

Personalizing Western Herbal Medicine: A Research-Based Model of Western Herbal Medicine Formulation

By Kathryn Niemeyer PhD, MSc, MSN, FNP-BC

Background

The purpose of this study was to develop a grounded theory that explains how practitioners of Western herbal medicine formulate crude plant medicines for individuals with chronic disease

Qualitative research: an approach that interprets and constructs reality as embedded and contextualized in real life experiences and interactions. Qualitative research studies persons within their natural environments (Denzin & Lincoln, 2005, Munhall, 2007).

Grounded Theory (GT): a qualitative research design method that uses a systematic approach to studying social phenomena (Corbin and Strauss, 2008) resulting in a theory based or grounded in the actual experience of participants.

Purpose of using GT

1. Formulation of Western herbal medicine is a social process and occurs in a social context rich with variability.
2. Formulation is a process with patterns of interactions occurring and changing over time.
3. Formulation is practice-based and under-researched at this time.
4. Theory is generated through the transaction of the researcher and the data with a systematic approach/analysis.
5. GT is explanatory

Therefore, this theory is a substantive theory that is specific, bound to person, place and time.

Theories evolve, change, adapt and theories are intended to be improved over time or die.

Why is this study important?

- 2011 38% of adults used CAM within the last year and the most frequently used CAM: Herbs and dietary supplements (NCCAM. 2011)
- NCCAM defines herbal medicine as a “therapeutic modality” and equates herbal medicine with herb products.
- What is the state of the practice in Western herbal medicine?
- What is the state of the science in Western herbal medicine and where are the gaps?

- Why is a study like this important?
 - Practice
 - Education
 - Research
 - Social value

The study

- Assumptions
 - Whole systems → humans and plants
 - Meaning as a function of social interactions navigated by language, mediated by perception and interpretations that refigure and change over time.
- Aim
- Sample
 - Convenience
 - Theoretical
 - Description and demographics of herbal participants.
- Inclusion criteria
- Recruitment as iterative with analysis and recruitment
- Interviews
- Data Analysis
 - Constant comparison
 - Open coding (emic to etic)
 - Axial coding
 - Selective coding
- Rigor and trustworthiness of this study

Study Results

Basic social process of formulation: Personalizing Herbal Medicine: Weaving a Tapestry of Right Relationships

Concepts:

- Right relationship: the interaction of the parts at multiple levels with in whole systems and extending out, that support, encourage, or generates self-organization and emergent coherence (Quinn, 1997-2013). Interacting environments.
 - Genetic & biochemical - cellular - tissues & organs - systems - local and global environments with bidirectional information exchanges
 - Whole persons - families - spiritual and social communities - eco-environment - universe
- Concordance: Right relationships or agreement or frequency/interaction in the same physical space (receptivity) between the herbal medicine and the person with chronic disease.
- Healing

- Wholeness

Process as iterative and dynamic

- Primary Process-5 steps
- Embedded Process- 5 steps

Properties of the weave (defined by dimensions)

- Warp (vertical)
 - Personal-Therapeutic relationship
Examples of dimensions: client-centered, partnering, trust, nurturing,
 - Client commitment
Examples of dimensions: Autonomy, Participation
 - Practitioner knowledge and application of skills
Examples of dimensions: ways of knowing, herbal knowledge, beliefs, communication, critical thinking
 - Available resources
 - Strategies
Examples of dimensions: treating the whole person, increasing the probability of success, limiting the number of herbs, integrating and applying the herbal medicine, application with pharmaceuticals
- Weft (horizontal)
 - Exploring the personal composition
 - ❖ Whole person context
 - ❖ Whole person health landscape
 - ❖ Whole person energetic pattern
 - Interpreting dissonance
 - ❖ Identifying dissonance
 - ❖ Naming the root
 - Tailoring Herbal Medicines
 - ❖ Identifying treatment goals
 - ❖ Defining associated herbal actions
 - ❖ Delineating herbs matching the actions
 - ❖ Reducing the alternatives
 - ❖ Personalized herbal medicine
 - Facilitating success with Complementary actions
 - ❖ Psychosocial support
 - ❖ Educational support
 - ❖ Adjunctive treatments
 - Evaluating outcomes
 - ❖ Herbal Medicine fit
 - ❖ Fit + personal shift
 - ❖ Restoration of Dynamic Equilibrium

Mediating and moderating variables → social-structural, client related, practitioner related, environment related, and herbal medicine related

Conclusion:

The tapestry

Incidental Findings

- The rich depth of what we do as herbal practitioners
 - Empowering clients
 - Reliance and capacity building
 - Client centeredness
 - Struggling with the energetic/constitution interpretation
 - Struggling with the fit between science and tradition
- Unrecognized
- Whole person is addressed with energetics or constitutional herbal medicine as opposed to a holistic approach of addressing all the parts
- Multiple ways of knowing: intuitive and haptic, aesthetic, empiric as scientific, personal experiential, traditional
- Failure to record or address outcomes

What's next?

Does Science need to verify tradition?

This study was supported by NIH NCCAM T-32 Fellowship
Reference available upon request.