



SOCIOLOGICAL ASPECTS OF NATUROPATHY

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FOREWORD

While a personal description of my interest in alternative medical systems may appear somewhat irrelevant to the reader, it may add another dimension to my thesis to give a brief outline of my background.

Practice in pharmacy and specialisation in pharmacology provoked interest in me to study ethnomedicine and medical sociology. During work for an undergraduate degree specialising in Anthropology, I established contacts with researchers and practitioners of Indian and Asian medicines and arranged a study-tour to see traditional, herbal and modern medicine in use in China. In Australia, natural therapy and naturopathy are related systems of health care. They represent the area of study where I have presently directed my attention. My approach is sociological although its context is medical.

To the best of my knowledge this thesis contains no research which has been accepted for the award of any other degree or diploma in any university. Nor does it use any material previously published or written by any other person without due reference having been made within the text.

Signed:

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SUMMARY

For many years, natural therapies, natural remedies and unconventional healing services have been regarded as alternative to, and on the fringe of orthodox, western and scientific medical practice in Australia. By 1974, sufficient interest and comment had been generated in the community for the Federal Government to set up a special Senate Committee to investigate and report to it. The Committee was to be chaired by Professor E.C. Webb and was charged with examining the scientific bases for the practice of chiropractic, osteopathy, homeopathy and naturopathy.

The Webb Committee called for submissions from all interested parties, interviewed witnesses, and considered a number of surveys and questionnaires conducted in different Australian cities. Its findings suggested that many individuals had significant doubts about the nature of conventional medical care and that alternative services could play an important role in community health if given the opportunity.

While making a number of guarded statements about naturopathy, the Webb Committee admitted that it had not interviewed or critically discussed with naturopathic patients, the nature of naturopathic care and the role of the practitioner in their treatment. Nor was it able to come to any conclusions about why normally conservative individuals who are accustomed to consulting a family medical doctor, express satisfaction with naturopathic care and claim that treatments have been successful.

My research aimed to describe the process of naturopathic care. It was conducted using a micro-sociological approach drawing from phenomenology and on the work of the social interactionists in medical sociology. I used both quantitative and qualitative procedures in my investigation.

For naturopathy I found it possible to describe many features which are prominent, though less obvious aspects of conventional medical care. The relationship between the naturopathic practitioner and the patient is vital to that individual's understanding of his therapy and his treatment. The holistic nature of naturopathy and the design of therapy specifically tailored to the personality and needs of the patient permit, and indeed, demand that there be a close relationship between the participants. Rapport is built between the naturopath and his patient at each consultation as every facet of treatment is discussed and worked out.

My observations suggest that there are certain instances or situations in which an individual defines himself as 'being sick so as to require naturopathic care' as distinct from 'being sick so as to require conventional medical care'. This concept develops around impressions about naturopathy, expressions of dissatisfaction with other forms of healing care, and perceptions of what medical care should provide for the patient. During naturopathic consultations with the practitioner, the patient is also forced to come to terms with the naturopath's ideas about health and which may, initially seem unusual and unsustainable to him. Ideally, the growth of the relationship between the naturopath and his patient as a programme of treatment progresses permits the patient to rationalise and incorporate these beliefs into his existing knowledge and experience.

As a result of this study, I regard and approach which naturopaths adopt to their profession and to their patients is contributing to making naturopathy an increasingly popular and beneficial form of health care. Thence, the position which it occupies as an alternative rather than an accepted part of the total health system, is called into question.

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The representatives and spokesman of the more conventional health and medical services are also owed my thanks as they were frank with their opinions and their insights provided a good balance. To Ray Mulvihill who typed my efforts I also express my gratitude.

On a more personal level, I thank my family who provided me with distant, loving support and in South Australia, my special friends also, who put up with me when my morale flagged and my initiative faltered as seems to be all too common in research projects.

To everyone who gave me their time I can only conclude by saying that I hope that their confidence in me is repaid on reading the following pages.