

# OREGON HEALTH & SCIENCE UNIVERSITY ORAL HISTORY PROGRAM

a project of OHSU's Historical Collections & Archives

an interview with:

**Lynne Shinto, N.D., M.P.H.**

interview conducted on: December 12, 2019

by: Lisa Silbert, M.D., M.C.R.



2020 Oregon Health & Science University  
This work is licensed under a Creative Commons Attribution-Noncommercial 4.0 License  
<https://creativecommons.org/licenses/by-nc/4.0/>



Interviewee: Lynne Shinto  
Interviewer: Lisa Silbert  
Date: December 12, 2019  
Transcribed by: Teresa Bergen

Silbert: My name is Dr. Lisa Silbert, and I am interviewing Dr. Lynne Shinto for the OHSU Oral History Program. It is December 12, 2019. We are in the BICC building at OHSU. Hi.

Shinto: Very good, Lisa. (laughter)

Silbert: So I have a list of questions here. But I thought I would start with congratulating you on your promotion to professor at OHSU. I think it's a huge accomplishment. I thought I would start with that and ask you about that and how you feel about that, and what that means to you.

Shinto: Wow. Okay. (laughs) So, how I feel about my promotion to professor, I feel really good about it. I feel really honored. I feel really supported by the Department of Neurology and our chair, Dennis Bourdette. That promotion was something I never thought about when I came to OHSU. I came as a fellow in 2001 to learn clinical research and neurology and really had no thoughts about being able to stay as a naturopath. And so working here and doing research and doing patient care and kind of seriously jumping through the hoops was something I'm really proud of, actually, that I was able to do it. That I was on even footing with my PhD and MD colleagues and I was recognized for my accomplishments. So, yeah, it makes me feel really good.

Silbert: That's great. And do you want to talk about what that means to other naturopaths? Or how do you feel that maybe impact other naturopathic researchers?

2:07

Shinto: So I feel my promotions from assistant to associate, and then associate to professor, really kind of is a statement about that anyone can do, any naturopath can do this. I mean there are clear criteria, clear goals that need to be met. But it's also, there's no discrimination. So if you're meeting the criteria goals, just being a naturopath does not kind of, it's not a barrier to being promoted at OHSU. That was my feeling.

I mean, the first promotion, from assistant to associate, I actually was sort of worried about it. And to be honest, Dennis, you know, wanted to put me up for promotion because I'd met all the criteria and goals. And he felt that there should be no barriers to a naturopath who meets all the criteria that PhDs and MDs meet should be promoted. But he actually did say that if there were any prejudice, which could happen because of my degree, and I was the first naturopath to be promoted at OHSU, he did say that he would have my back. And there was no question, actually, he didn't have to have my back because nobody brought up the fact that I was a naturopath.

Silbert: Is it correct that you're the first naturopath in the United States to be promoted to professor?

Shinto: I believe that's correct.

Silbert: So I think that's a huge accomplishment.

Shinto: Yes. There are a couple of naturopaths in the country who also I just have to recognize because they also have done significant things. Not at OHSU. But Wendy Weber is a naturopath. She's also a PhD in epidemiology. Works at NIH as a program officer for the National Center for Complementary and Integrative Health. And it's pretty huge. And also, Heather Greeley, who's a naturopath, she's also a PhD in epidemiology, is an associate professor at the Fred Hutch Center for Cancer Research in Seattle. So I think these are significant breakthroughs for our profession.

Silbert: Did you look up to these people?

4:47

Shinto: Well, they're actually junior to me. So we all went to school together at Bastyr University in Kenmore, Washington. And Heather and Wendy were one year below me, but I knew them quite well. But it's nice for me to see, you know, people in our profession sort of blossoming and moving into areas that, you know, twenty years ago we never thought we'd be able to break barriers and to be in positions like that.

Silbert: So now I'll backtrack to your early life. So when did you first become interested in medicine?

Shinto: Oh, okay. Well, I would qualify that as natural medicine. And in fact, plant medicine. My mother's mom, or my maternal grandmother was a, who's Japanese, she came from southern Japan, she was a lay herbalist. So she was kind of trained in Chinese herbs in Japan. And she brought this all over to the US. And my mom grew up in Oakland, California. So every summer we went to Oakland. My mom's from a big family. We would have big family reunions. And besides being an amazing herbalist, my grandmother was a great cook. So when I was a kid, I used to just be at her apron strings, like following her around the kitchen. (laughs) Because I really was interested in cooking, too. And she would always take me to her back garden and show me all her medicinal plants, like aloe and all sorts of plants. And she'd make these medicinal like teas and concoctions. And as a kid, I was just like super fascinated by that. I just thought that just—it was like cool kind of chemistry from my grandmother.

And then one summer I was out there and I was really allergic to mosquito bites. So when I would get mosquito bites, it would just like balloon up and super uncomfortable. And my mom used to slather like Calamine lotion all over it. But I was in Oakland and I was following my grandmother around and I had this huge mosquito bite. And actually it was so bad that I couldn't play with my other cousins. So I was kind of like quarantined with my grandmother in the kitchen. And she looked at it and she said, "Oh, I have something for that. It will make you feel better."

So we go out to the garden. She pulls aloe, she pulls some leaves from some other plant and she just starts picking all these things. She brings it in the kitchen. She had like a mortar and

pestle. She puts it all in there and she starts grinding it all up, and it's like this pasty goo. And I'm just like, I hope I don't have to eat that. (laughs)

So I look at her and she's like, "We're going to put this on your mosquito bite, and it's going to be better." So I'm like, great. So she kind of slathers this herbal poultice all over my mosquito bite. And she kind of covers it with the gauze so it stays there. And she tells me just to hang out in the kitchen. I think she makes me some hot chocolate or something, which is very helpful, too. And the next day, that mosquito bite was like, it wasn't completely healed, but the swelling went down a lot. And I was able to play again and it wasn't painful. And I just always remembered that. I remembered that as like a really good medicine. I mean, some of the medicine wasn't just the herbs. It was like the delivery. The way my grandmother just took care of me and kind of involved me in the process. Like took me out to pick the plants. So like that whole experience was just, I thought to myself, that's the medicine I want to do. So.

Silbert: Wow. Did she teach you how to cook, also?

9:05

Shinto: You know, she kind of did. I mean, I used to follow, both my parents are pretty good cooks, too. So I used to follow my parents around in the kitchen. And although--

Silbert: Because you are a very good cook.

Shinto: Thanks. (laughs) I enjoy cooking. Some of my worst procrastinations are around creating like, you know, very complicated meals because I don't want to write a grant or something. (laughs) Yeah, I kind of learned just from observation. I don't think she wanted to like give me the job of making the thing. But I think she was fine with me following her around and adding some salt and pepper and stuff.

Silbert: So you mentioned Bastyr earlier. Can you tell me a little bit about what led you to naturopath school?

Shinto: Yeah, so that was a long time ago. So the first job I had when I was out of college was as a research associate, first working for the Gladstone Institutes, but then working for Lawrence Berkeley Labs. And this is in San Francisco and then in Berkeley. Doing some pretty basic science biochemistry. I was trained as a crystallographer, so protein isolation and crystallization. So it's funny. I used to make crystals. (laughs) And now people ask me if I use crystals. But yeah, we used to make crystals for, to elucidate molecular structure. So, like for drug design.

And I kind of enjoyed that. I thought the chemistry was cool. I enjoyed the challenge of the job. But the job was very, you know, I was working with test tubes and plates and it wasn't very interactive with people. And I was starting to feel like I wanted to have—and I didn't think about it as my career. It was sort of a way to make money at the time while, you know, kind of while I was trying to figure out what I really wanted to do. And I couldn't really gel on what I really wanted to do. I mean, I decided that I didn't want to be doing this kind of biochemistry for the rest of my life. It was devoid of people, and helping people out in a more direct way. I wasn't sure I wanted to go to medical school. I thought about being an acupuncturist, but I really hate needles. Like, deathly.

Silbert: That's a problem.

Shinto: Yeah, so it was a major problem. (laughs) And the herbal thing kept coming up. I wanted to be an herbalist, but I didn't really understand how I would do that in a way that made sense to me. Because I actually did like the sciencey part of my job.

So I have a good friend who's an acupuncturist. She's a shaman now, an acupuncturist and a shaman. She was living in New Mexico at the time I was in Lawrence Berkeley Lab, which was in the mid-'90s. And I called her up and I was like, "I don't know what to do with my life."

And she said, "Well, just name five things you really want to do. Like, what do you like?"

And I said, "I like people. I like herbs. I want to do some kind of medicine. And I like science."

And she said, "You want to be a naturopath."

And I had never heard that word before. And I'm like, "What is that?"

She was like, "Oh, it's exactly what you just said." (laughs) She goes, "It's someone who does natural medicine but they're formally trained. You can do research. And it sounds like a good fit for you." She goes, "I actually looked into that before I became an acupuncturist." She goes, "You're at Berkeley. Just go to the career center. They might have a brochure from Bastyr or the National College of Naturopathic Medicine. Just look, or just Google it."

So I was like, all right. So I actually went to the career center at Berkeley and I looked up naturopathy. And they had a brochure from Bastyr. And I read it. And I was like, she's right. This is exactly what I want to do.

So then I proceeded to call, find all the schools that were in the west coast. And I sort of just started my pursuit of naturopathic medicine.

So I actually chose Bastyr because they were the first school in the US to get NIH funding. And I knew that I wanted to continue research even as a naturopath. So I felt like that was a good place for me to bridge my knowledge in basic science research and then apply it to natural medicine. And other schools didn't kind of have that research cachet. So I went with Bastyr.

Silbert: Was research part of your training there?

14:35

Shinto: Research is part of all the naturopathic medicine school trainings, although each of them have, you know, they're at different levels. Bastyr has always been a strong school in research. They had continued to get NIH funding for various projects. So while I was there, they got another NIH grant. They were cancer-focused and HIV-focused when I got there. But they have since expanded.

Silbert: So you became a licensed naturopathic doctor in Oregon in 2000.

Shinto: Well, so, actually it's 2001. I got my license January, 2001.

Silbert: What brought you to Oregon?

Shinto: Oregon. Okay.

Silbert: I know the answer to this, but let's hear it from you.

15:28

Shinto: So the way I came here was I came as a two-year postdoctoral fellow in Barry Oken's Complementary and Alternative Medicine Research Center in Neurologic Disorders. So it's ORCCAMIND. Oregon Center for Complementary and Alternative Medicine and Neurologic Diseases.

And how that happened was my last year at Bastyr, NIH or the complementary and alternative medicine center of NIH, NCCAM, funded ten centers across the country, each one focused on a particular disorder. And with these centers came research, but also they supported postdoctoral fellowships. So part of those centers' missions was to train researchers in CAM.

And I heard about this from one of my classmates, because everyone knew me as like the sciencey person. I was like the sciencey person in our class. And I thought huh, that's cool. I looked at all the centers and I applied, I sent emails to three of them. One was the one at OHSU, Barry's in neurologic, one was in women's health at Columbia and then one was at University of Maryland in Baltimore. They were doing osteoarthritis, and they were very acupuncture-focused.

Barry actually, I sent the email, Barry responded to me the same, I think within an hour. (laughs) And actually, when I sent those emails, I sent a little like kind of personal statement. And I think of it now and I'm thinking maybe an embarrassing CV, I don't know. And I actually thought nobody would respond to me. But I thought well, if I don't put myself out there, then nobody really will respond. But I didn't have high hopes that anyone would take a naturopath as a postdoctoral fellow. I really felt like they were looking for MDs and PhDs who were interested in getting this kind of training.

So when Barry emailed right away, I was like, and actually I did want to do the, the neurologic or the women's health were my two top choices. I was really excited. And Barry wanted to talk to me, so we set up a phone conversation like a couple days later. And the phone conversation was very easy and he sounded very encouraging. And he said, "Oh, since you're in Seattle, I wonder if you could just come to Portland and just have an interview with us." I said sure. He asked me what neurologic disorder I was interested in. I said multiple sclerosis. And then Barry said, "Well, I don't do that, but Dennis Bourdette is the MS expert. But I'm sure he would, you'll need to talk to him first to see if he wants to take on a postdoc, but I'm sure that everything, that that will go well."

So I talked to Dennis. Again, it was a very comfortable, encouraging conversation. And we arranged that I would come out to OHSU and meet Dennis and Barry. And then I also, they invited Cindy Morris, who runs the HIP [Human Investigations Program] program, to come to the meeting, too.

So I came to the meeting. I mean, I'm not kidding, this all happened within like two weeks of me sending that email. So I was not prepared. I did not think that I was going to do this. It just kind of happened. I went to the meeting also thinking like this is just an interview. They're probably not going to take me. I have no idea, (laughs) I don't even know what I'm supposed to say.

And Dennis Bourdette looked at me and he said, “Oh, so you’re interested in MS.” And he had been doing some work on lipoic acid, which is a natural, over the counter, antioxidant product. He had been doing animal models. They’d been getting very positive findings. And he was thinking about moving this into more of a pilot clinical trial. So he asked me if I’d be interested in doing lipoic acid in one of the pilot clinical trials as my project. And I actually said, “No, I’m not interested in that.”

And he kind of looked at me and he said, “Why?”

And I said, “Because that’s not what I would do as a naturopath. As a naturopath, I would do a multi-modal therapy.”

And then he sort of frowned and he said, “Like what kind of multi-modal?” (laughs)

And I said, “Like diet, maybe lipoic mixed with fish oils and some other things. And maybe some like a little bit of counseling or something.”

And the room was silent. Nobody said anything. And I’m like okay, this is history, I’m done. They’re going to say it was really nice meeting you and you know, that’s okay.

And then Cindy Morris looked up at me and she was like, “That’s a great idea.”

And then Barry said, “I think that’s great, too, because that’s what naturopaths would really do. And the other thing sounds more medical. And that’s what Dennis is doing anyway. And this seems more like true to you.”

And then Cindy just came up with this three-armed design like usual care, the naturopathic thing, and then some like time and attention control education group. And it was like, that sounds great. I got grilled by Dennis by a few more questions. And then actually I wasn’t sure I was going to do the fellowship, because I hadn’t talked about it with my husband. He was in Florida at the time. So he knew I was going to the interview, but I mean, we had not decided that we would be moving to Portland. We had no, you know, we just didn’t think that this would happen.

So as I was walking out of that meeting, Dennis looked at me and he says, “Well, how does it feel to be an ORCCAMIND fellow?”

And I looked at him and I said, “What?”

And he goes, “Well, you’re coming here, aren’t you?”

And I said, “I am?” (laughs)

And he goes, “Well, if you would like to come, there’s a position for you. We’ll send you an email.”

So I mean, there’s other backstories that I’m not going to go into, but that’s how I came to OHSU. In the meantime, I accepted the position at OHSU. It was a two-year fellowship. University of Maryland contacted me and offered me a position there, too. And I declined it because I let them know that I had already taken a postdoc at OHSU. So it was kind of nice to be offered two positions.

22:58

Silbert: Yeah. Well, I’m glad I came here.

Shinto: Me, too. It was the best choice.

Silbert: So you earned your MPH as well as completed your postdoctoral fellowship here at OHSU. Can you discuss your education and training here?

Shinto: Education and training. So, the two-year fellowship was a pretty intense training. I had no experience in clinical research. I had done basic science things. But clinical research is a whole different animal. I didn't know how to recruit people. For my naturopathic study, which turns out is one of the more complex research studies I've ever done in my whole like almost twenty-year career here, I started out with a hard one. It was really great. I mean, having Cindy as a mentor for methodology, designing clinical trial, was just such a gift. Also having Barry as a mentor, and Dennis.

So I didn't know anything about neurologic, I didn't know much about MS except the basic stuff that you learn, as probably medical students learn about the same amount. MS neurological exams are pretty extensive. So I was trained in the MS clinic to do neuro exam. And learning all the outcome measures for MS were pretty complicated. So I learned a lot about clinical trial design, but also just clinical MS sort of patient care from that training.

The MPH was more in depth. So my MPH focus was in epidemiology and bio stats. To be honest with you, the bio stats class made me cry on a weekly basis. It was so hard. Really demanding. I questioned being in the MPH program every week for like two years. But it really did teach me, gave me a really good foundation in statistics. Such a good foundation that I can often run my own analysis if I want to just check things out. I always have a statistician. And I also, I feel pretty confident about talking with statisticians about analysis. And I don't think I would have that comfort level if I hadn't done the MPH program. So I think it prepared me really well. And then clinical trial design for sure helped me out a lot.

25:56

Silbert: Can you explain for lay persons the differences and/or similarities between natural, traditional, complementary, alternative and integrative medicine? I can't wait to hear this.

Shinto: Oh my God. What? (laughter) Natural, okay, got that one.

Silbert: Traditional.

Shinto: Traditional.

Silbert: Complementary, alternative and integrative medicine.

Shinto: Okay.

Silbert: What are the main differences you see in kind of how you trained and what you see as traditional—

Shinto: Okay, let's just start with natural and traditional. Natural medicine, to me, is anything that's not a prescription. So that could be lifestyle, you know, like diet, education, mind/body or stress reduction. Or that could be herbal. Or that could be acupuncture. It's just something that a person can access on their own without having a prescription or a doctor ordering something for them. But mostly like not prescription medications. That, to me, is natural. Or I think of that as natural medicine.



I also think of natural medicine as something kind of empowering, too. Because it doesn't involve somebody having to do something for you. The person can access that therapy on their own. And I think of conventional as a little bit like more sort of top-down. Someone prescribing, telling you what to do. You have to make an appointment and get referred. And it's a whole different system.

Traditional I think of more in terms of a cultural kind of medicine. Like for example, traditional Chinese medicine, I think of it more as a systems medicine. Like in traditional Chinese medicine, you have acupuncture but you have Chinese herbs. There's a massage called tuina. Traditional Chinese medicine also has its own diets which they follow, like this five-element diet. So something like that where it's a cultural, traditional medicine that was there before like more Western biomedicine came in place. Or, in a lot of Latino cultures, there are like curanderos or herbalists. Or even like my grandmother, she was a lay herbalist in Japanese culture. So I think of that as traditional medicine. Like kind of tied to culture and kind of learning through generations.

What was the other one, complementary and alternative?

Silbert: Yeah. Maybe some of these are synonymous with each other.

28:53

Shinto: Well, so, complementary medicine is usually the natural medicine in conjunction with the conventional medicine. And now they call that integrative medicine. So it's integrating the two medicines. That's what I think of as complementary.

Alternative medicine is, to me, people who use alternative medicine, it's like they only do the natural or traditional medicine and they don't integrate the kind of Western, biomedicine, drug medicine. You know, honestly I don't even in practice, and we've done surveys in MS, multiple surveys in MS, multiple, national surveys, most people do not do alternative medicine. They do complementary integrative.

Silbert: So I'm hoping you'll discuss your clinical and teaching responsibilities for the Department of Neurology as well as the Department of OB/GYN or the Center of Women's Health.

Shinto: I don't have to teach much, which is nice. I mean, my teaching in both neurology and in OB/GYN really comes through clinic. So I'm in an integrative medicine clinic at the Center for Women's Health. So it has me as a naturopath in the primary care group. And then Yunpeng Luo is the traditional Chinese medicine doc who does acupuncture. So we're all in the Center for Women's Health. And we all see, we all have naturopathic students or medical students or fellows come and, or postdocs, anyone can come with us in clinic, and that's one way I teach.

The other way I teach is I get invited. So every two years, the physicians' assistants invite me to come and give a talk on naturopathic medicine. Or the medical students will sometimes invite me. Or, let's see, this year the VA movement disorder residents wanted to learn more about natural medicine, so I did a small group with them and just focusing on Parkinson's disease and natural therapies for that. So my teaching is around natural medicine or naturopathic medicine to students and fellows and visiting fellows. Clinic or didactics.

Silbert: You're also adjunct faculty at the National College of Neuropathic Medicine. Could you share some of the history of this school, including its relationship with OHSU?

Shinto: Oh, okay, so they changed their name. It's now the National University of Natural Medicine. They have been around, they're over fifty years old. I think they've been around since—maybe they're sixty years old. I think since the '60s. I mean, I might be wrong, but they're the oldest naturopathic school in the country.

The relationship with OHSU, I think, as far as I know, may not have been the greatest relationship before Barry Oken started his center. Because I don't think there was much interaction. I know when I came here in 2001, I kind of have one foot at the medical school, but I have one foot at the naturopathic school. And a lot of the older time naturopaths were really surprised that I actually had an office on the hill. You know, and a lot of people twenty years ago asked me how was it? How did people treat me? Because their experience had not been so positive. I think they were either ignored or not taken seriously or, you know, just the relationship was not good.

When I came, part of Barry's center was, I mean, I think this is Barry, really. Barry was very open to any kind of, you know, it didn't matter if you were an MD, PhD, an ND, naturopath. There are doctorates in Chinese medicine, so they're called DAOMs. I mean, you could have, as long as it was an advanced degree, you could postdoc at Barry's center. And Barry has trained a lot of naturopaths in very rigorous clinical research. And I think that really opened up the relationship with NUNM.

Also, you know, when I started at the Center for Women's Health, that practice, that integrative medicine practice, started in 2003. And that also opened a lot of doors. Because it was basically kind of saying people do this in the community, but we at OHSU are going to have this Center of Integrative Medicine. And we have an acupuncturist, we have a naturopath. At the time, we had a chiropractor and a spiritual healer. And it was all transparent. And we were not sequestered. I mean, we were in the workrooms with everybody else. When Epic came on, we charted in Epic.

I mean, I think OHSU is certainly very unique. I mean, this has evolved over the past twenty years. I have colleagues, I had a colleague at Yale who when he started, he's younger than me. And he kind of came after me. But he was like co-director of the integrative medicine center at Yale. But they were sequestered. I mean, they were not, when they started, they were not charting in the electronic medical records. They were in a separate building. They were not interface with the outpatient groups like we were. I mean, we just started out that way.

35:54

Silbert: Why do you think that is?

Shinto: I think because as much as there's a demand for integrative medicine, it's a multi-billion dollar, you know, lots of people spend out of pocket for supplements and seeing alternative, or practitioners who are not MDs. I think as much as academic health centers like do the nod to, you know, we're all for it, I think integrating it is difficult. To be honest, I think there are a lot of MDs who don't trust it, don't trust those practitioners.

I think on the other end, there are a lot of naturopaths or traditional Chinese medicine docs who practice in a much different fashion. I mean, who may not necessarily even use

electronic medical records. I don't know if you, I mean, if I read Yunpeng's chart in Epic, it's like crazy, you know, it's like all these point—I mean, it's just a different system. I think naturopaths naturally, because we're kind of trained in biomedicine diagnosis and we do learn about drugs, I mean, I tend not to use them, but I can if I want. Or I'm licensed to in this state to use a lot of medications. I think naturopaths kind of can naturally fall into the system. But I think there are just still big gaps in understanding between the conventional camp and, I don't want to say alternative, but the complementary alternative camp. I think there's just practice differences and trust issues still.

I think that's changing. Certainly at OHSU. You know, in 2003 we were like, we were the trailblazers. That clinic was like a big deal. And to have us embedded in the hospital, I mean, that was huge. I mean, even nationally, that was huge. Now I'm happy to say we have at least three integrative medicine clinics. We have, comprehensive pain clinic is the biggest one. There's a naturopath who came onboard about a year ago who practices there. There's like three or four acupuncturists. There's a couple chiropractors. So that's really blossomed in pain.

At Knight Cancer, Angie Rademacher is both an ND and an acupuncturist. So when she started, so she's been working with Knight as an acupuncturist for many years. And they explicitly told her, because she couldn't—credentialing is a whole other thing that happened. But the credentialing criteria about five years ago was really tough. And so I was the only credentialed naturopath who could meet the bar. So even though Angie had been working for Knight, she didn't meet the criteria as a naturopath at that time. And she was explicitly told not to do any naturopathic medicine, because she wasn't credentialed. That she could only do acupuncture.

We revised the criteria. It went into effect 2017. And when we revised the criteria, Angie was able to practice. So now at Knight, she does naturopathic care at satellite clinics. OHSU satellite clinics. And then she still does acupuncture here at CAH, too. And then Richmond Clinic has Sonia Sosa partnered with NUNM. And they have a once a week naturopathic and primary care consult for their patients.

And there's probably other clinics that may be here that I just don't know about. I try and keep track of all the clinics and who's doing what. But to me that's like very heartening. And I'm happy for our patients, too, that they have these choices.

Silbert: So you talked a little bit about the credentialing. Can you describe the effort that it took to actually secure privileges for naturopaths?

40:51

Shinto: Yeah. Oh, gosh. The effort was, it was kind of intense. I mean, what happened was, about, well, when I first started, so in 2003, I wasn't credentialed. How I practiced was, I practiced under, I think, Dennis Bourdette's license. And then about five years later, the bylaws changed. And with the bylaws changing, it allowed people who were not MDs or PhDs, clinical PhDs, but who had license to practice, could get credentialed at OHSU. They still had to go through the credentialing process, which means there had to be a criteria to meet and then a scope of practice.

So at that time that the bylaws were changed, I think what happened was a credentialing administrator contacted someone at the naturopathic school and asked them, because they knew I was around. I don't know why I wasn't contacted the first time. But they contacted the school

and they put through a criteria, a scope, that just, it didn't make, it just kind of got like no one was interested.

So the second time around, I guess people realized oh, Lynne's around, maybe we should involve Lynne. So I got contacted by the credentialing folks. And they're the ones who told me that they tried this before and it didn't fly. So I worked with the naturopathic school and a couple of colleagues who were at OHSU at the time who are naturopaths. We put together a criteria and a very broad scope, which I actually personally wasn't confident would make it. But I just felt like okay, we can try. And that just, again, it was a very quick no.

And after that second time, someone on the credentialing committee contacted me and said, "I want to work with you to try and get something through, because I know what the problem is. And if you want to work with me, you might not get the exact scope, or the criteria might be almost impossible. (laughs) But once we get something through, we can always revise it."

So that's what happened. I worked with a family medicine doc. And she was incredible, actually. I mean, she was hard. And I wasn't happy with what we put together, to be quite honest with you. I was like, there's only three naturopaths in the whole country who could meet the criteria. I was one of them, Wendy Weber was probably the other one, and Heather Greenlee was the other one, maybe. Oh, and my friend at Yale, Ather [Ali]. But we were probably the only four who would have met OHSU's criteria. And I was really not happy. I knew that my profession was not going to be happy with it. And then the scope was actually fine. The scope was pretty much everything you can do.

Silbert: What was it about the criteria that was so—

44:22

Shinto: You had to be like, okay, so the main issue with the credentialing board and with the professional board was that naturopaths currently, and at the time and currently, we do not have a required residency. So you do a four-year post baccalaureate program, just like medical students do here. It's almost the same. Like the first two years are almost the same. The second two years, we learn all the natural therapies. But the difference is, you know, you guys have residencies for your residencies. And we really don't. It's not required. It's hard to do residencies in naturopathic medicine. There's only like four schools, five schools in the country. Each school only has slots for maybe six people. So, five times six is thirty people. There's probably five hundred graduates a year in the country. Which isn't a lot, but that's a lot for thirty slots in one of the schools.

And then there's also community residencies you can do for one to two years. But then again, that can be difficult. There's not enough to cover five hundred graduates. So most naturopaths do not do a residency. And in fact, I did not do a residency when I came to OHSU. I did the fellowship and I was trained through the neurology department in neuro, but I didn't do a formal ND residency.

So that was the issue. And we had to come up with something equivalent that would kind of satisfy a residency. So the first time around, the bar was a two-year postdoctoral fellowship at an academic health center. (laughs) So there's not that many, in addition to two years of clinical practice that charts could be reviewed. And there was like another, it was something like, if you added it all up, it came up to like a postdoc fellowship, it could be in research or clinical, and

then an extra four years of clinical practice, which was actually quite a bit on top of all the other normal [unclear] license and all that stuff.

So that was the first go-round. And I was the only one who could meet that. And the way I got—because I was like, I don't even know if I could meet this. But I'd been around, I had already been practicing at OHSU. So by the time that first credentialing went through, I'd already practice here for five years. So I met the practice criteria. Like if we counted up the numbers. And then I had the postdoc fellowship.

And UNM was not happy. The naturopathic profession was not happy. I wasn't particularly happy. And basically everyone said Lynne, just sit tight. And in a few years, everything will be fine and go for a revision.

So around 2016, I decided I think it's time for a revision. (laughs) I mean, we had waited a while. And the climate had changed here. I mean, docs were contacting me like at the pain clinic at night saying, "We would love to have a naturopath." So instead of the naturopaths looking for spots, I mean, leaders at these clinical outpatient clinics were contacting me and asking me, like, how do we get a naturopath in?

So I talked to Renee Edwards, actually, who was our director at Center for Women's Health and Integrated Medicine. And I asked her if she would help me with a revision. And she and I worked with the credentialing administrator. So we put together a revision. We matched it with, had to be a clinical residency or an equivalent of two years of clinical practice. One of those years having like someone as a supervisory role. So you didn't have to do a postdoc fellowship anymore, so that was like a huge barrier removed.

And what it added up to was one year of supervised practice with two years of clinical practice to come in. And you know, there are many naturopaths who could meet that criteria.

49:20

Silbert: Do you know if that's led to increase in naturopaths being accredited here?

Shinto: So what happened when we were able to get that, when that was voted through, the credentialing committee, approved by the professional board. And then comprehensive pain was able to hire a naturopath that they wanted. And Angie was able to now get credentialed to do naturopathic medicine, so she—so yes, it extended.

Silbert: That's great. So can you talk about your research interests?

Shinto: Oh, my research interests. So actually my mission in research, I mean, I do a lot of different things in research. So my interests are in Omega-3 fatty acids for brain wellness or fish oils. And some combinations with lipoic acid and omegas. And then with lifestyle for psychosis in young people is what I'm focusing on now. But I kind of look at research as whatever I do in research, it's about finding out if things that are accessible are actually efficacious. So it's all about like I want people to have access, but I would like to know that these things work.

So, yeah, I've been doing Omega-3 stuff since I came, pretty much. I got my first NIH grant in 2003 looking at Omega-3s or fish oils in Alzheimer's disease, small pilot. Combination of fish oils and lipoic acid in Alzheimer's. Then got an R1, and we just completed an Omega-3 for dementia prevention. So that's been a big focus of my research.

One clinical outcome, so does it change Alzheimer's disease or delay progression? Or does it, would it decrease dementia risk, in the case of the study we just finished?

But I also have this other interest in mechanism. Like if fish oils are working, how are they working? Like what are the mechanistic properties, especially that affect brain health, that might be going on.

With the young people who have first episode psychosis, I do that in collaboration with Craigan Usher in psychiatry. And that's, to be honest with you, one of my favorite projects over my career. That one we work with community coordinated care centers in Portland metro. So it's really, it's really not having to do with working in the hospital and having such a, it's not top-down at all, which is what I like about it. It's a population I've never worked with, fifteen to twenty-five year-olds who have schizophrenia and bipolar. And it's an opportunity to work with a clinician who has taught me a lot about this population and these kids. And it's been really rewarding.

I proposed to some potential donors who are interested in this population to do a lifestyle intervention. So, diet, diet education, physical activity, mindfulness, mind-body, and then kind of a facilitated social kind of group. Well actually that was sort of like after we did this program, after each session, we'd just have a downtime where we'd all talk about how our day went. But it was facilitated by one of the group leaders. And we did that study, we finished in 2016. We worked very closely with the community care centers. All the young people who were in our study, and they usually, they had a study partner, so it was their parents, or like a brother or sister or friend, really enjoyed it. We did quantitative outcomes. So we saw that we, after folks went through this program that six weeks outside of the program there were behavior changes that were significant. There were some attenuation, so this group, if they're medicated, the medications cause obesity and metabolic syndrome. So we wanted to do something that was more lifestyle-based, not drugs, to try and attenuate that. And we did CBMI attenuation six weeks post.

I think that like the most rewarding thing was that we did qualitative interviews also six weeks after the intervention of the study partners as a group, the participants as a group, and then the participants in separate interviews. And what came out of that, and this is pending, actually, publication, were we found that one, everyone was really happy about the intervention. They all wanted to do it again. But the main finding was that it decreased stigma. That a lot of the young people who came felt that it was just, it just felt good to feel normal. You know, most of us who were doing that intervention, including myself, are not psychiatrists, we're not psychologists, we're just people who were trying to deliver a lifestyle intervention. And that was a really positive experience. And I think not medicalizing, and not kind of coming at it from that kind of naïve—I was like, I don't know anything about this, you know, just be a person, that was really heartfelt with that group. And they expressed it. And they basically said, you know, in the interviews, like it was good not to feel like the spotlight was on their disorder, not to talk about drugs. It was fun to cook together. It was fun to exercise together. It was fun to just learn some grounding techniques. Because we all did this. All of us who were kind of coordinating the activities, we all did it, too, so we're a big group.

And it really humbled me to what's important a lot in research. I had come from a very rigorous, double-blind, placebo control, very controlled settings to this kind of crazy, pragmatic, in the community study. But I feel like kind of the effect was more human and more real. So I really enjoyed that study. We're hoping to move forward with a phase two.

Silbert: That's great. So you talked a little bit about the evolution of attitudes toward naturopathic medicine. How do you see that having changed at OHSU and also more globally across the United States?

57:50

Shinto: I think I touched on it about OHSU. So when I first came in 2001, I mean, I actually, to be honest with you, I really felt like an alien. Everyone actually, I would be introduced, and no one actually even thought about that I was a naturopath. So I made an actual point to introduce myself as a naturopath, because I felt like it was important for people to know who I am. So a lot of my early introductions to people—(laughs) I mean, this is from like researchers and you know, PhDs and MDs, was kind of like, “Oh, this is Lynne Shinto. She's doing a study in MS looking at fish oils,” or whatever, lifestyle intervention. And everyone just thought I was a researcher. They're like, “Oh, cool. Oh, you have NIH funding? Oh, that's great.” It was immediate acceptance.

And then I would say, “And I'm a naturopath.” And then I saw that look on their face. (laughs) It was like trying not to say anything. But it was this clear like deadpan kind of, oh, okay. You know, like what do we do with this?

And I just, I guess I felt like I wanted to be very transparent about what my degrees are, who I am and what I'm doing. And as time went on, I would, you know, we'd have these same interactions, different studies. But you know, researcher, NIH funding, oh, I do clinic, I'm in the integrative medicine clinic. Oh, what do you do? I'm the naturopathic provider. And then there was like less of this silent stop and more of oh, now it's like oh, that's really cool, I need to see you. Or maybe I should send my friend to you. But that was an evolution over I would say fifteen years. I would say that about, I felt like about five years ago, it really changed. Like it shifted from kind of (hesitant) oh, to like (enthusiastic) oh, great! (laughs)

I think it's evident in the fact that we got credentialing through. I don't think that would have happened, well, obviously it didn't happen like in 2003. It didn't happen in 2008. I don't think it would have happened in 2010. I think in 2017, when it went through, that people were, attitudes had changed. So it's nice to see. It's nice, you know. Sometimes, there's this little evil side of me that kind of want to evoke that (laughs) like funny expression. But it doesn't really happen anymore.

Silbert: Uh huh. That's good to hear. Well—

Shinto: Is that it?

Silbert: That's it.

Shinto: Yay. (laughs)

Silbert: It's been good fun talking with you. Do you have anything else that you want to add?

Shinto: Okay, I do want to add this, Lisa. You were not one of those people who looked at me weird.

Silbert: Thank you.

Shinto: That's why we're friends. (laughter)

Silbert: Yeah, I didn't know that was happening.

Shinto: Lisa and I started almost the same time fellowship, right?

Silbert: [unclear] 2000.

Shinto: Yeah, 2000. I was 2001.

Silbert: Yeah.

Shinto: And I actually think, I don't know if you remember, but I probably said something like that, like, "I'm a naturopath." And you did not make a weird face. So, thank you.

Silbert: I think I was probably happy to maybe not talk to an MD for a little bit. (laughs) You're welcome. Yeah, I'm glad you're here.

Shinto: Yeah, I'm glad I'm here, too.

1:02:03

[End Interview.]