

An e-discussion between Daniel Rubin, ND and Leanna Standish, ND, PHD on 11-23-04 AND 11-24-04

Dr. Standish had written a case report published in the inaugural issue of the International Journal of Naturopathic Medicine. Dr. Rubin made an initial inquiry to Dr. Standish and the following discussion ensued.

Dr Rubin wrote:

Dr. Standish:

I am curious about why you chose the case you presented in the inaugural edition of the International Journal of Naturopathic Medicine. I look forward to your comments

Dan Rubin, ND

Dr. Standish replied:

Dr. Rubin,

Because I have rarely had the chance to try full bore natural medicine for a patient with a breast tumor refusing standard of care. And it failed. We must learn from our failures. This seemed like important information for our community. What do you think?

Leanna Standish, ND, PhD

Dr. Rubin replied:

Dr. Standish,

Well, I do think that you make a strong point. In fact, what I have learned from you and have used myself is your point about the Prospective Outcomes Monitoring Study (POMS) to determine whether naturopathic oncology is effective and cost effective to the public.

Regarding the case on the site: I like that you presented this one in particular as it shows a level of responsibility that we as NDs have, especially people like you and I who are on the Board of Directors of the Oncology Association of Naturopathic Physicians (OncANP), but what message does this give to the inaugural edition of

the journal? Could this case turn people away or sour them on naturopathic oncology? Also, do data driven protocols define how we go about "full bore" natural medicine? This patient, in the end, was placed on such a data-driven-supplement-protocol. You had prescribed the juice fast as well as yoga but she was not compliant with those. The effect of these two treatment modalities are exclusive from the specific effect the data-driven supplements have although fasting and yoga truly round out the protocol. Thus, in the end, was it truly full bore?

Also you make the strong comment that "Sometimes when we do what our patients want us to do, perhaps we do them a disservice." I think you should have omitted this comment as she was not compliant with what you actually wanted her to do. She wanted a 3 month trial of naturopathic medicine and you said 2 months. It is absolutely reasonable to treat someone like this patient for 2 months as sometimes it takes two months from diagnosis of cancer to surgery based on scheduling by surgeon's offices or other factors. I feel like you were blaming yourself and the protocol for this growth of the tumor and you should not have.

I feel that the commentary given by Dr. Gagnier fails to recognize your discussion with the patient regarding the risks of not having surgery while undergoing a strict naturopathic protocol. From your writeup it is surmisable that you did discuss risks with her. I do however agree with Dr. Gagnier that you could have embellished the case with more history and discussion of potential confounding variables of the case as this would have been a more naturopathic approach and delivered the message to the reader of the potential reasons the tumor did not shrink. Else we are left, as readers, believing that this approach simply will or does not work. Also what was not discussed was the rate of tumor growth. Perhaps the 8 week interval showed slowing of tumor growth? If there was retardation of growth perhaps the treatment was successful and more time was necessary. But in the end, I agree with you, surgery first then employ the precepts of naturopathic oncology.

Dan Rubin, ND