

Herbal Medicine - An Introduction David Winston, RH (AHG)

Herbal medicine is one of the most ancient forms of medical treatment. Written records of the use of plants for healing can be found in the oldest writings of the Chinese, of India, Sumeria, and the Egyptians. Clay tablets dug up in Iraq contained prescriptions written in Cuneiform, the ancient writing of Sumeria. They date from 2250 to 2000 BC and the 15 prescriptions contain ingredients such as Thyme, Myrtle root, Barley, Pear tree bark, Mustard and Asafoetida. The Chinese classic text of medical treatment, the Shang Han Lun, is over eighteen hundred years old and the herbs and treatments described in it are still utilized today wherever Traditional Chinese Medicine (TCM) is practiced.

Even today, the majority of the world's population still depends on botanical medicine for maintaining health or treating disease.

The United States is one of the few countries where the practice of herbal medicine virtually disappeared. From the 1920's through the late 1960's, interest in botanical medicine in this country was minimal and the knowledge of herbs was barely kept alive. Over the last three decades we have seen a resurgence of interest in the medicinal use of herbs - an herbal renaissance. While certain herbs have become popular, herbal medicine, unfortunately, has not. Most Americans believe that using St. John's wort instead of Prozac®, or using Saw Palmetto instead of Proscar®, are good examples of typical herbal practice. The truth is that this type of allopathic use of herbs is of recent origin and does not represent the full spectrum of benefits associated with traditional herbal medicine.

There are two different paradigms that encompass herbal use. The oldest is a vitalistic perspective that focuses on treating the whole person, rather than the disease. In addition, vitalistic traditions believe in an innate power of healing - in Cherokee medicine, it is called the inner doctor, in Naturopathic medicine, it is known as the healing power of nature (*vis medicatrix naturae*). Ancient and modern medical systems as diverse as TCM, Ayurveda, Unani-tibb, Japanese Kampo, Naturopathy, and Cherokee-Nvwoti see the physician, the herbal medicines and other therapies as agents to help stimulate the body's innate healing mechanisms. The focus of treatment is on strengthening the terrain or the organism, rather than destroying a bacteria, virus or tumor.

It is also important to recognize that most of these medical systems also see herbs as more than their chemistry or "active constituents". In Cherokee medicine, each plant has a personality which when appropriately matched with an ill patient gently stimulates the patient back to wholeness (homeostasis). This vital force affects not only the physical body, but the mind and spirit as well.

Orthodox medicine has often been uncomfortable with these concepts, but as our understanding of the human organism increases we are increasingly seeing that the mind and spirit are inseparable from the physical structure. Researchers have shown the direct influence of emotions on the immune, cardiovascular, musculo-skeletal, reproductive, digestive and nervous systems. We now have clear evidence of what traditional practitioners have known for millennia, that the mind and spirit not only affect the body, but also can cause illness and help to heal it.

The second approach to herbal medicine is a more linear, critical one born of the western science model. While this approach is seen as more limited by traditional herbalists, most would also acknowledge that there are clear benefits to this way of thinking and practicing.

Well-designed human clinical studies give clear insights into a herb's benefits and risks. More frequently, we now see herbs being used along with pharmaceutical medications. We have no guidelines of traditional use to help us to understand possible herb/drug interactions. As an herbalist, I am frequently asked what herbs are of benefit or would pose a risk to patients who have undergone liver transplants, bone marrow transplants or are undergoing dialysis. The answer is no one knows and good research is the only way to find reliable answers.

Not all herbal products have long histories of empirical or clinical usage. Ginkgo leaf is a good example. The processed Ginkgo nuts have long been used in TCM as a food and medicine, the leaves have little or no history of use. The standardized and highly concentrated phytopharmaceutical made from the leaf has been extensively studied and we clearly understand its therapeutic potential and possible adverse responses, such as thinning the blood.

A second example of a modern phytopharmaceutical with little history of use is *Coleus forskolii* from India. Discovered in 1974 during pharmaceutical drug screenings, this plant was found to inhibit the breakdown of cAMP and stimulate its production. The standardized Forskollin has been extensively studied and has shown activity as an anti-asthma, hypotensive and cardiac medication. Studies have also clearly revealed that this plant drug has a strong potential to interact with medications such as beta blockers, and blood thinners.

Good studies substantiating or disproving herbal therapeutics for Cancer, Lyme Disease, Atherosclerosis, Rheumatoid Arthritis, and many other difficult to treat diseases would be an asset to medicine. The barrier is, of course, money - as this type of research is expensive and current financial realities actively discourage companies from investing in studying unpatentable products.

Another difficulty in doing these studies is that from a vitalistic perspective each patient should get an individualized treatment designed for their unique constitution and disease pattern rather than treating a generic disease. A further criticism of the Allopathic herbal approach (synonymous with the German phytotherapy model) is that we begin to see herbs such as St. John's Wort as "the depression herb". This is good for the herb industry and makes advertising simple, but it is inaccurate and misleading. In clinical practice, a clinical herbalist may use over 30 different herbs for depression, depending on the specifics of the patient and his/her case. In my experience, St. John's Wort is effective in approximately 40% of patients with depression. It is especially indicated for mild depression with chronic lack of enthusiasm, a sense of boredom, nothing is exciting, but the patient is still functioning fairly well (no loss of appetite, diminished libido, or excessive sleeping). In fact, if we had five patients, all diagnosed with mild to moderate depression, each would get their own specific protocol. Joe Smith, who is 74 years old, has achloryhdria, chronic constipation, peripheral neuropathy and is mildly depressed, would not get the same prescription as Sue Jones. Sue, who is 32 years old, suffers from PMS and dysmenorrhea, she has severe seasonal allergies and is depressed. There are obvious differences - one patient is male, one female, one elderly, one young, and there are more subtle ones as well. Good herbal therapies treat the whole patient, not just the disease. There is an art, as well as a science, to good clinical herbal practice.