Futures and histories

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December 2018, the eve of NHAA's 100-year anniversary, and perfect for reflection and looking forward. This is the final issue of the year and introduces the NHAA centenary conference in March 2019, *Traditional Wisdom, Future Practice*. This particular conference will be a one-off event, not only because it represents 100 years of the NHAA, but also because it will host the General Assembly of the World Naturopathic Federation, and enable us to present Australian naturopathy and herbalism, and mingle with international peers, exchange and share knowledge.

A record number of abstracts have been submitted for peer review and presentation at the conference. This shows how we willingly engage with critique, and signifies a strengthening of our professions in recognising the value of peer review and transparent information. It signifies our transition towards a stable occupation and secure professional identity. I would like to congratulate all who submitted abstracts — it takes courage to put forward ideas and data, to invite feedback that may not be entirely positive, and it takes skill to redevelop and evolve our ideas; a process from which we all grow and benefit.

So where are we heading as health professionals? A round table of experts, including naturopaths and herbalists, recently explored the challenges facing complementary medicine professions in Australia¹. They aimed to identify future direction and develop leadership, action and debate. Group consensus was achieved on two main themes — these were to ensure clients remain at the centre of decisions and that evidence informing clients' needs and safety is prioritised. These findings acknowledge clients as our biggest employers; people from the public, coming to our private practices. So what are our clients' needs, and what is it about us that they most value and expect? The evidence provides a clear and consistent answer. Our clients seek to be involved in their own tailored health care, and they want optimal health, wellbeing and performance and help to prevent and treat chronic disease2, with minimal risks in a way that fits in and complements other health care practices. They are attracted to our holistic philosophy and our natural treatments. We know this because there is highquality, peer-reviewed, robust evidence that repeats this message^{3,4}. These reasons for people's use are key to our continued viability as health care professionals as they outline what our main employers expect, and elude to our capacity to meet unmet health needs and to our traditional and historical foundations in interdisciplinary, evidence-based practice.

Philosophically informed health care is an expressed and interesting need of our clients; I have had the privilege to delve deeper into this recently. Naturopathy and Western herbal medicine are types of holistic Western medicine. Holistic, opposite to reductionist, means including all of a person's characteristics in a big-picture case synthesis. It requires expertise and knowledge of inter-, extra- and intracellular detail, associated organ compensation, micro and macro biology, emotional and social impacts and relationships between people and their environment. Amongst many things, it means providing simultaneous relief of symptoms and preventing disease, and providing treatment that is personal, effective, safe, affordable, accessible and meaningful.

Traditional naturopathy as a holistic practice is uniquely differentiated by six principles. This is an important point because these codified principles distinguish naturopathy from other natural medicine practices such as homeopathy and traditional Chinese medicine⁵. They communicate identity and were the sole identifying motivating factor of naturopaths' inclusion by the World Health Organization, in the development of the Alma Ata declaration at Asanta⁶. The Alma Ata declaration emphasises the rights of all people to primary health care, prioritises primary health needs, and directly informs international and local governance, policy, political decisions and direction. An invited contribution to development of the Alma Ata recognises naturopathy as a distinct form of traditional primary health care for all people, including marginalised, at-risk and disenfranchised people.

These issues are close to many of our hearts. I look forward to hearing and sharing more about these developments at the NHAA conference in March. And I look forward to catching up with you, reflecting on our traditional wisdom and crafting our future practice. Our profession is evolving and it is essential that we contribute to and steer our way towards the future we want.

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This issue presents one of our champions, Ruth Trickey. In an interview by Michelle Boyd, Ruth explains how she got into herbal medicine and reflects upon her amazing contribution. Brad Leech and Jessica Bays provide a conference report on the International Congress on Integrative Medicine and Health (ICIMH) that took place in Baltimore, America, in early 2018, with messages aligned to the round table findings mentioned earlier and the way forward. It also includes two herbal medicine articles: the first a summary of the pre-clinical and clinical evidence for *Nigella sativum* and the second on the comparative effects of Mistletoe and chemotherapy on colon cancer cells. It also a case study illustrating naturopathic treatment for a woman with interstitial cystitis.

Please join me in welcoming Dr Wendy McLean as our new MedJourn, MedPlant and CPE question writer. Wendy was selected from several high-quality applicants for her critical appraisal experience. I'd like to thank all who applied; it was encouraging to receive so many high-quality applications. Wendy has contributed the MedPlant component to this issue and will take over the MedJourn from Jodie in the next issue. Thanks again, Jodie, for your support with Wendy's transition.

I wish you all the best for the festive season, it has been a big year and this journal is really finding its feet with submissions coming from many areas of our professions. And the calibre is notably improved. Well done you! Now is time for celebration, reflection, rest and replenishment. I look forward to publishing more of your work in this peer-reviewed journal in 2019.

References

- Canaway R, Leac M, Hunter J. Setting an agenda for strengthening the evidence-base for traditional and complementary medicines: Perspectives from an expert forum in Australia. Adv Integr Med 2018
- Steel A et al. Complementary medicine use in the Australian population: Results of a nationally-representative cross-sectional survey. Sci Rep 2018;8(1):17325.
- Reid R et al. Complementary medicine use by the Australian population: a critical mixed studies systematic review of utilisation, perceptions and factors associated with use. BMC Complement Altern Med 2016;16(1):176.
- Bishop FL, Yardley L, Lewith GT. A systematic review of beliefs involved in the use of complementary and alternative medicine. J Health Psychol 2007;12(6):851–867.
- Wardle, J., Naturoapthic Curriculum Development Personal communication. S. Arentz. Editor. 2018.
- Bhutta ZA et al. Alma Ata and primary healthcare: back to the future. British Medical Journal Publishing Group. 2018.



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