



A model on how to obtain data from botanical practitioners



Siegward M. Elsas *

Neurology and Research, Klinik Arlesheim, 4144 Arlesheim, Switzerland

Institute of Integrative Medicine, Chair for Theory of Medicine, Integrative and Anthroposophic Medicine, Witten/Herdecke University, 58313 Herdecke, Germany

ARTICLE INFO

Article history:

Accepted 3 July 2015

Available online 11 August 2015

Keywords:

Botanical

Epilepsy

Integrative medicine

Ethnobotany

Data collection

Practitioner

ABSTRACT

Objective: This paper addresses the challenge on how to obtain information from practitioners with experience in using medicinal plants.

Background: Collecting information on medicinal uses of plants is very challenging; since botanical remedies are used within the context of multiple differing medical systems, practitioners differ in training from Western physicians and scientists, and active ingredients of botanicals vary with preparation method, growth, and harvest conditions.

Design/methods: A model on how useful data on safety and efficacy can be obtained from botanical practitioners is presented, based on methods developed by the association of anthroposophic physicians in Europe, a system of integrative medicine which includes the use of botanicals and is practiced mostly by medical doctors.

Results: Decades of experience by hundreds of practitioners are summarized and made accessible in a manual, which alphabetically lists the most commonly used botanicals and describes the most successful therapeutic experiences which could be confirmed by several of the contributing practitioners.

Conclusions/relevance: This approach of continuous, multilingual systematic collection of successful therapeutic experiences within a community of practitioners with similar goals and a common therapeutic framework can be used not only for the training of successful future botanical practitioners, but also for helping to identify promising botanicals for scientific research and to further their development, and could support their official registration with governing bodies in countries of their use.

This article is part of a Special Issue entitled “Botanicals for Epilepsy”.

© 2015 Elsevier Inc. All rights reserved.

1. Introduction

Botanicals have been used for millennia to treat medical conditions including epilepsy. While botanicals offer promise as potentially effective, comparably well tolerated, and relatively easily available additions to the current choice of anticonvulsants, it is very challenging to obtain reliable information on the medical use of botanicals [1] especially in regard to their relative effectiveness [2].

There are many reasons for this, including the following issues.

Indications/diagnoses. Botanicals are commonly used within a framework of a specific medical system, such as Chinese medicine, Ayurvedic medicine, Kampo, indigenous medical systems in Africa and Latin America, or anthroposophic medicine, which, similar to homeopathy, may have some roots in medieval alchemical traditions in Europe. As a result of this context, medical indications or uses of botanicals may not necessarily be described in the form of diagnoses of Western conventional medicine, but in phenomenological terms

(e.g., [3]) or in terms of concepts which are intrinsic to the framework of the specific medical system. As a result, indications may end up in general terms, such as “gastrointestinal disorders”, “dermatological disorders”, “mental disorders” which include epilepsy, and so on (e.g., [3]).

Training/background. Practitioners with experience in the use and effectiveness of botanicals are trained in their respective medical system, not necessarily in the system of Western conventional medicine. As a result, it may be difficult for them to express their experiences in terms which are understandable to Western physicians and scientists. In addition, a motivation for doing so may not necessarily be present, since their medical systems are in themselves complete. In turn, Western physicians and scientists may not have direct experience with the therapeutic effects of botanicals and, because of different training, may have difficulty understanding the context of the medical system in which they are used. As a result, there is a lack of uniformity of data on medicinal plant uses [1], making it difficult to share information across cultures and medical systems.

Botanical preparations. Worldwide, countless botanicals and mixture preparations of them are in use, far more than conventional Western medications. It is an enormous challenge to bring order into

* Neurology and Research, Klinik Arlesheim, 4144 Arlesheim, Switzerland. Tel.: +41 61 705 7113; fax: +41 61 705 7316.

E-mail address: siegward.elsas@klinik-arlesheim.ch.

this wealth of possible preparations. Moreover, ingredients and effectiveness of each botanical depend on the conditions of where it was grown, when and how it was harvested, and how extraction and preparation were done [4]. Reports of effectiveness, therefore, should ideally include not only the dosage and duration of use, but also the composition of the preparation, growth, harvest, and methods of preparation.

The need and interest to find out medicinal uses of plants have developed into the field of ethnobotany as a scientific discipline. Here, typically, a geographic and cultural region is chosen; information is gathered by conducting semistructured interviews directly with practitioners (e.g., [5–8]) and/or by using structured questionnaires (e.g., [3,9,10]).

Reliability of the data may be analyzed by determining an informant consensus factor (FIC, the degree to which all informants agreed with each other) and by determining a fidelity level (FL) to describe the uniqueness of a particular species for the treatment of a specific indication or diagnosis [9].

An additional source of information may be historical written works on the use of botanicals (examples specifically for epilepsy are in [11–13]).

Some ethnobotanical surveys are focused on specific medical diagnoses [14–16], and recently, a survey with a specific focus on epilepsy [17] and a study of historical works describing medicinal plant use in epilepsy [18] have been conducted.

Initial information on the effectiveness of botanicals may be obtained in animal studies, which has given rise to the field of ethnopharmacology. Due to the existence of pharmacological screening methods, the indication of epilepsy is suitable for this approach, and several studies have been published recently [19–22] (see the review in this special section by Sucher [23]). Similar screening methods are also employed by the NIH anticonvulsant screening program [24]. However, as we know from clinical studies, drugs which are effective in animal models are not necessarily useful in clinical practice (e.g., retigabine, [25,26]), so ethnopharmacological screening cannot replace the very valuable clinical observations of experienced practitioners, providing us with information on which botanicals are likely to be most effective for a specific condition such as epilepsy.

2. Methods

In the following, a model will be presented on how detailed information on medical uses of botanicals was obtained in a specific setting of experienced practitioners. Medical physicians practicing anthroposophic medicine have developed a dynamic collection of their therapeutic experiences with botanicals, termed “Vademecum of Anthroposophic Medicines” [27] as described further below.

Anthroposophic medicine [28,29] is a comprehensive system of integrative medicine which was founded in the 1920s in Switzerland and Germany in exchanges between medical physicians and a modern contemplative, Rudolf Steiner. Similar to homeopathy, it may have roots in the medieval European tradition of Alchemy as with the famous contemplative and physician Paracelsus [30], professor of medicine at Basel, Switzerland in the 1500s. Anthroposophic medicine is practiced by medical physicians around the world and in specifically dedicated, acute care hospitals in Germany, Switzerland, and Sweden, which blend it with conventional Western medicine.

The “Vademecum of Anthroposophic Medicines” [27] as a model of collecting information from practitioners has addressed the challenges mentioned above to some extent. This is a collection of experiences between colleagues within a single medical system which facilitates reciprocal understanding and communication. Furthermore, the practitioners contributing their experiences are all medical physicians, which facilitates communication including conventional medical diagnoses.

Information on botanical preparations is provided or can be obtained from the corresponding manufacturers.

3. Results

The first step towards the current “Vademecum of Anthroposophic Medicines” [27] was a structured international questionnaire in 2006 and 2007 for anthroposophic physicians in German and English. The following details were obtained in this questionnaire for each reported botanical or remedy:

- 1) A medical diagnosis or condition, for which a single botanical or anthroposophic remedy had been found effective (combinations of two or maximally three remedies were accepted only in rare circumstances)
- 2) The degree of certainty, with which the efficacy of this botanical or remedy for this condition could be observed by patients (how often was application necessary, subjective experience of efficacy)
- 3) Dosage used (where applicable, dosage for children)
- 4) Description of how efficacy was determined by the practitioner (time point and criteria used), and duration of application
- 5) Observations of side effects, contraindications, or if additional interventions were necessary to achieve success in treatment
- 6) If practitioners were aware of publications on the botanical or remedy, they were asked to mention it.

An excerpt from the questionnaire in English reads:

“You must have had repeatedly good experience with a medicine and be able to describe the indication and symptoms, dosage, effects, side effects, comedication and additional therapy recommendations, and limitations for a particular condition in a way that allows a lesser experienced colleague to replicate your positive results. We also ask for a rough estimate of how many treatments you have given and how certain you are about the medicine's efficacy. The details that are important in a holistic context, such as age, constitution and life situation, should be included where possible. Literature references are welcomed but not essential.”

The questionnaires were studied critically and evaluated in detail by a group of experts in anthroposophical medicine, if necessary sometimes including direct questions back to the reporting practitioners and then corrected or sometimes rejected as not being ready for publication. An overview of the Vademecum process is given in Fig. 1.

With this information, vignettes were created by the expert team for each botanical or remedy for which reports had been received. Vignettes contain a) general information on the botanical or remedy, b) one or several medical indications for which it has been observed to be successful, c) indications/uses for which the botanical has been registered with authorities (if applicable), and d) literature references if applicable (more than 6400 were included in the German edition of 2010).

General information on the botanical or remedy includes the name of the botanical or remedy, other names under which the botanical or remedy may be known, the manufacturer and country which provides the preparation, and information on ingredients or preparation. For each medical indication, the reporting practitioners as well as those who confirmed the indications are listed. For major botanicals or remedies, general principles or “leading thoughts” for their indications or use are given in the vignettes to guide beginners in the practice. A sample vignette from the English language edition (for *Hyoscyamus*, which includes the indication of epilepsy) is provided in Table 1.

Newer editions of the “Vademecum” include an introduction and explanation of the principles of anthroposophic medicine, thus, providing a common reference of what is meant with specific terms. An index of all listed botanicals/remedies, and an index of diagnoses, conditions,

Download English Version:

<https://daneshyari.com/en/article/3049586>

Download Persian Version:

<https://daneshyari.com/article/3049586>

[Daneshyari.com](https://daneshyari.com)