In this issue:

Flawed Science Exposed

Emotional Toll of Practice

The Future of Naturopathy

And more!

Monitor

OF NATUROPATHY

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OF NATUROPATHY

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FLAWED STUDIES = BAD TREATMENT PROTOCOLS

A Vitamin D study given wide distribution has been found to be flawed. It is a prime example of mainstream science arrogantly telling us what to do while it does not even use its own science.

The New England Journal of Medicine published a study in 2019 showing that—supposedly—Vitamin D does not reduce the risk of invasive cancer or major cardiovascular events. This received great coverage in textbooks and influenced clinical guidelines. With over 25,000 participants, randomized and placebo-controlled over five years, no one would doubt the quality of the test. They were looking for cancer, heart attack, stroke, or other cardiovascular events at the end of the trial. The medicated group took 2000 IU of D3 (cholecalciferol) daily. The “placebo” group was allowed to take up to 800 IU of the same vitamin on their own. This was not a true control group, and ended up actually testing the results of high dose Vitamin D against low dose D.

But skewing the results even more was the fact that none of the participants were Vitamin D deficient in the first place! This is more or less like testing to see if aspirin helps people who don’t have a headache.

One thing that did emerge, however, was a signal that the high dose group had a lower rate of death from cancer. Those now investigating this study recognize the this important distinction was glossed over in the published paper.

Several quality randomized controlled trials contradict the interpretation of the NEMJ study and its bad report card for Vitamin D. The general consensus of researchers is that D does not prevent cancer but rather inhibits progression, and lowers mortality.

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HAPPY BIRTHDAY, USA !

On the occasion of the 250th anniversary of the founding of our glorious nation, we must celebrate not only the genius of the men who designed our unique approach to government and commitment to freedom, but also how that spirit of America was the driving force in Naturopathy.

Our founder Benedict Lust often referenced the founding fathers, and he was a living example of the American dream—a sickly boy transformed into a powerful man, a European who became an American, and became a major voice for medical reform despite all the odds. He made a difference.

Many do not realize that half the colonists in Washington's time were loyalists—they wanted to remain English subjects of the King. It was too much trouble and too messy to revolt.

In the time that I have worked for the ANA, I have seen a similar pattern among traditional naturopaths. "I don't believe in licensure." "Why should I join the ANA?" "What do I care what happens on the other side of the Mississippi?"

The ones who executed our war for independence were more forward-thinking than the loyalists and I think no one today would consider it a bad move. You all know our enemies today. They are all *anti-American*. I ask all my fellow traditional naturopaths to unite under the ANA banner to fight for our freedom to practice, because that is an AMERICAN sentiment. And if something requires a royal stamp on it, it will end up underwater in Boston harbor!

Happy Independence Day!

CP Negri, ND
President, American Naturopathic Assoc.

Editorial

PHONY SCIENCE VS. 100 YEARS OF RESULTS

CP Negri, ND

In reference to the phony Vitamin D study on the previous pages, we have an issue to examine.

It may be unprofessional to call it a "phony" study, rather than than a "poorly-designed trial", but you know and I know that this study was likely poorly designed deliberately in order to arrive at a desired conclusion.

Once again, we have the orthodoxy shouting from the rooftops that this bit of quackery from natural medicine (unpatentable and unprofitable, of course) doesn't really work. Don't even bother, you integrative medical doctors! Remember, to suggest otherwise is now against the agreed-upon standard of care and you have a license you would like to hold onto, don't you? The study was published, the science is settled.

Where have we heard that before?

Dr. Lust was calling out self-serving orthodox medical studies a century ago. Mainstream medicine was constantly trying to shut him up. No wonder so many osteopaths and homeopaths migrated to the naturopathic camp when their schools were legislated out of existence. This is nothing new.

But we naturopaths have a dual problem with this now. We not only have the same old drug companies to fight (richer and more powerful than ever before), but also an increasing number of MDs who want to practice natural medicine. Expect more of this as awareness spreads of the core dishonesty of mainstream medical research.

Maybe these integrative MDs have integrity and are just tired of the bogus science themselves. Or maybe it has just finally become profitable to practice naturally. Either way, they have their sights set on the demographic that we have cultivated for so long. We must have a unified force to contend with this. This has been the ANA's message throughout the last several years.

We at the American Naturopathic Association have worked hard at opposing restrictive licensing laws in several states, where practicing traditional Naturopathy would have been made illegal in favor of the "naturopathic physicians". Our efforts have resulted in several of these bills failing despite the money that the Goliath on the other side had to spend.

We had legislative victory for traditional naturopaths in Idaho, a notorious battleground, where years ago the other side actually abandoned their efforts rather than having to share licensure with us.

The ill will of these people is legendary and we need not describe it here. But the incursion of integrative medicine is something to consider because it not only doubles our opposition, but it does so with *individuals who possess unlimited medical licenses*.

Do you realize this? No matter how the green allopaths have been granted prescriptive authority here and there, they

still are limited providers. What happens to them when more and more medical doctors say, “Thanks for the advance work. Your patients come to me now because I can bill insurance”?

Integrative medical doctors will be using the same nutraceuticals, the same nutritional advice, as those “progressive” NDs. To protect valuable billing time, they will employ acupuncturists, massage therapists, and physical therapists to give physical treatment (because heaven forbid they should have to develop any manual skills!). Maybe a few of them will throw some crumbs toward the naturopathic physicians who couldn’t make it financially—which is a hefty percentage—and use them as flunkies to round out their high-end “alternative” medical practices. We all know that naturopathic physicians would rather work with a medical doctor than with a traditional naturopath, right?

It is not my intent to talk about problems without suggesting solutions. I will present this in the article elsewhere in this issue, titled *How To Shape Your Practice For The Future.*

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NAME THE NATUROPATH!

Answer in the next issue

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THE HIDDEN EMOTIONAL LABOR OF NATUROPATHIC PRACTICE

Charles Rice, ND, PhD, CMHIMP

Naturopathic practitioners often enter their work because they genuinely care about people. Not just symptoms. Not just diagnoses. People.

That sounds noble, and it is. But there is another side to that reality that rarely gets discussed openly. The emotional labor of naturopathic practice can become immense, especially when practitioners are expected to be perpetually available, emotionally accessible, and willing to offer free guidance at any moment.

Many naturopathic practitioners know this experience well:

- A text message arrives at 10:30 at night: “What can I take for anxiety?”
- A casual conversation at church turns into a thirty-minute discussion about supplements, trauma, insomnia, and digestive problems.
- A friend messages: “My husband has cancer. What herbs should he take?”

And while most people asking these questions mean well, there is often very little recognition that these conversations are not simple. In fact, within responsible naturopathic practice, they are usually impossible to answer responsibly in a quick text exchange.

What makes this especially interesting is that most people would never approach conventional medical professionals this way.

Very few people would text their cardiologist: “What medication should I take for chest pain?”

Most would never message an oncologist: “What can I take for cancer?” And almost nobody would casually corner a surgeon at a family gathering expecting free, individualized medical guidance. Yet naturopathic practitioners are often expected to provide immediate answers to deeply personal and complex health concerns with little context, no intake process, and no compensation.

Somewhere along the way, natural health practitioners became viewed not only as professionals, but also as endlessly accessible helpers.

Part of this comes from the culture surrounding naturopathic care itself. Naturopathic practitioners often cultivate warmth, approachability, and relational connection. Many intentionally reject cold, rushed, impersonal healthcare experiences. They listen carefully. They spend time with people. They ask about stress, relationships, sleep, grief, diet, work, trauma, and lifestyle patterns. Clients frequently feel emotionally safe with them in ways they may not experience elsewhere.

And that matters.

But that same relational style can unintentionally blur professional boundaries.

People begin to feel that because the practitioner is compassionate, they are also continuously available.

Because the practitioner talks about wellness instead of disease, the guidance must be simple.

Because herbs, nutrition, or lifestyle approaches are "natural," recommendations must somehow carry less weight or responsibility.

But naturopathic care is rarely simple when practiced responsibly.
In many ways, truly whole-person care is more context-dependent than conventional symptom management.

A conventional approach often focuses on identifying a disease process and matching it to a treatment protocol. That model has strengths, especially in acute care and emergency medicine. If someone has a bacterial infection, a broken bone, or appendicitis, the system is designed to move rapidly toward targeted intervention.

Naturopathic practitioners generally work differently.

Rather than asking only, "What symptom is present?" they often ask: Why is this happening? What patterns surround it? What stressors may be contributing? What lifestyle factors matter? What emotional or environmental influences are involved? How is sleep? Nutrition? Relationships? Trauma history? Workload? Isolation? Meaning and purpose? Spiritual health? Nervous system regulation?

Two people with headaches may receive completely different recommendations because their lives, histories, constitutions, habits, and stress patterns are entirely different.

That complexity is exactly why casual advice is often poor advice.

A person might text: "What herb should I take for depression?"

But depression is not a single thing.

For one person, exhaustion and burnout may dominate the picture. For another, unresolved grief. For another, isolation. For another, medication side effects. For another, hormonal changes. For another, chronic inflammation, poor sleep, alcohol use, blood sugar instability, trauma, or nutritional deficiencies.

Even the safest herbs can be inappropriate in certain contexts. Some interact with medications. Some are contraindicated in pregnancy. Some affect blood pressure or clotting. Some worsen anxiety in certain individuals while helping others.

A responsible naturopathic practitioner knows this. Which is precisely why many hesitate to give simplistic answers.

Ironically, the more knowledgeable and ethical the practitioner is, the less likely they are to provide casual "quick fixes."

But many people do not see the hidden mental workload behind those interactions. They see a text message.
The practitioner sees layers of responsibility.

They mentally begin assessing contraindications, medication interactions, emotional state, safety concerns, scope of practice, red flags, possible referral needs, and whether the conversation is becoming ethically

inappropriate without a formal consultation.

And all of this emotional and cognitive labor often happens for free.

Over time, that creates fatigue.

Not necessarily because practitioners resent helping people. Most entered the profession precisely because they wanted to help.

The fatigue comes from the constant expectation of availability.

The expectation that professional expertise should always be freely available.

The expectation that because something is “natural,” it can be discussed casually without depth, caution, or professional structure.

There is also another layer that naturopathic practitioners often carry quietly: emotional containment.

People do not only seek supplement recommendations. They seek reassurance. Comfort. Hope. Validation. Someone to listen.

A brief question about sleep may become a discussion about divorce, trauma, addiction, caregiving stress, loneliness, or fear of illness.

And unlike many highly structured medical environments, naturopathic consultations often leave room for those conversations. In fact, many practitioners intentionally create space for them because they recognize the profound relationship between emotional wellbeing and physical health.

But emotional presence requires energy.
To truly listen to another human being is work.

To remain calm, attentive, compassionate, and grounded while hearing about suffering day after day is work.

To carry dozens or hundreds of client stories in your mind is work.
To answer late-night messages while trying to spend time with your family is work.

And unlike visible physical labor, emotional labor is easy for outsiders to overlook because nothing tangible appears to be happening. The practitioner is “just talking.”

But therapeutic conversation itself can be deeply demanding.

This becomes even more complicated because many naturopathic practitioners operate within helping professions that have historically undervalued boundaries. Some practitioners feel guilty charging appropriately.

Some struggle to say no.

Some worry that establishing limits will appear uncaring or unspiritual.

That dynamic can slowly become unhealthy.

A practitioner who is constantly depleted eventually loses the very presence that made their work meaningful in the first place.

Boundaries are not rejection. They are stewardship.

A practitioner who requires appointments, structured consultations, and protected personal time is not becoming cold or uncaring. In many cases, they are trying to preserve the quality and integrity of the care they provide.

Naturopathic care deserves enough space to truly address the whole person.
A meaningful conversation about health often cannot happen in three text messages between errands.

Real wellness work requires context.
It requires listening.
It requires thoughtful assessment.
It requires nuance.

And sometimes, perhaps most importantly, it requires honesty about limitations.

Naturopathic practitioners are not magicians. Ethical practitioners should not pretend to have instant answers for every complex condition.

Someone asking, “What can I take for cancer?” is asking a question far too serious for casual messaging.

Cancer is not a symptom. It is an enormously complex medical condition requiring appropriate evaluation and care. A responsible practitioner may discuss supportive wellness approaches, quality-of-life considerations, nutrition, stress management, or adjunctive supportive measures within their scope, but thoughtful guidance requires context, collaboration, and caution.

The same is true for many chronic health concerns.
Quick answers are emotionally satisfying.
But they are often clinically shallow.
And naturopathic care, at its best, is not shallow.
It is relational, individualized, thoughtful, and deeply human.
That depth is precisely what attracts people to it in the first place.

Many clients seek naturopathic practitioners because they are tired of feeling rushed through fifteen-minute appointments. They want to feel heard. They want someone to care about the whole picture of their lives.

But that depth of care cannot exist without respecting the humanity of the practitioner too.

Naturopathic practitioners are not infinite emotional resources.
They need rest.
Privacy.
Family time.
Silence.
Financial sustainability.
Professional boundaries.
And the freedom to not be “on duty” every moment of the day.
Ironically, honoring those boundaries may ultimately improve care.

A practitioner who is rested and emotionally healthy is more present, attentive, ethical, and thoughtful.

A practitioner who has protected time for reflection and renewal is better able to listen deeply and respond carefully.

The culture surrounding naturopathic care would benefit from a healthier understanding of this reality.

Natural health practitioners are often generous people.

Many give away enormous amounts of time, emotional support, education, and encouragement.

But generosity should not become an expectation of constant unpaid access.
There is a difference between kindness and endless availability.

There is also a difference between simple information and individualized guidance.
General education can happen casually.
Personalized wellness guidance usually cannot.

And perhaps that is the deeper issue underneath all of this.

Naturopathic care is not transactional symptom management.

At its core, it is relational care.
It attempts to see the whole person rather than isolated symptoms.

That kind of work is meaningful, but it is also emotionally expensive.

The emotional labor remains mostly invisible.

But it is real.

And the practitioners carrying it deserve the same respect, boundaries, and humanity that society readily grants to other professionals.

Naturopathic practitioners often choose this work because they care deeply about people. Honoring the humanity of the practitioner does not diminish that care. It protects it. When boundaries are respected, relationships remain healthier, practitioners remain present, and the depth that makes naturopathic care meaningful can continue to flourish.

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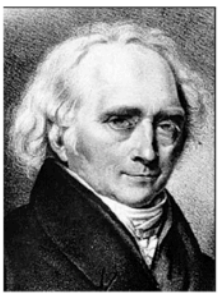
JOIN OR RENEW MEMBERSHIP TODAY!

Last issue's **NAME THE NATUROPATH** was...



Christoph Wilhelm Hufeland (1762–1836) German physician and a foundational figure in **Naturopathy**. He emphasized disease prevention over cure, advocating for a vegetarian diet, hydrotherapy, air and light baths, and herbal remedies. He posited that a vitalistic "life force" (*Lebenskraft*) could be maintained through behavioral and dietary practices, promoting what he termed **"natural therapeutics"** (*Naturtherapeutik*)

Physiotherapy

HOW TO SHAPE YOUR PRACTICE FOR THE FUTURE

C.P. Negri, ND

This issue's editorial asks the question: What will you do as the pseudo-medical naturopaths and the integrative medicine MDs battle for the alternative health marketplace?

The traditional naturopathic field has never gained the money needed to fight well for legislative protection, because we have not been offered funding from the industries that profit from our existence. Our competitors, though, have always had an unholy alliance. Pharmaceutical companies endow the medical schools and they indirectly dictate policy. Similarly, nutraceutical companies endow the pseudo-medical naturopathic colleges like Bastyr and National, and put money into getting their graduates licensed in an increasing number of states.

And, if your eyes are really open, you will know that those companies are actually owned by the same pharmaceutical companies funding the regular medical profession. It is, in the famous words of George Carlin, "a big club, and you ain't in it!"

Whether there is an adversarial or a cooperative relationship between the orthodox medical community and the progressive naturopathic physicians, the reality is that in many areas they will be competing. Neither group wants us around.

While all this may seem hopeless, I see an opportunity for the traditional ND.

While all this develops, what will you do? Try to compete on scientific grounds like they do? The pseudo-medical naturopathic profession has maintained the sucking up approach—"See? We're evidence-based like you MDs!" Are you going to try to go toe to toe with them by using the same synthetic vitamins they use, the same product lines, the same studies on which to base your recommendations? Will you be constantly chasing after the latest technological developments in an effort to appear "cutting edge"?

I have seen this in recent years. The diagnostic arguments go like this:

- "It all gets down to blood type"
- "No, it's the live blood cell activity"
- Then: "It's all genomic"
- Then: "It's all about mitochondrial function"

Everyone wants some up to date scientific revelation to explain everything. On the therapeutic side, it goes like this:

- "I'm using reflex points on everyone"
- Then: "Forget that, I'm using cold laser"
- Then: "Forget that, I'm using red light therapy"

The new red LED lights may have demonstrable benefits, but we have a hundred years of data on red light *plus eleven other colors* in chromotherapy. Why run to the *new* light therapy when the old one is cheaper and more versatile? Come back and argue with me after the new LED lights have been used for 100 years.

Any of these things can be useful, but they are *tools*. The naturopath practices Naturopathy using his or her chosen tools, but they should not define the naturopath. The naturopathic philosophy of healing does that.

Hanging your hat on the latest gizmo may seem like a viable way to make your practice appear up to date and salable, but you are shooting yourself in the foot. The other guys are going to do all those things, and they will have a license to do them. What will set you apart in the marketplace are the methods that we have traditionally used.

In recent years I never hear traditional naturopaths discussing their use of hydrotherapy, or vibrotherapy, or chromotherapy, or conducting fasts, etc. I presume it is because they did not study at a residential school where things are a hands-on situation. But your distance training was not a command to limit yourself to being a health coach. If you're a coach and not a doctor, why do you have "ND" after your name?

Those of you in unlicensed states may believe you are less likely to be locked up if you just recommend a diet and some vitamins, but registered dietitians would tell you otherwise. My attitude is: If you're going to be something of an outlaw, why not be an effective outlaw? I can tell you this after 48 years of practice (the first 20 years with no license): It is not how your profession is viewed by the academic community, or how scientifically you frame what you do, or what letters you have after your name, or how you have advertised your services that creates your success. *It is how dramatically you can get people well.*

When you can decisively get someone better, you are building a business without ever having to concentrate on the dollar value. Many of us are almost embarrassed to talk about making money from our hallowed calling. While focusing on money does not automatically help you make it, I would wager that trying *not* to think about it probably gets in the way of making it.

You are in a helping profession. Having the money to maintain a practice helps your family and helps the people you serve. There is money in getting people well, and that is one reason those other groups I mentioned hate us.

A few issues ago, I wrote, "If you can provide a faster and more powerful return to health than other practitioners, your fame and fortune are guaranteed." Therefore, the first thing you need to worry about in coming times is which modalities you can use effectively to get people well.

Here's what I suggest:

1. Stop quoting the latest science. The *real* basic science, as expounded by Lindlahr, et.al., is still sound. Naturopathic theory of health and disease has never been disproven. Use it. Get the concept across to your patients, rather than puffing yourself up with the latest study or trend. Don't mimic the green allopath. Give them handouts and videos to explain every aspect, and give them tracking forms and "homework" to make them an active part of the process.
2. Use some of the old modalities. They still work. They are low-tech, cheap, and dramatically effective when done correctly. You can relieve symptoms

quickly and make a believer while you are slowly re-building the body with detoxification, diet, etc.

3. Build community. If you make your followers understand not only the principles of Naturopathy that you use but also the political situation you face, they will be on your side. Everyone hates the medical establishment and they would not have sought you out if they didn't want someone different. If they want someone more like a medical doctor they will go to a pseudo-medical naturopathic physician. Create your community with people of the same values.
4. Base your security on people, not ordinances. Create a private membership association. Develop a group feeling among the people you serve and have everyone sign a membership contract that protects you. In this way, you are not serving the public; you have a private contract with a fellow member of a private club. It should be noted that many medical doctors who have left 'the system" use this very format. It does not mark you as a quack. Contact me at ANA if you want a sample private membership contract template.

You may remember the old Chinese restaurant menus where you would choose one item from Column A, two items from Column B, etc. for a fixed price meal. The traditional naturopathic doctor has historically used a mixed bag of tricks in practice, but they always sprang from these five categories. A particular ND will have a focus that may differ from others, but a competent naturopath has a grounding in these five.

THE "MENU" OF NATUROPATHIC PRACTICE

1 SOME KIND OF ANALYSIS

- PERSONAL AND FAMILY HISTORY
- PALPATION OF REFLEX POINTS
- IRIDOLOGY
- ELECTRODERMAL SCREENING
- LIVE CELL ANALYSIS
- BIOTERRAIN ASSESSMENT
- PHYSICAL ASSESSMENT—Pulse, eye, tongue, etc.

2 SOME KIND OF DIETARY SYSTEM

- ILLNESS-BASED
- CONSTITUTION-BASED
- GENOME-BASED
- BLOOD TYPE-BASED
- ELIMINATION DIET
- DETOXIFICATION DIET, etc.

3 SOME KIND OF DETOXIFICATION

- FASTING
- ALTERATIVES
- LOW POTENCY HOMEOPATHIC
- SAUNA / STEAM CABINET
- VEGETABLE / MINERAL NEUTRALIZERS
- LYMPHATIC DRAINAGE
- JUICE FASTING, etc.

4 SOME KIND OF ORAL REMEDY

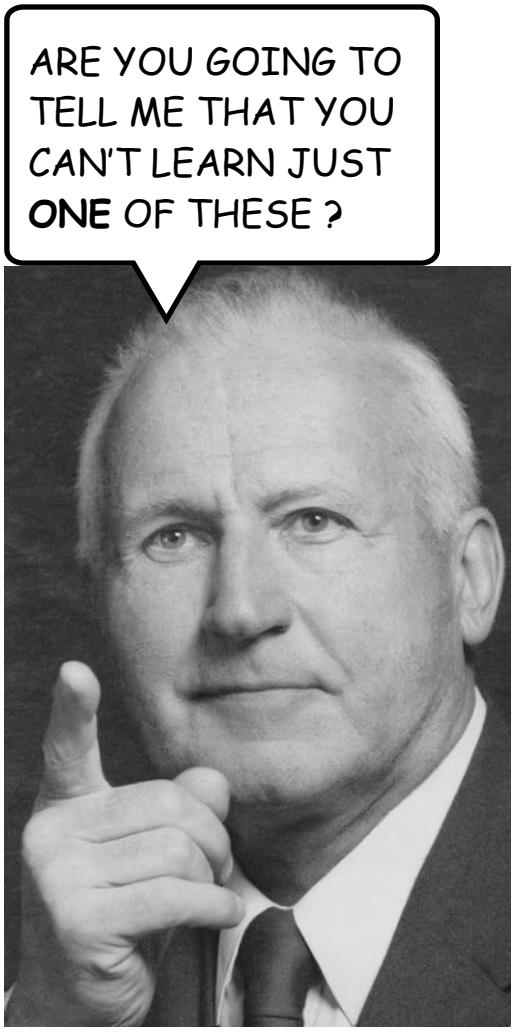
- HERBAL
- HOMEOPATHIC
- ANTHROPOSOPHIC
- ORGANOTHERAPY
- NUTRACEUTICAL, etc.

5 SOME KIND OF PHYSIOTHERAPY

- MANUAL
- HEAT
- LIGHT
- ELECTRICITY
- MECHANICAL
- WATER, etc.

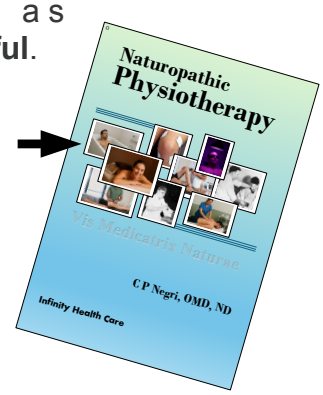
SEE NEXT PAGE ↓

Therapy	Type
Thermal / Hydro-	Infra-red
	Radiant Heat
	Cryotherapy
	Hot Pack
	Alternating Hydro
	Constitutional “
	Wet Sheet Pack
	Poultice
	Russian (steam) Bath
Photo-	Chromotherapy
	Ultra-violet
	Laser
Mechano-	Intersegmental Traction
	Vibrotherapy (Mechanical Vibration)
	Manual technics Massage, Shiatsu, Amma, Deep Tissue, Neuromuscular, Myofascial Release, Muscle Energy Technic, Naturopathic Bloodless Surgery
	Pneumatic Therapy
	Guided ROM
	Muscle Re-ed.
	PNF/MFR
	Exercises
Reflexo-	Chapman’s
	Acupoints or Motor Points
	Zone Therapy
	Reflexology
	Spondylotherapy



Don’t let Dr. Lust down. Keep adding to your bag of tricks until you are not only regarded as knowledgable but also **skillful**.

PS: “How to do it” is all in here



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Phytotherapy

GLECHOMA: POSSIBILITIES FOR HOMEOPATHIC USE?

Anytime something unfamiliar is growing in my yard, there is a rush to identify it—and always, *always* with an eye toward possible medicinal use. In fact, there are so many medicinal plants growing here, it would almost be foolish not to assume the newcomer is something useful.

So it is with the Ground Ivy. I snapped the picture above, checked on it, and it was not found wanting. *Glechoma hederacea* (also called "Cat-Foot") appears in the classic King's American Dispensatory and it does have some use as a botanical medicine.

The book says it is "found growing in shady places, waste grounds, dry ditches, fences and hedges, and on the sides of moist meadows. flowering in May and August." In May of this year I saw the blue-purple flowers and decided I needed to act while its powers were at their peak.

Quoting from King's:

> **Action, Medical Uses, and Dosage.—** Ground ivy is stimulant, tonic, and pectoral, and has been recommended in diseases of the lungs and kidneys, asthma, jaundice, hypochondria, and monomania. An infusion of the leaves is highly recommended in lead colic, and it is stated that painters who make use of it often are never troubled with that affliction. The fresh juice snuffed up the nose is said to cure headache. Dose of the powdered leaves, from ½ to 1 drachm; of the infusion, 1 or 2 fluid ounces. A tincture of the fresh plant, prepared with 98 per cent alcohol, may be given in doses of 1 to 15 drops.

I gathered some up and prepared it for preservation. The leaves are the parts used. King's says they "yield their virtues, by infusion, to boiling water." I prepared some by decoction and some by tincture.

The reason I am wondering about its homeopathic use, which to my knowledge has never been recorded, is this: There are two indications for its use herbally that are non-physical conditions. As you will see from the list above, they are hypochondria and monomania.

Hypochondria has a frustrating and pervasive presence in clinical practice today because it is a mindset that is encouraged. Since the time this botanical medicine was researched—over a hundred years ago—generations have been taught that it is absolutely normal to be medicated for every little thing; moreover, you will receive emotional support for being so sick. One only has to eavesdrop at any gathering to hear people going on and on about their health woes.

In the time of the Eclectic doctors who used this medicine, this was a much more rare mindset, and my feeling is that if this remedy was used when that mindset was more of a mental aberration than today, it must have been effective.

The other condition mentioned is monomania. One often encounters in clinical practice the person who cannot get over a particular trauma, or who dwells on the same thoughts constantly. But monomania as used a hundred years ago is a broad enough term to include conditions that did not have a name in those days. For example, today we identify Obsessive-Compulsive Disorder as a distinct condition but it could fall under the umbrella of monomania therapeutically, in that a medicine that exerts an influence on the one may work on the other.

Since the greatest action on the mental and emotional levels with a homeopathic medicine comes from high potencies, one wonders just how powerful *Glechoma* might be if potentized. After all, if the herbal extract—a material dose—had an influence on these mental states, how much more deep acting would they be if "run up" to a 200c or 1M potency?

The most dramatic mental changes I have witnessed in my practice came from administering high potency homeopathic remedies. I can remember the feeling of elation many years ago when the first case of OCD I treated responded beautifully (the remedy was Silicea, as I recall). The experience gave me the confidence to prescribe for cases like this, and to use more high potencies than I had used previously. I still recall unpacking the bottle of Ignatia 10M from Boericke & Tafel back in 1981 and feeling a thrill.

It goes without saying that this does not make any kind of cognitive-behavioral counseling unnecessary, because without some kind of social re-training, the patient will simply be switching a psychiatric drug for a homeopathic one and may be dependent on repeated doses. But one cannot overlook the tremendous potential of a benign, deep-acting natural medicine to unlock an entrenched mental state. Veteran homeopaths see this happen all the time.

I believe it is worthwhile to have *Glechoma hederacea* homeopathically potentized to a high potency and test it clinically. It could very well find its way into the homeopathic materia medica of the future.

It was the Eclectic physicians who introduced a number of plant medicines into Homeopathy. Most famously, they did it with *Echinacea* and *Mahonia.* Perhaps naturopathic doctors can reignite that cross-pollination by bringing their *Glechoma* into homeopathic use.

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