



An Herbalist's View

Patient Compliance for the Clinical Herbalist

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Introduction

Patient compliance is about helping patients initially and continually take their medicines as well as following through on other health-related advice. Compliance is particularly important, and often difficult, for the practicing herbalist. There are a number of reasons for this, but the basic gist is that most people are unfamiliar with the preparations, methods of taking them, flavors, and dosing regimens of herbal medicines. This handout is focused on working with patients who have not previously seen an herbalist, though much of this will also be useful for patients who have some experience with taking herbal medicines.

Our task as herbalists is to help patients feel comfortable with as many variables as possible. Some of the ways we can go about this is; through the language that we use, simplifying complicated dosages and instructions, methods of administration and basically understanding individual patient's needs and adjusting for them. One of the main reasons that patient compliance is more difficult for herbalist's than conventional medical practitioners is the newness of the experience for most patients. If the patient has not previously seen any other type of holistic practitioner, just our intake along with all the questions we ask will seem unusual.

Consider the consultation from their perspective. Most patients will be familiar with a doctor's appointment which is usually about 10 minutes long. They will generally be asked pointed questions about a specific problem and then receive a prescription with very specific dosing. The medicine will most likely come in the form of an easily swallowed pill. The patient may have time for a few questions, generally directly related to what they came in for. If the patient wants more information, they will likely use the internet or library to further research the drugs and treatments recommended by the doctor or health care practitioner.

Now compare that with an average visit to see an herbalist. First, they are likely to have at least a half-hour or more, a lot of time in comparison. The questions we ask are often general questions as well as specific ones, which may take the patient some time to get used to (i.e., asking about anxiety related to headaches). Besides asking questions, many herbalists will also educate their patient about how they see their health problem. And now comes what may be the trickiest part, the herbal medicine itself. Often herbalists will recommend more than one medicine. These medicines may come in many forms, from prepared liquids such as tinctures, to teas the patient will need prepare to at home. There may also be external agents such as salves, compresses and oils. We may suggest using a neti pot or steam inhalation.

And each of these may have specific instructions on how to go about using and taking them.

Not all of this is unique, MD's may also recommend external applications and often more than one medication is advised, but the gestalt of what the herbalist does has a whole other flavor that may be difficult for a patient to take in and adhere to initially.

The goal here is help the patient feel comfortable enough to follow the suggestions and medicines that the herbalist recommends. This handout may seem to overcomplicate the problems but hopefully it provides some useful suggestions and guidance when it does get difficult.

Remember, the medicines do not work if the patient does not take them.

Patient Considerations

1. How you speak, the quality of your voice and your sense of confidence (but not over-confidence) will help patients feel comfortable taking the medicines and following instructions. Moderate your voice as you see helpful to meet the individual patient's needs.
2. Ask your patient directly about their desire and/or ability to take the medicines you suggest and *listen* to their response. Try to make sure they are telling you what they actually might do and not just saying something to satisfy you. You can ask what their history is for taking medicines and tailor your protocols to this.
3. Consider how willing your client is in taking and preparing more complex preparations, such as teas and compresses.
4. When considering the various medicines for an individual patient, consider;
 - Quantity of medicine per dosage
 - Frequency-how often they will take it
 - Types of preparations
 - Flavor and texture of medicines
5. Leave enough time during the consultation to explain how to prepare and take any of the medicines and answer any questions the patient may have about them.
6. A complicated topic is the interactions between conventional drugs the patient is taking and the herbal medicines. While there are recent resources which discuss these types of possible interactions, the vast majority is unknown. On a basic level, if they are on a drug that is necessary for their health, then these interactions have to be carefully considered, though this is not easy due to the dearth of information. Each herbalist should learn as much as they can and make individual choices based on their knowledge and experience.
7. Patients may also be taking medicines from other holistic practitioners (such as TCM practitioners or ND's). A question to consider is, is it helpful for them to take *more* medicines? This is a question to ask the patient to help determine how many, if any, medicines you might suggest.

8. As well as discussing how to prepare and take medicines, for some patients it is helpful for them to know why they are taking them. Caution; over-explaining can be just as baffling as not offering any explanations.
9. Have some kind of information sheet that explains how to prepare medicine in easy to understand terms. It could describe what a dropperful is, how to make and use a compress, how to prepare a two-part tea (as when simmering roots and then infusing leaves and flowers), and other commonly suggested preparations. This would go along with explaining orally how to prepare these medicines the first time you are giving them to a patient.
10. Change of eating habits, and adding exercise regimens can be difficult for patients. There is no one way to go about this, discuss individual options with each patient trying to find the best way for compliance. It may help if they also see another health care practitioner such as a personal trainer or nutritionist to reinforce the importance of these changes.
11. One reason patients stop taking medicines is that they think they should be getting better faster. For some long-term chronic health problems, it may take a while for the medicines to have an affect. It is helpful to discuss this with the person before they start taking the medicine so they know not to expect it to help solve the issue right away. One way to try to evaluate its long-term affects is by asking the patient to evaluate the severity or frequency of a health condition and making note of it. And continue to do this each time they consult with you. This way you can both evaluate if it is helping at all. An example could be headaches that they have had for many years. Initially they may say that they get them 3 times a week each one lasting 2 hours on a pain scale of 4 (out of 5). A month later they may say they are getting still getting them 3 times a week, but they are closer to a 3 on the pain scale and they last for about 1 hour. This will help the patient understand the medicines are slowly helping. Of course they may not be having these kinds of results and you may need to reevaluate the treatment protocols.

Assessing Patient Compliance

1. While asking questions about commitment to taking medicines, assess if the patient really feels comfortable taking the medicines.
 - This is important economically because they if they are paying for their herbal medicines and do not take them it is a potential waste of money for them, and if you are giving them for free it can be a waste of resources for you.
 - If they really are not going to take them and you give it to them, it will only incur guilt or other negative feelings when they see the preparations.
 - That said, there are many times when it is worth the risk, for they may take the medicines for any number of reasons after they've had them a while.
2. Believe a patient if they say they will not take a medicine, or cannot take it in the way you suggest it, or are that they are not willing to make a tea. You may

be able to convince them to do so, but often their first response is accurate and you may have to retool your suggestions.

3. Questions to consider
 - Have they ever taken herbal medicines before?
 - Do they have a pattern of taking previous medications?
 - Do they have lots of half-filled medicines bottles lying around their house?
 - Ask if the quantity of medicines you are suggesting seem to be too many.
 - Will they make and drink tea?
4. When possible put medicine in a form that they will recognize and find easier to take.
5. It is important to give clear instructions while giving them the medicines. For some patients it helps if they write it themselves, for others it is helpful to write it for them. This is along with the directions on the label of their medicine.
6. After you have discussed the instructions, ask if they have any questions. If they seem confused, have them repeat the procedure and gently correct any mistakes.
7. If they seem reluctant to take the herbs you can ask them if there is a way to make it easier for them. They may have a suggestion such as taking it only once a day or combining a number of medicines into one.
8. Do they have your contact information (phone number, email) if they have further questions?
9. Keep the labels easy to read with clear directions
10. Keep accurate records (with scientific names, parts per formula, etc), to be able to continue preparing their individual medicines.

Flavor of Herbal Medicines

1. Remember that most drugs are tasteless, so this may be the first time they have had to taste a medicine.
2. When possible, make the medicines reasonably tasty
3. Warn people how disagreeable they may taste. Try to do it in good humor
4. Convince the patient that while nasty tasting, it may also be good for them.
5. Consider how to make it acceptable for children and adults by adding it to juice, other fluids or foods, or by just diluting it in water.

Affordability

1. Can the patient realistically afford to take this medicine for the time needed for its action to help?
2. Be frank in letting people know how much money the medicines may cost and how long they may need to take them for. Initially, folks may be surprised at how long a formula has to be taken.
3. In order to offset the cost of their medicines, help patients learn to prepare their own medicines
4. Give resources where quality herbs can be purchased in bulk for reasonable prices, and strategies to prepare them

Keep It Simple

1. Taking medicines 1-2 times daily is generally the easiest, though may not maximize the efficiency of the preparation.
2. It is much easier to take all the medicines together at the same time
3. Tinctures can be added into tea.
4. Powders are easy to prepare, as they are just added to water and stirred. The texture is rough for some patients to take, and they may need to be strongly diluted
5. Try not to have too many different medicines. If there are, can they be combined?
6. Have the medicines taken along with meals or other daily activities that place it into an already constructed schedule. This make remembering to take them much easier
7. Ask the person how and when would be the easiest way to take the medicines. Personalize it to their schedule and lifestyle.
8. 'As needed' is often a helpful approach for some medicines (i.e., for pain) though some people like concrete times to take them. Work with the patient.

Reasons for Low Compliance

1. The patient is confused on how to prepare the herb
2. They are confused on the dosage or regimen
3. They may not make the time to prepare teas or other preparations
4. The medicine may have to be taken too often or at awkward times (such as at work or school)
5. They may believe the medicines may not be helping. As symptoms lessen, they may cut down or stop taking a long-term tonic
6. Their interest may wane
7. Affordability
8. Not understanding why they are taking them
9. Disagreeable flavors or texture
10. May hear or read reports claiming that 'herbs don't work' or are dangerous

Tinctures

1. Tinctures (plants in an alcohol solution) have distinct advantages (such as convenience) and a few disadvantages which may discourage compliance.
2. One problem is the alcohol itself, as many people cannot drink even small amounts of alcohol. Before giving anyone a tincture, make sure that alcohol is not a problem such as with Hepatitis C or alcohol intolerance.
3. Another potential problem is the confusing dosage called a 'dropperful' (dropper-full or other variations). There are a number of reasons for this including;
 - The amount pulled into the pipette (the glass tube) can vary with each squeeze of the rubber dropper
 - There are different sizes of droppers (meaning the dropper assembly, all the parts together) for 1, 2 and 4 oz bottles.

- A note for practitioners-when squeezed once, a 1 and 2 oz dropper will hold about .70-.90 ml of water (tinctures vary in their viscosity). A 4 oz dropper squeezed once will hold a bit more, about .9-1 ml of water.
- For each new patient demonstrate, with their medicine in hand, what you mean by a dropperful.
- With some tinctures you can also use a teaspoon as a measure. A 'measured' teaspoon holds 5 ml. So a half a teaspoon is 2.5 ml or about 3.5 dropperfuls as discussed above.
- This is not meant to sow confusion, but to point out the discrepancies when using droppers. Herbalists should be creative, clear and demonstrative to help patients know what they mean by a 'dropperful'.

Tea

1. Teas are generally the most difficult medicines compliance-wise for a few reasons
 - They take the most amount of preparation for an internal medicine
 - They require a heat source, cup, water and cleaning up
 - They are often strong flavored and may be harder to 'shoot down'
2. Ways to help make bulk tea preparation easier
 - Suggest the use of a French press (also called a coffee or tea press)
 - After mixing the teas, give the patient 2 bags of tea
 - One with the bulk of the tea
 - One with the amount they will make daily (or however much they will prepare at a time). They will not use this bag until the larger bag is finished. They have this bag to estimate how much of the tea (from the larger bag) is needed per preparation. This way they do not need a scale.
 - For example, they may be getting 4 ounces of tea and you want them to make .75 oz per quart of water. You give them a bag with the bulk of the tea (3.25 oz) and another bag with .75 oz. and let them know not to use the smaller bag until they are finished with the larger bag. Just use it as a measurement to know how much to make per quart.
 - Go over directions in person with patients and ask if they have any questions
3. Tea balls, tea-spoons and similar devices that pack tea into a small enclosure with small holes are often ineffective for making medicinal teas for a number of reasons. First is that you can usually only place a small amount of tea in the device. Second, the water cannot saturate the plant material well or move the constituents from inside the container into the water, making a weak tea. They are handy and inexpensive, but for most medicinal teas, using a French press or just putting the tea in a jar, pouring in boiling water, and then straining it are usually better ways of making strong medicinal teas.

Helpful Tools

1. Have your office set up with all the equipment to efficiently prepare the different medicines (scales, plastic bags, measuring cups, etc)

2. The French (tea, coffee) press
 - The single most helpful thing to increase tea-making compliance
 - Have a demonstration model in the office and show patients how to use them
 - Let them know where they can buy an inexpensive one.
 - Make the amount of tea you give them fit a standard 1 qt. French press.
3. Labels
 - Have the patient's name on the label ('Peter's Nervine Tincture'), as well as the common names of the plants in the formula along with your name.
 - Write succinct, easy to follow directions on each label
 - Make sure the label is legible
 - Label makers are helpful (Dymo Labelwriter is a good example)
 - * Label is easy to read
 - * Labels are stored on file for future use by practitioner
 - * These models are small, easily kept in an office.
 - * Uncomplicated software
 - * It works alongside a computer, so you will have to have one available
 - * You don't need a separate printer, the label-maker is the printer.
 - * They go not use ink, but you do need special (not very expensive) blank labels
 - * It cannot make very fancy labels, you will need other software (and a printer) for that.

Corrigents/Flavoring Agents

Corrigent is a term meaning substances that can be used to enhance the flavor of a medicine. Here are some plants that increase the flavor of tea, powders, tinctures and other preparations. Note that some of these have their own medicinal value (i.e., Ginger as a digestive and antiinflammatory aid) and can be added for both the flavor and the medicinal affect. These flavors can be considered tasty or some may just be familiar tasting.

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| • Anise (<i>Pimpinella anisum</i>) | • Licorice root (<i>Glycyrrhiza</i> sp.) |
| • Anise hyssop (<i>Agastache foeniculum</i>) | • Marshmallow (<i>Althaea officinalis</i>) |
| • Cardamom (<i>Elettaria cardamomum</i>) | • Peppermint (<i>Mentha piperita</i>) |
| • Carob pods (<i>Ceratonia siliqua</i>) | • Rose flower and fruit (<i>Rosa</i> sp.) |
| • Cinnamon (<i>Cinnamomum</i> sp) | • Sassafras leaf/root (<i>Sassafras albidum</i>) |
| • Cloves (<i>Syzygium aromaticum</i>) | • Slippery elm (<i>Ulmus rubra</i>) |
| • Fennel (<i>Foeniculum vulgare</i>) | • Spearmint (<i>Mentha spicata</i>) |
| • Ginger (<i>Zingiber officinale</i>) | • Staghorn sumac fruit (<i>Rhus typhina</i>) |
| • Hibiscus (<i>Hibiscus rosa-sinensis</i>) | • Tulsi (<i>Ocimum tenuiflorum</i>) |
| • Lemon grass (<i>Cymbopogon citratus</i>) | • Turmeric (<i>Curcuma longa</i>) |
| • Lemon verbena (<i>Aloysia citrodora</i>) | |