

# Editorial: Summer of Fires

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This has been a summer of wildfires and extreme weather events in Canada, playing out in real time with multiple evacuations across the North West Territories and in several of our southern provinces. As we go to press, many people are only now returning to their homes in interior British Columbia, Yellowknife and the Northwest Territories from fires which began in early August.<sup>1</sup>

Beyond the risks of death and injury from proximity to wildfires, there are considerable physical and mental health effects due to wildfire smoke; smoke-related pollution will often travel thousands of kilometres away from active fire sites to create downstream health problems for people with asthma, chronic obstructive pulmonary disease (COPD), and chronic heart disease, as well as for pregnant people.<sup>2</sup> Additionally, we are dealing with disaster-related post-traumatic stress and anxiety from weather-related disasters, as well as other documented psychological threats stemming from the knowledge that these summers are likely to become more frequent, leading to grief, anger, or simply despair that our climate is deteriorating in ways that none of us may be able to do much about.

While understanding the physical and mental health effects of climate change is part of naturopathic medical training, there is still much that we don't know about the long-term health effects of wildfire smoke, and of our changing climate in general. At *CANDJ*, we are promoting educational initiatives and further association-based discussions on these topics, as well as collaboration with many diverse planetary health interest and advocacy groups outside the profession, as we share many of the same concerns and goals.<sup>3</sup>

For this issue of *CANDJ*, our government relations letter addresses a topic of recent concern for many of our members, namely proposed increases to fees by the Natural and Non-Prescription Health Products Directorate (NNHPD) of Health Canada for natural health products (NHPs). Since this issue was first announced by Health Canada in May, CAND leadership and staff have been working overtime on this file, coordinating email and lobbying campaigns with Health Canada, the government and many members of parliament. As the consultation period with Health Canada has now closed, we are hopeful that they

have taken account of the concerns expressed by the CAND, our members and the public on these new, unwelcome costs to NHPs, based on a framework more appropriately suited to licensed pharmaceutical drugs and medical devices, where the risks are higher and the profit margins much higher.

Next up is a presentation of a newly developed clinical tool to support dietary intervention in a mental health context. As authors Aucoin and Barbaro point out, many patients are seeking complementary therapies for mental disorders due to inaccessibility within the publicly funded mental health system, or poor tolerability of conventional therapeutics. Naturopathic doctors (NDs) have long been providing complementary supports using a number of different modalities (including diet), but with new emphasis on collaborative and team-based care, questions have arisen regarding what it is that NDs *do* with nutritional counseling (as opposed to simply prescribing a number of natural health products), and whether it reflects current evidence-based best practices. This article represents one component of a multi-year project from Aucoin et al. at the Canadian College of Naturopathic Medicine (CCNM) to study the precise impacts of diet change on mental health symptoms while also developing knowledge translation strategies that facilitate the use of emerging evidence by both naturopathic doctors and other healthcare stakeholders around non-pharmacologic mental health interventions.

Our other Perspective for this edition is a provocative article by Solomonian and Osborne. Using a previously defined critique of conventional psychiatry known as the “attrition model,” which argues that many psychiatric diagnoses are adaptations to dis-ease in social and ecological environments, they argue that naturopathic medicine in Canada should be wary of trying to align its values too closely with what they term the “biomedical paradigm” of the Canadian single-payer medical system. This system, they believe, both deprioritizes and stigmatizes “patient-oriented” outcomes central to the naturopathic model of care. Additionally, they argue that naturopathic medicine itself, in making itself more acceptable in this “dominant biomedical model” has co-opted many traditional and Indigenous healing traditions, but because

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of the economics of allied health in Canada, these very practices have become inaccessible to the marginalized communities they have been drawn from. While not every reader will agree with their calls for “resistance” to “biomedical dominance,” still they point out an important tension between the ideals of naturopathic care as patient centred, integrative and accessible, and the current reality that determines which demographics are mostly likely to access that care.

Finally, we have a very interesting pilot clinical trial of a cold spinal spray form of hydrotherapy from Boopalan et al. of the Naturopathy Medical College and Hospital in Chennai, India. Although the results of their single treatment trial are preliminary, they did find that this form of hydrotherapy was able to lower systolic blood pressure in a group of male hypertensive patients.

After two years as the new digital *CANDJ*, our journal is definitely growing with each edition and we are excited to see the new studies and passionate perspectives on areas of naturopathic therapeutics and the direction this profession is taking. As editorial staff, we also welcome members’ feedback about how we can continue to increase our audience and pursue the conversation about the science and practice of naturopathic primary care in Canada.

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#### CONFLICTS OF INTEREST DISCLOSURE

I have read and understood the *CAND Journal*’s policy on conflicts of interest and declare that I have none.

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