



HerbClip™

Shari Henson
Heather S Oliff, PhD
Densie Webb, PhD

Brenda Milot, ELS
Marissa Oppel, MS

John Neustadt, ND
Cathleen Rapp, ND

Executive Editor – Mark Blumenthal *Consulting Editors* – Dennis Awang, PhD, Steven Foster, Roberta Lee, MD

Managing Editor – Lori Glenn

Funding/Administration – Wayne Silverman, PhD *Production* – George Solis/Kathleen Coyne

FILE: ■ Pediatric Naturopathy
■ Canadian Naturopathic Clinic Survey
■ Naturopathic Medicine

HC 040254-287

Date: August 31, 2005

RE: Survey of Pediatric and Adolescent Patients in a Canadian Naturopathic College

Wilson K, Busse JW, Gilchrist A, Vohra S, Boon H, Mills E. Characteristics of pediatric and adolescent patients attending a naturopathic college clinic in Canada. *Pediatrics*. 2005; 115(3):e338–e343.

Naturopathic medicine is distinguished from conventional allopathic medicine by its holistic philosophy to health care and the modalities in which a naturopathic doctor (ND) is trained. NDs are licensed as primary care providers in 14 states in the United States and in Canada. They attend four-year, post-baccalaureate naturopathic medical programs at accredited universities. Their training includes all the basic sciences found at any conventional medical school; however, the emphasis of the clinical training differs substantially from conventional doctors. NDs receive training in pharmacology and minor surgery (suturing wounds, skin biopsies, etc.), but their education emphasizes nutritional medicine, botanical medicine, naturopathic manipulation, homeopathy, and lifestyle counseling. The current study analyzed the "demographic characteristics, reasons for presentation, use of CAM products, and vaccinations status of pediatric patients" presenting at the Canadian College of Naturopathic Medicine (CCNM) teaching clinic in Toronto, Ontario.

The investigators reviewed 482 charts from the CCNM clinic for all patients younger than 18 years old (1.6–11.4 years, mean 6.5 years) who had been seen between February 1 and May 31, 2002. The data gathered included age, gender, chief presenting complaints reported by parents, CAM product use at presentation, vaccination status, and reactions to vaccination.

The most frequent complaints for which parents brought their children to see an ND were skin disorders (23.4%); gastrointestinal (16.8%); psychiatric or behavioral concerns (14.5%); allergies and sensitivities (food and environmental [12.2%]); colds, coughs and influenza (12.2%); and ear infections (10.4%). "CAM products," which were defined as vitamins, minerals, herbal remedies, oil blends/fats, minerals, probiotics, homeopathic remedies, and 'other natural health products' were being taken by 34.6% of the children and adolescents. When vitamins and minerals were excluded, the percentage of patients taking CAM products

was reduced to 21.2%. Herbal remedies were taken by 14.9%, oils blends/fats by 7.2%, probiotics by 4.5%, and homeopathic remedies by 3.7%.

Sixty nine children received herbal remedies. Echinacea (*Echinacea* spp.) was taken most frequently (21 patients); followed by goldenseal (*Hydrastis canadensis* [4 patients]); calendula (*Calendula officinalis* [4 patients]); garlic (*Allium sativum*. [4 patients]); eucalyptus (*Eucalyptus* spp. [3 patients]); combination goldenseal, echinacea, and astragalus (*Astragalus membranaceus* [2 patients]); psyllium (the seed of *Plantago ovata* [2 patients]); and licorice (*Glycyrrhiza glabra* [2 patients]); and "other" (27 patients), which included one of each of the following: yarrow (*Achillea millefolium*), marshmallow (*Althaea officinalis*), oats (*Avena sativa*), cayenne (*Capsicum annuum*), gotu kola (*Centella asiatica*), and an unspecified "Chinese herbal", eleuthero (*Eleutherococcus senticosus*), eyebright (*Euphrasia stricta*), fennel (*Foeniculum vulgare*), ginkgo (*Ginkgo biloba*), barley green (*Hordeum vulgare*), black walnut (*Juglans nigra*), chamomile (*Matricaria recutita*), alfalfa (*Medicago sativa*), tea tree oil (*Melaleuca alternifolia*), noni (*Morinda citrifolia*), Asian ginseng (*Panax ginseng*), American ginseng (*Panax quinquefolius*), yellow dock (*Rumex crispus*), milk thistle (*Silybum marianum*), St. Francis, Swedish bitters, silver linden (*Tilia tormentosa*), red clover (*Trifolium pratense*), valerian (*Valeriana officinalis*), mullein (*Verbascum thapsus*) drops, and grape seed (*Vitis vinifera*).

Parents listed their child's vaccination status on 65.6% of the charts analyzed. Of those, 86.7% reported full vaccination, 4.4% reported partial vaccination, 8.9% reported their child had not been vaccinated at all, and 0.1% were unsure of their child's vaccination status. Partial or unvaccinated status was inversely associated with age ($P = 0.02$), and associated with greater use of CAM products ($P < 0.01$), and going to CCNM for advice on vaccination ($P < 0.01$). Additionally, use of CAM products was associated with skin disorders ($P = 0.04$), immune dysfunction ($P = 0.04$), and poor energy/fatigue ($P = 0.04$).

This study is important in that it is the first one to analyze a population of patients in a naturopathic medical clinic. The authors conclude that a higher percentage of children and adolescents presenting at CCNM received no vaccines compared to the rest of the Canadian pediatric population (8.9% vs. 3%, respectively). This finding has important public health consequences, since an increase in infectious diseases outbreaks in the pediatric population could result in additional visits to the doctor, lost time at work for parents, and the risk of serious adverse events from the illnesses.

—John Neustadt, ND

Enclosure: Referenced article reprinted with permission from the American Academy of Pediatrics.

The American Botanical Council provides this review as an educational service. By providing this service, ABC does not warrant that the data is accurate and correct, nor does distribution of the article constitute any endorsement of the information contained or of the views of the authors.

ABC does not authorize the copying or use of the original articles. Reproduction of the reviews is allowed on a limited basis for students, colleagues, employees and/or members. Other uses and distribution require prior approval from ABC.