The Consultation in Phytotherapy
Dedication

This book is dedicated to my beloved wife Melanie, whose love, support, inspiration and encouragement made it possible

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The Consultation in Phytotherapy

The Herbal Practitioner’s Approach to the Patient

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Herbal medicine has had a terrible 20th century. An evolving relationship between humans and plants ground to a shuddering halt in the industrial world somewhere around the end of the 19th century. This was astonishing: humans had for millennia been articulating and finessing a primal co-evolution with the plant world and all sentient beings. The insights and benefits for health that had emerged were rich and real. However, while suited to living close to the land, these had become increasingly inadequate to meet the needs of urban life, often involving squalor and pandemic diseases, and when the principles of science and engineering became applicable to medicine the old ways were rudely thrown aside.

Where herbal medicine did survive in the industrial West it is usually as a caricature of its former self. Modern simplicities dominated. Could peppermint cure my irritable bowel? Will chamomile or valerian help me sleep? Will ginseng make me good in bed or saw palmetto help me stay in it through the night? Will St John’s wort finally make me happy? Herbs became the most banal of nostrums. People resorted to them, uncritically often, as natural recipes to fix things. The fact that time and time again research has shown that such simple hopes are misplaced has sullied the herbal sector: the smart money has stayed away.

Peter Conway has in this book leapt over the bad years and provided a fully 21st century revival of ancient principles. It is a wonderful thing to behold! Peter has made it his business to sit with, often literally, the most remarkable practitioners and thinkers of our time. He has masterfully processed what they share with us into a sweeping and comprehensive insight into the heart of herbal medicine or phytotherapy. On reading this no longer is it possible to say that herbal medicine is primitive and without rationale. Peter has made it truly a strategy for modern times with the added value of also being true to human history and to ancient principles.

There are particular highlights. Peter has absorbed and made relevant the latest insights into the placebo effect, the explosive and largely unprocessed impact on medical thought of Ivan Illich’s work 40 years ago, the insights from observing the properties of complex systems, the role of the story or narrative at the heart of medicine, the profound implications on the business of health care of understanding the lived experience of illness, the healing presence in health care, and the interaction between practitioner and patient. His acknowledgement of the work of Bob Duggan in Chapter 3 is personally satisfying, having set up a Master of Science in Herbal Medicine at Bob’s Tai Sophia campus precisely because of the extra dimension to practice they
provide there. All this leads to a refreshing and muscular riposte to the more absurd manifestations of fundamentalist science that has so undermined core values across all health care.

What emerges is also muscular: a convincing argument for the value of herbal medicine in the modern world. These age-old remedies now have a new role, to help us reclaim our relationship with our own health care. While Peter has focused on the role of the practitioner as channel for these benefits, using her or his skills to tailor remedies to the needs of a patient, the value of his insights are that they can feed us all. Each of us has a relationship with nature to develop. Most of us now have a long way to go in this. The particular properties of the plant world as foods and remedies have often been obliterated by industrial processing and by the remoteness of the natural world from our lives. Plants in their primary metabolism provide us with our most effective foods, and in their secondary metabolism with a range of pharmacological constituents that will always be the envy of the pharmaceutical chemist. Moreover these healing agents are often well known in human history, recurring as healing archetypes through all the main cultures around the world. Peter has reclaimed these ancient principles and brought them to life. This book is immensely important for all those interested in expanding their interests in health care to make them more grounded in our nature.

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I am thankful for my many teachers – especially patients and ‘students’ – and for those colleagues who have commented on parts of the book, who have discussed issues pertaining to it with me, or have otherwise influenced my thoughts on the consultation – whether they were aware of the fact or not. A far from complete list includes: Simon Mills, Bob Duggan, Kieran Sweeney, Nicky Britten, Jimmy Symmonds, Alex Laird, Olivia Laing, Colin Nicholls, Peter Jackson-Main, Vicki Pitman, Miche Fabre Lewin, Gillian Leddy, Michael McIntyre, Julian Barker and the late Hein Zeylstra. Music was a substantial help in completing this work and some readers may be interested to note that key aids included Terry Riley’s *Persian Surgery Dervishes* and Fila Brazilia’s *V&A*. 
This book is concerned with the clinical practice of phytotherapy (from the Greek *phytos*, meaning ‘plant’); a term, first used by Henri Leclerc (1870–1955), that has been applied to a cluster of approaches to the therapeutic utilization of botanical agents. These range from the use of plant remedies as quasi-drugs in conventional medical practice by some doctors in mainland Europe (see, e.g. Schulz et al. 1988); to the ‘terrain’ theories of French phytotherapy such as the ‘neuroendocrine’ or ‘endobiogenic’ model developed by Duraffourd and Lapraz (2002); to a more recent adoption of the term by some traditional herbal practitioners in the UK who have begun to develop their own particular variation on the theme (see Mills & Bone 2000). It is from the latter group that this author originates.

‘Phytotherapy’, therefore, includes a number of distinctive takes on the practice of herbal medicine. Although differing, the various phytotherapy schools are linked by a central engagement with the relationship between plant chemistry (phytochemistry) and human physiology. This distinguishes phytotherapy from other herbal medicine practices where detailed pharmacophysiological considerations are more peripheral, or where they are deemed non-essential or even rejected.

The UK phytherapists trace one strand of their heritage to the physiomedical approach to herbal medicine that was introduced to Britain from America in the mid- to late-nineteenth century. This combined a vitalist philosophy with an appreciation of the latest discoveries in physiology (including, significantly, that of the autonomic nervous system) and an attempt to integrate psychological methods of healing, as Thurston (1900), one of the key physicomediaists, asserted: ‘suggestive or mental therapeutics or more properly psychotherapeutics, should rapidly find its way into the legitimate resources of the general practitioner’ [original emphasis]. The UK-based brand of phytotherapy can be viewed as continuing this project on account of: its emphasis on the body as a self-healing organism, representing an ongoing vitalist orientation; interest in the cutting edge of physiology in areas such as psychoneuroimmunology (PNI) and the new perspectives on inflammation; and awareness of the psychotherapeutic potential of the consultation, including a re-casting of the placebo effect as the ‘healing-’ or ‘meaning-response’.

In this variety of herbal practice, pharmacotherapy is entangled with psychotherapy: while the former type of treatment is taken by the patient following the consultation, the latter arises during the consultation itself. Indeed, the phytotherapy consultation (sensitively conducted) may be perceived as
constituting a psychotherapeutic act. All healthcare consultations have this potential to some degree. As Balint (1963) points out: ‘by far the most commonly used drug in general practice (is) the doctor himself’, but the implications of this insight have failed to be substantially registered, developed and integrated into practice – either in conventional or herbal medicine – such that Balint’s case still stands in need of response, for example when he states that:

_In spite of our almost pathetic lack of knowledge about the dynamisms and possible consequences of “reassurance” and “advice”, these two are perhaps the most often used forms of medical treatment [original emphasis]._

Yet our appreciation of the dimensions and mechanisms at play in this territory is increasing. Studies within the field of, e.g. PNI, have demonstrated the negative effects of repression (inhibition of strong emotions) and rumination (persistent intrusive thoughts), and the positive effects of disclosure (telling one’s story), on the immune system (Kiecolt-Glaser et al. 2002). The consultation helps partly because it is a place where talk occurs: where issues can be identified, matters discussed, emotions released, stories told and disclosures made. PNI-related research shows us that biochemical effects are not limited to the administration of pharmacologically active substances but occur in response to thoughts and feelings too – phenomena that can adapt and thrive in the conducive environment of the sensitive consultation.

A holistic phytotherapy, then, will seek to exploit the healing potential that resides within the consultation in addition to that of herbal medicines themselves – the combination of the two effects constituting a potent therapeutic modality. While many texts have addressed the second aspect of this partnership, few have concerned themselves with the first – an oversight that this volume seeks to contribute towards remedying. Other books have certainly made suggestions regarding aspects of the herbal consultation, such as how the patient might be profiled and diagnosed, that are linked to arriving at a prescription and treatment plan, but the therapeutic potentials of the consultation that run parallel to these outcomes have rarely been scrutinized. While diagnosis (however that notion is framed) is essential in enabling the formulation of a medication, it represents an activity that is frequently largely the agenda of the practitioner, not the patient. As Toombs (1993) expresses it: ‘on being presented with a sick person doctors do not attempt to find out what is the matter but, rather, attempt to make a diagnosis. This is not the same thing’. Herbal practitioners may be just as culpable in prioritizing our interpretive and diagnostic models over a raw engagement with the patient’s unique situation. How then do we ‘find out what is the matter?’ That is the key question I will attempt to respond to in the following pages. In doing so, however, issues to do with phytotherapy-specific diagnostic considerations will not be neglected and a number of perspectives on this territory will be offered.

Much of what is contained in these pages is not exclusive to phytotherapy and may appeal not only to other herbal practitioners who categorize themselves differently but also to any health practitioner interested in the therapeutic potentials of the consultation. I will argue however, that the form
and capacities of the consultation in any particular modality are profoundly influenced by the nature of the therapeutic tools the practitioner uses. In order to successfully apply them, any practitioner working with whole plant medicines will need to develop a sensibility that accounts for their inherent qualities of complexity, inexactness and multi-system modulation. Operating from such a standpoint is likely to render the practitioner better prepared to work with complicated pictures, particularly those associated with chronic disease, and to cope more comfortably with the uncertainties attending these states, than colleagues trained in the linear dynamics of simpler and more precise interventions. The plant-therapist should therefore be especially well placed to explore and apply ideas about the concept of the ‘therapeutic consultation’.

This book contains frequent reference to conventional medicine for three main reasons. First, since it is hard for any marginalized system of medicine to define itself in the absence of comparison with the dominant medical model pertaining in the culture in which it arises; second, out of respect for, and with reference to, the advances in theory and practice made by conventional medical practitioners through concepts such as narrative-based and patient-centred medicine; and lastly, due to the need to critique the limitations and dysfunctions of the dominant consultation model in order to make the case for alternative perspectives. Research into the various domains of the consultation is considered from a number of fields, including orthodox medicine and the psychological therapies but little will be presented from the world of herbal practice itself, since little is available there. There is simply not enough research on the consultation specifically applied to phytotherapy for me to even attempt to maintain an authoritative third person voice. For this reason, I will use the first person to provide myself with the leeway to express my own views and experiences in order to stimulate debate and to encourage others to go into print in this area.

No attempt is made here to provide a substitute for more specific and comprehensive textbooks on diagnosis, examination and investigation; rather a critique of these concepts is offered combined with the provision of supplementary and alternative perspectives for consideration. A wide range of viewpoints will be presented, some of which are of a persuasion that may trigger the kind of reaction in the reader that Gray (2007) had to post-modern thinking: ‘Post-modern philosophies that view science as just one belief-system among many are too silly to be worth refuting at length – the utility of scientific knowledge is a brute fact that is shown in the increase of human power’. I am happy to risk being accused of silliness in drawing on concepts and viewpoints that propose a kinder, less brutish approach to medicine. Mary Douglas (1994) has observed that: ‘Some friends explain their preference for complementary medicine by saying either that it is “holistic” or that it respects spiritual values, or both … I propose to put this preference in the context of a widespread leaning to what I will call “gentleness”’. In responding to Douglas’s case a distinction can be made between the perspectives of acute- and chronic-oriented medicine. While the acute model (rapid diagnosis, objectification of the body, aggressive treatment) may be appropriate and gain results in emergency situations it is largely both inappropriate and ineffectual in general practice in working with chronic conditions. Here a
different therapeutic perspective and way of being is required, combining a subtle appreciation of the patient’s predicament with gentle and sustainable remedial advice and treatment. Although the herbal *materia medica* possesses its own aggressive agents and has a place in the treatment of acute pictures, it is also lavishly endowed with less harsh substances that ideally suit the patterns of chronicity. This book focuses primarily on the latter aspect of herbal practice.

A key perspective that guides the approach taken to the consultation in this book is the notion that illness can be considered as both a journey and a teacher. It represents an opportunity for both patient and practitioner to travel and to learn.

Facilitating the patient in telling, and reflecting on, their story, can lead to more than the fitting of a herbal prescription to the patient’s pattern of dysfunction – it can also aid the patient’s discovery of meaning and help nurture their self-development. While considering some of the issues and ideas that arise from this kind of approach, it may be helpful to bear in mind Cassell’s (2004) counsel for reflecting on deep transpersonal issues in medicine: ‘If it has a touchy-feely “new age” sound, do not be put off; good clinicians are strange instruments’.

In this introduction, I have referred to a few core approaches, ideas and concepts that will be discussed in more detail in the following text: PNI; the meaning-response; narrative-based and patient-centred medicine. Other essential reference points that we will explore include those of phenomenology, ethnobotany and complexity theory. In my view, the great strength of phytotherapy lies in its ability to take on board the insights offered by these approaches and to integrate them with traditional herbal practice. This book is written for all herbal practitioners who wish to work in this way, whether they may call themselves phytotherapists or not. It does not provide a definitive portrayal of the phytotherapy consultation, rather it offers one practitioner’s perspective based on a long and continuing involvement with herbal practice as well as with the development and provision of herbal education and training in several UK universities. It is hoped and intended that this book will be of practical value and utility to both herbal practitioners and students but also, that it might stimulate reflection and the expression of views on the specifics of the herbal consultation.

Chapter 1 places ‘Phytotherapy in context’, considering the history, varieties and current status of this modality and describing the type of herbal practice with which this book is concerned. Chapter 2 reflects on the importance of the therapeutic relationship and its central place in phytotherapy. Chapter 3 considers the ‘Aims and structure’ of the phytotherapy consultation, describing its scope and recommending ways in which its goals may be achieved. Chapter 4 challenges the notion of, and emphasis on ‘diagnosis’, instead suggesting that phytotherapists are equally concerned with ‘appreciating the patient’s predicament’. Chapter 5 explores case history-taking as the heart of the consultation and Chapter 6 critiques the role of physical examination and investigation. The final chapter is concerned with how the consultation is drawn together and concluded and how ‘case management’ can be recast as the ‘continuing relationship’. Three appendices are provided, briefly commenting on issues relating to the consultation.
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