

# Treatment by naturopathic doctors shows reduction in cardiovascular risk factors

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Counselling and treatment with naturopathic care as well as enhanced usual care reduced the prevalence of metabolic syndrome, a risk factor for heart disease, by 17% over a year for participants in a randomized controlled trial published in *CMAJ*.

Researchers enrolled 246 members of the Canadian Union of Postal Workers at 3 study sites (Toronto, Vancouver and Edmonton) for a year-long clinical trial to determine whether naturopathic lifestyle counselling helped to reduce the [risk of cardiovascular disease](#). Of the total sample, 207 people completed the study. The control group received enhanced usual care (EUC) and the [intervention group](#) received naturopathic care (NC)+EUC at 7 times during the study. Naturopathic doctors provided diet and [lifestyle advice](#) for patients to lose between 2.3 and 4.2 kg through a combination of [caloric restriction](#) and regular [physical exercise](#), and dispensed natural health products such as omega-3 fatty acids, soluble fibre, coenzyme Q10 and other therapies.

Outcome measures were defined as change in prevalence of [metabolic syndrome](#) and a reduction in the Framingham 10-year cardiovascular [risk score](#), a score used to estimate a person's risk of heart disease.

"Compared with baseline, at one year the treatment group improved and the control group deteriorated across both primary outcomes," writes Dugald Seely, Canadian College of Naturopathic Medicine, Toronto, Ont., and the Ottawa Integrative Cancer Centre, Ottawa, with coauthors.

The researchers found the prevalence of metabolic syndrome, a risk factor for heart disease, was reduced by 17% over a year compared with the control group. "This implies that 1 of 6 individuals receiving additional naturopathic care benefit, in comparison to those who do not, by not developing metabolic syndrome over the course of 1 year," they write. The 10-year risk for cardiovascular disease on the Framingham score decreased by 3 percentage points, "[translating] into about 3 fewer people out of 100 with intermediate risk for cardiovascular disease who are treated with NC+EUC experiencing a serious cardiovascular event such as stroke, heart attack or death during the next 10 years compared with EUC alone," state the authors.

"Primary health care that provides in-depth counselling around diet and lifestyle is uniquely poised to help comanage metabolic [risk factors](#)," write the authors. "We have shown that naturopathic care is a feasible and potentially effective adjunct to usual medical care in reducing the incidence of metabolic syndrome and cardiovascular risk."

In a related editorial, Dr. Matthew Stanbrook, Deputy Editor, *CMAJ*, writes that while the design of the study may not specifically prove that the naturopathic intervention was responsible for the effects of the trial, "the results of Seely and colleagues provide proof of principle that some aspects of cardiovascular prevention could feasibly and effectively be delegated to naturopaths."

He cautions that "some might be tempted to use this trial to justify a conclusion that the nutritional supplements that formed part of naturopaths' recommendations have now been validated as effective for reducing cardiovascular risk, but that would be inappropriate and potentially misleading. We can learn nothing new from this trial about supplements or any other individual component of care, because the trial was not designed to allow evaluation their evaluation."

"The core components of the naturopathic intervention included several recommendations about diet and exercise that individually have been well validated scientifically," writes Dr. Stanbrook. "To the extent that these may have driven the observed [cardiovascular risk](#) reductions, one might say that the intervention worked because the naturopaths were, in effect, practising medicine."

He notes that it is important for medical journals to publish studies like this because they demonstrate an evidence-based approach to naturopathic medicine.

**More information:** Paper:

[www.cmaj.ca/lookup/doi/10.1503/cmaj.120567](http://www.cmaj.ca/lookup/doi/10.1503/cmaj.120567)

Editorial: [www.cmaj.ca/lookup/doi/10.1503/cmaj.130614](http://www.cmaj.ca/lookup/doi/10.1503/cmaj.130614)

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