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**An investigation into the approaches used by western medical
herbalists for the therapeutic management of osteoarthritis**

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Presented at *National Institute of Medical Herbalists 152nd Annual Conference*, Crewe,
14 to end of 15 Oct 2016 .

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Introduction

This study investigated the therapeutic approaches used by western medical herbalists in their management of osteoarthritis. As there is limited published research within this area, the study aimed to elicit details of professional practice regarding herbal and non-herbal treatment strategies for this condition.

Aims

- Identify how practitioners assess patients to establish the degree by which they were affected at the start of treatment
- Establish which herbs are prescribed in treatment and reasons for those choices
- Identify changes to patient health, as perceived by practitioners, after treatment
- Identify findings that may show new areas worthy of further investigation and explore any difficulties or safety issues found by practitioners when treating this patient group

Rationale

Osteoarthritis is the most frequently occurring of the arthritis group of conditions, affecting between 8 million and 8.75 million people in the UK [1, 2].

Symptoms can greatly impact upon a person's quality of life, and on those who live with, or care for them. Osteoarthritis is linked to increased morbidity and all-cause mortality through reduced ability to walk, long-standing use of non steroidal anti-inflammatory drugs and generalised low-grade inflammation [3].

There is a financial impact due to costs of treatment, loss of ability to work and increased work-related sickness [4, 5].

As osteoarthritis increases in prevalence in older people, health burdens and financial costs will increase as the average age of the population rises.

Method

The study used semi-structured, audio recorded interviews to gather information.

Participating herbalists were selected from members of the National Institute of Medical Herbalists and the College of Practising Phytotherapists, these being the UK professional bodies.

Inclusion criteria were a minimum of two years in practice and had treated cases of osteoarthritis

By purposively selecting herbalists that have practice experience behind them, they will have 'information-rich cases' to call upon to provide material for the interview [6].

A total of eight practitioners were interviewed. The resulting interviews were transcribed and analysed using thematic analysis. This method of analysis can be used to highlight the main features of the information gathered from the participants [7].

Results

Information gathered revealed,

- Patients' rationale in choosing herbal medicine
- Impact of osteoarthritis on patients
- The most frequent choices of herbs
- Advice given to patients
- The outcomes of herbal treatment

Box 1. Patients' suggested reasons for choosing herbal medicine

"They did not want to be on a lot of pharmaceutical drugs...her mother was on a lot of drugs and she didn't want to go down the same road"

"Desperation! They were just desperate not to have any more pain"

"Most of them were looking for something that they perceived as natural and not chemical."

Main perceived impacts of osteoarthritis

- Painful and swollen joints
- Loss of mobility reducing physical activity
- Lack of joy in life
- Inability to lead a full life

Top 10 herbs selected by herbalists, in order of frequency

- 1st *Harpagophytum procumbens*
- 2nd *Salix alba*, *Zingiber officinalis*
- 3rd *Apium graveolens*, *Capsicum minimum*, *Curcuma longa*, *Urtica dioica folium*
- 4th *Boswellia serrata*, *Silybum marianum*, *Zanthoxylum clava herculis*,

Most frequent suggested lifestyle factors

- Gentle exercise – swimming, walking, Pilates
- Alkaline diet
- Some form of stress control – meditation
- Massage

Box 2. Sample patient outcomes following herbal treatment, as perceived by their practitioners

"Increased flexibility of the joints, increase in mood, better sleep, more energy and certainly less digestive disturbance"

"A reduction in pain and stiffness...she can now manage to run up and down the stairs"

"Generally the swelling goes down and the pain goes"

Discussion

The practitioners' time in practice ranged from 4 years to 30 years yet the study exhibited a correlation in the practice methods of those interviewed. Core herbs chosen for treatment were selected for their anti-inflammatory, analgesic and circulatory stimulant actions. While traditional application of herbs was apparent, novel use was revealed too.

Nettle oil.

Dried or fresh nettle leaf infused in a 50:50 mix of milk thistle and almond oils over a low heat for 3 hours, then left to stand overnight. Apply frequently to affected joints.

Practitioners' clinical reasoning correlated, being underpinned by a collaborative, humanistic approach. Informing their patients yet understanding the patient's perspective and autonomy regarding lifestyle choices.

Adverse reactions to osteoarthritis treatment were also sought. One reaction to *Cimicifuga racemosa* was revealed but no others were reported.

Conclusion

The study found a close parity between the interviewed practitioners regarding their diagnostic processes, their choice of herbs and the advice given to their patients, irrespective of length of time in practice or of their differing routes of formal training in herbal medicine.

References

- 1.NHS Choices, (2016). *Arthritis – Introduction*. [online] Available from: <<http://www.nhs.uk/Conditions/Arthritis/Pages/Introduction.aspx>>
- 2.Arthritis Research UK, (2016). *Musculoskeletal Calculator*. [online] Available from: <http://www.arthritisresearchuk.org/arthritis-information/data-and-statistics/musculoskeletal-calculator/analysis.aspx?ConditionType=1.2&ChartType=1&AgeBracket=3>
- 3.Cooper, C. and Arden, N., 2011. Excess mortality in osteoarthritis. *British medical journal; Br.Med.J.*, 342.
- 4.Rosemann, T., Laux, G. and Szecsenyi, J., 2007. Osteoarthritis: quality of life, comorbidities, medication and health service utilization assessed in a large sample of primary care patients. *Journal of Orthopaedic Surgery and Research*, 2, pp. 12-12.
- 5.Parsons, S. and Symmons, D.P.M., 2010. The burden of musculoskeletal conditions. *Medicine*, 38(3), pp. 126-128.
- 6.Patton, M.Q., 1990. *Qualitative evaluation and research methods*. 2nd ed. Newbury Park CA: Sage
- 7.Green, J. and Thorogood, N., 2011. *Qualitative methods for health research*. 2nd ed. London: Sage.