

Practice Perspectives

Although traditional naturopathy stands apart in the field of therapies, there are interesting parallels between naturopathy and psychoanalytic technique. Both practitioners are investigators, curious as to causes that impede the natural flow of vital energy.

Professional Profile

In training, the student practitioners themselves undergo the therapy as learning experience, so that skills acquired for dealing with others' problems will have been gained from self-knowledge. (1)

Secondly, in the UK the titles 'naturopath' and 'analyst' are often subject to misunderstanding and are 'unprotected', meaning that a person can operate without any training whatsoever. The catch is that a rogue practitioner will not be able to attract an insurance policy, to protect the client or themselves from mishap.

(Osteopaths have recently managed to protect their title through government legislation. Unfortunately, this has been so expensive that many competent part-time practitioners have been unable to afford membership dues and have had to retire. Others, more cavalier in temperament have simply changed their title to Osteologist', which has not been claimed by another profession and simply carried on as before!)

In the future, naturopathy may come under some form of legislation either from European integration or from voluntary regulation to align with other therapies. (2) Either way it is not viewed as a priority for practitioners because being non-invasive and health promoting, naturopathy is not considered a 'threat' to medical interests.

Thirdly, naturopaths and analysts use the consulting room for 'positive reinforcement.' Founder Dr Freud did not possess a large sign proclaiming; "I am the Father of Psychoanalysis". But he did have an enticing treatment couch, with pillows and shawls, and dotted around the room were artefacts from ancient civilisations, as if to reassure the client, "Your ancient psychological concerns are safe with me."

The naturopath's workspace is similarly ordered. The treatment couch is arranged so that it is inviting, suggesting relaxation more than examination. The room is furnished in natural materials, with soft light, a green plant, a chair not rigid supporting the patient's posture, the practitioner sitting alongside, not across from the client. Both practitioners eschew the 'white coat', image. The atmosphere in the room conveys the message, "You too can be natural here".

Dramatic alteration to setting can disturb regularly attending patients. Identifying with the environment, they often feel the need to be consulted about change! Even the consistency of the practitioner's outfit seems to help gain the confidence of the client. (3)

Finally, naturopaths and analysts prefer to keep clients' problems in their own words, the consultation as a conversation, on equal terms. Issues are then kept within the client's reach rather than escalating to diagnostic status. While recognition of symptoms is given, the consultation remains personalised.

Practice Cameo 1

Treating musculo-skeletal conditions can be very satisfying practice. In younger people it is remarkable how a combination of compresses, rest and diet can assist the tissues in repairing quickly and efficiently. In other cases it is interesting to observe how emotional strains play a complicating part in delayed recovery. As the body ages, however, there is a general loss of elasticity and treatment is often given more in hope than conviction. (4)

Elderly Mr A arrives for his fourth visit with a long-standing neck problem. I have been only tentatively easing his neck muscles and suggesting simple exercises. Today he's much better and I feel I'm making progress. I congratulate him.

"I've noticed". he replies. "I tell you what. The other day I walked full tilt into a low doorway at a friend's barn and knocked myself on to my back. My neck has been fine ever since."

The Role of the Naturopath

We learn quickly from experience that patients sometimes need their practitioner to be therapist, educator or counsellor, and sometimes all three at once. There might be need to offer a response to physical emergencies; there might be a call for researcher to sift the wheat from the chaff of health 'education'; there may also be a requirement to enter into a meaningful and perhaps long term relationship together on someone's path to well-being. (5)

To the Therapist – the patient is asking, *"What can you do for me?"* The naturopath may be the first or last resort, there is a need to rescue, provide ease, comfort and reassurance.

Example: The patient is experiencing 'panic attacks', punctuating a depression. There is a fear of taking medication. Breathing is found to be shallow; the patient has been attempting to do diaphragmatic breathing in an effort to calm down.

Treatment: the patient is complemented on attempts at self-help but is shown that this form of breathing exercise is inappropriate. In this situation breathing should high up in the chest, emphasising front to back expansion. This oxygenates the blood effectively, helping mood and is countering to the sensations of panic attack, where the chest is constricted.

Result: patient feels immediate relief, has a technique that helps her feel more confident if panic arises.

To the Educator: –the patient is asking, *"Why am I experiencing this difficulty?"* The practitioner, using knowledge of vital functions, becomes the mediator between client and body, and a resource.

Example: the patient works hard all day, preferring to eat later but is uncomfortable at night, complicated with wind. The patient feels that he eats well and not too much, but "likes his food"

Treatment: it is explained that from a physiological point of view, by the time of late eating the patient's body is perhaps too tired, not necessarily to eat but to digest food properly. Also that food consumed with relish is often eaten too quickly. The likely consequence of this is indigestion. A new arrangement is suggested, moving the meal to midday with a short rest to follow, allowing for later work if desired..

Result: much less discomfort at nighttimes, more significantly perhaps the patient feels less driven.

To the Counsellor: - the patient is asking, *"When will I get better?"* The naturopath offers guidance, becomes the client's confidante, provides constancy.

Example: the client has a 'bad back'. Although retired from successful business, which he recalled as pain free, now while trying to enjoy a new lease of life, his back becomes almost unbearably painful. He uses a chiropractor, has medical treatment, and consults the naturopath.

Treatment: the patient would initially find the naturopathic explanation of his problem illogical – that his back pain was waiting for his retirement. The sufferer tends to believe that pain belongs to the time of greatest strain – when hard at work. But what if, as this case suggested, that the adaptation to retirement is a greater strain?

Treatment here is used as a decoy; the patient is encouraged to look at other aspects of his health, modifying routines to accommodate the condition of his back. He knows from his medical scan that his spine is unaffected and so is gradually introduced to the idea that his back has been bruised from hard work -that his pain is the bruise 'coming out'.

Result: the patient begins to understand his anxiety for his back is misplaced. He admits to the suppression of pressures experienced during his working life and with the support of treatment, addresses the challenge of his transition into retirement.

Practice Cameo 2

Children present fascinating cases for treatment. One can never be sure that a case is quite what it seems but this applies even more so with the child client. Where possible a child should be seen with at least one parent, not as chaperone but to be able to take into account the child-parent interaction. On other occasions, children's difficulties can be quite straightforward. (6)

Mr & Mrs B arrive with their daughter who has had an accident at school. She has a wound in her forehead but is not obviously distressed. I ask if it hurts; to my surprise and slight alarm, she shakes her head emphatically.

I examine her injury, which is a serious gash. I inspect for foreign material, I examine her eyes, her neck and upper limbs. I consider a compress, a neck support and suggest a fast until hungry. Her parents, after initial reluctance which I partly share, agree with me on a visit to hospital (for reasons bureaucrat as much as therapeutic).

Miss B, who has been silent for some time and staring across the room, suddenly speaks: *"Can I ask a question?"*

I am ready, brimming with reassurance.

"Could you bring your skeleton to my school?"

Practice Proverbs

That we:

recognise that the capacity to maintain health and the will to recover from illness is connected to a reason for living (7)

facilitate healthy changes for our patients by encouraging them not just to exchange one habit for another but also to think differently (8)

by reason, persuasion and example instill confidence in our clients to replace fear of illness (9)

address environmental issues in the ecology of the home; not amassing health foods but using food as a focus (10)

increase our influence over patients, by our uncompromising stance and concern but not our power (11)

remember the 1st rule of 1st aid – look after oneself. Helping each other is a privilege, but working directly and often independently with the human condition 'takes it out of us'. Fortunately, unlike our allopathic colleagues, we can take no end of our own medicine. (12)

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