical Department of the University began charity medical activities. At the start of the 19<sup>th</sup> century, a Medical Center was built on Albert Strasse. Gradually, an entire campus with different specialized departments was established. On the threshold of the 20<sup>th</sup> century in the suburb of Herder a psychiatric clinic was founded, and then later a dermatology clinic.

In 1926 a modern hospital complex was built at the present Medical Center location (Hugstetter Strasse). It was almost completely destroyed during World War II. The reconstruction of the Medical Center complex began in 1952 following the original blueprints, and since that time the Medical Center complex has continued to grow and expand with the

addition of new satellite clinics and buildings.

Today, the University Medical Center Freiburg can accommodate more than 1,600 in-patients at one time. Over 54,000 in-patients undergo treatment yearly. Nearly a thousand people are seen per day on an out-patient basis.

The Medical Center is the largest employer of the city of Freiburg, with more than 8,240 employees. There are 1,071 doctors and 1,972 paramedic personnel on staff.



Unlike other German hospitals, practically every discipline of modern medical science can be found at the University Medical Center Freiburg, which includes Naturopathy.

The Department of Naturopathy at the University Medical Center Freiburg deals with naturopathic treatment, research, and teaching and advanced training in Naturopathy. It is the Medical center's position that “Naturopathic procedures, through expert application, can substantially contribute to the improvement or healing of many diverse illnesses”. The procedures used and how they are applied depends on the patient's individual constitution and illness. Once this has been analyzed, protocols are then set accordingly. The treatments cover the following categories:



- Illnesses of the digestive organs
- Tumors
- Illnesses of the nervous system and the psyche
- Locomotor illnesses and joint dysfunction
- Illnesses of the respiratory organs and allergies
- Cardiovascular illnesses
- Chronic infections
- Illnesses of the immune system
- Chronic pain
- Climacteric ailments

The Department of Naturopathy uses the following methods of treatment:

- Classical Naturopathy
- Traditional Chinese medicine and acupuncture
- Physiotherapy
- Homeopathy
- Nutritional / dietary therapy
- Anthroposophical medicines
- Neural therapy
- Manipulative therapy

Naturopathic care is sought by a majority of the population in Germany. However, due to the lack of government funding as well as no support from the scientific institutions, little research and development is conducted in Germany. Because of this situation, many natural medications used in Naturopathy are no longer reimbursed by the state health insurance. Because of this, many people cannot afford naturopathic treatment. It is feared that naturopathic access will disappear from the market due to this and no longer be available on a long-term basis, in spite of being acknowledged by an accredited medical institution like the Albert Ludwig Freiberg University Medical Center.



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## Phytotherapy

### Daphnetin:

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This multifaceted natural therapeutic offers much in treating and protecting from Spike Protein injury and disease.

Walter M. Chestnut

#### **Pharmacological and therapeutic targets of Daphnetin (DAP)**

In my continual search for natural therapeutics to prevent and treat Spike Protein injury and disease, I have discovered one which appears to be tailor-made for all pathologies Spike. This is the coumarin Daphnetin.

The list of DAP's pharmacological activities virtually checks all of the boxes when it comes to treating COVID/Spike Protein disease/injuries. It is most impressive.

*The DAP has been used to treat coagulation disorders, various skin diseases, rheumatoid arthritis (RA), cancer, lumbago, and fever (Tu et al., 2012; Wang et al., 2013). It exhibited numerous pharmacological activities, including analgesic, anti-pyretic (Singh et al., 2021a), anti-arthritic, anti-inflammatory, anti-oxidant (Qi et al., 2016; Lv et al., 2018), anti-proliferative (Fylaktakidou et al., 2004; Kostova et al., 2011), anti-bacterial (Cottigli et al., 2001), neuroprotective (Qi et al., 2016), cardio-protective, nephroprotective, stroke, coagulation disorders, ischemic brain injury, hepatoprotective and anti-cancer activities (Pinto and Silva, 2017; Zhang et al., 2018; Boulebd and Khodja, 2021).*

### **Daphnetin: A bioactive natural coumarin with diverse therapeutic potentials**

<https://www.frontiersin.org/journals/pharmacology/articles/10.3389/fphar.2022.993562/full>

So, what is Daphnetin?

*The DAP is derived from different Daphne species. Daphne is a genus comprising 70 to 95 species of perennial and evergreen shrubs of Thymelaeaceae family that is indigenous to India, Europe, and North Africa. These plants are renowned for their fragrant flowers and brilliantly colored fruit (Riveiro et al., 2010). DAP-8-glucoside is derived from D. odora in which it is formed from DAP-7-glucoside (Ueno and Saito, 1976; Halda et al., 1998). Other sources of DAP include D. gnidium (isolated from the leaves and stems), D. mezereum (synthesized from shoots), D. giraldii, D. Koreana Nakai, D. tangutica and D. oleoides. Seventeen compounds including DAP were isolated from D. oleoides (Brown, 1986; Riaz et al., 2016; Han et al., 2020; Khouchlaa et al., 2021). D. pedunculata leaves and stems are also sources of DAP (Moshiashvili et al., 2020). E. lathyris Linnaeus, ethnically known as "Euphorbia semen" in East Asia, is also a source of coumarins including DAP.*

### **Daphnetin: A bioactive natural coumarin with diverse therapeutic potentials**

<https://www.frontiersin.org/journals/pharmacology/articles/10.3389/fphar.2022.993562/full>

I highly recommend taking the time to thoroughly read the above referenced article, as it goes into much detail about how DAP's therapeutic abilities in treating

COVID/Spike disease and injuries. In particular, MS and Lupus effects are discussed as well as its ability to protect kidney, liver and lung.

Another important action of DAP is that it assists in denying the Spike Protein access to our bodies. It does this by taking away the “lock” it opens – ACE2.

*This study screened approved drugs in China for their ability to downregulate ACE2. Daphnetin (DAP) was found to significantly reduce ACE2 mRNA and protein levels in PC9 cells. DAP exerts its inhibitory effects on ACE2 expression by targeting HIF-1 $\alpha$  and JAK2, thereby impeding the transcription of the ACE2 gene. The SARS-CoV-2 pseudovirus infection assay confirmed that DAP-treated PC9 cells exhibited decreased susceptibility to viral infection. At therapeutic doses, DAP effectively lowers ACE2 expression in the respiratory systems of mice and humans. This suggests that DAP, already approved for other conditions, could be a new preventive measure against SARS-CoV-2, offering a cost-effective and accessible way to reduce SARS-CoV-2 spread.*

#### **Daphnetin may protect from SARS-CoV-2 infection by reducing ACE2**

<https://pmc.ncbi.nlm.nih.gov/articles/PMC11680907/>

No entry – no game for the Spike, which is exactly how we want it.

Furthermore, as COVID is more dangerous to those with high glucose levels, and it itself induces high glucose levels, DAP inhibits Extracellular Matrix (ECM) accumulation in high glucose states.

*Our results demonstrated that daphnetin alleviated cell proliferation induced by high glucose (HG) in human mesangial cells (MCs). Daphnetin strikingly reduced reactive oxygen species (ROS) and malonaldehyde (MDA) levels, and induced the superoxide dismutase (SOD) activity in HG-stimulated MCs. Besides, the production of TNF- $\alpha$ , IL-1 $\beta$ , IL-6, fibronectin (FN) and collagen IV (Col IV) was also inhibited by daphnetin in HG-stimulated MCs. In addition, daphnetin enhanced the expression of nuclear factor-erythroid 2-related factor 2 (Nrf2) and inhibited the levels of p-Akt and p-p65 in HG-stimulated MCs. The results indicated that daphnetin inhibited HG-induced oxidative stress, inflammatory response, and ECM accumulation in human MCs.*

#### **Daphnetin inhibits high glucose-induced extracellular matrix accumulation, oxidative stress and inflammation in human glomerular mesangial cells**

<https://pubmed.ncbi.nlm.nih.gov/30595336/>

Regardless of glucose state, DAP appears to still be protective of ECM homeostasis.

*“We examined the effects of daphnetin on splenocytes cultured in Th17 conditions, lung epithelial cells, and a mouse model of bleomycin (BLM)-induced pulmonary fibrosis. We identified that daphnetin inhibited IL-17A production in developing Th17 cells. We also found that daphnetin suppressed epithelial-to-mesenchymal transition (EMT) in TGF- $\beta$ -treated BEAS2B cells through the regulation of AKT phosphorylation. In BLM-treated mice, the oral administration of daphnetin attenuated lung histopathology and*

*improved lung mechanical functions. Our findings clearly demonstrated that daphnetin inhibited IL-17A and EMT both in vitro and in vivo, thereby protecting against BLM-induced pulmonary fibrosis. Taken together, these results suggest that daphnetin has potent therapeutic effects on lung fibrosis by modulating both Th17 differentiation and the TGF- $\beta$  signaling pathway, and we thus expect daphnetin to be a drug candidate for the treatment of IPF.”*

**Daphnetin Alleviates Bleomycin-Induced Pulmonary Fibrosis through Inhibition of Epithelial-to-Mesenchymal Transition and IL-17A**

<https://www.mdpi.com/2073-4409/12/24/2795>

Perhaps the most puzzling finding in my research about DAP is what I *didn't* find. Other than the above referenced ACE2 article, I was unable to locate any studies, trials or articles about DAP being used to treat Acute COVID, Long COVID or any Spike Protein injury/disease. It is my hope that clinicians and labs will investigate and trial DAP for treating COVID/Spike Protein injury/disease.

Please remember that this is a work of medical research, and not medical advice. Always consult your Primary Care Provider before using any medication or supplement.

*Walter M. Chestnut is an independent researcher on natural healthcare and can be found at [wmcresearch.substack.com](http://wmcresearch.substack.com)*



## Phytotherapy

### Two Fabled Herbal Medicines

According to biblical accounts, the three wise men brought gifts to honor the birth of the baby Jesus. They were gold, frankincense, and myrrh. Hearing this story every Christmas while growing up, I always wondered why there was never any explanation about two of these three gifts. Gold was pretty easy to understand—who doesn't need that? But why were these other two substances considered so valuable?

Actually, frankincense and myrrh were considered sacred substances in many cultures around the world long before the Christian era. These plants originated in Arabia and Africa and have been used for both religious and non-religious reasons for over 5000 years. Modern science has only recently told us why they are so valuable.

### What are Frankincense and Myrrh?

Frankincense and myrrh are aromatic resins (dried tree sap) that are collected to make perfume and incense. Christian churches adopted various uses for this incense from preceding cultures, mainly Persia, Babylon and Assyria. Myrrh is a reddish colored resin with an oily texture and a bitter taste. Frankincense has a yellow color and a sweet taste. Frankincense resin comes from trees of the genus *Boswellia*. Myrrh comes from the genus *Commiphora*. Both of these trees are found in eastern Africa and in Southern Arabia.

Resin is collected by cutting or peeling



back the tree's bark, causing the sap of the tree to ooze from the cut. It emerges slowly and is allowed to dry on the tree where it hardens into yellow colored "tears". It takes about three months for the resin to acquire the right consistency. The 'tears' are scraped off the trunk of the tree when ready. The resin is collected from the younger trees as they exude the most valuable resin. The trees likely produce the resins as a response to trauma, with the resin acting as a temporary dressing for the damaged bark, much like our bodies use neutrophils, lymphocytes, and fibrin.

### Historical Medicinal Uses

Frankincense and myrrh were commonly used throughout history as medicines. The Papyrus Ebers, the oldest preserved medical document that comes from Egypt around 1550 BC, describes how the resins were used for mummification and for treating wounds and skin sores.

Frankincense was used as a cure for tumors, ulcers, vomiting, dysentery and fevers. In China it was used for leprosy. The Roman author Celsus compiled the most extensive medical encyclopedia of this time. His records recommend frankincense for treating wounds, bleeding, bruising and as a possible antidote to poisoning by hemlock.

During 17th Century Europe, distillates of the Frankincense resin (called the "oils of olibanum") were popular among the surgeons and apothecaries. Frankincense was used at this time to treat stomach ulcers and as an ointment for bruising. English alchemists recommended frankincense to live a longer life. People in India applied it to wounds and used it to treat rheumatism. Chinese doctors used it for bruises and infected sores, including those caused by leprosy, as mentioned before. It was used in Kenya for dressing wounds and as a treatment for worms.

Myrrh has also been a versatile medicine from nature throughout history. The Indian myrrh, known as *guggul*, is described in the ancient Ayurvedic texts as a medicine for coughs and respiratory infections, and as an aid in weight loss (who knew this was a concern back then?). It was used to treat infections of the mouth, teeth, and eyes by the Greeks. They also said it would protect against the plague. It was also used to treat rotten teeth by the early Sumerians. Myrrh was also used to extend the shelf life of wine.

Treating bubonic plague, a disease that wiped out half the world's population at one time, can be treated with a tree bark? This is the sort of thing that makes the more medically-oriented practitioners in natural medicine adopt the "Well, herbs are useful BUT..." attitude.

It turns out that modern science has confirmed that myrrh and frankincense truly have antiseptic, antimicrobial, anti-fungal, anti-inflammatory, and immune-enhancing properties. Inhaling steam charged with the oils of these resins has



been shown to dilate the bronchi and this supports the traditional teaching that these resins can relieve the symptoms of bronchitis and other chest infections. Myrrh resin and oil have also been proven to lower cholesterol and triglyceride levels in the bloodstream, a very modern effect for such an ancient remedy.



Therefore, the gifts of the Magi in biblical lore makes perfect sense. What would a family, traveling with a newborn, need? Some traveling money (gold), antiseptics for wounds, a bronchodilator, an antibiotic, and an immune booster. Probably the same types of agents you now carry in your traveling kit.

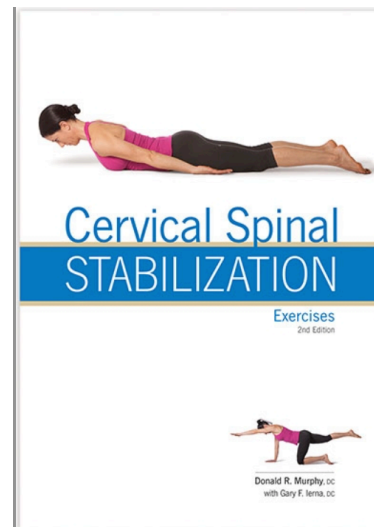
There has been recent evidence that frankincense is useful in treating both acute and long COVID. And a study has shown anti-cancer activity in breast cancer cases<sup>1</sup>.

It is odd and disappointing, however, that few naturopaths have made use of these excellent herbal medicines over the years. As more research has been done on boswellic acids, *Boswellia* or frankincense has been added to more

herbal formulas, and *Commiphora myrrh* (“guggul”) has become better known through its anti-cholesterol effects. But keep in mind that the publicized use of a natural product is often to create an association in the mind with that usage (in this case, hyperlipidemia), so that its other uses (as an antibiotic) are overlooked.



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<sup>1</sup> <https://hollingscancercenter.musc.edu/news/archive/2024/01/11/hollings-researchers-boswellia-frankincense-shows-anti-cancer-activity-in-small-trial>

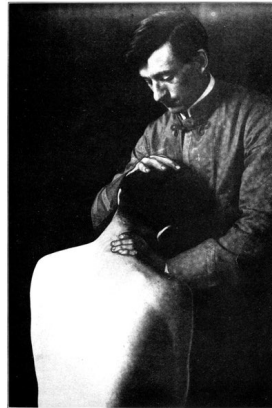
## History

### Pittsburgh— Crossroad of Naturopathy and Chiropractic

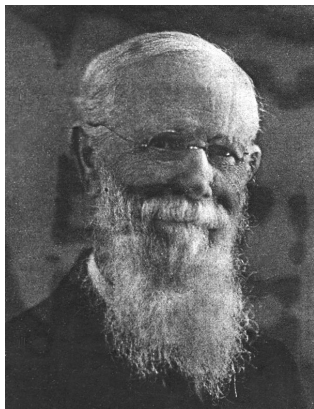
C.P. Negri, ND

At the dawn of the 20th century, there were two pioneer chiropractors practicing in Pittsburgh, Pennsylvania who had studied under D.D. Palmer, the founder of the profession.

Joy Maxwell Loban was one, and he also trained under Palmer's son B.J., who would develop the profession into the household word it became. Loban was one of a number of discontented members who left the Palmer School in April 1910 and established the Universal Chiropractic College.



Joy Loban



Andrew Davis

The other was Andrew P Davis. He studied Osteopathy at the masthead school in Kirksville, Missouri, under founder Andrew Taylor Still. Early on, he showed a talent for education, and

published *Osteopathy Illustrated* in 1896.

Then, he entered Palmer's school of Chiropractic in Davenport, Iowa. Later, in addition to his manipulative training, he was also tutored in mainstream medicine by a medical doctor, which had been the tradition at the time. He eventually received a medical degree from Rush Medical College in Chicago.

He found the Regular school of medicine too inconsistent and lacking in curative power, so he explored every alternative system he could find to complement the physical manipulative methods he had learned. He studied Homeopathy and received a postgraduate certificate from Pulte (Homeopathic) Medical School of Cincinnati. He also studied ophthalmology at McCormick Optical College.

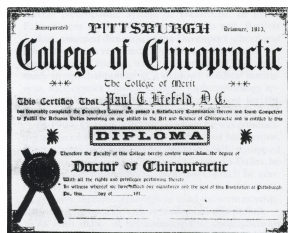
His amalgamation efforts hit their peak when he practiced at the famous Battle Creek Sanitarium, where every type of drugless therapy could be found. There he began calling his system the Neuropathic System of Treatment. He was finally awarded an ND.

He formed a partnership in 1910 with a Pittsburgh osteopath named M. A. Kassmir, a graduate of the West Virginia College of Osteopathic Medicine. Kassmir had operated a sanitarium in downtown Pittsburgh, and now had founded Union College of Osteopathy, affiliated with Pittsburgh Osteopathic Hospital.

Andrew Davis became dean of the faculty at the college, which (in spite of its name) taught most of the drugless therapies he had become familiar with. The 1910 faculty lineup showed five MD holders,

and an equal representation of osteopaths, chiropractors, and *naturopaths*. In fact, by curriculum this was likely a prototype for later naturopathic colleges. This institution was one of those deemed a “pseudo” school by the American Osteopathic Association. There was a concerted attempt to eradicate such schools, and whether it was the AOA’s efforts or not, Union College ceased functioning in a few years.

But another institution would emerge that would survive for several decades, much of it under the direction of the aforementioned Joy Loban. Loban came



to Pittsburgh in 1916 to serve as dean of the Pittsburgh College of Chiropractic, which had been established in 1912.

A large house on Fairmount Avenue in the East End of Pittsburgh was its home. Within a year, talks began for the consolidation of the school with the Universal Chiropractic College in Davenport that Loban helped to found. This was accomplished in 1918. The new, successor institution to both was



named the Universal Chiropractic College of Pittsburgh.



Universal students in the 1920s

Two notable graduates came out of this school. Frederick W. Illi, a Swiss Chiropractor who became an authority in biokinetics in his native Switzerland, and Vinton Logan, who founded Logan College of Chiropractic in St. Louis in 1935 (which still exists).

The Pittsburgh school met its end due to World War II. Its students were transferred to Lincoln College in



The house today.



Indianapolis in 1944. Years later Lincoln itself would merge with National College of Chicago.

Still, the naturopathic connection persisted. An elderly DC/ND graduate of Lincoln College told me they used Thomas Lake's naturopathic textbooks and that he was once investigated for practicing medicine without a license for his treatment of sinus problems as a chiropractor. He showed them his Lake textbooks from school, and the law said he could use whatever was taught in his school. The medical board dismissed the complaint.

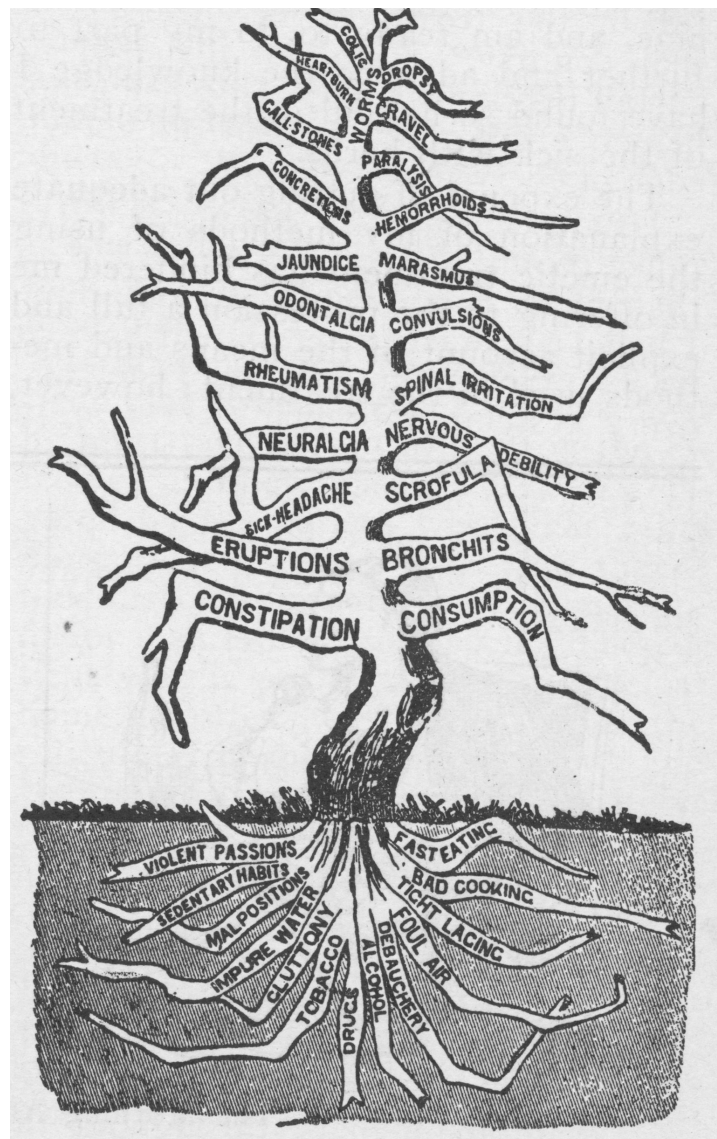
I used to take walks down Fairmount Street and admired some of the fine homes there. After a dinner at my favorite little Vietnamese restaurant (located in a refurbished garage), I would walk around the block and this street was adjacent to it. This was in the days when it was safe to walk there at night. The

neighborhood, ironically, is known as the "Friendship" section of the city.



I stopped to look at this house several times before ever realizing that I was looking at a place where naturopaths and

chiropractors formerly gathered. Just one of the many strange things that happen when you are drawn to a profession and don't know why.



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