



# Naturopathic Medicine History and Professional Formation Timeline

## *A Tapestry of People, Events and Institutions*

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## I. INTRODUCTION

### 1a. Why create a timeline and what purpose does it serve?

This timeline chronicles the history of naturopathic medicine and its evolution as a global medical profession. It began with a question about the modern naturopathic profession: how did we get here? There are commonalities among professions, according to sociologists, in the way professions emerge, referred to as ‘professional formation.’ (Neil-McBride, Snider, in press, 2019). Is this theory of ‘professional formation’ demonstrated in the case of the naturopathic medical profession? Can the process and antecedents of the profession’s rise and its formation be seen throughout the history and pre-history of naturopathic medicine? What key events, institutions, and people contributed to this process, as part of the formative pathways and benchmarks of this process which are common among professions? This Timeline, *A Tapestry of People, Events, and Institutions*, and introduction paper present naturopathic medicine’s history: the incubation, establishment, and journey of an emerging profession.

The timeline is a collation and curation of data that records the profession’s philosophy, culture, self-definition, principles, and practice, beginning with its diverse and ancient roots and continuing into its contemporary formation as a medical profession. The historical data is mapped to twelve maturation pathways and benchmarks that are typical of emerging professions, including development of academic institutions, regulatory structure and status, accreditation, codification of knowledge, and research. As a product of collective knowledge, this timeline catalogs, refines, contextualizes, and disseminates information that is relevant to (1) members and associates of the naturopathic medical profession, (2) persons interested in the history of medicine, and (3) anyone seeking insights into the process of professional formation in general and within naturopathic medicine specifically. This introduction provides some guidance and background to help you navigate the timeline and gain a deeper understanding of our profession, as well as its past and future course.

## Introduction



## 1b. Exploring the timeline to reflect on and examine professional formation patterns and trends within the naturopathic medical profession

To members and associates of the naturopathic medicine community, this timeline is a tool to highlight shared history and to deepen self-knowledge through understanding the contexts in which you live and work. It shows the profession not only *where* it has been, but also *who* it has been. A broader readership may approach the timeline as an illustrated model of how professions develop and as a tool for observing patterns that are typically repeated (with some variation) across professions over time. Human experience, interpersonal interaction, the process of socio-cultural change, and institutional development exhibit similarities, diversities, and continuity over time and within any era. Because of its breadth, this timeline provides an invaluable map of the professional journey of naturopathic medicine in two different ways: as experienced (i.e., “what happened”) and through the navigation of specific routes surrounding these events in their respective historical contexts (i.e., “how” the historical actors encountered and shape events and how the environment has responded). Interpreted with wisdom, this timeline can be seen as a collective roadmap and a network of relationships, allowing the reader to use events of the past to interpret current events, to perceive patterns, and to anticipate, navigate, and influence a dynamic and healthy future.

The methodology used to develop the timeline has included a dynamic yet rigorous and systematic process of discovery. The compiled data articulate international and historical highlights framed within professional formation pathways and benchmarks on the timeline. Some are defined and externally validated categories that demarcate various phases that occur when communities of practice become recognized professions; others are expansions and/or reframing of past systematizations when the unique character of the observed phenomena created the need for introducing new pathway categories and definitions. The pathways and benchmarks delineate individuals, groups, and institutions; discoveries, publications, and teachings; public policy and legislation; concepts, philosophy, principles, and theories; and diagnostic, therapeutic, and practice models that comprise the evolution of the profession. When viewed as a whole, these benchmarks reveal naturopathic medicine’s emergence as a profession with a rich and organically coherent epistemology. Within these pathways and benchmarks, timeline entries collectively form twelve color-coded pathways, placing entries of historical importance within the context of naturopathic medicine’s professional formation. Within these concurrent stories runs the profession’s vital force—the heart of naturopathic medicine and the evolving philosophical framework central to and expressed in the profession’s emergence with integrity, accountability and resilience. While this sequence of distilled moments is inherently incomplete, it is nevertheless coherent and comprehensive, and illustrates the profession’s past, present, and future trajectories.<sup>1</sup>

## 1c. Using the timeline to explore the stories of individuals, communities and cultures

This timeline is more than an exercise in documenting history; it is a means to illustrate growth and development throughout time and across cultures. It is a model that allows users to “step back”—to view the naturopathic profession from a distance, where both the profession and other readers can deepen their knowledge and more clearly see the overall growth, progress, and patterns often overlooked when entrenched in the day-to-day details of learning, practice, and professional development.

<sup>1</sup> Through this framework, the timeline can also be linked with the history section of the *Foundations of Naturopathic Medicine (FNM)* textbook, notably to two specific chapters: “Naturopathic Medicine History: 1930-1960,” an illustration of naturopathic medicine’s recent history, and “Professional Formation—The Journey of an Emerging Profession,” an analysis of its professional formation. Additional chapters in the History of Naturopathic Medicine Section provide background.

The presence of an entry designates the Timeline team’s judgment of the historical and/or formative significance of each timeline entry. By its very nature, the timeline incorporates numerous actors, events, and influences that have energized and molded the profession of naturopathic medicine. While the naturopathic heritage is rich with colorful characters, visionary leaders, noble heroes, and cantankerous pioneers, the profession’s emergence and re-emergence are neither the sole work of any one or a few dominant individuals nor of any particular clinical lineage or a dogmatic therapeutic doctrine. Rather, from the simple compilation of historical phenomena, we witness the emergence of a dynamic movement fuelled by care for the planet’s health and the common good, compassion, innovation, research and synthesis, and collaboration that originated with our ancestors and their traditions a movement that grew from its inception into a mature expression that now plays a responsible role in the creative and caring domains of modern human society. By highlighting their presence, practices, and accomplishments, we of the Timeline team acknowledge the contributions of the previous generations of naturopathic doctors and their patient communities who carried the profession through its challenging decades and continue to inspire this profession in its respect for, understanding, and vision of nature, health, and healing, illness and disease, relationships, and medicine.

Naturopathic medicine’s more recent exponential international growth (1970s to today) can be seen as an era of courage, perseverance and teamwork in naturopathic history. Our investigation over the last ten years has revealed many leaders in clinical, educational, scientific, public, and professional domains, as well as their roles in developing and then rebuilding a viable medical profession. Our experience throughout this collective endeavor has shown us that the more we look, the more we discover. Each pass through the literature, each new conversation, every untold story, unpublished document, or rediscovered photograph unearths new entries or improves the connections between those already recorded.



## II. PATHWAYS AND BENCHMARK DEFINITIONS

### 2a. Using the timeline to understand how our community has become a profession: professional formation pathways and benchmark definitions

We have identified twelve professional formation benchmarks as pathways of social and historical influence for this timeline. These are developed from typical developmental indices that mark the emergence and formation of a group into a profession. The pathways and benchmarks include the development of (1) Professional Associations; (2) Licensure, Examinations, Regulatory, and Licensing Boards; (3) Accreditation; (4) Academic: Institutions and Councils; (5) Research: Institutes, Grants, and Publications; (6) Legislation and Public Policy; (7) Definitions, Ethics, Principles, and Theory; (8) Codification of Knowledge; (9) Practice Models and Delivery; (9) Mainstream Emergence, Collaboration, and Integration; (11) Global Health Participation; and (12) Heritage and Knowledgebase (see Table 1).






Three pathways and their ultimate benchmarks are considered central and are vital to a profession’s viability and success: regulatory acknowledgement, educational standards and accreditation, and codification of knowledge. At critical junctures of development, a profession will not survive without these three benchmarks in place. (Read more about this in *“Professional Formation—The Journey of an Emerging Profession”*).

**TABLE 1. PROFESSIONAL FORMATION PATHWAYS AND BENCHMARKS DEFINITIONS**

PATHWAY AND BENCHMARK	DEFINITION
 <p><b>PROFESSIONAL ASSOCIATIONS</b></p>	<p>State, provincial, regional, national, and international organizations, including professional graduate and student organizations and their activities; primarily membership organizations.</p>
 <p><b>LICENSURE, EXAMINATIONS, REGULATORY, AND LICENSING BOARDS</b></p>	<p>State, provincial, and national licensing acts and/or regulations; regulatory boards and licensing exams, and the organizations that administer them, including changes to those acts and/or legal challenges; includes international 'training to competence to scope' standards and benchmarks.</p>
 <p><b>ACCREDITATION</b></p>	<p>Academic accreditation, accrediting agencies, and key events in North America (as recognized by the US Department of Education and Canadian academic regulatory bodies); similar public recognition and accreditation of international academic institutions as recognized by existing or emerging regulatory frameworks or peer-reviewed academic standards including Germany, the UK, Australia, New Zealand, India, South America, Africa, Asia, and other countries.</p>
 <p><b>ACADEMIC INSTITUTIONS AND COUNCILS</b></p>	<p>Founding, key events, and closure of naturopathic or predecessor academic institutions (universities, colleges, schools, programs), associations, and councils; any significant events involving academic institutions and organizations of groups of emerging naturopathic physician-level academic programs, institutions, or organizations. Examples of significant academic events include strengthening basic sciences and other standards in core naturopathic curriculum by William Schulze and W.A. (Alfred) Budden.</p>
 <p><b>RESEARCH INSTITUTES, GRANTS, AND PUBLICATIONS</b></p>	<p>Research institutes, research grants, and key scientific and research journals, publications, and papers involving naturopathic medicine and naturopathic physician research scientists.</p>
 <p><b>LEGISLATION AND PUBLIC POLICY</b></p>	<p>State, provincial, national, and international legislative, public policy, regulations, and other governmental actions; public health commissions, boards of health, county councils; military; any organized action that expresses jurisdictional, legislative, or policy authority; and expressions of socioeconomic and cultural context, including trends in public opinion.</p>
 <p><b>HERITAGE AND KNOWLEDGE BASE</b></p>	<p>Oral and written knowledge (including concepts and skills) that underlies and informs the evolution of a profession's current knowledge base and its eventual codification efforts; includes knowledge transmission through many ways of knowing, being and practice. Heritage and Knowledge Base can be considered the "terrain of knowledge" in which the seeds of codification are planted, resulting in the "fruit" of theories, definitions, positions, publications, and practice models; includes written scholarship and implicit or tacit knowledge through perception, customs, worldviews, spoken and somatic transmissions, intuition, art, experimental methods and experience; seen as cumulative, with many contributors from many different fields throughout history; can be greatly influenced by worldview, as well as by the sociocultural context during which it is formed.</p>

*Professional Formation Pathways and Benchmarks Definitions.* Snider, P., Neil-McBride, A., Stargrove, M., Mehrmann, C. © 2010–2025. Naturopathic Medicine Academy. All rights reserved. Used with permission.

**TABLE 1. PATHWAYS AND BENCHMARKS (continued)**

PATHWAY AND BENCHMARK	DEFINITION
 <p><b>PRINCIPLES, THEORIES, DEFINITIONS, AND ETHICS</b></p>	<p>Professional definitions, ethics statements, and principles; seminal or foundational “grand theory” or meta-theory (e.g., Hahnemann, Kuhne, Lust, Lindlahr, Cordingley, Spittler, Wendel, Newman Turner, and Jacka as articulators of early naturopathic theories, as well as contemporary naturopathic theory authors); key author(s) of a historic school of thought or paradigmatic influence in naturopathic medicine’s underlying principles or theory; collaborative efforts, events and institutions focusing on developing and adopting philosophy, theory, ethics, or principles, including ANA, ISNP, AANP, CAND, BNA, WNF, NMSA, ANR, ANPA, ARONAH, Legacy Project, FNMI, NMA, and NMI.</p>
 <p><b>CODIFICATION OF KNOWLEDGE</b></p>	<p>Events, publications, and people that represent pioneering, formative, and pivotal works within a discipline, profession, or system of thought. <i>Specifically refers to works that import specialized knowledge from diverse sources into the framework and lexicon of a particular profession.</i> Codified works include seminal, synthetic, and collaborative scholarship that significantly contributes to the profession.</p> <p>A profession’s framework and lexicon is defined by a) its epistemology, i.e., its philosophy, principles, and theory of practice; and b) its scope of practice, diagnostic, and assessment structure and c) its therapeutic modalities. These frameworks demarcate the profession’s identity and function as its “boundaries” of knowledge (i.e., “this is who we are, what we do—how and why we do it.”).</p>
 <p><b>PRACTICE MODELS AND DELIVERY</b></p>	<p>Innovative clinical systems of analysis and treatment created by clinicians to engage the needs of their patients that are gradually systematized as they are shared with students, refined through time, and evolve into consistent methodologies; individuals and groups who established key practice models and institutions; organizations established to provide clinical naturopathic models and medicine to patients; influential predecessors and elders who carried the profession through a period of decline.</p>
 <p><b>MAINSTREAM EMERGENCE, COLLABORATION AND INTEGRATION</b></p>	<p>Emergence of naturopathic medicine into “mainstream” medical care delivery, institutions, and health practices, apart from legislation and public policy, in a manner that restores, broadens, and evolves the historic traditions of medical pluralism; includes within and among all health professions and within the broader socio-cultural and politico-economic systems; characteristically cooperative (e.g., collaborative events, clinical environments, publications, and efforts) between the naturopathic community, conventional medical providers, “integrative” medical practitioners, government and regulatory agencies, and/or national professional organizations (e.g., multidisciplinary alliances of the 1910s to 1930s, recent interdisciplinary or integrative clinics and collaborative initiatives involving clinical and/or “CAM” and naturopathic medicine participants).</p>
 <p><b>GLOBAL HEALTH PARTICIPATION</b></p>	<p>Inclusion and participation of naturopathic medicine, naturopathy, and NDs in global public and community health delivery, public policy development, regulatory issues, education, and practice models that address global health; includes work by international relief organizations, delivery of community services, research, community organizing, and advancement of naturopathic medicine within WHO and other international organizations.</p>

Professional Formation Pathways and Benchmarks Definitions. Snider, P., Neil-McBride, A., Stargrove, M., Mehrmann, C. © 2010–2025. Naturopathic Medicine Academy. All rights reserved. Used with permission.

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To better indicate true scope of influence, some entries fit into more than one benchmark pathway. For instance, an important author of an influential publication may have a downstream impact on legislation, policy, practice models and/or education, and this information may all be included in a single entry with icons and colored dots.

While mapping history within these pathways and benchmarks inherently risks narrowing the breadth of a person, event, institution, or activity, it also helps us categorize and analyze streams of historical influence and importance to professional formation. In our review of resources, aided by the benchmark classifications, we have attempted to discover clusters, trends, and patterns that highlight the complex and rich history that evolved as the profession has emerged.



### III. METHODS

#### 3a. Using the timeline to dissect fact from interpretation: timeline methodology

This timeline has been developed as a collaborative effort among colleagues and peers, an interactive co-creative process of collective coherence through the descriptive compiling of published and unpublished objective data. Many entries are simple collated and curated facts; in cases such as important books or other publications, the item itself comprises the entry. The length of an entry, especially for a given individual, is determined by the information available and may be expanded when additional information becomes available or is needed to convey broader influences and/or pertinent details. Certain entries have been informed by differing and sometimes conflicting perspectives, recollections, or sources of information. Although some aspects of history are objective and can be presented as facts, those facts are also contextualized through subjective interpretation and valuation by historians, sociologists, and others in the field. Such interpretation can generate meanings that differ, depending on the lens through which events are perceived, clarified, or ignored.

In light of the evidence, we aim to convey each relevant perspective as objectively and accurately as possible. This emphasis on an objective, descriptive approach enables the collective scholarly process to elucidate the most probable interpretation of what has been documented. When cursory research produces conflicting data, we have reconciled the data with primary sources or with contemporary secondary publications (e.g., journals, diplomas, yearbooks, advertisements, curricula, pamphlets, legislative bills, meeting minutes, unpublished documents, old and new recordings, and individual recollections.). Because historical accounts are an analysis of past events, we have revisited such accounts using the disciplines of history and professional formation to achieve historical accuracy and to provide a greater and more encompassing perspective to their interpretation.

Great effort has been made to account for the global history of the profession, with emphasis on North America (United States and Canada), the United Kingdom, Australia, the Mediterranean and Middle Eastern regions, and other European predecessors. When data has been available, we also have included activities, institutions, and organizations from India, New Zealand, Germany, Nicaragua, and other countries. Entry proposals for inclusion of naturopathic professional activities in other countries have been and will continue to be invited as the timeline evolves and the World Naturopathic Federation (founded in 2014) expands and connects people and institutions in this current era. We recognize that there are other influential naturopathic medicine roots and streams that are not yet included in this living tapestry.

### 3b. Phases

#### *Phase One: Original Manuscript*

To create the original manuscript, the original author laid the foundation through extensive research and personal communications about the profession's recent history. This was a daunting task, given the lack of any coherent or complete publication on naturopathic medicine's modern history at the time. Information was collected through interviews and archival research organized to emphasize the period from 1950 to today, with more limited material covering 1900-1950. Paper entries were then manually created and mapped by time, and information verified by the original author. This process produced as an eight-page electronic manuscript and a short companion chapter. The first formal Timeline draft was then submitted to the Foundations of Naturopathic Medicine Project.

#### *Phase Two: Timeline Version 1.0 – Convention Exhibit, Outreach, Research*

To create Timeline Version 1.0 (May 2010), the Executive and Senior Editor and History Editor imported and expanded the original information and incorporated the *Benchmarks of Professional Formation* as the primary organizing principle for the timeline as emerging patterns in the data became increasingly apparent and unforeseen pathways became visible. The original author supported this direction. Each entry was color-coded based on the appropriate benchmark. Additional research and outreach to the naturopathic profession were undertaken to draft the next version of the timeline. Version 1.0 was a significant expansion in concept and entries. Timeline Version 1.0 in manuscript form was produced in color, and the Northwest Naturopathic Physician's Convention (NWNPC) funded the printing and graphic design of Timeline Version 1.0 as a large wall exhibit. The *Timeline Exhibit* was launched at the Northwest NWNPC in Portland, inviting written comments, stories, facts, corrections, and suggested entries from all attendees. The *Timeline Exhibit* and calls for input were hosted and broadcasted by the British Columbia Naturopathic Association (BCNA), the Canadian Association of Naturopathic Physicians (CAND) and the American Association of Naturopathic Physicians (AANP) at their conventions. All information was collected on paper and collated electronically for follow-up, clarification, verification, and evaluation for benchmark characterization and inclusion in the next version of the timeline.

The Timeline team also solicited information from all persons and institutions active in the field of naturopathic medicine, including practicing clinicians, elder and retired NDs, naturopathic medical schools, students, faculty, scientists, allies, experts, historians, agency partners, and leaders. These individuals were asked to identify information they thought was important to include in this endeavor, and the team received a wealth of information from around the world about the people, events, institutions, organizations, and publications that have helped shape the profession of naturopathic medicine. This input was collated, analyzed, and added to the emerging Timeline Version 2.0 based on verification and timeline criteria.

#### *Phase Three: Timeline Version 2.0: Agency Liaison (2) Review, Expansion, Query Action Tables*

Within the development of Version 2.0 (2011), the initial focus was expanded to include more information about earlier history and international developments, and to more fully represent the active profession around the world. The Timeline team added Global Health Participation and Practice Models and Delivery to the *Benchmarks*, taking the number from nine to eleven; experts in Canada, Australia, the UK, and Natural Doctors International were consulted for the additional Global Health Participation entry material. Senior Editors, Associate Editors, select individuals, and subject experts also assisted with data and review, and the main team interviewed most of the AANP's previous and current Presidents and Executive

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Directors. Approximately sixty-five Agency Liaisons including board members and executive staff from the profession's major organizations, were invited to review the timeline and to complete an Audience Analysis (a survey on timeline features and usability). Thirty-eight also provided full reviews to the History team.

The FNM History and Timeline team further refined and defined criteria for entries, and assembled all of the entries from phase one and two into a continuously evolving Query Action Table (QAT) in a Microsoft Excel spreadsheet. The refined criteria were applied to each query once the data was verified to determine inclusion. Authors, editors, fellows and students continued robust research outside the QAT process and entered verified data into the timeline.

### *Phase Four Timeline 3.0: Query Action, Research, and Final Review*

The Timeline team, including physicians, educators, editors, fellows, facilitators, production managers, and students, further developed the QAT spreadsheet to organize a systematic process for documenting the collaborative process of introducing, researching, verifying, editing, and approving proposed, incomplete, complex, and/or nuanced entries. Each entry requiring further investigation was categorized by the entry year, the party responsible for resolution, query exploration notes, and query resolution notes. Information gathered from the investigative process was documented under query exploration notes and any steps taken toward resolution were updated accordingly, including assignments such as tracking sources, crafting language, assigning benchmarks, sources of input, and final approval of entries for inclusion.

Queries covered a broad range of topics: date verification of important events in the timeline (e.g., school incorporation, closings, and transitions; publications; legislation; leadership terms); substantiation of facts regarding the history of the profession (e.g., 1900s-1930s: more than 20 naturopathic medical schools reported in the United States; 1971: resurgence of student interest in naturopathic medicine as NCNM sees steady increase in student admissions); and crafting and finalizing timeline entries. Queries proposed as resolved by the responsible party were verified by the FNM History Section Editor and marked as resolved. Timeline entries were then created based on the verified information, benchmarks were assigned, and language finalized for timeline inclusion. The Foundations Production Editor regularly clarified and updated the QAT to ensure efficiency and maintain a consistent methodology across multiple contributing team members over a decade.

As collecting timeline entries is an open-ended and ongoing, organic process, timing for submission for final review before republication was based on several factors: significant progress in collecting new entries, resolving QAT items, work momentum, end-user needs, production timing, and emerging developments. The final review process consisted of approval by the History Editor for submission to the Executive Editor, Senior Editors and external reviewers for final content review, followed by submission to the Design and Production team for the production phase.

### **3c. Inclusion Criteria**

Using the timeline to carry forward this work: understanding the inclusion criteria:

This timeline has been created to serve as a dynamic tool for the naturopathic profession, and encourage improvements, refinements through submissions to a web-based form for continued contributions of information using the criteria described here. Although using professional formation pathways and benchmarks has enabled us to organize history into discrete units, we also realize the need to establish

data inclusion criteria that allow the timeline to represent history within a constrained medium and defined physical space. These criteria include evaluating the following features of each timeline entry:

- Proportion, domain, impact, or size (i.e., national, international, jurisdictional)
- Occurrence (e.g., “the first” publication, event)
- Function (e.g., codification of knowledge)
- Retrospective historical inspiration or influence, even if local or transient at time of original occurrence

Events demonstrating shifts in broader cultural context that shaped historical development, although not directly influencing the naturopathic profession:

- The basic standards for determining inclusion of entries answer the following four questions:
- Is the entry influential in developing the naturopathic medical profession?
- Is the entry unique from other events that shaped the profession? (e.g., only first-annual conferences, first journal issues, founding board members, etc., were included)
- Is the entry part of a series of events that collectively illustrate the pathway of emergence and maturation of a benchmark of professional formation?
- Does the entry meet or surpass the weighted standard of inclusion across all entries?
- Does the entry contribute to the elucidation of patterns illustrating continuity and network effects of relationships and influence vectors?

The selection of individuals, publications, and events can be arbitrary, as there currently exists a distinct shortage of informed and unbiased sources in this topic area. “Downstream” historical influence is the primary basis for inclusion of an entry, as is an entry representing movement forward (or backward) or a milestone (benchmark) along a professional formation pathway. The presence of only superficial or unverifiable data precludes inclusion, pending substantiation and analysis regarding the event, key actors, formation role, and/or influence. The Timeline team has assessed all available information to determine which specific entries receive more space for detail and nuance. The FNM History team is always receptive to new information or perspectives about current or new entries for the Timeline, especially individuals or activities that have not previously been widely understood or received full recognition. Ultimately, the presence or absence of a subject as an entry does not imply any advocacy, approval or other judgment but is an attempt at an accurate description of the landscape. In particular, practice models and treatments are included not as claims of therapeutic efficacy but as historical descriptions of clinical practice and articulations of principles.

Although many seminal publications, distinguished individuals, and significant events have contributed to the profession’s development, we have listed only those that to our knowledge fulfill these criteria. Including some items and excluding others has been a function of extended research and investigation to incorporate only entries with direct impact on shaping the profession. Further, more in-depth coverage of additional publications, individuals, and events through an interactive, online form of the timeline is planned.

We have applied sincere effort to solicit, research, confirm, interconnect, and expand upon thousands of items of information. Undoubtedly, we may have missed some important entries or overestimated or underestimated the importance of a given entry. In some cases, we might not have received mention of a possible timeline item. In other cases, a fragment of information never matured into a coherent, verifiable entry. Additionally, some entries are more appropriately presented through the narrative approach of a history chapter or history book and have been flagged for later development. Errors or shortcomings in

detail, participants, and/or historical implications are inevitable in a research compilation of this magnitude; these are recognized as valuable in the further piecing together and expanding our collective understanding of this history. Moving forward, errors of statement and omission will be corrected as the timeline continues its maturation as a co-creative process bringing together the FNM team and those who use this document.



## IV. DEFINITIONS AND CAVEATS

To aid the reader in better understanding the context surrounding the development of the naturopathic medical profession, this section is devoted to providing several key definitions, intentions, and points of clarification regarding the timeline.

### 4a. Professional Development

A medical profession's activities involve everything that enables the implementation and evolution of any evaluation, management, health-creating and health-promoting practices, and therapeutic agent or treatment, including educational and research institutions; affiliated clinics, centers and hospitals; accrediting and licensing bodies; board examinations, regulatory bodies and regulations; funding streams; research bodies; peer-reviewed professional journals, epistemological scholarship; professional positions; practice standards; and professional associations. Physicians and their colleagues are well aware that a medical profession's association (or membership organization) is not the profession itself, even though the organization may claim to be the voice, focal point, guardian, arbitrator, and instigator of the whole of the profession. Typically, a significant proportion of the members of a given profession are not members of, or not in agreement with, the professional association bearing the name of their profession. Similarly, the educational institutions of a given profession are not synonymous with all of the members of that profession and may or may not be in complete alignment with the professional association, educational institutions, other related agencies, or any overseeing governmental body. Nonetheless, these organizations, agencies, and activities represent the center of coherence for the profession's development as a whole, and forums are ongoing to arbitrate and negotiate for common ground positions, strategies, practices, priorities, and agreements.

Our research shows that the roles of professional associations have evolved over time. For example, in pre-20<sup>th</sup> century Canada and the United States, the state/provincial medical board was often under the dominion of the parallel medical society and/or professional association within the jurisdiction instead of being under an umbrella government agency (e.g., health department). Hence, we see that provincial licensing legislation occurs simultaneously with the formation of respective professional associations, and regulatory boards such as occurred with the 1925 Ontario provincial regulations under the Drugless Practitioners Act, which included naturopaths and other natural medicine professions.

Regarding the entries noting the founding of naturopathic medical schools, associations, and other institutions, the year and/or date of formation, incorporation, and/or chartering may not be specified in available resources. Some schools are listed by their initial opening date, others by chartering date, and others by date of first class graduation. Modern educational institutions of natural medicine professions emerged half a century or more later in their institutionalization and maturation process than conventional medical schools, following the profession's trajectory of emergence. Moreover, through the 1800s,

proprietary colleges and apprenticeship training programs dominated all professions of medicine. A phase shift to nonprofit institutions occurred throughout the 20th century, prior to, during, and from the Carnegie Foundation's Flexner Report publication of 1910 onward. (Paul Starr, *The Social Transformation of American Medicine*). By defining the model framing the criteria for philanthropy, and dominating the philosophical perspective and clinical content, conventional medical schools challenged the existence, operation, and evolution of naturopathic medical institutions. This contributed to the existing gaps in historical records for naturopathic medicine. Conventional worldviews of reductionism, mechanism, and scientific materialism shaped professional formation within the dominant field of "organized" medicine, in turn dominating the political, sociocultural, and legal environments that naturopathic medicine was also rising within.

Here we see worldviews, methods and values which contrast with naturopathy's principles and practices built around nature, vitalism, the whole human being, self-healing processes of living organism's and systems, relationships and practices of healthy living. Limited resources that may have been invested in schools and associations were diverted to defend the profession from concerted and often violent attacks by "organized medicine" and its political and economic allies around the world. Patients using natural medicine obviously supported the availability of naturopathic services, the legitimacy of the profession's practice rights and the value of its public voice as a change agent. Naturopaths then and now were and are advocates for prevention and healthy living, for healthy people and communities, for public policy which aligns with ecological, nutritional, workplace, and healthy living standards, and for public investment in establishing the basis for health as a society. This social and philosophical context of naturopathic medicine impacted the motivation, actual events and patterns of emergence represented in the timeline.

FNM endeavors to provide, as accurately as possible, the tracking of transfer, merger, and renaming events of educational institutions, from their founding to their closure or current operation, in the 100-year period from the growing appearance of medical schools in the mid-1800s to the consolidation of conventional medicine's dominance in the mid-1900s. Naturopathic schools were often interconnected with chiropractic colleges, with the College of Naturopathy, arising alongside Western States College of Chiropractic, as an example; and Los Angeles Chiropractic College, today Southern California University of Health Sciences, another key example. In certain instances of licensing or existence of an educational institution or professional association, we can only estimate the decade, as we need more precise and verifiable evidence that has not been made available or located. While FNM places great importance on identifying those whose creativity and effort have founded natural medicine specialty societies, the scope of the present work and timeframe has not yet resulted in receiving and evaluating all of these data.

#### 4b. International Representation

The original timeline manuscript focused primarily on Modern Naturopathic Medicine History and Professional Formation in the United States. Version 1.0 expanded Canada's presence. In Version 2.0, we expanded our research and contacted experts in Canada, Australia, the United Kingdom, and Natural Doctors International for additional global entry material, which has been included here as available or provided to us. The disproportionate representation of the United States is a temporal step in the evolution of the timeline which is intended to be an inclusive resource for naturopathic faculty, students, colleges, agencies, policy makers, colleagues, philanthropists and supporters throughout the world involved in the profession. We anticipate expansion and further documentation of naturopathic medicine's evolution in all countries with communities of professionalizing naturopaths at various places along the pathways of professional formation in future editions, and we warmly welcome those colleagues involved in the

global professionalization of naturopathic medicine to contact FNM to share data, perspectives, stories, references, and primary documents. The emergence of the World Naturopathic Federation represents a significant step forward for international awareness and scholarship.

### **4c. Interprofessional Relationships**

The timeline focuses on three main ideas: the predecessors of and influences upon naturopathy as a cultural phenomenon and locus for change; naturopathic medicine as an epistemology: a way of life and a distinct system of medicine; and the profession of naturopathic physicians as long-time activists in health-creating and promoting environments, behaviors and attitudes at personal and social levels (including an empowering approach to the therapeutic relationship), as well as in community, policy and environmental arena. Prior to the beginning of the 20th century, the profession of “naturopathy” did not exist. However, thousands of years and many streams of therapeutic traditions and medical systems throughout world history precede naturopathic medicine; these heritages, lineages, and knowledgebases were highly formative in naturopathic medicine’s foundational concepts and practices. It is beyond the scope of this iteration of the timeline to document these in detail, and many inherently elude such encapsulation in an entry. Once the profession fully emerges, members of other medical professions appear in the timeline due to their presence within, interactions with, overlap with, or influence on naturopathy, the naturopathic profession, and in the broader medical context. We look forward to expanding further on this aspect of naturopathic medicine’s roots in future editions.

In the early 20<sup>th</sup> century, “Irregular” physicians often garnered multiple degrees, suggesting a range of training possibilities from few four-year graduate programs to proprietary medical colleges to correspondence courses, all awarding “physician” degrees that held uncertain objective value or consistency in terms of standardized training and licensing, whether MD, ND, DC, or DO. Many individuals attached multiple professional degrees to their names, but often there is no evidence available to specifically verify the quality of each degree reported by the individual and the educational standards implied therein. As the quality of any degree reported by a given individual is often not possible to confirm with available existing records, the timeline provides these physician qualifications as they have been used in historical professional publications, organizations, and institutions.

The naturopathic and chiropractic professions had a unique relationship under the broader designation of “drugless physicians” because many chiropractors were also naturopaths by academic degree and clinical practice, sharing educational institutions, professional associations, and broader social context of culture, economics, and politics. Particularly in the first fifty years of the 20th century, there was a significant overlap and interaction among the colleges of naturopathy and chiropractic, notably, the schools of Benedict Lust and Frederick W. Collins in the eastern US and then others in Chicago, Los Angeles, Toronto, Denver, and Portland. It is notable that key figures in the establishment of naturopathic medicine also held degrees as medical doctors (MDs), such as Benedict Lust, F. W. Collins, and Henry Lindlahr.

### **4d. The “Naturopath” and the “Naturopathic Doctor”**

As a synthetic medical profession rooted in timeless and innovative therapeutic and physician lineages and persons, naturopathy draws upon and weaves together a diversity of medical systems, professional roles, concepts, principles, and theories concerning medicine and healing, health creation and the therapeutic relationship, assessment strategies, therapeutic disciplines, clinical modalities, and cultural traditions. Moreover, the naturopathic model and methodology often produces a perspective above and inclusive of

prior teachings, methods and institutions. Benedict Lust's vision was for naturopathy to become a full-scope medical profession of physicians. As with all professions, cross-professional formation patterns demonstrate that founding visions are the high watermark. These aspirations take time to implement in a unified way. Available education standards and models will vary along the path to achieving the envisioned result, with evolution of educational standards accelerating as accreditation and regulations are defined, agreed to, and implemented.

For naturopathy, the names used by the profession as it emerged in different jurisdictions varied, depending on the teachers and schools, political options, and/or legal requirements of the area. Many early individuals who the modern era calls "naturopaths" did not use that term to refer to themselves or have ND/NMD degrees or licenses. This includes those practicing as drugless physicians, mechanotherapists, psychiatric physicians, sanipractors, "mixer" chiropractors, naprapaths, and others, as well as MDs of the Eclectic, homeopathic, and Physiomedicalist traditions. These individuals often had a range of natural medicine training, often from schools of naturopathy available to them at the time. For example, John Bastyr, after whom Bastyr University (Seattle, Washington) is named, was originally and throughout much of his career (until 1957) a "sanipractor" because that was the original training, degree, and licensure available to him in Washington State. He obtained degrees and licenses from multiple sources, including Seattle College of Chiropractic (1931), a chiropractic license (1932), a residency at Grace Hospital in Seattle (1934), the Sanipractic Board Exams (1934), Northwest College of Chiropractic (1936), University de Guadalajara—a degree in Surgery, Obstetrics and Internal Medicine (1944), and a degree in Naturopathy from Grace Hospital, an "open" hospital in Seattle serving all professions, in 1957. Dr. Bastyr's primary mentor was C.P. Bryant, an Eclectic MD who ran Grace Hospital. Even though he is known to have also studied the correspondence coursework of Benedict Lust, Dr. Bastyr is recognized as one of the founders of modern naturopathic medicine. With his colleagues at that time including Robert V. Carroll, Sr., Robert V. Carroll, Jr., Joseph Boucher, O.G. Carroll, and Henry Schlichting, he also participated in state, regional, and national naturopathic professional associations, gatherings and educational institutions.

At certain times in other jurisdictions, the broad umbrella of "Drugless Practitioner" or "Drugless Physician" was the prevailing nomenclature in educational and licensing realms (e.g., National College of Drugless Physicians in Chicago, IL). Notably, as stated above, many NDs obtained their primary training in chiropractic schools where many of the teaching faculty were DC/ND graduates, influencing the "mixer" practices of many chiropractors who practiced internal medicine like naturopaths but showed chiropractic credentials (e.g., applying physical medicine techniques but also prescribing nutritional and botanical therapeutics). Chiropractic schools with the most rigorous and substantial medical education tended to be those that also offered naturopathic programs. Here William Charles Schulz of National College and W. A. Budden of Western States College were influential forces nationally in terms of basic sciences, higher educational standards and transdisciplinary approaches. The institutional separation that ended the historic DC/ND academic alliance, following decades of intertwining between the professions, played a significant role in the decline of naturopathic institutions and the emergence of modern chiropractic educational, professional, and political institutions. Eventually, as a result, the naturopathic profession would reemerge independently in the form of the modern naturopathic medical profession.

The terms "naturopathic doctor/naturopathic medical doctor/naturopathic physician" versus "naturopath" continue to have different meanings at different times and in different jurisdictions. The former three are legally defined terms, and as a group constitutes an established medical profession that embraces public accountability and peer review, including institutional accreditation minimum educational standards and

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assessment, board examinations, regulatory boards, medical science, profession wide position statements, licensing, continuing education, and public and professional oversight. The latter term either represents (a) naturopaths in jurisdictions outside of the United States and Canada who comprise a community of practice in the earlier stages of “professionalizing” (taking the steps to become a profession) through professional formation processes and pathways or (b) individuals in the United State and Canada with no common training standards or professional or public oversight who prefer and intend to remain unlicensed and unregulated: a group of non-professionalizing natural medicine practitioners. Even so, many in the naturopathic profession who are educated, licensed, and functioning today as physicians, historically preferred to call themselves “naturopaths” and at times, “naturopathic doctors” and avoided referring to themselves as “medical” during most of the 19<sup>th</sup> and 20<sup>th</sup> centuries because they viewed it as a term bound to the conventional medical profession (and its institutions) and associated with legal prosecution. Today, many licensed naturopathic physicians and educators still appreciate the historical meaning and use of the term “naturopath” and employ the terms “naturopath” and “naturopathy,” much like osteopathic physicians refer to themselves as “osteopaths” practicing “osteopathy.”

### **4e. Publications**

The FNM Timeline team tracks publications that are innovative, distinctive, educationally influential, of continued clinical use, and/or are predecessors of modern publications of influence. The traditions, systems, and disciplines of natural medicine tend to respect and continue to apply concepts, knowledge, practices, theories, and perspectives in a cumulative manner over time, where older, pre-modern and even ancient knowledge is reapplied through a modern evidence-informed perspective, ideally in a self-critical way. Many items inherently may have no reference or citation because they are facts in and of themselves (e.g., the publication of an influential book or article). FNM invites the submission of any resources for inclusion in the FNM archive that may provide entries or substantiate details.

### **4f. Inclusiveness of the Underrepresented**

The challenge of historical presentation is in using data points to reveal coherent patterns arising within relationships and emergence while taking into account the profoundly influential background of historical context (e.g., social, cultural, environmental, and economic perspectives), as well as bias created by dominant influences. Popular approaches to history tend to emphasize individuals and dominant cultures, drawing attention to a foreground shaped by “greater than life” personalities. Naturopathy, as any other community or profession, is inherently shaped and populated by a range of individuals, roles, and relationships, including contextual factors such as religious belief/association, gender, economic class, institutional affiliation, ethnic and cultural perspective, locale, and bioregion. All too often, historical presentation in Western culture tends to focus on the key leaders in the inner circle while ignoring the realities and contributions of broader group dynamics and interpersonal and interprofessional networks the thousands of people at many levels of organization who make a profession. This is not to diminish the value of exceptional individuals the profession celebrates, is inspired by, and honors in naturopathic medicine’s evolution; we seek to demonstrate recognition of those change agents, activists, and leaders who are the regional and local actors as well as the “general membership” and the clientele population, rather than only the founders, authors, or visible “leaders”.

The timeline focuses on the characters, events, institutions, leaders, and contributions that constitute the particulars of the process, pathways, and benchmarks of professional formation. A person or event that seems influential in our current or recent setting may not have been influential in their time, or a person’s

notable contributions may only have been recognized within limited geographic or professional contexts. Events not generally well known may reveal themselves as quiet, “behind the scenes,” highly influential moments as told by those present at the time, from the context of their knowledgeable perspectives. We have proactively sought out information on individuals, events, organizations, trends, and contributions in an inclusive framework. Medical pioneers, women, cultures, and people of color are included to provide recognition of influential contributions that have often been ignored in the history of conventional medicine especially and, at times, by natural medicine.

Inherently, the people who are the patients of these clinical systems and therapeutic traditions constitute the vast majority of the actual activities of medicine and health care in daily life. Natural medicine systems throughout the world also comprise a rising tide, historically and today, of change agents and advocates for a healthier world understanding; knowing that “people cannot be healthy in an unhealthy world, so, they “seek to create a world in which humanity may thrive.” (AANP, Prevention Principle, 1989). This principle makes naturopathic medicine not only a medical system and therapeutic tradition but a way of life. Fundamental to naturopathic principles is the recognition of self-healing processes and forces of living systems in nature. While practitioners do medicine, the person served and empowered as the patient does the actual healing in the context of interconnected systems, forces, and processes constituting the *Vis Medicatrix Naturae*. All medical interventions ultimately must rely upon the dynamic process of self-healing for recognizing what determines health and for how to live in harmony with natural laws and regularities governing health, healing, and illness. We hope that this Timeline, as a tool for reflection on a collective self, functions as a vehicle of this profession’s self-awareness, self-healing, and dynamic coherence.

Tracking the flow of historical influence reveals direct downstream influences as well as divergences and convergences of individuals, ideas, groups and institutions. Just like two rivers descending a mountain may never meet until they join the ocean, parallel currents of historical activity may or may not influence each other even though they converge in later times. Broad cultural shifts shape the historical context in ways that connect or converge events that appear separate at the time of their occurrence. The appearance of similar behaviors in different contexts signals us to avoid premature equivalencies based on external appearances or projections of the familiar.

Within the timeline, we see the bifurcations expressing differing worldviews, principles, experiences, and settings, particularly with regard to the concepts of nature, the body and illness, the understanding of the self-healing processes of living organisms, the role of the physician, the nature of the therapeutic relationship, and the rationale of the therapeutic intervention. Thus, the practice of prescribing botanical medicine is not defined as “natural medicine” before 1899, before which all therapeutic interventions included materials of biological origin. Herbs were used by different prescribing traditions with divergent and often conflicting therapeutic intent; we see this most obviously in the debate over suppression of symptom expression in the longstanding contention between those focused on treating diagnosed conditions and those supporting the self-healing processes and life ways of the person.

Some timeline entries are present for their direct influence upon or importance to the principles, theory, methodology, and therapeutic methods and agents of later naturopathic practices, while others are part of distinctly different schools of prescribing (and respective publishers) but warrant a place in the timeline because of their role in the broader historical context. Thus, among 19<sup>th</sup> century MDs, the Regulars, the Eclectics, and the homeopaths all used the same plant (whether Opium or Lobelia) for contrasting effects. Likewise, the authors make no assumptions that a modern rationale guided clinical thinking in the past.

More broadly, when we look at the role of women in medicine, specifically as educated physicians, we see a long arc beginning in the past with exclusion of women from higher education and training as physicians to the present ongoing growth of women throughout educational and professional associations across medicine. The women who attended and taught at the Physiomedicalist and Eclectic colleges of botanical medicine during the early and mid-1800s are direct lineage pioneers that connect that time to the strong presence of women in the naturopathic profession and its allied institutions today. In contrast, the struggles of women to gain entry into the Regular medical colleges persisted through the mid- and late 1800s. The breakthroughs within those regular institutions were not direct antecedents to the women in the natural medicine professions of the late 20<sup>th</sup> and early 21<sup>st</sup> centuries. However, the pioneering women in schools and other institutions express the broader patterns within the larger historical context of 19<sup>th</sup> century medicine and culture at a level of influence at least as significant as the founding of the AMA or the Flexner report. In these ways this timeline gathers the particulars of these specific professional lineages and embeds them in a network, sketching out cultural contexts and historical themes.

#### **4g. Term-Based Positions of Influence**

For school presidents, vice presidents, chancellors, officers, deans, research directors, association chairs, licensing and accrediting board chairs, and other positions of influence held throughout the history of naturopathic medicine, FNM would ideally include a few sentences about their contributions, but this is a work in progress. In this version, the FNM Timeline team has documented individuals who were key leaders during the first forty years representing the naturopathic profession's birth, growth and decline, and the subsequent forty years of professional reemergence, who almost all as volunteers except for school presidents and deans had massive responsibilities, and limited access to resources, in advancing and forming the naturopathic profession, building its infrastructure, and envisioning its future. Each has made distinct contributions, and their individual role as a figurehead in the profession is acknowledged nonetheless. We list these leaders as a first layer of documentation and encourage the reader to search other resources to learn more about their influence. FNM also encourages readers, especially student readers, to study the modern history and professional formation chapters within the complete FNM publication to understand the nature of such leadership roles during the emergence of the naturopathy and its evolution into the modern naturopathic medicine profession. Information available to us is sometimes less and sometimes more. Those not adequately represented will be in future versions as the work progresses. Please contact FNM via the website with specific details, insights, and interpretations you may perceive as valuable in drafting a new entry or revising an existing entry. Further globalization of these entries continues to be a high priority in future versions. In the future, the breadth of coverage will expand as the editorial team becomes more familiar with the depth of developmental history and more connected to resources available from a growing number of countries where naturopaths are established or professionalizing, and natural medicine is practiced.

#### 4h. Formatting, Tense, Voice

In timeline entries, the lifespan of an individual, organization, or periodical publication occurs at the year date of inception, with closure indicated within that same entry. An entry for the closure of an organization, school, or publication designates particular influence on historical context. Where possible, we provide the legal titles of specific legislation as enacted, such as bill numbers or agency publications. The names of persons associated with entries are written out wherever possible. We use original language for names, places and concepts wherever possible, rather than Anglicization (e.g., Hildegard von Bingen rather than Hildegard of Bingen). Similarly, among English-speaking populations, we use the local vernacular rather than converting to American English; this applies to the UK, Canada, Australia, and other countries. When value is gained, the original can be primary with Anglicization in [brackets]. The entries for an individual's birth and death are situated in relation to their year of birth. The limitations of this medium make it difficult to show the arc of an individual's life and influence because portraying the most active or influential periods that person's life is inherently difficult within the format of a timeline. FNM endeavors to communicate/convey the profession's respect and gratitude and, at times, celebration, without favoritism or promotion.

The challenges of authorship and editorial function are pervasive when the Timeline team is comprised of *naturopathic* physicians and students. In this process, the "us" of the team members researching, orchestrating, and refining the timeline requires objectivity, clarity, and integrity to preventing conflation with the "us" of the naturopathic profession. We are both, and, as such, have concerted aspirations to maintain this distinction. Such a stance is difficult when authors and editors are among those included in entries within the Timeline content, especially when personal relationships, experiences, esteem for mentors, and gratitude for the accomplishments of colleagues and elders is profound and literally part of the historic record. The "we" of the FNM Timeline team welcome constructive feedback whenever any language, inclusion, exclusion or expression of affection inaccurately or unfairly alters the historical or professional formation content; the two main threads of the tapestry. The community of naturopathic medicine has consciously approached the timeline as an act of sincere and objective reflection aimed at more fully embodying the principles and values of respect, honesty, and criticality that have been central to naturopathy long before emerged as a discipline with a name.

The voice, language, depth, and direction of entries within the timeline can vary significantly. The character of a contributor's proposal is maintained in its integrity as best possible. Each perspective is a fractal of the totality of experiences and recollections. Moreover, the emphasis and detail of an entry in one pathway may follow different stylistic guidelines than a similar entry in another pathway. For example, a published paper listed with a focus on content may show only the first three authors while a published paper listed to accent a team of researchers (especially through a series of articles) will list all of the authors, sometimes revealing the senior author who is often listed last.

#### 4i. Timeline Size and Exclusions

We have intentionally made the timeline a comprehensive chronicle that can be viewed as a rich, educational, research, and scholarship resource whose entries have been scrutinized carefully. This choice is a conscious decision to focus on building a strong foundational resource from which other works can grow reliably. In time, less comprehensive overview or breakout timelines may be made available as recommended by reviewers. The twelve benchmark pathways are derivative timelines within the timeline that can be pulled out and used for classroom discussion or projects. Balancing its size, the timeline is

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searchable, with interactive features in its digital form to enhance exhibit presentations, teaching, student projects, presentation, research, and online usability.

We have purposefully limited the inclusion of ongoing annual events, such as naturopathic association conferences and awards, on the timeline to the first one held or given. Student-led gatherings and student-conferred awards are purposeful exceptions to this policy. We have also limited the entries in state, provincial, or local events unless they met inclusion criteria. Provinces have been handled somewhat differently than states depending on the jurisdictional frameworks of a nation and jurisdictional emergence pathways along key benchmarks. Extensive input was solicited on appointments, conferences, provincial and state events, and awards. These data offer very valuable archival resources. Given capacity and balance we have organized these events not currently published on the timeline as separate reference draft manuscripts and hope to make these available.



## V. CONCLUSION

**5a. Using the timeline to learn about the profession’s past, and understand the future steps ahead become fully integrated and accessible as a recognized medical profession one that expresses the depth of its inherited and modern understanding of natural systems; and the nature of health, healing, illness, medicine and the therapeutic relationship.**

By viewing the history of naturopathic medicine through the model of professional formation, we gain a deeper understanding of how a profession emerges, and of how it survives. While a profession is legitimately emerging (i.e., traveling pathways and achieving benchmarks that signify its “becoming” a mature profession), other proponents who oppose peer review, regulation, and public accountability might use the same professional title to eliminate the emergence of the higher standard into law. The lower standard may develop in this regulatory vacuum because there are those people who wish to be titled as the higher standard but do not wish to undertake the necessary training. This is an obvious public protection issue. Alternatively, for positive and useful purposes, specific yet varying levels of provider training standards may be developed with uniform national training and certification standards and regulatory oversight formally established. Such subgroups not opposed to the regulatory process will often title and represent their subgroup with less training and a more limited scope of practice so as to be distinct from the fully trained, physician-level standard of formal, didactic education and clinical training.

The critical issue for the public in this discussion is the recognizable, uniform training of providers to specific, formally assessed skills and competence, directly relevant to their scope of practice: “training to competency to scope.” (PEW Commission, 1994).

It is our experience, as members of a globally emerging profession which is engaged in many interdisciplinary groups, that specific information is helpful to stakeholders as they work with new communities of practice, interest groups, and emerging or traditional health professions. Specifically, what are the profession’s qualifications to practice a purported scope of practice safely? What is the profession’s training? How will the public recognize that? What is the status of national consensus on standards, safety,

efficacy, and accountability? Has the profession established consensus processes and guidelines? Does the profession have a body of knowledge?

### **5b. Using the timeline to continue developing a dynamic and collaborative record that lives into the future**

Today, naturopathic medicine is an active and effective change agent: a source of critical appraisal and innovation within an evolving paradigm of mainstream health professions and medical practices. Guiding the profession within that process, therefore, assumes immense responsibility and importance—in many ways it is akin to steering a car down a dark road. As Thomas Merton generally observed of the soul's journey, the best way to see where we are going is to open our eyes, use our headlights and be attentive. We hope this timeline becomes one of those guiding lights that will help show us not only where we have been but also where we are going and how we may achieve our next steps. We believe that knowing the historical terrain behind us is imperative to pursuing the journey ahead and to climbing the mountains before us.

Like time and life, we recognize this timeline is a living, evolving document, and that with you, we are the experts creating this evolving record through our personal experience and our community of elders and students, leaders, practitioners, educators, allies, friends, critics, and patients. We invite you to participate in its growth and development by submitting new information, corrections, and comments to us through the [naturemedacademy.org](http://naturemedacademy.org) website.