

Herb in CAM

Jongduck Choi (Sangji University, Philosophy)
<http://education.sangji.ac.kr/~philosophy>

CAM	
Complementary M	Alternative M
together with conventional medicine	in place of conventional medicine
<p><def.1> medical and health care systems, practices, and products that are not presently considered to be part of conventional medicine</p> <p><def.2> medical interventions not taught at medical schools not available at hospitals</p> <p><def.3> a broad domain of healing resources that encompasses all health systems, modalities, and practices and their accompanying theories and beliefs, other than those intrinsic to the politically dominant health system of a particular society or culture in a given historical period</p>	

Potential Questions
outside the realm of conventional medicine



well-designed scientific studies?

safe therapies?

effective?

work for the diseases?



become adopted into
conventional health
care?

- New Model in Western
East Medicine
- Continuing Course

new approaches to
health care emerge?

- Integrative medicine
(7 Years Course in
China)
- Renewal in TKM

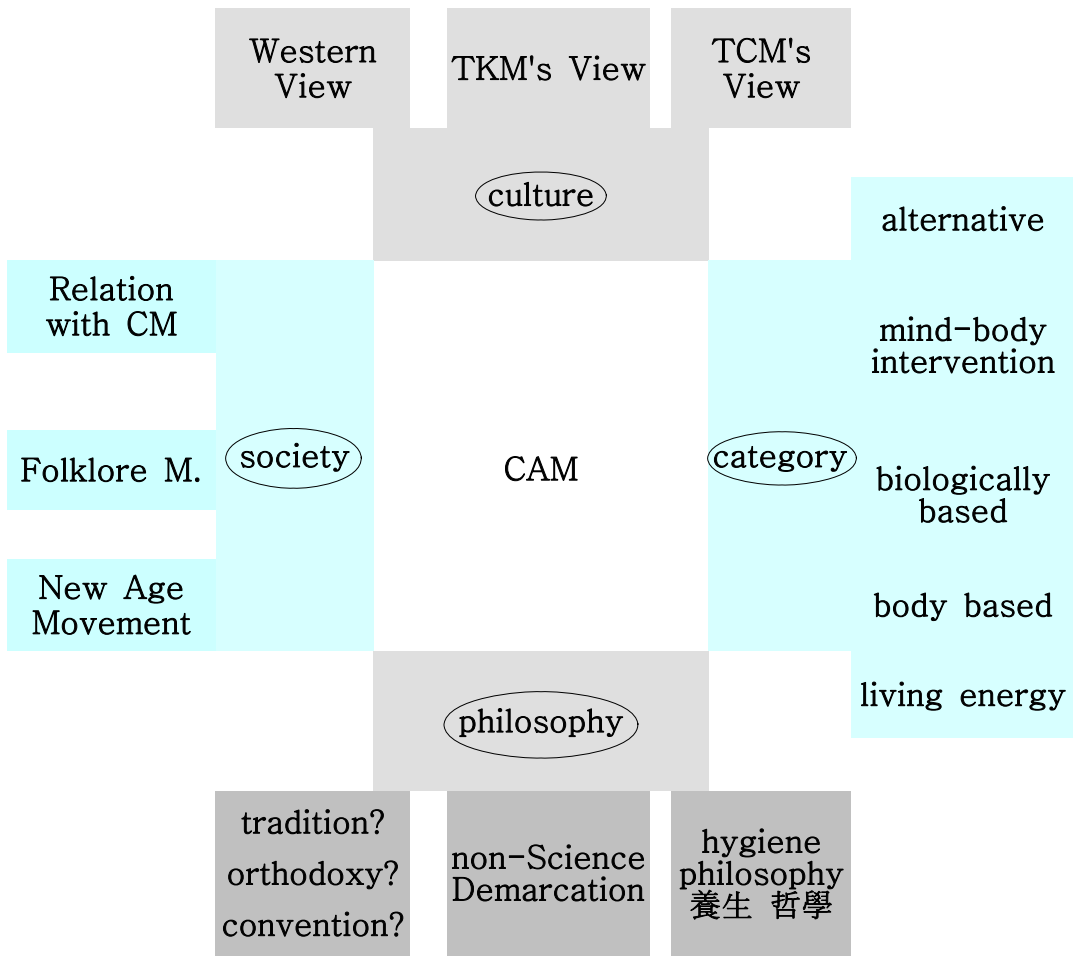
Scientific Methods + Nature Based Medicine

mainstream medical therapies + CAM therapies



high-quality scientific evidence
of safety and effectiveness

independent status
of East-Asian-Medicine



Categories of CAM

Alternative Medical Systems	homeopathic medicine naturopathic medicine traditional East-Asian Medicine Ayurveda
Mind-Body Interventions	cognitive-behavioral therapy meditation prayer mental healing therapies that use creative outlets such as art, music, or dance
Biologically Based Therapies	natural dietary supplements herbal medicine
Manipulative and Body-Based Methods	chiropractic osteopathic massage
Energy Therapies	Biofield therapies: chi gong, Therapeutic Touch Bioelectromagnetic-based therapies electromagnetic fields, magnetic fields, or alternating-current or direct-current fields.
culture paradigm	faith healing folk medicine new age healing



independent status of East-Asian-Medicine

Orthodoxy of acupuncture/herbal medicine



How to keep and grow the orthodoxy of TKM



**Emphasis on
Medical-Philosophical Background of TKM**

holistic medical system

- holistic view of the body/mind
- treating the whole person, not just the disease

individualized diagnostic and treatment

- different specific treatments for the same symptom of each patient

no side effects

- Any mild side effects that may arise in the initial stages of herbal treatment can be corrected by adjustments to the herbal formula and acupuncture rarely has any unwanted side effects at all.

preventive medicine

- complementary cure system

long history of successful treatment

- well done EBM system

self-empowerment

- nature based autopoiesis



East-Asian Orthodox

diagnosis(in) + Prescription(out)



Acupuncture
Paradigm

Herb Paradigm

< SWOT Analysis >

Strongness

Paradigm shift on natural substance
understanding change of the complementary medicine

Weakness

Cognitive differences

A gap between acceptance and knowledge of herbal remedies
by physicians and sufferers

Opportunity

Use Increasing

The unprecedented global increase in the use of herbal remedies

Threats

Strong Criticisms Against Herb Paradigm

- <1> Are herbal health products and supplements safe because they are natural?
- <2> What types of herbal products and supplements are available?
- <3> What are possible side effects of herbal products and supplement?
- <4> Can herbal health products or supplements change the way prescription or OTC drugs work?

How to overcome

- <1> Scientific solutions
- <2> Institutionalization
- <3> Cognitive shift
- <4> Understanding East-Asia

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<reference>

A gap between acceptance and knowledge of herbal remedies by physicians: The need for educational intervention

Yuri N Clement 외 8인 (Faculty of Medical Sciences, The University of the West Indies, Trinidad and Tobago)

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Background

The unprecedented global increase in the use of herbal remedies is set to continue apace well into the foreseeable future. This raises important public health concerns, especially as it relates to safety issues including adverse effects and herb-drug interactions. Most Western-trained physicians are ignorant of the risks and benefits of this healthcare modality and assessment of acceptance and knowledge would identify appropriate intervention strategies to improve physician-patient communication in this area.

Methods

A cross-sectional survey was done using an interviewer-administered pilot tested *de novo* questionnaire at six public hospitals in Trinidad between May-July 2004. The questionnaire utilized weighed questions to quantify acceptance (maximum score = 14 points) and knowledge (maximum score = 52 points). Acceptance and knowledge scores were analyzed using the ANOVA and Tukey's tests.

Results

Of 192 physicians interviewed, most (60.4%) believed that herbal remedies were beneficial to health. Respondents had relatively high acceptance levels (mean = 5.69 ± 0.29 points or 40% of total possible score) and poor knowledge (mean = 7.77 ± 0.56 points or 15% of total possible score). Seventy-eight physicians (40.6%) admitted having used herbs in the past, and 60 of these (76.9%) were satisfied with the outcome. Although 52 physicians (27.1%) recommended the use of herbs to their patients only 29 (15.1%) were able to identify at least one known herb-drug interaction.

Conclusion

The use of herbal remedies is relatively high in Trinidad, as throughout the world, and most patients self-medicate with or without the knowledge of their attending physician. Surprisingly, we demonstrated relatively high acceptance levels and use of herbs among physicians in Trinidad. This interesting scenario of high acceptance levels and poor knowledge creates a situation that demands urgent intervention. We recommend educational intervention to narrow the gap between acceptance and knowledge so that physicians would be adequately equipped to communicate with their patients on this modality. The integration of herbal medicine into the curriculum of medical schools, continuing education programs and the availability of reputable pharmacopoeias for referencing at public health institutions are useful instruments that can be used to close this gap and promote improved physician-patient communication.

Appendix 1. The eight *weighted* acceptance questions (Total score = 14 points)

1. Do you believe that herbal medicines are beneficial in healthcare management? (2 points for affirmative answer)
2. Have you ever recommended the use of herbal medicines? (2 points for affirmative answer)
3. Have you ever prescribed herbs to patients for medicinal purposes? (2 points for affirmative answer)
4. Have you ever recommended patients to an herbalist? (2 points for affirmative answer)
5. Have you ever personally used herbs? (2 points for affirmative answer)
6. Do you think that the use of herbal medicines should be limited only to patients who have failed conventional therapy? (1 point for affirmative answer)
7. Do you think that continuing education in herbal medicines is important? (1 point for affirmative answer)

8. Would you be willing to allow your patients to participate in clinical trials to evaluate the efficacy of Caribbean 'bush' teas? (The normal trial protocol has been followed) (2 points for affirmative answer)

Appendix 2: The ten *weighted* knowledge questions (Total score = 52 points)

1. Can you identify any five (5) Caribbean herbs and their common usages? (2 points for each herb and its correct use; 10 points total)

2. Can you list five (5) contraindications of named Caribbean herbs? (2 points for each herb and its correct contraindication(s); 10 points total)

3. Can you identify any five (5) imported herbs and their common usages? 2 points for each herb and its correct use; 10 points total)

4. Can you list five (5) contraindications of named imported herbs? (2 points for each herb and its correct contraindication(s); 10 points total)

5. Can you list any two (2) herb-drug interactions? (2 points for each correct answer; 4 points total)

6. Do you specifically ask your patients about their use of herbal medicine when taking a drug history? 1 point for affirmative answer)

7. Are you aware that several international herbal pharmacopoeias exist? (1 point for affirmative answer)

8. If yes, could you give at least one (1) example of a herbal pharmacopoeia? (3 points for correct pharmacopoeia)

9. Are you aware that there are several completed and ongoing international clinical trials on the efficacy and safety of herbal medicines? (1 point for affirmative answer)

10. If yes, could you identify one example? (2 points for correct example)