

Health Canada and the Drug-ification of Natural Health Products

Restoring balance versus eliminating germs

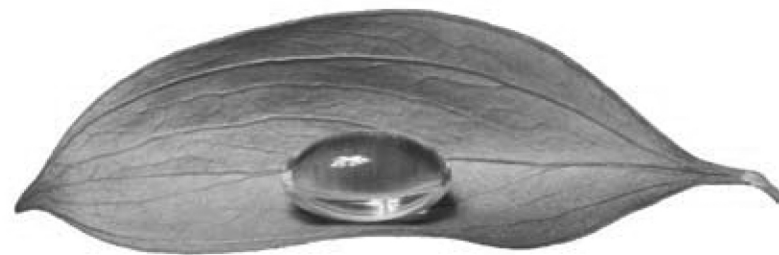
by Rick DeSylva, RH

It has been a little more than 10 years since the Natural Health Products Directorate (NHPD—now called the Natural and Non-prescription Health Products Directorate or NNHPD) officially brought into force the regulations governing the manufacture and sale of natural health products or NHPs. While it may well be argued that there is greater validity and social sanction given these substances, the trade-off seems to have been that the NNHPD will only assign a natural product number (NPN) when given the purely “scientific” confirmation of therapeutic efficacy.

Stuck on drugs

My argument is not with this aspect of investigational science; I honestly welcome the validation of its prior traditional usage for the knowledge that it imparts.

The issue though, is the “drug” model used to interpret the host of biochemical substances found in a plant. This focus on key active ingredients separates certain classes of compounds from anything else that remains. There is no interest in any synergists, mineral salts, mucilage or other such secondary and tertiary compounds. To the medical/scientific mind, they



are unworthy of consideration of how they fit within a larger therapeutic matrix.

This mindset wasn't always the case. Let's go back to the findings and recommendations of the 1998 report *Natural Health Products: A New Vision*, accepted by then Minister of Health Allan Rock. This report was based upon a year-long consultation with stakeholders, academia and scientists, and it specifically states that these substances were neither drugs nor foods but incorporated elements of both. For this reason, the drug model was an inappropriate regulatory model for these substances and that a new model was required for regulation.

Health Canada agreed to implement the findings of this report, and struck the Office of Natural Health Products, later to be known as the Natural Health Products Directorate.

Unfortunately, later on in early 2001, the draft documents came out for standards of evidence and the good manufacturing practices (GMPs) for this supposed new

regimen. I found these draft documents were, in effect, an *identical* copy of the drug GMPs. I know this to be certain, as the scribe for Health Canada had simply replaced the word “drug” with that of natural health product—but forgot the last two pages of this 20-plus page document. There in unblemished copy was the word drug and not NHP.

Nutritive, sanative, restorative herbs

What is needed here is an acknowledgement of a different but equally valid model of therapeutic rationale. This rationale has its origin in the perception of the early physiomedicalist practitioners (the forerunners of the traditional and modern naturopaths) who saw herbs as “nutritive, sanative and restorative.” They understood that herbs provided a measure of nutrition (nutritive), that they were health giving (sanative) and, most importantly, that over time they were truly restorative and could rebuild tissue and

bring the human organism back to a healthy state.

Many herbs—specifically, many herbal formulas—contain compounds such as mucopolysaccharides, mineral salts, essential oils, astringents and other co-factors that address the biochemical deficiencies of chronic, degenerative disease.

It is these same components that can change a diseased state back into a condition of health.

As an example, in cases such as ulcers, diverticulitis, Crohn's disease and irritable bowel syndrome, the mucin layer of the intestinal tract needs to be rebuilt and restored to its proper state of being. The characteristic inflammatory process as well as the fungal and the emotional components all need to be addressed.

In treating the ailments above, one of the most important types of herbs used is that of the demulcent, the mucilaginous, soothing emollient that will coat the abraded surface and, over time, serve to rebuild its protective coating. Herbs such as Althea root and slippery elm bark powder contain this mucilaginous compound, formerly known as mucopolysaccharides, now called glycoaminoglycans. In addition to these herbs, one must add chickweed (and its nascent sodium), for its ability to counter inflammation, and an astringent such as purple

loosestrife to bring swollen tissues back down to normal tone.

Only “active” allowed

These herbs will also provide the phytonutrients necessary for the ultimate resolution of the aforementioned conditions. Unfortunately, the addition of herbs such as chickweed, purple loosestrife or even Althea root would not be recognized as being an “active” ingredient. I say this as, back in 2010 in Oxford, Missouri, Robin Marles, one of the early scientific advisors of the NHPD, dismissed the addition of such herbs as little more than “fairy dusting.” This was and still is typical of the mindset of NHPD, now known as NNHPD.

Having inquired of industry consultants close to the NNHPD if there was any chance of recognition of this food component of herbs, I was advised that no, it would only be “active” ingredients and only those with a strong demonstrated scientific support that they would recognize. However, if one is to properly understand herbal medicine and to use it to advantage in dealing with the serious diseases today, it is absolutely necessary to remodel our view of herbal therapeutics.

Staying power of germ theory

Thus, it is apparent that what we are witnessing today is the drug-ification of herbs. It is the continuation of the germ model of thinking about disease causation, assigning an overwhelming level of

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importance to pathogenic entities, and thus the need to eliminate them with “active” ingredients only, by whatever synthetic or natural means.

To consider changing the underlying terrain, as was the focus in the work of Dr. Gunther Enderlein in his massive work *Bacterial Cyclogeny*, is shunned as being without foundation and of no importance in dealing with the growth of various pathogenic entities. Such scientific ignorance is profoundly disappointing and indicative of the hold that modern medicine has in perpetuating the germ theory of disease.

The problem is that this model ignores the various underpinnings of the disease process: the unbalanced ratio of acid to alkaline/base values in the blood and tissues, itself brought on by poor functional activity of the filters of the body, the kidneys and liver. Ideally, the blood should be slightly alkaline, with the tissues slightly acidic; the body is similar to a battery, and must have a difference in electro-potential in order for innate biochemical processes to take place. Mineral ratios—potassium versus sodium, magnesium versus calcium, iron versus manganese, and many other relationships and counterbalances—must be present in proper ratios to achieve a healthy state.

When there is imbalance

and the blood and tissue become very acidic, pathogenic entities mutate into more virulent forms; conditions such as arthritis occur due to attempts at rebalancing the pH by robbing the body of alkaline calcium from the bones. In this low-oxygen environment (due to the higher hydrogen ion component of acids) conditions such as candidiasis develop. This, in turn, is a major component of a variety of conditions such as male and female reproductive tract issues, irritable bowel syndrome, multiple sclerosis, a host of autoimmune disorders and even cancer.

Let's get back to botanics

The thrust of traditional medicine, specifically botanic medicine, has always been to restore basic systems back to balance. Poor functional activity of the systems—digestion and alimentation, blood and circulatory system, elimination (bowels and kidneys), nerve force and respiration/oxygenation—all contribute to the imbalances noted above.

Further, the more modern addition of biological transmutation sheds light on how this ebb and flow of acid versus base fluctuates according to both need as well as intention of the moment. Sadly, there is a profound lack of interest in and

knowledge of these principles because they don't fit within the germ model. Were this otherwise, our world would indeed have a much healthier populace.

It is past time to rethink the modern position on herbs and what they offer. If we ignore the “food” nature of herbs, if we ignore their rightful place in the armamentarium of herbal therapy and if we ignore the fading body of knowledge inherent in herbal medicine, we have only our outlook to blame.

The rise of highly resistant pathogens and the increase in new and different diseases is due to the abandonment of the older body of knowledge and its primary focus on maintaining health and well-being. The result is that our bodies are becoming very diseased due to buildup of waste and other toxic matter—both in our diets and in the environment. What defences are left if we ignore what lies hidden in nature's bounty and in the manifold secrets of herbal medicines? ☸

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