

Herbal medicine:

An introductory model



<http://www.vtherbcenter.org>

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Herb Clinic

Where?

be creative: office, but also

-forest,

-garden,

-teahouse,

-coop



Herb Clinic

What supportive structures?

-apothecary,

-produce dept,

-filing system,

-referral network



Apothecary

What goes in to it?

-Herbs! (tincture, bulk, powder, etc)

-scale and graduated cylinder,

-dispensing bottles (2,4,8oz), bags

-lab notebook

-no need to keep samples of formulas

Lab Notebook

What goes in to it?

- Hard copy or electronic

- Jot notes of what you do (no names):

 - Receiving

 - Formulas and batches

 - Cleaning / calibrating

Herb Clinic

What supportive structures?

- apothecary,
- produce dept,
- filing system,
- referral network



Filing system

What goes in to it?

-client records:


intake, informed consent, SOAP note

full interview notes

additional relevant paperwork

recommendation / formula form

Intake form



Vermont Center for Integrative Herbalism Community Clinic
New Client Questionnaire

Please answer the questions below to the right as possible to give us as much of the best possible information. Please allow 30-45 minutes to complete this questionnaire.

Name _____ Today's Date _____
Address _____
Telephone Day _____ Night _____ Cell _____
Emergency Contact _____ *Who to contact in an emergency*
Date of Birth _____ Age _____ Gender _____ Height & Weight _____

What are your primary goals in working with us/herbalist?

What other health-related issues do you have/what you had in the past?

Please list any other practitioners you are currently working with _____

Medication currently on or previously used (enter the number as if prescribed):

Medication	Dose/Frequency/Taking how long?	For what reason are you taking that?

Note: For this section it is important to mention to yourself if you are taking more medications than the ones prescribed to you. (Herbs are not the same.)

Supplements currently taking	Dose/Frequency/Taking how long?	For what reason are you taking that?

Family Health History

Autism _____ Elder Care _____ Disease health or onset of death _____
Tobacco _____
Alcohol _____
Smoking _____
Sexual _____

Height _____ Age _____

Have you or any blood relatives had any of the following? (Circle those that apply to family members, check those that apply to you.)

<input type="checkbox"/> Allergic reactions	<input type="checkbox"/> Diabetes (Type 1)	<input type="checkbox"/> Stroke
<input type="checkbox"/> Asthma	<input type="checkbox"/> Heart Disease	<input type="checkbox"/> TB
<input type="checkbox"/> Backing / Lung Disease	<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Kidney stone
<input type="checkbox"/> Cancer type _____	<input type="checkbox"/> Parkinson's	<input type="checkbox"/> Rheumatoid
<input type="checkbox"/> Cholesterol	<input type="checkbox"/> Liver Disease	<input type="checkbox"/> Scurvy

Diets

Please check boxes and indicate how often you consume the following (daily, weekly, monthly, etc.)

<input type="checkbox"/> Dairy products	<input type="checkbox"/> Eggs	<input type="checkbox"/> Fish
<input type="checkbox"/> Meat (beef)	<input type="checkbox"/> Soy products	<input type="checkbox"/> Grains
<input type="checkbox"/> Poultry	<input type="checkbox"/> Tofu	<input type="checkbox"/> Nuts/Seeds
<input type="checkbox"/> Beans	<input type="checkbox"/> Chicken, Turkey	<input type="checkbox"/> Vegetables
<input type="checkbox"/> Eggs & milk	<input type="checkbox"/> Vegetables	<input type="checkbox"/> Citrus
<input type="checkbox"/> Beans	<input type="checkbox"/> Red Wine	<input type="checkbox"/> Bakery goods
<input type="checkbox"/> Grains (wheat, rye, etc.)	<input type="checkbox"/> Wine	<input type="checkbox"/> Chocolate/Cocoa

Please estimate the percentage of food you eat from the appropriate _____, _____, _____, _____, _____
How often do you eat at restaurants? _____ How do you cook (pressure cook)? _____
How many meals do you eat a day? _____ How often do you snack and when? _____
What foods do you eat? _____
Do you follow or have you ever followed a restricted diet? Which one(s)? _____
List any foods that you are allergic or sensitive to _____

Please indicate on an average of (1) your diet when you have time and energy to prepare meals and (2) a typical diet when stressed or pressed for time. Please include breakfast.

(1) Breakfast	Lunch	Dinner	Snack (time of day)

(2) Breakfast	Lunch	Dinner	Snack (time of day)

General Health Questions

Stress _____ *How often* _____ *How much* _____
Cholesterol _____ *How often* _____ *How much* _____
Where and when is have you lived or traveled (state the U.S. and Canada)? _____
Are you allergic or sensitive to any medicines (prescription, natural)? _____

Informed consent

Vermont Center for Integrative Herbalism Community Clinic
Informed Consent Disclosure Form

The purpose of this form is to outline the responsibilities of the client and the practitioner as they enter into a healing partnership. It is provided to foster clarity about the client/practitioner relationship and to outline the standards of practice of an herbal practitioner. Once you have read this information, you can make an informed choice about whether or not you wish to proceed with one of our herbal practitioners. If you do, please sign this form and return it through your work with us.

The Role of the Herbal Practitioner
We at VCIH believe that the herb practitioner's primary role is an educator and partner, encouraging and supporting your quest for improved health and well-being. Herbalists neither diagnose nor remedy your disease. Rather, we focus on educating you, the client, on how to best enhance your body's innate healing capacity. Our intent is to help you achieve the highest state of health consistent with your own goals. Herbal "medication" is in essence education, in contrast with conventional medical care which is primarily designed to compensate for what the body is not doing for itself. Herbal practice is based on the belief that the human body is a resilient and intelligent system that is naturally self-healing and (appropriately called) herbal (herbalists assist and encourage the body in its effort to return to its healthy state. Every person is physiologically, emotionally and occupationally unique. We will consider your individual constitution and wishes and recommend the most appropriate herbal, dietary and lifestyle changes specifically for you.

Client Rights and Responsibilities
All client records are confidential. The practitioner and staff of VCIH hold in strict confidence all information gathered and discussed with you and/or you specifically request otherwise. We will gladly discuss any questions regarding practitioner training, credentials and scope of practice. If the practitioner feels that your needs and desires are beyond the scope of their practice as practitioner expertise, you will be referred to another practitioner. We support and encourage your right to consult any practitioner of your choice, especially in the diagnosis and treatment of disease.

Payment, when applicable, is due at the time services are rendered. Please refer to the confidentiality letter you received for our business hours and payment for services and herbs. You may purchase herbs and herbal products [online](#), however your account is limited to 4oz and may purchase your herbs otherwise you wish.

Except in emergency situations, we request that you give us less than 48 hours notice in the event that you need to cancel an appointment. Please contact the office at 734-7746.

In the spirit of Nature's diversity, all individuals, regardless of race, [sexual](#) orientation or spiritual belief, cultural background, socioeconomic status, gender identification or ethnic or national origin are welcome and encouraged to receive services in our clinic. You can, and should, expect a respectful, courteous, and caring experience. We welcome any feedback you may have regarding any and all aspects of your experience with VCIH. You are free to refuse to follow any of the recommendations provided as a result of your consultation and we welcome to discontinue the client/practitioner relationship, however, we appreciate you making us aware of the decision. You also have the right to file a complaint or grievance with the American Herbalists Guild, of which VCIH is an organizational member. Their contact information is (314) 275-4374, algorithms@herbalists.org, 14176th Hill Road, Clarkston, CT 06410.

Side Effects, Toxicity, and Herb-Drug Interactions
Historical evidence and modern research indicate that the most commonly used herbs have an exceptional safety record. Similarly, sustained doses of herbs and drug interactions are rare. However, adverse events

may occur after using any active substance. We will encourage that clients report physicians before a herb-herb effect. The signs that are most indicative of any given substance are the liver and kidneys, and it is important for you to develop any previous history of disease in order of these organs so that we can provide you with information suitable to your circumstances. Herbs also should not be used in pregnancy or lactation without expert advice, and if you become pregnant you should stop taking herbs until advice is received either from your herbalist or another knowledgeable professional.


It is also your responsibility to fully disclose any medications currently in use, including other herbs and supplements, so that you are provided informed advice. It is also recommended that you inform your doctor about herbal and nutritional supplements you are taking. Any suggestion that the effect of a drug is being altered by substances used as herbs should be reported directly to all health professionals involved. It is also advised to stop taking herbs at least 48 hours before a surgical operation, and in the event of being prescribed anticoagulants, antiplatelet drugs, and [diuretics](#).

Acknowledgement
I, _____, have read this document and (understood its nature and) content of the client and practitioner relationship. I hereby voluntarily consent to an herbal consultation. I understand that I am free to discontinue services at any time. I understand that my practitioner is not a licensed physician and therefore [cannot](#) diagnose or treat disease, use prescription drugs, I understand that an herbal consultation is not a substitute for regular medical care, but can offer guidance and information so that I may better understand and heal myself.

Client Signature: _____ Date: _____

Practitioner Signature: _____ Date: _____

SOAP note



VCIH Student Clinic
Consultation summary and assessment flowsheet

Client name: _____ Date: _____
 Initial Visit Follow-up

OBJECTIVE DATA:
 Age Gender Height Weight
 Pulses (note strength and quality):

Right	Metal-Li/Lu	Earth-St/Sp	Fire-TB/P
Super			
Deep			
Left	Fire-SI/H	Wood-GB/Li	Water-BL/K
Super			
Deep			

TONGUE:

Color:	pale	pink	red
Coat:	none	light	heavy
	white	yellow	dark
Quality:	moist	dry	patchy
	crumbly	scalloped	redden
	red papillae	cracked	
Other notes:			

Clinician observations:
 Facial coloration
 Temperature
 Peripheral pulses
 Skin tone
 Nails
 Hair
 Irires
 Relevant physical exam(s) of body systems / physiology:

Diagnoses received with date(s):

Relevant laboratory results with date(s):

SUBJECTIVE DATA AND CLIENT REPORTS:
 Summary of relevant comments from client interview as they apply to the case

CLINICAL ASSESSMENT:

Constitutional summary (include reference to supportive information from obj/subj data):

Summary of relevant physiology:

Goals based on constitution and physiology:

RECOMMENDATIONS AND PLAN:
 Herbal actions required (based on constitutional and physiological assessment above):

General description of herbal support formula(s) and nutritional recommendations (for details, doses, and frequencies see attached copy of client recommendation sheet)

Other recommendations (including referrals):

FOLLOW-UP PLAN, MODIFICATIONS:
 Outline timeline/dates for follow-up and outcome goal(s), and potential protocol modifications based on outcome, as well as concerns and cautions to monitor:

Primary clinical herbal intern: _____ Pharm: _____
 Supervisor: _____

Filing system

What requirements?

-confidential information is protected!

locked

minimize file transportation

password-protected electronic records

Clinical encounter

- Gathering information
- Finding a pattern
- Making a plan
- Following up



Clinical encounter

- Gathering information
- Finding a pattern
- Making a plan
- Following up
- BUT HOW?



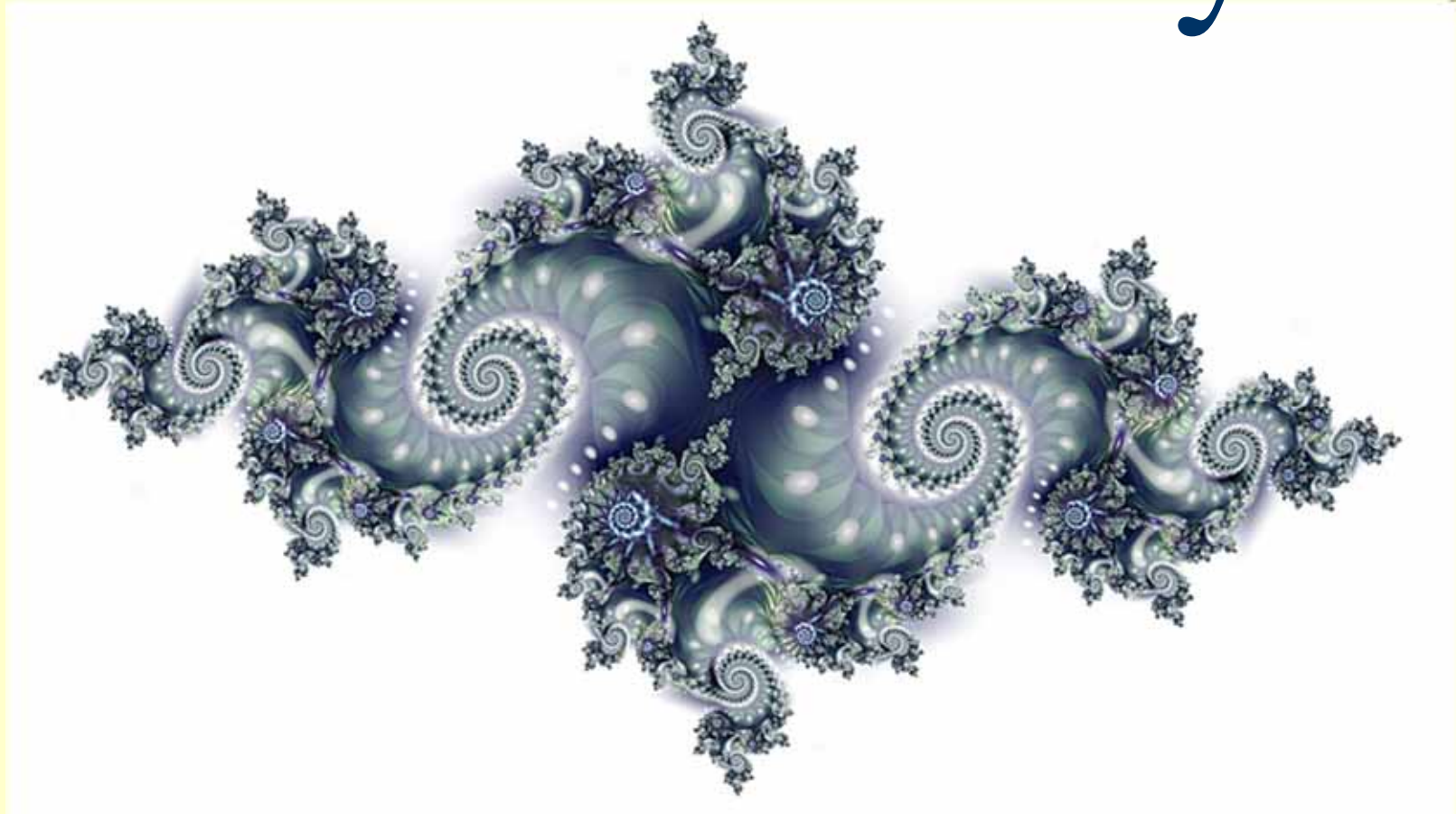
Clinical encounter

- Gathering information
- Finding a pattern
- Making a plan
- Following up



-BUT HOW? We need a framework for practice!

Fractal reality



Holistic interface

Fractal reality

"Paradoxically, herbalism is both a wonderfully simple and a staggeringly complex therapy." ~ **Matthew Wood**

Holistic interface

Plants are crude but highly complex systems interacting with humans on a whole-system-to-system level.

This does not mean they don't have specific biochemical effects!

Holistic interface

Biochemical effects are at all levels:
ecology, whole person, multi-organ
systems, tissue, cell, genetics, more?
(that which we have yet to discover)

With plants, it is easier to work on
broad patterns than on small pieces

Holistic interface

So what are the broad patterns that are most important?

- Those with the most interconnections in the physiology! “Hubs” of activity

The hypothesis

Plant Deficiency Syndrome

Our culture is experiencing the effects of an abstraction from wilderness both around us and within us. The lack of biodiversity, and especially botanical biodiversity, has profound consequences for our species and the ecology to which we belong.

The hypothesis

Plant Deficiency Syndrome

Plants are a necessary part of us.

We evolved in the context of consuming plants

If you bring wild plants into a person's life,

THAT is the most powerful medicine they can get

The hypothesis

Plant Deficiency Syndrome

We are a whole “hub”

Wild nature is our dancing partner

Without her, we lose vitality

cf. Richard Louv, “nature deficit disorder”

Plant Deficiency

What plants to use? And why?

The answer helps us define the clinical framework. What are the crucial hubs of physiologic activity?

The Polarities

Yin / Yang (1 – 2 – 3 – all things)

Hot / Cold

Moist / Dry

Alternatively: overactive / underactive

(can apply to individual “hubs”)

Physiologic hubs

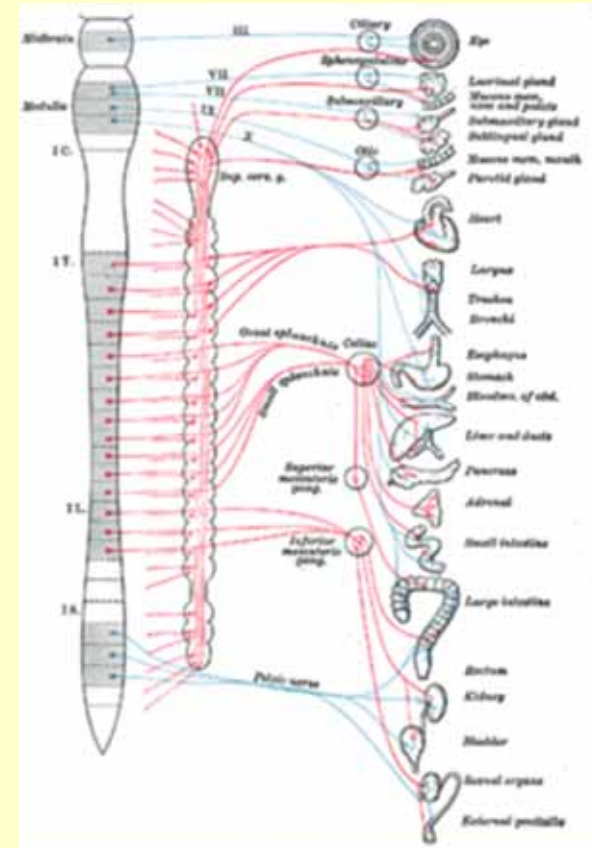
- Neuromuscular tone
- Digestive / Hepatic function
- Immune / Inflammatory function
- Epigenetic regulation

Neuromuscular

-Autonomic: feedback loop with all organs, arterial system

-Somatosensory: feedback loop with perception, muscle tone

-Central: mood, arousal, focus



Neuromuscular

-Assessing:

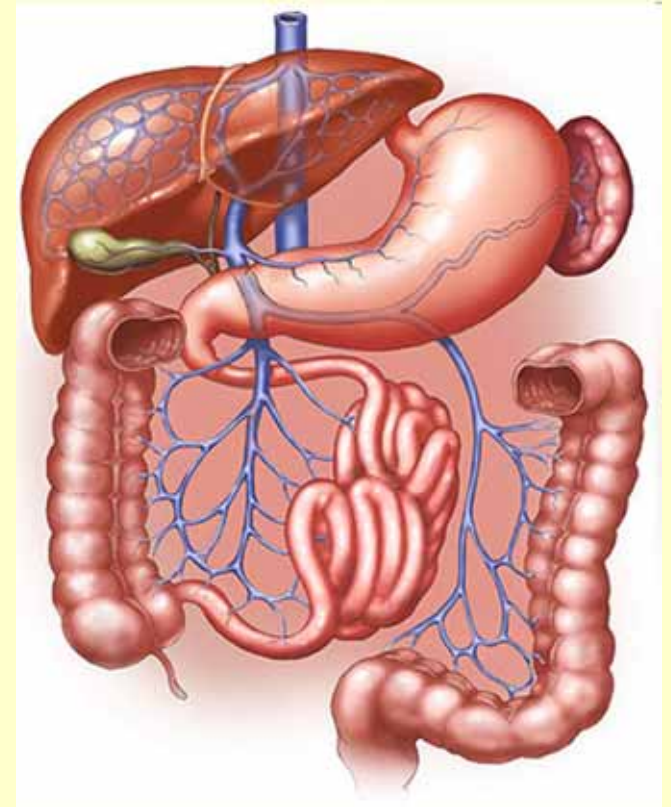
-Mood, sleep, visible tension

-Pulse: variability, tension, speed, depth

-“Somaticization” of stress (Sx linked to stress)

Digestive/Hepatic

- Connection to ecology around us
- Process and “distill” all we consume
- Neutralize harmful inputs
- Process and eliminate waste



Digestive/Hepatic

-Assessing:

-Digestive symptoms, liver disease, chem load

-Tongue: yellow coating, or bright and stripped

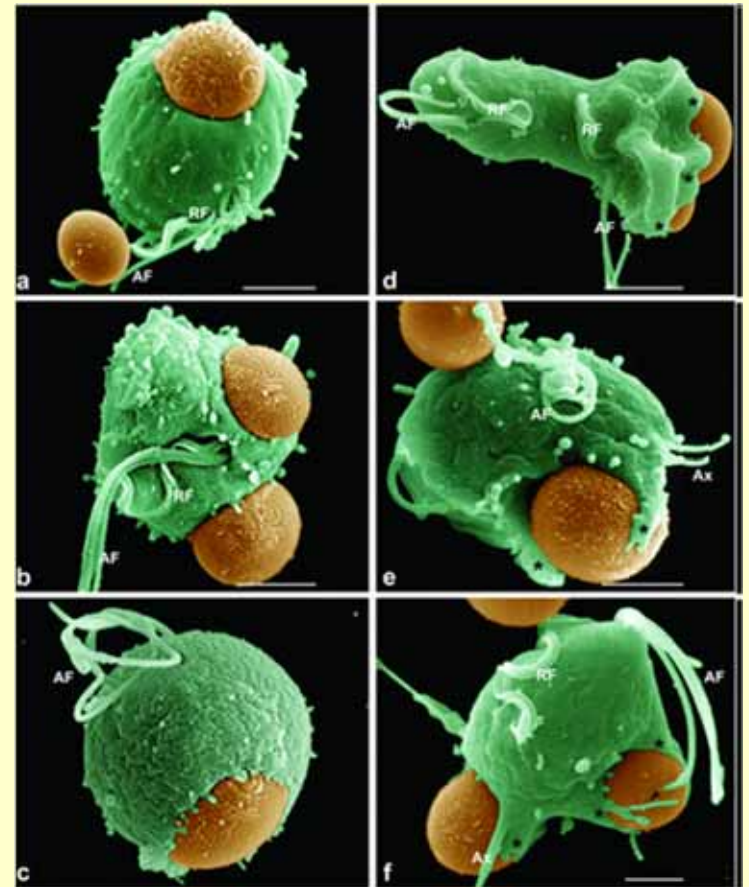
-Skin, mucous membranes irritated

Immunity

-Controls inflammatory process

-Creates “field” in which the pathogen cannot (or can) thrive

-Manages cancer



Immunity

-Assessing:

- Degree of inflammation

- Frequency of infection

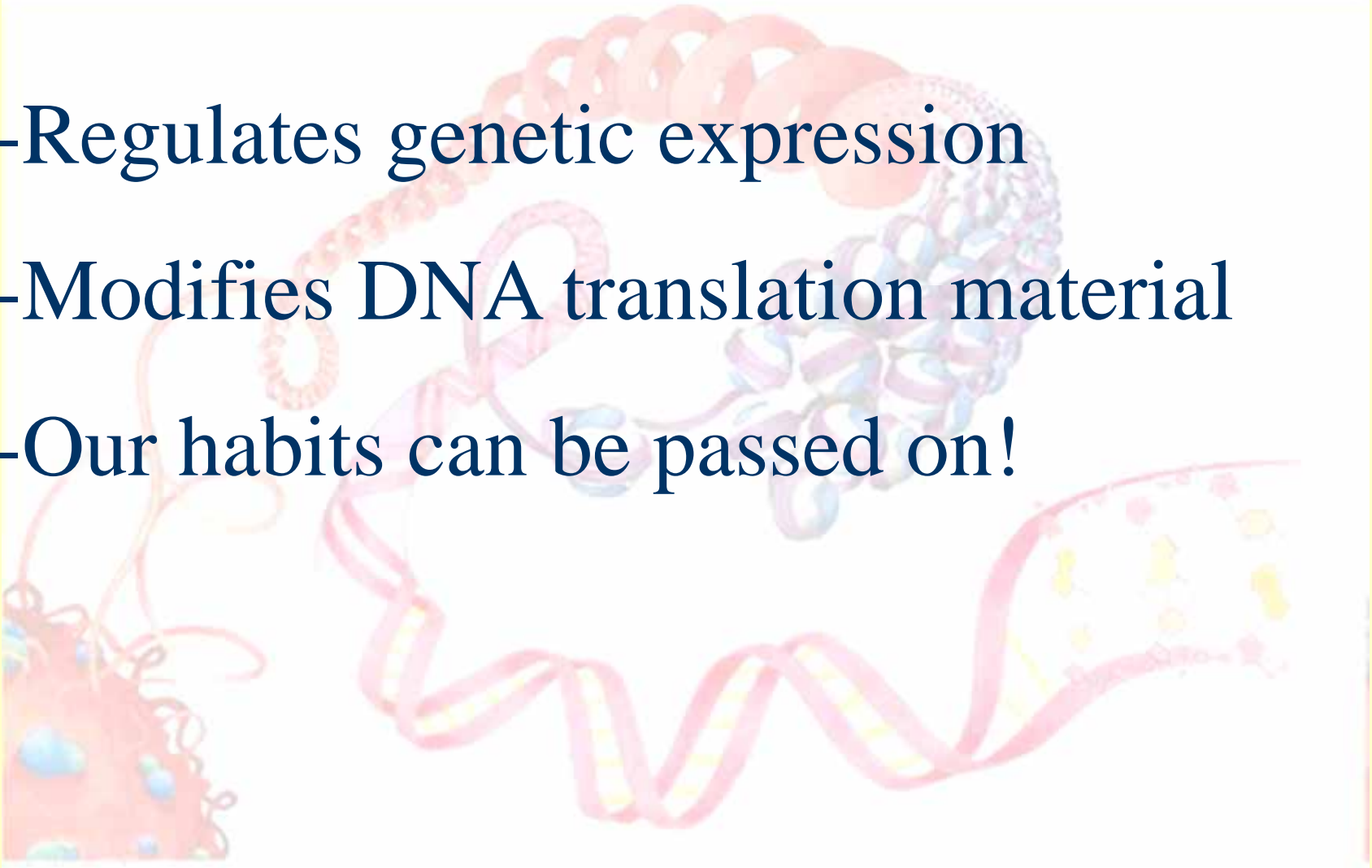
- Constitutional “heat” (skin, voice, etc...)

- Resilience, energy level (“qi pool”)

 - ... this also involves metabolic “fire”

Epigenetics

- Regulates genetic expression
- Modifies DNA translation material
- Our habits can be passed on!



Epigenetics

-Assessing:

-Dietary history, nutrition

-Immune / Inflammatory status (see prev.)

-Cardiovascular disease / cancer history

SOAP Note

-Subjective

- Information and reports from the client

-Objective

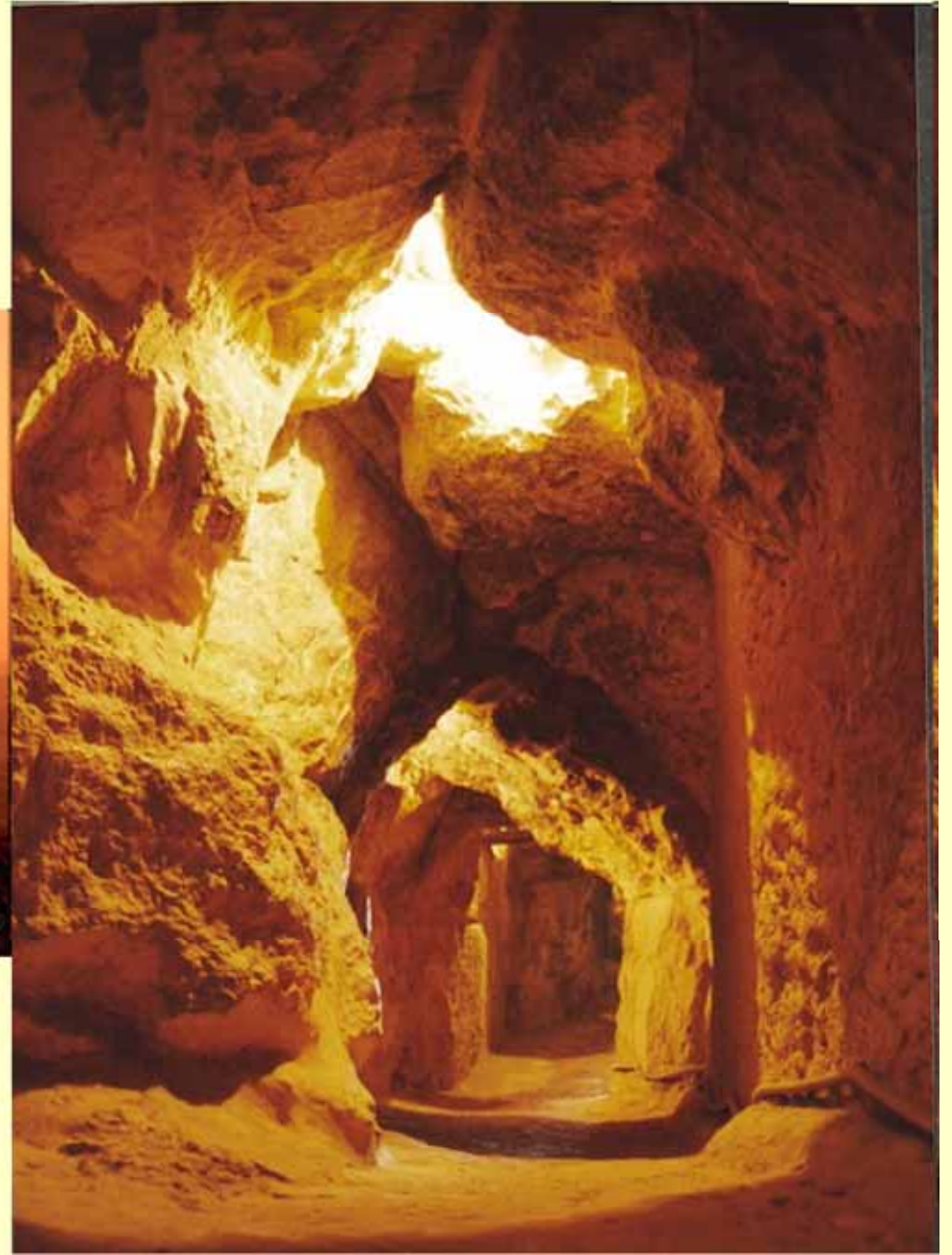
- Tongue, pulse, labs, etc

-Assessment

- What “hubs” affected? Energetics/polarities?

-Plan...

So what's the
plan??



Aromatics



Egyptian kyphi (incense blend)

Frankincense, myrrh, sandalwood, cinnamon, calamus, bound with raisins (many recipes exist)

Green historian Plutarch (A.D. 46-120) wrote that smelling Kyphi was like “listening to beautiful music.” He also described it as having the power to “rock a person to sleep, brighten dreams, and chase away the troubles of the day.”

Aromatics



All aromatic plants rebalance neuromuscular tone, and they do it gently, safely, and effectively

Non-psychoactive, nevertheless very effective

Used during ceremony, “peak” times (childbirth, wedding, death)

Open and flow!

Aromatics







Bitters



Mithridatum (cure-all elixir): mixture of Egyptian kyphi and strongly bitter plants: parsley, wild carrot, gentian, costus, poppy

Traditional bitter-tasting aperitif / digestif used in all cultures

Bitters



All bitters activate the digestive system, perhaps through a poison-like challenge.

Ongoing hepatic detoxification is improved and liver function supported

Used around meals for healthy appetite and digestion

Largely gone now! Our link with the outside world is damaged.

Turn on and challenge!

Bitters





Tonics



Sweet tonics (mushrooms, adaptogenic roots like ginseng, astragalus)

Sour tonics (berries, fruit peels like hawthorn, orange peel, blueberries)

Food-like, safe, long-term

Tonics



Sweet tonics rebalance immunity, inflammation, and energy

Sour tonics are essential regulators of epigenetics, balancing inflammation, gene function, protein expression, tissue integrity

Nourish and balance!

Tonics



Clinical encounter

- Gathering information
- Finding a pattern
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THE Wild Medicine
SOLUTION
Healing with Aromatic,
Bitter, and Tonic Plants



<http://www.aradicle.blogspot.com>

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