

## CROSSING THE GREAT DIVIDE: Practicing Herbal Medicine within the NHS

### **Why?**

- Benefits to Patients :Access, cost, referral from G.P. gives confidence  
Integrated approach - best of both worlds
- Benefits to G.Ps: Learning about herbal medicine - Widens treatment options - Cost benefits - Access to expert knowledge on potential herb/drug interactions - Reduces unsupervised patient self-medication with supplements - Kudos to practice- Reduced pressure on G.P. appointments - Reduced drug bill - Reduced hospital referrals - Patient appreciation
- Benefits to Herbalist: Referrals from G.P. brings people who might not otherwise consider herbal medicine - Widens experience - Access to lab testing & other investigative procedures

### **How?**

- Approaching surgeries: initial communication
- A starting point: suitable conditions
- Funding: direct funding from G.P. practice - Charitable - Self-funding

### **Potential issues:**

- Therapeutic independence
- Communicating with G.Ps.: trust, understanding holistic approach
- Drug/Herb interactions
- Patient compliance
- Financial
- Dispensing
- Record keeping
- “Culture clash”

# *Extract:*

## Somerset Trust for Integrated Healthcare

### Complementary Therapy in General Practice

Presenting findings from the work of the  
**GLASTONBURY HEALTH CENTRE**  
**COMPLEMENTARY MEDICINE SERVICE**  
Glastonbury, Somerset, England

**Glastonbury Health Centre offers a unique integrated complementary medicine service combining NHS General Practice with five mainstream complementary therapies.**

**Careful evaluation, presented on this website, has shown that such an approach may improve the health and wellbeing of their patients, many of whom are chronically ill.**

**The cost of the service may also be offset by savings made in medication costs and referrals.**

Glastonbury Complementary Medicine Service was established in 1992-3 in a three-partner GP practice, of approx. 4,500 patients. The project is now supported by Somerset Trust for Integrated Health Care (Charity no. 1065943). The aims of the Trust are to support the integration of effective complementary medicine in Primary Care.

This is achieved by:

- subsidising access to complementary medicine,
- researching the impact of integrated complementary medicine,
- establishing links and disseminating information to other providers, and
- lobbying the NHS to support integrated complementary medicine.

#### **Why use Complementary therapy?**

- 1 in 5 of us in UK do so every year
- It provides a significant level of health care (70,000 consultations/week - estimated 50,000 complementary practitioners in UK - there are 30,000 GPs)
- A survey as long ago as 1986 showed that 72% of GPs had referred patients to a complementary practitioner in the previous year (1986). Nowadays even more GPs are recommending complementary therapies to their patients.

#### **Why implement in Primary Care?**

- 30% of complementary medicine treatments are primary interventions - *ie.* the first port-of-call for the patient.
- Primary care and complementary medicine both manage chronic illness.
- Good primary care is 'holistic' and communication between conventional and complementary practitioners is important.

**Full details of the Glastonbury Integrated Health Project can be found at:**  
<http://www.greenmedicine.co.uk/Integratedhealth/home.html>

## **HERBAL MEDICINE**

### **Suitable cases for treatment**

The basic principles of herbal medicine are holistic; the medical herbalist's approach to any patient is to attempt to discover the underlying causes of the individual's ill-health, rather than apply stock remedies for given conditions. The basic aim is to restore and harmonise overall functional integrity and promote healing. Because of this approach of treating people rather than diseases, the exercise of delineating which medical conditions are particularly responsive to herbal therapy is somewhat artificial, and can only be seen at best as a rough guide. With this caveat in mind, the following list outlines some of the commoner presenting problems that are frequently successfully treated with herbal medicine, and which you as a G.P. might consider referring.

#### **DIGESTIVE SYSTEM:**

- Irritable Bowel Syndrome
- Hyperchlorhydria /Peptic ulceration - some evidence also that *Helicobacter pylori* infection will respond to treatment
- Ulcerative colitis, Crohn's disease: in conjunction with corticosteroid therapy if needed; can help reduce incidence and severity of acute relapses
- Reflux oesophagitis
- Chronic constipation, flatus and similar functional disorders

#### **CARDIO-VASCULAR:**

- Hypertension: medium-level hypertension can often be successfully controlled; particularly useful with patients who poorly tolerate beta-blockers and other conventional drugs.
- Raynaud's syndrome
- Intermittent claudication
- Varicosity: good success with varicose ulcers

Angina, heart disease : as with all potentially dangerous conditions, herbal treatment would normally only be undertaken with the knowledge and co-operation of the patient's G.P.

#### **ENDOCRINE:**

- Menstrual disorders: this is one of the most successful areas for herbal therapy. Menorrhagia, metrorrhagia, menopausal symptoms, PMS, etc. respond very well
- Thyroid disorders: mild hypo- and hyper-thyroidism are treatable
- Male impotence: if proven to be due to lowered testosterone levels may respond; (my experience is that the majority of these cases have predominantly a psycho-emotional basis)
- Hypoglycaemia: herbs + dietary recommendations

#### UROGENITAL:

- NSU
- Recurrent cystitis
- Vaginal candidiasis
- Benign Prostatic Hyperplasia often remarkably responsive to herbal treatment; (patient would always be referred back to his G.P. initially to eliminate possibility of neoplasm)

#### RESPIRATORY:

- Upper Respiratory Tract Infections including common cold, bronchitis, chronic catarrhal conditions.
- Allergic Rhinitis.

#### EENT:

- “Glue ear” in children
- Certain cases of tinnitus
- Recurrent tonsillitis
- Laryngitis
- Mouth ulcers

#### PSYCHO-EMOTIONAL:

- Anxiety states
- Insomnia
- DepressionN (mild to moderate intensity)

#### MISCELLANEOUS:

- Chronic Fatigue Syndrome
- M.E..