

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 several 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 focuses on working with patients who have not previously seen an herbalist, though much of it will also be useful for patients who have some experience 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 are: through the language we use, simplifying complicated dosages and instructions, methods of administration, and basically, understanding individual patients' needs and adjusting for them. One of the main reasons patient compliance is more difficult for herbalists than conventional medical practitioners is the newness of the experience for most people. If the individual has not previously seen any other type of holistic practitioner, our intake, along with all the questions we ask, will seem unusual.

Consider the consultation from someone new to herbal medicine. Most patients will be familiar with a doctor's appointment, which is usually about 15 minutes long. They will generally be asked pointed questions about a specific problem and then receive a prescription with very specific dosing information. 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 to further research the drugs and treatments recommended by the doctor or healthcare practitioner.

Now compare that with an average visit to see an herbalist. First, they are likely to have at least 30 to 60 minutes or more. 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 discuss the details about how they view their individual health issues. 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 that the individual will need to prepare at home. There may also be external remedies such as salves, compresses, and oils. And each of these has specific instructions on how to go about taking them.

Not all of this is unique: MDs 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 to help the patient feel comfortable enough to follow the suggestions for the medicines that the herbalist recommends. This handout may overcomplicate the concerns, but hopefully it provides some useful suggestions and guidance for these situations.

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 (though not overconfidence) can help patients feel comfortable taking the medicines and following instructions. Moderate your voice as you see useful to meet the individual's needs.
2. Ask your patient directly about their desire and/or ability to take the suggested medicines 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 about their history of taking medicines and tailor your protocols based on this information.
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 the herbal medicines and answer any questions they may have about them.
6. A complicated topic is the interactions between the conventional pharmaceuticals they are taking and their herbal medicines. While there are resources that discuss these types of possible interactions, the majority of interactions are 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 whether it is helpful for them to take *more* medicines. This question can be asked directly to assess how many, if any, medicines you might suggest.
8. Along with discussing how to prepare and take medicines, it can be helpful to explain why they are taking them. Caution: over-explaining can be just as baffling as not offering any explanations.
9. Have information sheets that explain 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 tea, 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. Changes in eating habits and exercise regimens can be difficult for some folks. There is no one way to go about this; discuss individual options with each patient and try to find the best approach for helping them ease into new patterns. 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 effect. It is helpful to discuss this with the person before they start taking the medicine, so they know it will not resolve their issue right away. One way to evaluate the effects of a long-term medicine is to have the individual start recording the severity or frequency of a health condition. This way, both of you can evaluate if the medicine is helping at all. Using chronic headaches as an example, they may initially record that they get them 3 times a week, with each one lasting 2 hours on a pain scale of 4 (out of 5). A month later, they note they are still getting them 3 times weekly, but they are closer to a 3 on the pain scale, and they last for about 1 hour. This will help the individual notice that the medicines are slowly helping. Of course, they may not have these kinds of results, and the treatment protocols may need to be reevaluated.

Assessing Patient Compliance

1. While asking about a commitment to taking medicines, assess whether the patient actually feels comfortable taking them.
 - This is important economically: if they are paying for their herbal medicines but not taking them, it can be a waste of money. If you are giving them for free, it can be a waste of resources for you.
 - If they are not going to take them and you give them to them, it will only make them feel guilty or other negative feelings when they see the herbal preparations.
 - That said, there are many times when it is worth the risk, as they may take the medicines for any number of reasons after they've had them for a while.
2. Believe a patient if they say they will not take a medicine, cannot take it the way you suggest, or 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 medicine bottles lying around their house?
 - Ask whether the quantity of medicines you are suggesting seems to be too many.

- Will they make and drink tea?
4. When possible, put medicine in a form that they recognize and find easier to take.
 5. It is important to give clear instructions while giving them the medicines. For some folks, it can be helpful if they write the directions themselves; for others, it is helpful if you write them. There should also be 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 several 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 (including botanical names, parts per formula, etc.) to prepare their medicines at a later time.

Flavor of Herbal Medicines

1. Remember that most pharmaceuticals 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. Let people know how disagreeable they may taste. Try to do it in good humor
4. And you may want to convince them that, while it may be 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.
6. Glycerites are generally much more agreeable in taste than tinctures. Or a part of a formula could be an herbal glycerite.

Affordability

1. Can the patient realistically afford to take this medicine for the time needed for its action to help?
2. Be frank about how much the medicines may cost and how long they may need to take them. Initially, folks may be surprised at how long a formula has to be taken.
3. To offset the cost of their medicines, help patients learn to prepare their own if that is a possibility.
4. Provide resources where quality herbs can be purchased in bulk and strategies for preparing them.

Keep It Simple

1. Taking medicines 1 to 2 times daily is generally the easiest, though it may not maximize the efficiency of the preparation.
2. It is generally easier to take all the medicines together at the same time.
3. Tinctures can be added to tea.
4. Powders are easy to prepare, as they are just added to water and stirred. The texture is rough for some patients, and they may need to be diluted.
5. Try not to have too many different medicines. If there are, can they be combined?
6. Have the medicines taken around meals or other daily activities that fit into an already established schedule. This makes 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 (e.g., pain), though some people prefer concrete times to take them. Work with the patient.

Reasons for Low Compliance

1. The patient is confused about how to prepare the herb
2. They are confused about 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 based in alcohol) 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 substance use disorder or Hepatitis.
3. Another potential problem is the confusing dosage called a 'dropperful' (also dropper-full and other variations). There are several 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 dropper sizes for 1, 2, and 4 oz bottles.
 - A note for practitioners: when squeezed once, a 1 and 2 oz dropper will hold about 0.70-0.90 ml of water (tinctures vary in viscosity). A 4 oz dropper squeezed once will hold a bit more, about 0.9-1 ml of water.

- With each new patient, demonstrate, with medicine in hand, what you mean by a dropperful.
- With some tinctures, you can also use a teaspoon as a measurement. A 'measured' teaspoon holds 5 ml. So, 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 generally have the most difficult compliance for a few reasons.
 - They require the most preparation for an internal medicine.
 - They require a heat source, a 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
 - and 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. This smaller bag is 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. First, you can usually only place a small amount of loose tea in the device. Second, the water cannot fully saturate the plant material, making a weak tea. They are handy and inexpensive, but for most medicinal teas, using a French press or simply putting the tea in a jar, pouring in boiling water, and then straining it are usually better ways to make 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 it.
 - 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)
 - * These labels are easy to read.
 - * Labels are stored on file for future use by the practitioner.
 - * These models are small and 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 do 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 describing materials 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 (e.g., Ginger as a digestive and anti-inflammatory aid) and can be added for both flavor and medicinal effects. These flavors can be considered tasty, or some may just be familiar tasting.

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