HEALTHCARE SYSTEMS AND BOTANICAL MODALITIES

Some of the following are licensed professional practices, others have traditionally been referred to as medicine. The final pages of this resource supply guidelines for the conservative use of terms which are legally reserved for the practice of medicine in the United States.

**Allopathy:** May be referred to as conventional, modern, or Western medicine. It has also been described as “A system of medical practice that aims to combat disease by use of remedies (as drugs or surgery) producing effects different from or incompatible with those produced by the disease being treated” (Merriam-Webster, 2017).

**Aromatherapy:** A botanical approach that uses essential oils extracted from medicinal plants or other aromatic means of delivery. May be used topically, inhaled, or consumed orally (in some cases) to elicit physiological effects, often emotional, by olfactory stimulation.

**Ayurveda:** Translates to “science of life” and is the subset of teachings referring to an ancient Indian medical system including food, herbs, exercise, and lifestyle recommendations to support vibrant health. This system has a recognizable characteristic of using approaches that are personalized according to a person’s constitution (prakriti) and the three mind/body types (doshas).

**Flower Essences:** Developed by Dr. Bach in the 1930s, this approach infuses flowers or other parts of plants in spring water preserved with a small amount of alcohol. Resultant essences are used topically or internally to influence emotional well-being.

**Herbalism:** The art and science of using plants to nourish the body, mind, and spirit to support healing and promotion of well-being. Also encompasses ritualistic, folkloric, and cultural symbolism. Can include the use of whole plants or plant extracts in the form of foods, teas, powdered herbs, liquid extracts, incense, smudges, and skin preparations.

**Homeopathy:** Based on the theory “like cures like,” homeopathic preparations made of diluted plant, mineral, or animal substances are “matched to specific symptom pattern profiles of illness to stimulate the body’s natural healing process” (American Botanical Council, 2016).
**Naturopathic Medicine:** “Emphasizing prevention, treatment, and optimal health through the use of therapeutic methods and substances that encourage individuals’ inherent self-healing process” naturopathy “includes modern and traditional, scientific, and empirical methods” (American Association of Naturopathic Physicians, 2017). In the United States, twenty states license naturopathy. Currently, in the United States and Canada seven accredited naturopathic medical schools train Naturopathic Doctors who may apply for an ND license upon completion.

**Indigenous or Tribal Medicine:** Refers to beliefs and practices related to care of the physical and spiritual being that have been passed generationally through oral tradition, ceremonies and rituals (American Botanical Council, 2016). Techniques may include use of botanical or animal medicine, prayer, ceremony, and ritual and are unique to each group, region, or tribe.

**Traditional Chinese Medicine (TCM):** Based on a foundation of over 2,500 years of observation and practice, in the 1950s a myriad of widely used traditional practices were unified by the Chinese government, officially named Traditional Chinese Medicine (TCM), and promoted as a system to be integrated with modern medicine. TCM describes a balance of energetics in terms of yin and yang and a vital force, Qi. The goal of TCM is to correct underlying imbalance and manifestation of illness in a person as opposed to treating a disease. In addition to herbs and food, TCM includes acupuncture, acupressure, massage, and movement therapy (American Botanical Council, 2016).

**Western Herbalism:** As one of the modern practices of herbalism in English-speaking Western world (Wood, 2006), traditional Western Herbalism draws from herbal traditions and plants from across the world and throughout history. Traditional Western herbalism has its roots in Greco-Roman medicine, including the humoral system, while also incorporating aspects of Arabic, Ayurvedic, and Traditional Chinese Medicine. The modern clinical practice of Western Herbalism is also informed by the work of Thomsonian, Eclectic, and Physiomedical botanic physicians of the 18th through early 19th century American Botanical Movement. In addition to these various traditions and centuries of clinical and empirical experience, modern Western herbalism is also informed by modern pharmacological research which studies the potential therapeutic applications of specific constituents found in medicinal plants.

### COMMON PREPARATIONS / DELIVERY METHODS IN HERBALISM

**Compress:** Cloth or gauze soaked in a liquid herbal preparation such as an infusion or decoction, and then applied externally to the skin/body.

**Decoction:** A water extraction using a continuous heat supply, usually a long simmer (20-45 minutes). Typically used for denser plant parts such as roots, bark, seeds, berries, and mushrooms.

**Essential Oil:** Distillation of the volatile oils of a plant. Typically not a purification of a singular compound, but a blend of many of the especially aromatic compounds.
**Extract**: Any of a number of related preparations intended to concentrate and preserve the active constituents of plants. Extracts include tinctures, which are a liquid extract of a plant prepared with fresh or dried plant material and a solution of alcohol and water (menstruum) often at a standard ratio of 1:5 (1 part herb by weight to 5 parts liquid by volume). A fluid extract is a concentrated tincture prepared at a 1:1 ratio.

**Infusion**: A shorter (1-10 minute) water extraction of an herb typically used for softer plant parts such as leaves and flowers. May also be referred to as a tisane or tea.

**Infused Oil**: An oil into which constituents or qualities of an herb have been imparted by infusion over a length of time from hours to several weeks, sometimes by applying heat.

**Liniment**: A topical preparation typically prepared by infusing plants into alcohol.

**Maceration**: A liquid extract prepared by combining herbs with a solvent such as ethanol, vinegar, or vegetable glycerine.

**Marc**: The solid plant or mushroom component of the tincture or extract making process.

**Menstruum**: The liquid component of a tincture making process, e.g., alcohol, vinegar, or glycerine.

**Percolation**: A liquid extraction employing gradual descent of water or alcohol through a column of dried plant material, usually powdered, and typically filtered in the process.

**Poultice**: A topical preparation typically containing plant solids such as powder or leaves, mashed with water and applied to the skin.

**Salve**: Semi-solid fatty herbal mixture typically applied externally. Common components are primarily an oil and a wax, such as extra virgin olive oil infused with herbs and combined with melted beeswax.

**Syrup**: Preparation made by combining a concentrated decoction with either honey or sugar.

**STANDOUT HERBAL ACTIONS**

The list of actions used to describe herbs is long, so we have selected several actions that are either used almost exclusively in reference to herbs, have been replaced by other terms in allopathic medicine, or are fundamental and often used actions in herbalism.

**Adaptogen**: An herb that helps the body resist or adapt to physical, biological, or chemical stressors. By definition, an adaptogen is non-toxic and produces minimal or no side effects (Winston & Maimes, 2007).

**Anodyne**: Lessens pain by reducing nervous system response or perception to it.

**Antioxidant**: Dissolves, eliminates, or impedes the formation of mucus.

**Adjuvant**: Aids the action of other ingredients of a formula, e.g., encouraging assimilation, balancing energetic or other qualities, or guiding the direction of actions.

**Aperient**: Encourages the appetite or digestion, typically preparing the digestive environment. Sometimes used to describe herbs that gently promote elimination, as in a mild laxative.

**Alterative**: Describes herbs that help the body eliminate metabolic wastes and assimilate nutrients, therefore restoring normal function and vitality.
Astringent: Causes tissue to constrict and tighten, becoming less permeable.

Bitter: Encourages digestive secretions and good digestive function typically by the action on bitter taste receptors. Constituents with this action may also stimulate repair mechanisms in the gut (Hoffmann, 2003).

Carminative: Spice or herb with an aromatic quality that promotes digestion and soothes the gastrointestinal tract, leading to less cramping, bloating, and gas.

Cholagogue: Stimulates the flow of bile, supporting digestive processes. Often bitter in nature.

Demulcent: Rich in mucilage, a slippery substance that soothes, cools, and protects irritated or inflamed internal tissue that is raw, hot, irritated, inflamed, or overexcited.

Diaphoretic: Promotes sweating and elimination of waste from the pores of the skin. In the case of a fever, promotes natural progression of changes in temperature regulation.

Emmenagogue: Impacts the menstrual process by stimulating and regulating menstrual flow and normalizing hormonal levels, often through their action on the liver.

Febrifuge: Promotes the natural process and resolution of fevers, resulting in return to normal temperature.

Galactogogue: Stimulates the production or flow of breast milk in lactating women. They may act hormonally, or may include herbs that are nutritive, to improve milk quality and quantity (Romm, 2010).

Hepatic: Encompasses many actions related to healthy liver function and promotes maintenance of liver health.

Immunomodulant: Tonifies and strengthens the immune system.

Lymphatic: Aids in movement of lymph through the lymphatic system.

Nervine: Herbs rich in volatile oils that have a beneficial effect on the nervous system, acting as a stimulant, sedative, or tonic.

Nootropic: Improve cognitive function, particularly executive functions, memory, creativity, or motivation.

Restorative: An herb that nourishes, strengthens, and tonifies.

Rubefacient: Promotes dilation of capillaries near the surface of the skin, therefore promoting local circulation to bring fresh blood supply to the skin, soothing inflammation or congestion.

Sialogogue: Promotes salivation.

Sudorific: Promotes sweating.

Tonic: This term is used in a variety of culturally dependent ways. It can mean to strengthen and enliven a specific organ or the whole body. In TCM it typically refers to nutritive therapies whereas in Western Herbalism it traditionally (Eclectic physicians a century ago) refers to therapies that promote elimination and reduce excess.

Trophorestorative: A nutritive herb that supports and restores a particular organ or system.

Vulnerary: Encourages healing of wounds or inflammation.

Read on to learn what words to take caution with on your herbal journey.
Diagnose
At times an herbalist may have a supposition about the cause of someone’s health issues, in medical terms, and may have even learned some diagnostic skills at some point. Often people will talk to an herbalist hoping for validation about their own ideas about their health issues. It is very important that herbalists do not lead anyone to think we have diagnosed a health condition, or that this is part of the package of skills that herbalists offer. Diagnose is one of the terms legally reserved for people in licensed medical professions. Herbalists should not use the word diagnose while speaking with clients or the public or in written materials that represent themselves or their business. That is the easy part.

While more difficult, an herbalist should avoid giving a group of symptoms or experiences the name of a disease or syndrome from medical vocabulary. An herbalist can take it one step further by asking people who speak in terms of a disease they say they have, how they arrived at that diagnosis. Find out if a medical doctor gave them that diagnosis, or if it was suggested by an alternative health practitioner, or they arrived at it on their own. An herbalist who continues speaking to someone who has self diagnosed with the assumption that they are correct may validate an incorrect conclusion, which may hinder their care.

An herbalist may find it tempting to use his or her knowledge to try to give someone clarity and people will often approach someone who studies herbalism with the hope of getting answers. Remember that while training to diagnose, medical doctors have seen hundreds of patients under supervision and use criteria and tools which may not all be within the herbalist’s reach. A matching list of symptoms does not constitute a diagnosis.

Instead of using medical terms for diseases, an herbalist can use terms from energetic assessment, such as heat, cold, damp, dry, wind, stagnation and so on. In order to do this effectively an herbalist must have knowledge of and practice within an energetic system, for example Ayurveda, Traditional Chinese Medicine, Galenic medicine or one of a number of others. An herbalist must be able to explain what these terms mean and how they are useful in describing imbalance.

Clinical or Integrative Herbalists may learn some diagnostic criteria in the framework of herbalism and work with information or lab results shared by a Medical Doctor. In this case, studying the meaning of different diagnoses is important, but an herbalist should not adopt a practice of supplying their client with anything resembling a diagnosis.

Treat
Herbalists must avoid using the word “treat” in reference to themselves or their practice, modality, or in discussion with their clients. For example, herbalists who work with people with depression or infertility, or children, or elders, must say they “work” with those groups and avoid saying that they “treat” these groups. In this case, they are identifying a population rather than a disease. Technically herbalists also have to be careful of using language that implies treatment, as in reference to specific organs or anatomical body parts.

Even though clients may report to others that an herbalist treated them or provided treatment because this is the language people are accustomed to using, these terms are legally reserved for licensed health care professionals. Herbalists must clearly state that their role is to support people’s wellness. For example, an herbalist might describe her work as supporting women with food or lifestyle changes or herbs that may positively support hormone balance.
Cure
An herbalist must be wary of how he or she responds to questions about whether something will “cure” or has “cured.” Although most people using this word are looking for help, information, or confidence, “cure” is definitely a medical claim and it is also one way that people testing your knowledge of legal limitations may try to assess your awareness and professionalism. Try to use other ways to speak about information or experiences about use of an herb. You can cite results of studies, but be sure to do so accurately and specifically. You may say that people have experienced improvement while using a particular herb and reference other possible factors.

Mitigate
As herbalists cannot claim herbs cure, the word mitigate may seem reasonable and accurate. However, technically this is off limits also, by the Dietary Supplements Health Education Act, which is described briefly with the commentary on the next term.

Prevent
This term may seem more benign, especially when speaking of lifestyle and nutritional approaches. However in the United States under the Dietary Supplement Health Education Act (DSHEA) of 1994, the Food and Drug Association (FDA) regulates that dietary supplements, which includes herbs, cannot be claimed to treat, cure, mitigate, diagnose, or prevent disease. Potential clients may approach an herbalist stating that they want to prevent heart disease, for example. An herbalist would clearly convey what (s)he does by informing them of herbs that may be used to support cardiovascular health and that food and lifestyle choices are fundamental as well.

Disease Claims Versus Structure/Function Claims
We may speak, if it is substantiated by research, about an herb supporting a healthy function of a body system, but we cannot make a claim about an herb in reference to a disease or symptom or something that is typically construed as a pathology. For example, a turmeric product may include a statement such as “Supports a healthy inflammatory response” on the bottle, especially if research has been conducted using that particular product (this is a structure/function claim). However, if the same product was labeled “Anti-Inflammatory,” that could be considered a disease claim. It is difficult and at times confusing to the client, but it is best to learn to speak in terms of positive functions rather than in terms of symptoms or diseases and explain why it is important to do so. A working knowledge of physiology and keeping up to date on research about herbs helps.

Heal, Healer, and Professional Identities
People may describe an herbalist as a healer based on their own ideology or because it gives them hope or confidence. They may do it out of respect or by default, or they do not know what to call an herbalist. The term “healer” may sound like a divergence from conventional doctor, but even this term may be construed as misleading, as it implies the herbalist has the power to “heal,” and this “ability” is legally reserved for licensed medical doctors.

The term doctor is definitely off limits unless an herbalist becomes a Medical Doctor, Naturopathic Doctor, or one of another medical fields awarded this designation, e.g. Doctor of Dental Surgery, DDS. If an herbalist has a PhD and also does work related to health that bears resemblance to practicing medicine, calling himself or herself a doctor based on the PhD can also be considered misleading. Even though clients may use the word doctor to describe an herbalist, based on their own perception or gratitude, herbalists should not call themselves a doctor or perpetuate perceptions of being one.

Nurses who are licensed and work in nursing but also see clients in their own clinical practice are advised to make a distinction to their clients when they are practicing as herbalists.
<table>
<thead>
<tr>
<th>USE THIS</th>
<th>NOT THAT</th>
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<tbody>
<tr>
<td>Herbalism, Herbal Science, Herbology, Herbal</td>
<td>Herbal Medicine, Herbal Therapy (Therapy and Therapeutic: These two terms are often used by alternative modalities. Very conservative sources may interpret these as a medical claims.)</td>
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<tr>
<td>Client, Customer</td>
<td>Patient</td>
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<tr>
<td>Inform, Educate, Explain, Teach</td>
<td>Prescribe, Advise, Recommend</td>
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<tr>
<td>Support, Support wellness, Promote health, Balance, Nurture</td>
<td>Treat, Cure, Heal, Remedy, Prevent</td>
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<tr>
<td>Problem Solve</td>
<td>Disease, Symptom, Ailment, Condition (if it refers to disease)</td>
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<tr>
<td>Observe, Look at</td>
<td>Evaluate, Examine</td>
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<tr>
<td>Preparation, Product, Application, Herb, Food, Herbal formula</td>
<td>Medicine, Remedy, Prescription</td>
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<tr>
<td>Provide, Produce, Sell, Supply, Give</td>
<td>Dispense, Administer</td>
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<tr>
<td>Herbs, Inventory, Store</td>
<td>Pharmacy, Apothecary, and Medicine Shop (reserved in some states)</td>
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<tr>
<td>Foods, Food, Meal Plans</td>
<td>Diet, Nutrition (In some states dieticians have reserved the use of these terms)</td>
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Table compiled in part from Wicke (1998)
REFERENCES


