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Docere – Doctor as Teacher

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Docere - Doctor as Teacher
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From L-R: fourth-year students Amanda Morelli, Kathryn Petrov, and Sophia Ladna speak to Class of 2007 graduate Dr. Meghan Walker, ND, at CCNM's Second Annual Career Fair.

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Editor in Chief
Simone Philogène

Managing Editor
Sana Abdullah

Advertising
Frances Makdessian

Art direction & design
Bhandari & Plater Inc.

Please send your comments and story ideas to:
sabdullah@ccnm.edu

General inquiries
(416) 498-1255 ext. 243

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advancement@ccnm.edu

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Contact information:
Advancement office
1255 Sheppard Ave. E.
Toronto, ON, Canada M2K 1E2
Tel: (416) 498-1255
alumni@ccnm.edu
ccnm.edu

To update your contact information:
alumni@ccnm.edu

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Dr. Jordan Robertson, ND (Class of 2008)
Photo credit: Kathryn Hollinrake

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The Umbrella Project equips children, parents, and teachers with the tools they need to manage pediatric mental health. Read more on page 27.

From the Editor's Desk: Career Pathways

CCNM's Second Annual Career Fair recently brought together new grads, interns, and meaningful career opportunities. (See the photos below.)

The focus of this issue is those who have chosen the “doctor as teacher” career option, one of the many career pathways open to NDs.

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Docere - Doctor as Teacher

It is one of the most fundamental principles of naturopathic medicine, and yet, its meaning is individual for every naturopathic doctor.

In this issue, we speak to naturopathic doctors who are expanding the definition of *docere* - for themselves, the ones they teach, and the profession.



Dr. Jordan Robertson, ND

(Class of 2008)

Associate Faculty, Bachelor of Health Sciences Program,
McMaster University

JORDAN'S DEFINITION OF *DOCERE*

My role is to educate patients on what their options are so that they can feel autonomous and empowered in their health care. I am a partner in their team of health-care providers, I educate them on what their options are, and sometimes the answer is not what I do. And I hold that in the highest regard, that I am always willing to admit when the options I have to offer them pale in comparison to drug therapy, or that all I can do is co-care. I am so grateful for the opportunity I have to educate my patients on that, because I'm not sure they're getting that elsewhere.

While most CCNM graduates spend their post-convocation summers studying for NPLEX and preparing for clinical practice, Jordan was developing an undergraduate elective course for McMaster University's health sciences program.

It was the same program from which Jordan had earned her degree, just four years prior. During her time at CCNM she had retained a relationship with the program and university by lecturing in various courses on research in integrative medicine.

And since Jordan has a natural affinity for teaching, she approached McMaster's dean of health sciences during a studying break to develop a course on integrated health systems for third- and fourth-year students (and later, an evidence-based nutrition course that runs concurrently).

"I developed the learning outcomes and the pedagogy that I thought would be most effective for teaching research and integrative medicine," she explains. "I really had a strong drive to teach the skills that undergraduate students would need to be effective at reading studies on diet, lifestyle, and supplements."

At McMaster, both the health sciences and MD programs use problem-based

learning (PBL) in the classroom. PBL is a different dynamic than most people are used to. Instructors do not simply talk at an audience of students – instead, classes are divided into smaller groups to encourage comprehension and skill development using open-ended questions. Jordan finds this education model more suitable for knowledge retention than a didactic style.

"As a facilitator, you try and create an environment where students have a learning experience that isn't about the rote memorization of facts. Sometimes that may be experiential. Sometimes it's discussion or inquiry as a learning tool. It could even be didactic," she states. "How we create effective learners is what I'm interested in."

At the moment, Jordan is on sabbatical to focus on her clinical practice and two podcasts she's unveiled for the general public and practitioners.

"I love being in that educational, progressive space. I studied there for four years and I've taught there for 10. McMaster has been a significant part of my life and I really value that."



McMASTER UNIVERSITY

Health Sciences Course Instructor

Jordan developed an undergraduate elective course for McMaster University's health sciences program



PUBLIC AND PRACTITIONERS

Health and Wellness Podcasts

Currently on sabbatical, Jordan is focusing on her clinical practice and two podcasts she's unveiled for the general public and practitioners

drjordannnd.com/podcast-page

"I really had a strong drive to teach the skills that undergraduate students would need to be effective at reading studies on diet, lifestyle, and supplements."

Dr. Jordan Robertson, ND (Class of 2008)



Dr. Fraser Smith, MATD, ND

(Class of 1997)

Assistant Dean, Naturopathic Medicine Professor, Clinical Sciences
National University of Health Sciences

FRASER'S DEFINITION OF *DOCERE*

Doctor as teacher is one of those concepts that has multiple layers of meaning. In the one sense, it means helping patients understand what's happening to them (which they often don't understand, they just have an intimidating name for what they have and a lot of information from Wikipedia or Mayo Clinic) and how we can restore their health or at least help them live a better life with more freedom from pain.

The other meaning is the best sense of the word – teaching people how to keep their bodies in harmony. And you need *docere* in order to do that.

Fraser joined the National University of Health Sciences (NUHS) in early 2005 after spending almost 10 years within the CCNM system – first as a student, then as a resident under Dr. Paul Saunders, ND (Class of 1990), as a professor and clinic supervisor, and finally as dean.

“I find education very interesting,” he says. “I have a real passion for it. I love working with students and seeing them develop from insecure first years in their first month all the way to graduates who are ready to move on and shape the profession.”

He helped launch the Doctor of Naturopathic Medicine degree program at NUHS in 2006, and as assistant dean, his primary responsibilities are educational leadership, teaching, and research. Fraser also teaches botanical medicine and pharmacology, the former being a subject in which he has done further study.

One of the challenges faced by educators is keeping abreast of medical advances while maintaining a distinct model of care rooted in naturopathic medicine and principles. But Fraser is confident that the naturopathic schools – and the NDs they educate – are meeting the challenge.

“As the profession has gotten bigger, educational standards, which were always good, have increased,” describes Fraser. “I have seen the profession diversify in a good way. With more NDs out there, we have more opportunities to share our learning experiences.”

Part of *docere* for Fraser is being a good role model for NUHS students in the same way his mentors influenced and guided him – Paul, Dr. Ken Dunk, ND (Class of 1981), and the late Dr. Anthony Godfrey, ND (Class of 1990).

“I constantly talk to students about balance and keeping up with the demands of the program. I try to help them understand how to navigate that space between being an ND in the modern world and carrying the mantle of this ancient tradition. I really encourage them to succeed because this is a wonderful field to be a part of,” he says.

“Educators teach NDs to teach patients how to be healthy – and that, in some ways, is one of our greatest roles.”



NATIONAL UNIVERSITY OF
HEALTH SCIENCES

Helped Launch Degree Program

Fraser helped launch the Doctor of Naturopathic Medicine degree program at NUHS in 2006



CANADIAN COLLEGE OF
NATUROPATHIC MEDICINE

Ten Years Building His Career

Almost 10 years within the CCNM system – Fraser was first a student, then a resident, then a professor and clinic supervisor, and finally dean

“I constantly talk to students about balance and keeping up with the demands of the program. I try to help them understand how to navigate that space between being an ND in the modern world and carrying the mantle of this ancient tradition.”

Dr. Fraser Smith, ND (Class of 1997)



Dr. Nicole Redvers, ND

(Class of 2010)

Assistant Professor, Department of
Family & Community Medicine-Indians into Medicine,
University of North Dakota

NICOLE'S DEFINITION OF *DOCERE*

Doctor as teacher is absolutely fundamental. Being in the educational environment now, I feel like I'm in a place where I can actually be in that scholarly teacher role and help students develop critical thinking and become adaptable to changing environments. It's been a nice transition from, literally, doctor to teacher. But in essence, it's really teacher to teacher, it's just a different type of teaching that's involved in this environment.

Throughout nearly 10 years of clinical practice in her hometown of Yellowknife, Northwest Territories, Nicole regularly volunteered her time with Indigenous organizations and movements.

She had quickly approached a point where she realized that the health-care barriers faced by Indigenous groups could not be solved in a clinic room. As a result, she is now completing a master's degree in public health at Dartmouth College to better understand the social determinants of health care from a broader, regulatory perspective, which is particularly helpful when working with disadvantaged groups.

"Policy level issues that are in place prevent Indigenous people from becoming well," she says. "The more I was being pulled out of the clinical environment and into policy setting, the more it became apparent that this is an area where big change is needed."

So when a scholarly position opened up at the University of North Dakota (UND) involving Indigenous public health research, curriculum development, and teaching, Nicole knew it would be a natural fit.

Established in 1973, the Indians into Medicine (INMED) program at the School of Medicine & Health Sciences is funded by the United States government with the aim of assisting Indigenous students to become health-care providers. In 2020, the

program will launch a PhD in Indigenous health – the first such PhD in any North American university – which Nicole is helping to design.

This has meant that she had to sell her practice, Gaia Integrative Clinic, and move her family to Grand Forks, North Dakota within a matter of months. But now that everyone is settled, Nicole is looking forward to working with local and international Indigenous groups to better understand and support the complexities they face.

"In essence, I am a foreigner on this territory. But the nice thing about Indigenous communities is the brother-sister relationship," she explains. "In the next few months, I plan to do a lot of reservation visits and start developing the relationships which are integral for being able to do Indigenous health research."

The faculty of INMED are all members of an Indigenous band and hold either a PhD, MD, or ND designation. Being able to collaborate with Indigenous health-care providers and focus entirely on Indigenous causes and education has been an amazing opportunity for Nicole.

"The university has been very supportive of the programming here and being surrounded by such a strong group of Indigenous people moving Indigenous scholarship forward is just incredible."



YELLOWKNIFE,
NORTHWEST TERRITORIES

Indigenous Movements Volunteer

Throughout nearly 10 years of clinical practice in her hometown of Yellowknife, Northwest Territories, Nicole regularly volunteered her time with Indigenous organizations and movements



SCHOOL OF MEDICINE &
HEALTH SCIENCES

Indigenous Health PhD

In 2020, the Indians into Medicine (INMED) program at the School of Medicine & Health Sciences will launch a PhD in Indigenous health, which Nicole is helping to design

"The more I was being pulled out of the clinical environment and into policy setting, the more it became apparent that this is an area where big change is needed."

Dr. Nicole Redvers, ND (Class of 2010)



Dr. Arvin Jenab, ND

(Class of 2000)

Director of Naturopathic Medicine & ND Residency Program
Susan Samueli Institute for Integrative Medicine,
University of California-Irvine

ARVIN'S DEFINITION OF *DOCERE*

We have a responsibility to not only pass knowledge down to new students and graduates, but to also teach them the leadership skills that our profession needs. Within the context of academia, it's about mentoring the new generation of doctors and graduates. With patients, it's to educate and make sure they become active participants and advocates for their own health.

Arvin's career in academia spans 15 years, including stints at CCNM, the Boucher Institute of Naturopathic Medicine (BINM), and Bastyr University's San Diego campus. His interest rests in supporting new graduates as they grow into future leaders of the profession, and at the Susan Samueli Institute for Integrative Medicine, he has the opportunity to do just that.

"My role is very mixed. I have clinical duties and educational activities that I participate in. I supervise and mentor residents, plus give lectures to nursing and medical students," Arvin says.

The institute is dedicated to providing a holistic, integrative, and multidisciplinary approach to health care. It is part of University of California-Irvine (UCI) Health, the only academic health system in Orange County. There are several clinical programs at UCI Health, offering a plethora of medical and health care services.

Arvin joined the institute four years ago to help establish residency opportunities for new grads and expand the existing naturopathic medical services program. He was the second ND to come aboard – the first was Dr. Afrouz Demehri, ND (Class of 2008) – and in just a few years, the institute has grown to five full-time NDs and four residents (including Class of 2018 graduate Dr. Shreya Soni, ND).

His time at the institute has coincided with an increasing number of allies within UCI Health and a mounting interest in

naturopathic medicine from the community at large. He says that the team at the institute is approached almost daily with questions and general intrigue from the other clinical departments.

As NDs begin integrating into the health-care system, now is the time to start defining how naturopathic medicine can coexist within the traditional health-care structure.

"Overall, there's certainly more awareness of what we do. A growing level of professionalism from NDs is allowing for more relevant conversations with conventional medical institutions and providers," Arvin says.

"But I think the profession hasn't changed a lot when it comes defining what it is that we do," he continues. "I feel that challenge here at UCI where the demand is more urgent to define who we are and what we do. I'm very involved with AANP, CNME, and different stakeholders in our profession to try and answer some of those questions and help us go to the next level."

That could mean a lifelong clinical practice, a career in academia, both, or neither. But it's pivotal for NDs to contribute to the wider conversation around integration and create more champions of the profession.

"I see that here at UCI – medical skills help a great deal, but good leadership skills will help get NDs further."



CCNM, BINM & BASTYR UNIVERSITY

Fifteen Years in Academia

Arvin's career in academia spans 15 years, including stints at CCNM, the Boucher Institute of Naturopathic Medicine, and Bastyr University's San Diego campus



UNIVERSITY OF CALIFORNIA-IRVINE

Established Residency Opportunities

Arvin helped establish residency opportunities for new grads and expand the existing naturopathic medical services program

"Overall, there's certainly more awareness of what we do. A growing level of professionalism from NDs is allowing for more relevant conversations with conventional medical institutions and providers."

Dr. Arvin Jenab, ND (Class of 2000)



Dr. Jonato A.

Dr. Kim Bretz, ND

(Class of 2001)

Faculty, The School of Pharmacy,
University of Waterloo

KIM'S DEFINITION OF *DOCERE*

It is inherently the basis of what we do; the educational piece is crucial. If people don't understand and have all the information – whether it's regulations, their treatment choices, or health-care options – we end up shortchanged in all cases.

Kim teaches a third-year course titled Complementary and Alternative Medicine at the University of Waterloo's School of Pharmacy. The purpose of the course is for students to understand what other health-care options are available (such as naturopathic medicine, chiropractic, and acupuncture) and how to interact with future patients who seek those options out.

She was invited to become a lecturer at Waterloo in 2017, but Kim's teaching experiences stretch back even further.

"I started guest lecturing at the University of Guelph in their functional foods and natural health-care products courses about 15 years ago," Kim recalls. "Two of the individuals who were involved in the program at the time moved on to Waterloo and thought I would be a good fit to take over the course."

Like many CCNM graduates, Kim's intention was to practise naturopathic medicine in a clinical setting. Early on, in order to grow her business, she began public speaking. Not only did it attract patients, Kim's confidence levels soared and she became more capable at explaining difficult concepts to disparate audiences.

"I quickly realized early on how important public speaking is; it's one of the best soft skills that I've picked up and has allowed me to do all the other things that I do," she says.

And what are the other things that Kim does? She is the founder and clinical director of Fundamentals of Health and the current president of the Council of the College of Naturopaths of Ontario. She routinely travels across North America for public speaking engagements and delivers continuing education to NDs across Canada. In 2020, she is launching a mentoring program in GI health and the microbiome.

Docere is one of the most important aspects of being an ND, and Kim has no plans to stop teaching – either to her patients, students, or the profession.

Says Kim: "I want people to have information so that they can make educated choices about their health. I love teaching, and I think the more we're involved with it, the better our profession."



UNIVERSITY OF WATERLOO

Third-year Course Instructor

Kim teaches a third-year course on Complementary and Alternative Medicine at the University of Waterloo's School of Pharmacy



UNIVERSITY OF GUELPH

Guest Lecturer for 12 Years

University of Guelph guest lecturer for the past 12 Years in their functional foods and natural health-care products courses

"I want people to have information so that they can make educated choices about their health. I love teaching, and I think the more we're involved with it, the better our profession."

Dr. Kim Bretz, ND (Class of 2001)



Dr. Eric Marsden, ND

(Class of 2002)

Clinic Director & Post-Graduate Residency Program Director,
Marsden Centre of Naturopathic Excellence

ERIC'S DEFINITION OF *DOCERE*

It means everything! We know that knowledge is power. Our job as the naturopathic doctor is to provide caring, compassionate guidance and administration of therapeutics as appropriate. In the modern era where information is readily accessible, overwhelming, confusing, and conflicting, we must put this into a format that lets the patient feel confident in their treatment decisions. We have a responsibility in our oath to not just care for our patients, but to help future generations. And I think that's critical and even more critical now.

Eric's motivation to host two-year residencies at his practice, the Marsden Centre of Naturopathic Excellence (MCNE), was inspired by sharing what he had learned while working in clinics throughout the world, particularly in the fields of environmental medicine and integrative cancer care.

"I realized that imparting this knowledge – through education, in-depth training, and mentorship – is valuable in really advancing the skills of graduating naturopathic doctors," Eric says.

Since he began hosting residencies over 10 years ago, he has restructured the teaching components to align with the evolution of integrative cancer care. Eric explains that a set of learning modules, delivered in both online and in-person training sessions, underscores the first year of the residency. Over time, the resident gradually moves into patient care, case management, and research.

At any given time, there are two residents at MCNE – one in their first year, and one in their second.

"We have a large number of graduates from the residency program who work with us and are involved in the education of other residents. So they mentor the senior resident, who in turn mentors the junior resident," he states. "We also

have a nurse practitioner and a registered acupuncturist with us that allows for a greater breadth of both scope and patient care. This introduces residents to all sorts of interprofessional collaborations, which is great."

The benefits of residencies extend far beyond mentorship, though. Most graduates are eager to start their practices and perhaps underestimate the usefulness of a residency, but Eric urges new NDs to consider applying for one or spend time externing.

"We sponsored the grad dinner last year, and in my speech – I got more groans than cheers – I said, 'I spent more money on my education after CCNM than at CCNM.' That's really your investment – the more you delve into health care, the more you grow as a practitioner."

Eric says that he knows more about naturopathic medicine and his abilities as a health-care provider than he did when he graduated 17 years ago. Much of that has to do with expanding his own knowledge base by spending time with and learning from the leaders in the profession.

An ND's job is to provide knowledge that empowers others to understand and embrace it, he says. That includes patients, the broader health-care community, and members of the naturopathic profession.



MARSDEN CENTRE OF
NATUROPATHIC EXCELLENCE

Two-year Residency Host

Eric was inspired by sharing what he had learned while working in clinics throughout the world, particularly in the fields of environmental medicine and integrative cancer care



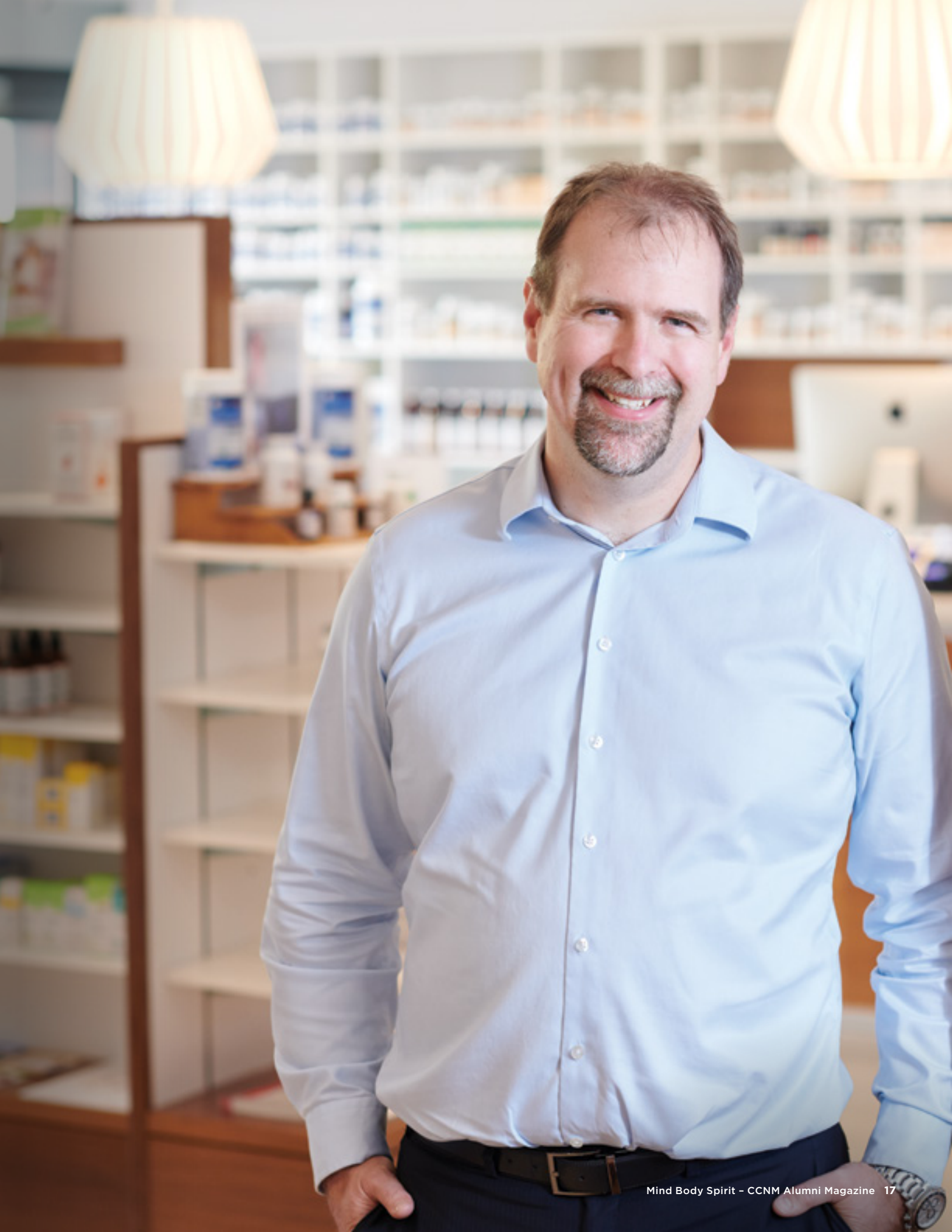
INTEGRATIVE CANCER CARE

Restructured Teaching Components

Since Eric began hosting residencies over 10 years ago, he has restructured the teaching components to align with the evolution of integrative cancer care

"I realized that imparting this knowledge – through education, in-depth training, and mentorship – is valuable in really advancing the skills of graduating naturopathic doctors."

Dr. Eric Marsden, ND (Class of 2002)



Dr. Tracey Beaulne, ND

(Class of 2001)

Host, Town Hall Medicine Microbiome Summit

Professor, Faculty of Health Sciences & Wellness, Humber College

TRACEY'S DEFINITION OF *DOCERE*

I think gratitude is the word that just describes it all. Gratitude to my teachers and people who have exposed me to so much information and opportunities. And now I'm in a position to share knowledge that I'm passionate about. I just think about how lucky and privileged I am to learn about things that I love and then pass on that knowledge.

The microbiome is often heralded as the new frontier of medicine. Emerging research in the field promises to shed light on its exciting potential, and once understood, the microbiome may hold the key to unraveling all types of common and rare health conditions.

Tracey has spent her career as a naturopathic doctor focused on gut health. But in almost two decades of practice, she has witnessed a shift in the way knowledge is delivered and interpreted; with vast amounts of studies being produced on the subject and the general ease with which the general public can google their health concerns, Tracey believes misinformation has become a problem.

“From when I started in clinical practice to now, there's been an information explosion. It's really challenging for clinicians and patients to figure out what to read and rely on,” claims Tracey. “People working in research and health care share the same frustrations – how can we make sure that we're the ones being heard? We must be the voices of reason.”

And so, born out of a desire to elevate the conversation around gut health, she was part of the team that coordinated the Town Hall Medicine Microbiome Summit, held in 2017 at the University of Toronto. The summit was streamed worldwide and brought together 21 leading researchers and

experts from around the world to explore over 25 topics related to the microbiome.

It was a labour of love for Tracey, who planned and mapped out the summit with Heather Boon, former dean of the Leslie Dan Faculty of Pharmacy at the University of Toronto, and Stewart Brown, CEO and president of Genuine Health.

“We were lucky because every single person on our wishlist is so passionate about their work and jumped at the chance to speak about it on camera,” she says. “One of the reasons why the microbiome summit was so successful is because we were able to go straight to the source – the speakers were the ones who write the papers and conduct the research.”

A wide range of health-care professionals – including NDs, pharmacists, and medical doctors – watched the summit live, and many more continue to stream the content. She is proud that it produced such a high level of discussion and delivered information that can be used in everyday life.

The privilege of hosting the event is a showpiece in Tracey's career but she believes her crowning achievement is yet to come. She is hopeful that her work as a professor in the Faculty of Health Sciences & Wellness at Humber College will lead to new collaborations and continued growth in the future.



CAREER FOCUS

Naturopathic Gut Health

Tracey has spent her career as a naturopathic doctor focused on gut health



COORDINATOR AND HOST

Town Hall Medicine Microbiome Summit

Tracey was part of the team that coordinated the Town Hall Medicine Microbiome Summit, held in 2017 at the University of Toronto

“From when I started in clinical practice to now, there's been an information explosion. It's really challenging for clinicians and patients to figure out what to read and rely on.”

Dr. Tracey Beaulne, ND (Class of 2001)



Be Your Best Self

How a group based approach
is helping Be Your Best Self participants
reach their weight loss goals



In 2017, the Public Health Agency of Canada reported that 64% of Canadian adults over the age of 18 were overweight or obese. That same year, a nationwide poll conducted by Insights West (a Canadian market research company) found that nearly half of Canadians had tried a diet the year prior to lose weight. It seems that every year, new fad diets, appetite suppressing foods, detox teas and the latest ‘miracle weight loss drug’ hit the market, contributing to the multibillion dollar weight loss industry. But as the research shows, Canadians are continuing to pack on the pounds and attempts to lose the weight remain unsuccessful.



Be Your Best Self participants receive a journal to track their daily progress, a key component of the program

The Be Your Best Self (BYBS) program offered at the Robert Schad Naturopathic Clinic (RSNC), is a healthy lifestyle and weight management program. The program was created by Dr. Afsoun Khalili, ND (Class of 2003), and helps participants focus on addressing the underlying issues they have around food and eating while giving them the tools to recognize the behaviours that may be contributing to their weight issues.

Launched in 2005, the BYBS program runs for six weeks and is broken into 1 ½ hour sessions on Mondays that feature presentations covering weight loss, healthy eating, and the conditions and diseases related to unhealthy eating. Some of the topics include: the differences between carbohydrates, protein, and fat;

reading labels and ingredients; cooking healthy; the importance of physical activity; cravings; stress management; thyroid issue; diabetes; etc.

“People are not going to lose their weight in six weeks but the idea is that they are provided with the tools to be able to make the changes they need long term and sustain their weight loss,” says Afsoun.

“If you want to lift yourself up, lift up someone else.”

~ Booker T. Washington

While learning the fundamentals of diet and food are essential, it is the group support aspect of the program that Afsoun says allows participants to share their stories, support one another, and feel empowered to make long lasting

“People are not going to lose their weight in six weeks but the idea is that they are provided with the tools to be able to make the changes they need long term and sustain their weight loss.”

Dr. Afsoun Khalili, ND (Class of 2003)



Part of the program is helping the patient figure out what's healthy for them, and making that connection between food and how they feel

changes as a result. While group support is common among other popular weight loss programs, she explains what makes the BYBS program unique in its approach.

“Our program is about, ‘What is healthy eating and how to manage emotional eating?’ Part of it is helping the patient figure out what’s healthy for them, and making that connection between food and how they feel,” she says.

“The other part focuses on the emotional side of eating, the emotional connection we all have with food. What we try to do with the BYBS program is help

people investigate to see if they have any unhealthy emotional relationships with food. That part is really important from a long-term perspective because I think the reason people relapse and regain their weight is because they don’t really face the emotional relationship with food so when they’re stressed, they go back to their old habits.”

Afsoun recalls a long time patient of hers who decided to try the BYBS program and found success.

“This person had been a patient of mine for eight years at that time, and she was one

“I think the reason people relapse and regain their weight is because they don’t really face the emotional relationship with food so when they’re stressed, they go back to their old habits.”

Dr. Afsoun Khalili, ND (Class of 2003)

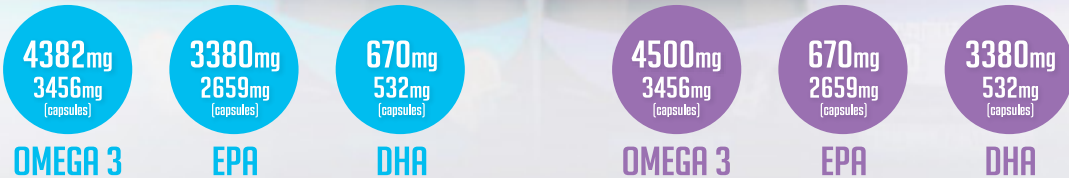


Dr. Afsoun Khalili, ND, left, and student intern Kristie Vucic consult with a patient

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Afsoun has witnessed many moments in the BYBS program where participants are able to connect, not only through celebrating their successes but when they hit those bumps along the way

of the first people who did the BYBS program. She did a modified version of the anti-inflammatory diet and though it took five years, she lost 100 pounds as a result and maintained the weight loss. She ended up doing the BYBS program three years in a row because she felt it kept her accountable and because we always had different people presenting – she felt like there was always something new in it for her.”

Afsoun has witnessed many moments in the BYBS program where participants are able to connect, not only through celebrating their successes but when they hit those bumps along the way. During

a session when the group was speaking about the challenges they had faced, Afsoun remembers one participant who shared that because of a difficult week at work, they had eaten an entire tub of ice cream.

“It was really incredible to see how encouraging everyone in the group was. They offered words of support and shared all the different ways they deal with stress: going to the gym, going for a walk, putting music on and dancing, etc. They all had some really great suggestions and I could see how much better she felt after she got the support.”

AFSOUN'S DEFINITION OF *DOCERE*

I am still a student myself, I'm still learning. I think the strength of naturopathic medicine is the fact that when patients come to us, we want to provide an environment that hopefully makes them feel supported, empowered and they learn the things that they need to learn so they can apply it to their lives and do it long-term, so they get the results they need. In private practice, I focus on really going behind the reasons why I'm recommending what I'm recommending so people are empowered and understand why. I don't feel the learning ever ends and I think that's what makes it exciting for me because I never have a monotonous day – there's always something new to learn and reflect on.





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Fifteen Minutes with Dr. Jen Forristal, ND

Class of 2004 graduate

Dr. Jen Forristal, ND, on the creation
of the Umbrella Project and her
interest in children's mental health



How can NDs, parents, and teachers support children's wellness, especially within the realm of mental health? Dr. Jen Forristal, ND, explains why she created the Umbrella Project and how we can empower kids with the tools they need to weather those stormy days.

Q Tell us more about the Umbrella Project. Why did you develop it and what services do you provide?

A – The Umbrella Project was built in response to the current state of mental health services for children. I was very lucky early in my practice to work with kidsLINK, a mental health organization in Kitchener, Ontario. When I started working with schools, I realized there was a big gap in the way we talk about stress and coping skills with students.

In fact, most schools tend to pick one coping skill like mindfulness and really focus on that, without acknowledging the bigger picture of how everything fits together.

As I was working with these different organizations, I came to realize that what we really needed was a unified concept and language that brought together all of the mental health research into one very teachable concept that everyone could understand – young children, parents, social workers, doctors, and teachers.

Q Describe the concept of the 'umbrella.'

A – I think the biggest thing that was missing from the way that we think about mental health was that easy, visual framework that you can talk to pediatric patients about. Every child understands that there's rain and that it comes and goes. But sometimes it's stormy and sometimes it's sunny. And that if you don't want to be soaking wet when you go outside, you need to grab an umbrella to protect you. And that's exactly what our coping skills do. It's amazing how many of the big pieces of mental health research actually fit very easily into this simple metaphor that gives you the language to talk to a child. The biggest struggle we were finding is how to communicate these big ideas to very small people. The umbrella was an easy and natural one that everyone can understand.

Things like mindfulness, empathy, cognitive flexibility, and having a sense of purpose all weave together to form a layer in between the challenges that we face in life and help to protect us from stress. We teach kids about these different skills and help them anticipate that challenges are coming but they can proactively build the skills that they need to protect themselves.

Q Describe the educational component of the Umbrella Project. How does it differ for parents, school teachers, and other health-care providers like NDs?

A – There are a few key stakeholders in a child's well-being. Parents, the school where they're getting a lot of their foundational information, and their doctor or ND who is providing insight when children get to those stumbling blocks along the way. We wanted to make sure our program educated all three of those stakeholders to best provide care that reaches everyone.

The curriculum is kindergarten through grade 12 and the skills run over the course of two years. Then it's grade-by-grade, so kids continue to learn about these skills all through their school careers.

For parents, we provide skill-based assessments and guidance through health professionals like NDs so they can really individualize their child's coping skills. We help parents understand which of their child's coping skills are the strongest and which ones need the most help.



“The Umbrella Project was built in response to the current state of mental health services for children.”

Dr. Jen Forristal, ND (Class of 2004)



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And from there, they can help individualize their parenting to pick out the skills that most need work and choose from the parenting strategies known to build that specific skill. It's an individualized approach to proactive mental well-being and challenge anticipation.

The demand for pediatric mental health care is growing and NDs have a wonderful foundation in proactive mental health care strategies. Our training helps them add the layer of positive coping skills to their assessments and treatment protocols to best prepare their patients for the world they are growing up in.

Q How do NDs get involved?

A - NDs are just so uniquely positioned to provide that awesome, proactive mental health piece and the Umbrella Project adds a new layer to what we already do. I think we can do a better job when it comes to mental health. If we don't incorporate that layer of coping skills, we're missing a really unique opportunity that better prepares children for challenges. I love naturopathic medicine - it's a great foundation to start a more advanced protective strategy for mental health.

JEN'S DEFINITION OF *DOCERE*

The people that I work with are doctors and teachers, and there are so many parallels. The real meaning from both of our jobs comes from having a deeper connection with the people that we serve and helping to shift the paradigm of how they see themselves and the way they think about their health and well-being. If you think about your favorite teachers growing up, none of them were the ones that just gave you the information. The teachers that gave you the information, along with some new way of thinking about yourself and your place in the world, are the ones that really stick with you. And I think doctors are the same. The best doctors do that for their patients, too.



Dr. Jen Forristal, ND, practises baking with her son

GeneRx.ca

By Dr. Penny Kendall-Reed BSc ND

The on-line integrated genetic platform
that turns 23andMe raw data into a clinically useable
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GeneRx.ca is an on-line platform that analyzes raw SNP data and provides an integrated report with health guidelines and treatment protocols. Unlike other platforms, which only provide interpretation of single gene SNPs, **GeneRx.ca** uses clinically developed algorithms analyzing combinations of genes to provide detailed analysis and a highly individualized treatment protocol. The report details areas of health such as metabolics, detoxification, exercise, neurotransmitters, immunity, inflammation, methylation, reproductive hormones, vitamins, minerals and dietary analysis. Each report has an in-depth description of individual genes, their interactions and a recommendation section that includes the integrated treatment protocols. The report is customizable, allowing the user to modify dietary management and supplementation to further personalize the final program.

GeneRx.ca

Paving the Way for Success: CCNM's Residency Program

Post-graduate residencies are
the ideal springboard to a career
in naturopathic medicine



Two of CCNM's brightest, Dr. Nicole DeYonge, ND, and Dr. Kristi Prince, ND, accepted an onsite residency after graduating in 2019 and 2012. We talked to each about the benefits this opportunity provided as they launched their naturopathic careers.



CCNM is committed to providing high quality postgraduate residency experiences for a limited number of qualified graduates from Council on Naturopathic Medical Education (CNME) accredited naturopathic medicine programs

Before Dr. Nicole DeYonge, ND, Class of 2019, began her two-year residency at CCNM, she looked at all the options available to her as graduation approached. Ultimately, Nicole decided that accepting a residency position at CCNM was best suited to her longer-term goals of setting up a private practice in Toronto's east end.

“The opportunity to absorb ‘clinical pearls’ from those I work with is invaluable,” says Nicole, as she expects the program will enhance her clinical, people and communication skills – all equally vital to having a successful naturopathic practice.

Nicole uses a half-to-full day each week to build her own practice while completing the residency program, giving her the flexibility to keep moving toward her goals.

Another important consideration to her accepting the residency position was the freedom to participate in research projects that support Nicole's interest in complex conditions such as fibromyalgia and other autoimmune and infectious diseases.

Nicole believes that students should consider applying for a residency early on during one's studies. “Try not to get so swallowed by academic demands that you don't engage in the CCNM community. Involvement in the strong CCNM community provides many leadership opportunities that will benefit your practice, whether or not you decide to pursue a residency position,” she comments.

Her role as a resident is already proving valuable for Nicole as it helps plan out her work during the residency as well as what is to come afterward.

“The opportunity to absorb ‘clinical pearls’ from those I work with is invaluable.”

Dr. Nicole DeYonge, ND (Class of 2019) – Pictured left

NICOLE'S DEFINITION OF *DOCERE*

Docere is the most valuable tenet of naturopathic medicine. It's about fostering empowerment, growth, and accountability in those we are teaching – whether patient or student. It requires empathy, leadership, and self-growth to meet the ever-changing knowledge and expectations in the field of medicine. I will forever be both student and teacher, so I am honoured to be able to incorporate formal education and teaching into my career. I come from a family of teachers and entrepreneurs, which has allowed me to fully embrace ‘doctor as teacher’ and successfully contribute to and invest in the growth of our profession, communities, and environment.



“I wanted to pace the building of my practice and the CCNM residency helped me do just that.”

Dr. Kristi Prince, ND (Class of 2012) – Pictured left

Dr. Kristi Prince, ND, Class of 2012, always knew she wanted to pursue a residency after graduating because she wanted more than a full-time practice. The idea of teaching had always appealed to her and she believed the residency program could provide a stepping-stone to teaching at CCNM, while at the same time diversifying her income.

“I wanted to pace the building of my practice and the CCNM residency helped me do just that,” comments Kristi.

Residency also provided her with an opportunity to develop her explanations of concepts to future naturopathic doctors during her real world teaching positions.

Always knowing that she was interested in women’s health issues helped her focus her efforts during her residency.

“Thankfully, I was able to turn my passion into my career.” Kristi now operates an

integrative naturopathic clinic in Coburg, Ontario, focused mostly on women’s health issues including peri-natal and post-partum concerns, menopause issues, pelvic floor pain, lactation consulting, and more. Working with 10 other health-care professionals across a range of disciplines such as massage therapy and mid-life transition coaching, the residency enabled Kristi to revisit and further digest material taught during her education at CCNM, leading her to feel more confident and better able to launch her practice.

Her advice to current students is that it’s never too early to start preparing by getting involved in extra-curricular activities offered as part of CCNM’s broad community. There are many opportunities to get involved in research and to talk to other naturopathic doctors who have chosen the residency program. Learning through residency training

provided Kristi with the business know-how to move forward and build a successful practice.

Kristi wholeheartedly recommends the CCNM’s residency program and “hands-down would do it again!”

The residency program at CCNM is part of the College’s continued commitment to provide high quality, postgraduate residency experiences to students that consist of increasingly independent clinical experiences, research opportunities, and mentoring.

For more information, contact:

Dr. Jasmine Carino, ND
Associate Dean of
Curriculum and Residency
(416) 498-1255 ext. 301
jcarino@ccnm.edu

KRISTI’S DEFINITION OF *DOCERE*

For me, *docere* is leading by example and to teach others through education and empowerment to take charge of their own health and well-being.

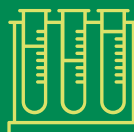
KEY FEATURES OF THE CCNM RESIDENCY INCLUDE:



Assisting the clinical training and supervision of interns at the Robert Schad Naturopathic Clinic



Being a teaching assistant/ small group facilitator for selected courses



Completing an approved research project by the end of each residency year



Develop and maintain a private clinical practice (four hours/week in first year)

From the Classroom to the Community

Dr. Jennifer Hillier, ND
(Class of 2003), gets into the roots
of naturopathic medicine



Class of 2003 graduate Dr. Jennifer Hillier, ND, always knew she wanted to return to nature. Her practice, Spring Chicken Family Health, is nestled on a permaculture farm in Eden, Ontario, northeast of Guelph. The farm is also her home, where she and her family (along with a variety of animals, including dogs, chickens, and bees) live.



Spring Chicken Family Health is a permaculture farm in Eden, Ontario, northeast of Guelph

For several years, Jennifer was a professor at CCNM and clinic supervisor at Anishnawbe Health Toronto (previously one of CCNM's community health-care clinics). Educating her students was a rewarding experience and although she enjoyed her time at the College and guiding future NDs through the program, something was missing.

“I think education is sharing the pieces of life that you’ve figured out in a relevant and creative way,” she says. “Having a practice on the same property as my residence gives me a lot of opportunity to do that. I can bring people into my kitchen to see the title of a cookbook and look at our meal plan; that allows each of us to share what we’ve learned.”

At Spring Chicken, Jennifer is able to exemplify *docere* in a different way – she still teaches, but instead of delivering a lecture to 100 students, she delivers programs and events to the local community. She often organizes activities to bring people of all ages together, such as potlucks, campfires, workshops, retreats, and men’s and women’s groups.

“The one thing I’ve kept from my lecture theatre days is a sense of humour in communicating information. As long as the hours are, or as sick as the patient is, there is room for play and relating to a person that is the same regardless of who I get to talk to,” she explains.



The sun rises over Spring Chicken Family Health





A sampling of the bounty at Spring Chicken Family Health

“There’s a sense for me, that we’re all in this together and I’m playing my role. What’s interesting is how others show up in their roles. I think there’s just so much to learn and interact with in any teaching capacity. It’s a fun dance if you get out of your own way and just let the rhythm take you.”

That philosophy to patient care has certainly transformed over time. In between her days as a lecturer at CCNM and establishing her practice and growing her farm, Jennifer experienced a shift in the way she viewed naturopathic medicine and her role as an ND. Instead of ‘doctor as teacher,’ Jennifer sees herself as ‘doctor as leader.’

“When I graduated, I felt ‘doctor as teacher’ was a job, a role I played when behind a desk or in front of an audience, and I can’t say this interpretation helped me much,” she says.

“For me, teaching things that I learned in textbooks was okay, but it tended to lack the depth or intimacy required to get to the heart of why a patient is the way they are,” replies Jennifer. “By living a life, showing through example, and being open to how others live their lives, I’m starting to get glimpses of how awesome this role can be in changing our society, supporting personal development, and providing the nurturing we all would love for ourselves and each other.”

Now that Jennifer has returned back to nature, she’s excited to see what will be next.

“For years, I brought in fresh plants and flowers, tried to use natural materials in decorating, and had a water feature to invoke that power of nature in my practice. Now I get to check in on the chickens as I wait for patients, watch kids play on our natural playground during their visits, and grow the foods I ask my patients to eat.”

For more information about Spring Chicken Family Health, please visit: springchickenfamilyhealth.com

JENNIFER’S DEFINITION OF *DOCERE*

Doctor as teacher has changed for me over the years since I first promised to uphold this tenant of naturopathic medicine. I hear it now as ‘doctor as leader.’ I find it so interesting that what started as a profession for me has morphed into a purpose, and has shaped my life in ways I could never have imagined.

CV40 Update – Approaching Adaptive Expertise vs. Routine Expertise

The CV40 team examines different learning styles and how to apply them to CCNM's future curriculum



The CV40 group continues to make good progress. The winter and early summer terms of 2019 were very busy, with several working groups meeting concurrently to discuss and prepare recommendations for different aspects of the project.



One set of recommendations (on non-clinical key topics) is now being prepared for circulation to key stakeholders for review and feedback, while other working groups' proposals (curriculum design, clinical key topics, etc.) require more work this term.

Like all sizeable curriculum projects, CV40 is a complex undertaking that has a distinctly iterative nature – decisions about one part of the curriculum affect another. For instance, content (what we agree the curriculum should teach) and graduate competencies (the knowledge, skills, and attitudes, a student should develop by graduation) need to be reflected in the curriculum design (how these are taught). The project team has worked

diligently to move the project forward and generate momentum, while at the same time ensuring that the process is deliberative and consultative enough to develop a strong, coherent, and holistic curriculum. Educating ourselves with the best available evidence and theory about education (and health professions education in particular) has been a crucial part of our process.

Education of the health professions struggles with content saturation – the impossibility of covering everything that is known about health and disease. One possible approach to addressing this problem that has gained traction in our project team is that of adaptive expertise. According to Giyoo Hatano and Kayoko



Inagaki, who published a seminal article on this topic, adaptive expertise is the ability to apply one's knowledge and skills to solve problems that are novel and substantively different from those previously encountered by the individual. They contrasted it with routine expertise, which they defined as the proficiency one acquires in dealing with tasks and problems that one has already experienced and mastered.

Curricula oriented to preparing students with the foundation of adaptive expertise could then be designed to develop deep

understanding of key concepts and to teach the skills for finding information and other resources to solve novel problems. As a result, students could be well-prepared to address patient cases, while managing the feeling of being overwhelmed that they (and faculty) encounter from the "coverage" approach.

The CV40 project team will continue to investigate the usefulness of this approach and how it might be applied to the design of the CV40 curriculum. We are excited and hopeful about the future of training naturopathic doctors at CCNM.

Education of the health professions struggles with content saturation. One approach to addressing this problem that has gained traction in our project team is that of adaptive expertise vs. routine expertise



For further information on CV40 contact:

Dr. Cindy Beernick, ND (Class of 2012)
CV40 Project Manager
cbeernick@ccnm.edu

Adaptive Expertise

The ability to apply one's knowledge and skills to solve problems that are novel and substantively different from those previously encountered by the individual.

Routine Expertise

The proficiency one acquires in dealing with tasks and problems that one has already experienced and mastered.

CINDY'S DEFINITION OF *DOCERE*

Maybe I shouldn't play favourites, but *docere* is my favourite principle.

NDs are in an ideal position to assess their patients' health risks, needs, and what they need to know and learn to make informed decisions and advocate for themselves. One of the many reasons why the CV40 project is exciting is because of the opportunities it presents to add more emphasis on patient teaching. Communication and leadership are skills that benefit from practice, feedback, and more practice. Making these curricular adjustments can result in NDs who are more skilled and confident in their roles as teachers, which should result in more empowered patients, improved patient outcomes, and possibly even healthier communities.

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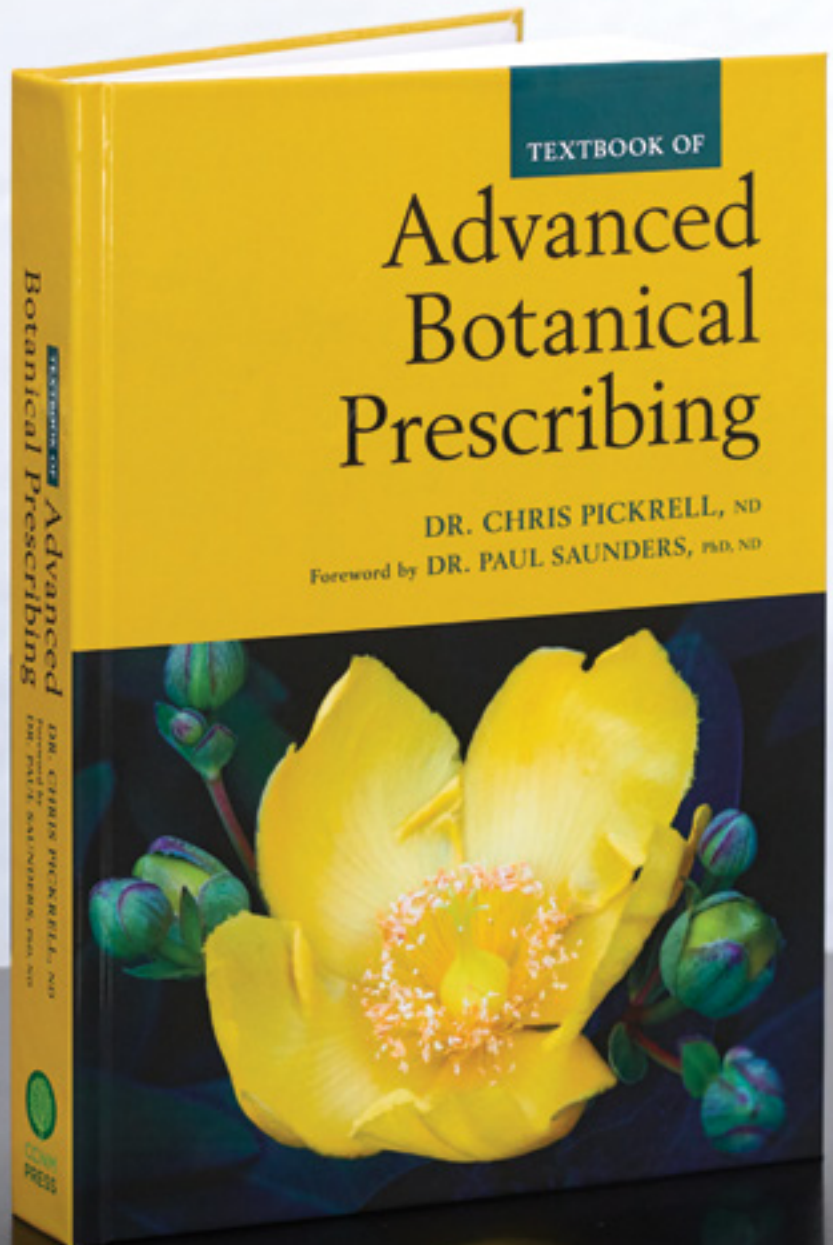
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