THE H.E.R.B.A.L. GUIDE
Dietary Supplement Resources for the Clinician

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To my wife, Jennifer, and the entire Bonakdar and Prine family for your never-ending love and support.
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Journey into the Jungle

Since becoming fascinated with plants at the age of 5, I have made my way through the beautiful jungles of green plants and related dietary supplements. I have gone through working at greenhouses, botanic gardens, earning an advanced degree in botany, and a full career with the United States Department of Agriculture (USDA). I have visited several rain forests and jungles, especially in Latin America, studying useful plants and the people who use them. A fascinating and rewarding journey! I have come to appreciate the intricate and delicate balance that plants and derived nutritional supplements have with their environment. At the same time it is clear that plants markedly influence other organisms, including, of course, people and the whole Gaian planet. We are indelibly indebted to the plants and the nutrients they contain. Skilled clinicians are needed to disseminate the field and laboratory research on these nutrients to patients in need of education and intervention. These competing priorities and levels of evidence create a real jungle which The H.E.R.B.A.L. Guide tries to decipher in a very practical way.

I have had the pleasure of working with the editor of The H.E.R.B.A.L. Guide, Dr. Robert Bonakdar, over the last several years as faculty of the conference he founded and co-directs: Natural Supplements: An Evidence-Based Update. And the more evidence we gather, the more we see that natural medicines and supplements can be very competitive with synthetic pharmaceuticals. During our interactions at the conferences and more often on tours at the Quail Botanical Gardens (now the San Diego Botanic Garden) he has shared with me his ambitious but simple premise: Herbal and dietary supplements deserve to be discussed and managed by clinicians. There are many learning curves to be encountered in the nutritional jungle where many challenges exist. Fortunately for this journey Dr. Bonakdar has enlisted expert “field-guides” who are ready to decipher the intricacies of regulation, safety, efficacy, education, and clinical management to guide readers to their healthier destination.

He has assembled contributions from many noted authors, many of whom I have known as friends for years, including Marilyn Barrett, Joe Betz, Mark Blumenthal, Rebecca Costello, Amanda McQuade Crawford, Annette Dickinson, Paula Gardiner, Mary Hardy, David Keifer, Tieraona Low Dog, Wadie Najm, David Rakel, Victor Sierpina, and Michael Traub. He has also attempted to categorize the hurdles of the jungle that may trip up the clinician, making the hurdles surmountable. So, whether you are on your first guided trip through the jungle or a seasoned expert, take heart: the goal is in the journey. There are no easy answers out there, especially at first. Many plants, formulas, tincture, bottles, studies, and patient inquiries will seem confusing at first. However, on closer inspection with the magnifying glass that these chapters provide, you will begin to separate the seed from the chaff, both of
which may contain bioactive ingredients! Indeed, the deeper we delve into these plant species, the more we see that most contain thousands of phytochemicals, almost all of which are biologically active and pleiotropic and antagonistic, additive, and/or synergic. There is a veritable chaotic jungle of interacting biologically active phytochemicals of some 300,000 species of higher plants inside each individual. One clearly needs skillful guidance.

On my first grazing trips at age 5, I was led by a neighbor in suburban Birmingham, Alabama, a wise old widower full of wood lore, who patiently taught me chestnuts and watercress. I still have these two nutritious food plants here in my Green Pharmacy Garden. Admittedly, it is the hardier Chinese chestnut I grow today. Since moving north from Alabama, I have visited more than 50 countries, inquiring about useful plants, foods, and medicines. And I have spent an aggregate of more than 6 years in Latin American travels. And in my 80th year on this planet, I even told the Wall Street Journal, “don’t go on your first grazing trip alone.” Grazing is our term among those of us who like to forage for wild foods, among them the many nutritious weeds. Don’t venture into the jungle alone! Go with a good local guide. And the world and literature of nutritional supplements is a veritable jungle. Recently, I have expressed the considered opinion that the whole food is often better than the nutritional supplements. But few Americans are lucky enough to have a 6-acre garden with more than 300 useful plant species that they recognize. And almost all Americans are deficient in several vitamins, minerals, amino acids, carbohydrates, and so forth. Americans on the run do not always have the time, patience, and knowledge to go grazing. They must weave their way through the supplemental jungle if they are to correct these deficiencies, many of which deficiencies have serious consequences for their health.

Throughout my career, in interactions with many cultures using botanic medicines, I have waited for the time that the cultural respect and understanding in the United States paralleled that seen in other cultures. I have waited for a time when patients can go to a trusted provider to discuss the topic and get advice, encouragement, and guidance. It is my feeling that The H.E.R.B.A.L. Guide will positively influence the clinician–patient dialogue and the interdisciplinary partnership needed to advance this cause. With knowledge of the terrain The H.E.R.B.A.L. Guide provides many learned friends to guide you on your way. The first dietary supplement journey is a jungle. Dr. Bonakdar and The H.E.R.B.A.L. Guide provide clinicians with the practical tools they need for a successful journey. In the end, The H.E.R.B.A.L. Guide has helped provide both an introduction into the complexity of the jungle and the tools to adapt, appreciate, and learn from it.

To your health! My best to you on your journey!

Jim Duke, PhD

(Author of The Green Pharmacy, Rodale Press)
Why a clinical guide?

Some years ago, as a resident in family medicine I had the humbling experience of taking care of a gentleman hospitalized with complications related to his advanced prostate cancer. He had attempted multiple previous conventional therapies and during this admission due to increasing symptoms was noted to be taking a number of “supplements.” As the intern (lowest seniority on the care team) and having some interest in complementary and alternative medicine (CAM), I was charged with the duty of going into his room to direct him to discontinue his supplements.

The request was odd on many levels. The resident was unsure of why he was asking me to do this, only that it would make his job easier. Moreover, there was no discussion of what the supplements may be doing for him. In fact, there had been no clear discussion of what he was taking, at what dose, and for how long. As the directive rolled off his tongue, we both looked at each other somewhat confused both at the request and how I would deal with it. Luckily, residency prepares you for many uncomfortable situations.

I walked into his dark room, now filled with two men very tired. I was exhausted by a night of multiple admissions and Bill sat there, gaunt, unshaven, and hollow from dealing with an advancing cancer and severe obstructive urinary symptoms. I was not sure of the best approach in this situation but decided to simply ask him about his condition and what brought him to this point. The ensuing conversation, late in the evening, interrupted by my pager and news of other admissions, was both informative and transformative for both of us.

He readily let me know how bad his cancer was getting: fatigue, wasting, increasing urinary symptoms, as well as the associated fear and depression. He told me of the increasing disassociation he was experiencing from the medical support system as his cancer was advancing. He mentioned that the alienation was even more so as he mentioned the use of CAM with his providers, something he had done less and less of to save himself the trouble.

He elaborated that he began the use of saw palmetto among other supplements as a means of improving his urinary flow, which had gotten progressively worse even with the best of treatments attempted. He noted that although small, the gains with his supplements were noticeable and represented a rare improvement as compared to the numerous procedures and chemotherapies he had attempted, which he perceived had brought him little relief, often at a high cost.

As we talked I could see his shoulders and guardedness relaxing, with mine following soon after. He brought out his bag of supplements, the same bag that had
alerted the hospital staff that he needed “to be talked to.” As I sat there, I felt some-
what lost in time, partially because I was a fatigued intern late in the shift, but more
importantly because I had connected with a patient in need at a deeper level than
possible during my typical clinical encounters. This need transcended his condition
but was one which I felt was all too common in our patients: a desperate need to dis-
cuss and reintegrate the fragmented pieces of their healthcare choices (in this case dietary
supplements) with the members of his healthcare team.

The members of his team, including myself, whom he had repeatedly entrusted
to provide the most invasive and high-risk treatments, appeared to care the least
about the CAM care he was pursuing or the fear, despair, and hopelessness he was
feeling. In an instant I felt shameful of the system that allowed the members of care
team, which most needed to know EVERYTHING he was utilizing, thinking, and
considering, to fall into an easy place of ignorance. The lack of genuine interest in
what he was taking as well as lack of disclosure and discussion created a scenario in
which the best possible care was not possible. For many reasons and likely previous
uncomfortable interactions in this area, we did not want to know, he did not want
to tell, and we went on with the hypocrisy of comprehensive care.

The propagation of this system caused disrespect to all parties: the patient, the
clinician, and the supplement representative of a healing choice. This contrasted sig-
nificantly with how I had encountered herbal supplements during a Richter Fellow-
ship I had completed in Southeast Asia. I had witnessed the respect, continuity of
knowledge, and ongoing discussion implicit in use of herbal medicine. Here the sce-
nario was one of a disrespected supplement that had been relegated to some secretly
horded bottles, too precious to give up and too laborious to discuss. The physician
has become disrespected as someone not knowledgeable, helpful, or worth consult-
ing on the matter. In the end the integrative relationship was neither respected nor
possible, having been relegated to a convenient discussion of the risks and benefits of
the next procedure.

As Bill and I continued to entrust, I heard the story of his supplements,
recorded them for the medical chart, counseled him the little that I could about his
supplements (especially in regard to his upcoming procedure), and discussed a num-
ber of strategies that he should consider and discuss with his health care providers.
During this interaction, I felt more like a physician than I had at nearly any time in
my training. I was listening, educating, and mostly just allowing the fragmentation
to mend. We both felt like stranded buoys in a lonely ocean that had found comfort
in the conversation. We both realized that neither of us had all the answers regard-
ing his supplements. Indeed, I would say that that is how most scenarios go in this
area. But simply having the conversation with full disclosure, empathy, and humil-
ity allowed better communication and hopefully better care.

Subsequent to the admission I placed a list of all supplements in the medical
chart and when the resident asked me whether the situation had been dealt with I
said yes, knowing that his definition and mine were vastly different. Bill went on to
have a procedure for urinary obstruction, which helped restore function, and was
discharged not long after that. I remember that at his discharge after morning
rounds he was shaven, more lively, and a different man than at admission. As he was
leaving, he showed me his medication list that was now meshed and organized with
his supplement list, ready to be used for his future clinical visits.

Bill was also leaving with another tool. He told me on his way out that he had
hope that he could openly discuss his supplements, receive nonjudgmental discussion,
and that someday “everything would be out of the bag and on the table.” I smiled, shook his hand, and thanked him for the conversation.

After the experience I contacted our hospital’s Pharmacy and Therapeutics Committee (which handles the policy surrounding medications in the hospital) and found that no real policy existed regarding dietary supplements. Mainly, the tactic was to have patients stop them immediately. I also found in surveying my fellow residents and attendings that they routinely did not ask, discuss, or record supplement use. The small amount of literature I could find on the subject corroborated this sad situation. With the patient experience and information I gathered, I was convinced that a better model for dealing with dietary supplements existed. Frankly, any system was more helpful than what was in place.

Disheartened and motivated by the situation I began developing and identifying currently available materials for clinical discussion and counseling surrounding supplements. This included a form for recording dietary supplements in a manner parallel to prescription medication, resources for clinician–patient dialogue of dietary supplements, and the H.E.R.B.A.L. mnemonic for capturing the key steps involved in the dialogue. I began lecturing on evidence-based use and discussion of dietary supplements to clinicians, most notably at the American Academy of Family Physicians and the Society for Teachers of Family Medicine and founded the annual conference at Scripps Clinic entitled, Natural Supplements: An Evidence Based Update. The clinical guide appeared to be a natural progression of these efforts to capture the needed resources as well as presenting supplement use in the context of condition management, as often it arises in the clinical visit.

In the end as much as I would like to say I created the clinical guide to help my fellow clinicians or patients like Bill who will hopefully benefit, I must admit that the motivation was selfish. I envisioned and edited this book because of the feeling I had when I was asked to enter Bill’s room that night as an intern. It created a feeling of discomfort, emptiness, and embarrassment that I wish to never again experience as a clinician. I cannot claim the guide will make all such scenarios obsolete, but I hope that as clinicians enter the room and talk with patients who are using supplements they will have a vastly different experience. Instead of missed opportunities, I hope they experience what I have come to enjoy more often, an opportunity to be the integrative clinician we all wish to be, partnering with our patients in improving and empowering health through open discussion, resources, and advocacy.

Yours in Health,

Robert Bonakdar, MD, FAAFP
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*All chapters have been written by Robert Alan Bonakdar unless otherwise noted*

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