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Changing with herbs: treatment of menopausal symptoms by qualified herbal practitioners

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**“Not on my own”  
Women’s experience of herbal practice as participants in a randomised  
controlled trial**

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Identifying predominant themes in the experience of women during the treatment of menopausal problems by herbal practitioners.

**Background**

Most women experience symptoms associated with the menopausal transition<sup>i</sup>. Many find these symptoms troublesome<sup>ii</sup> and seek help including herbal medicine<sup>iii iv</sup>. Some seek treatment from Members of the National Institute of Medical Herbalists (NIMH).<sup>v</sup> “Not on my own” is a qualitative study examining the experience of the women who took part in a randomised controlled trial of treatment of menopausal symptoms by herbal practitioners), one of whom said *“you don’t feel as though you are on your own and that’s a good thing”*. The original intervention “Changing with Herbs” was complex (holistic) treatment by herbal practitioners. Women received 6 appointments over 5 months including a full clinical history, diagnosis, discussion of diet and lifestyle. A personal care plan, and an individual prescription, (4-9 herbs) was adjusted throughout the course of treatment. This approach was found to be effective.

**Method**

A sub-sample of 8 women from the treatment arm (n=15) was interviewed about their experiences of herbal treatment during this trial. Participants were mostly white professionals (mean age 57), 3 had never previously taken herbal medicines, and 5 had. Interview transcripts were analysed thematically by 2 researchers.

**Results**

Themes emerging of the participants’ experience of treatment by herbal practitioners include:

- Satisfaction with the treatment outcomes,
- Holistic nature of the consultation,
- Patient centred nature of the process,
- Development of the therapeutic relationship,
- Empowerment from changing behaviour (diet, and management techniques)
- Connections with wider agencies in appropriate referral.

**Satisfaction with treatment outcomes**

“Mainly it helped relieved the symptoms”

“When I’d been on the herbal medicine for a short time, the really bad flushes went they’ve always been manageable since. I didn’t ever sweat again”

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“The joint pain definitely just went. It raised my energy”

“My cholesterol was very high and it’s come down naturally which is good”

“I was definitely aware of the herbs altering some of that mood” (depression)

### **Holistic nature of consultation**

“The whole holistic approach does take you a really by surprise, especially if you haven’t thought about it...completely opposite to the NHS model really, not feeling hurried and I suppose feeling that you were actually quite important really”

“The thing that I liked about it was that she didn’t just treat the menopause, she talked to me about me, and so she took the whole of my health into account as well, so it’s a bit like you got a bit of a bonus on the side, in that she was treating the whole of me and not just the menopausal symptoms”

### **Patient centered process**

“It felt like a good support system”

“If you go to see a doctor or a nurse normally, you go with a condition and they focus on that condition for the 10 or 15 minutes allowed, and so you focus on that one bit of the person. You don’t ever focus on them as a whole. You don’t have long enough... if you’ve got the time to spend with somebody, all sorts of things come out and if you treat the person as a whole, then you make them better”

### **Therapeutic relationship**

“One of the most important things is the connection with that other human being. And that has such a strong impact, to feel supported, to give you confidence that you can help to heal yourself”

“Being supported, on a physical level and a mental level”

### **Changing behaviour empowers**

“I had lot of advice on diet” “I’m using more pulses and seeds” “It was suggested that I should take linseed” “I do look more at what we buy now (foods)” “Drinking nettle tea” “She steered me in the way of things such as this tea (rooibusch), and you think about it and think, well yes, this is better for you”. “I was smoking at the time ... and I gave up smoking in the end”

“I only ever wear cotton, and then I layer, so that I can always take off a layer. Also exercising, how good that is and so I walk everywhere all the time and made a special effort and I’ve joined a gym, some of my friends go to the gym so I do that as it’s social, and I swim twice a week”

### **Referral and connections**

“Made me go (to the GP) to have my thyroid checked, which they found was under active”

“I was grossly overweight, and so we talked about it and I went to slimming world, and I lost a stone and a half and I was really chuffed because I managed to keep it off”

### **Negative Feedback**

Taste of herbal medicines: “They were disgusting, absolutely dreadful” ...“but what was that? A small thing to pay! Down it goes”

“The only thing I would be saying now, if I was going to go now, is it costs a lot of money – its expensive and if you can’t afford it, it’s a bit difficult”

### **Wanted herbal medicine on the National Health Service**

“I wish it were on the National Health because I know it made a difference”

“I do believe that the more palatable (complementary therapies) if you like in terms of the general population should be available on the NHS. It would be fantastic”

“I think it would be wonderful it being on the National Health Service. I don’t think there’s much chance of it though!”

### **Conclusion**

The treatment package from herbal practitioners for menopausal symptoms was acceptable to the participants in the study, who felt it should be a choice supported by the NHS. The whole treatment system was complex, responsive to individual need and evolved over time.

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<sup>i</sup> Santoro N, Chervenak JL. The menopause transition. *Endocrinol Metab Clin North Am* 2004; 33:627-36.

<sup>ii</sup> Porter M, Penney GC, Russell D, Russell E, Templeton A. A population based survey of women's experience of the menopause. *Br J Obstet. Gynaecol* 1996;103:1025-8.

<sup>iii</sup> Upchurch DM, Chyu L. Use of complementary and alternative medicine among American women. *Womens Health Issues* 2005; 15:5-13.

<sup>iv</sup> Sibbritt DW, Adams J, Young AF. A longitudinal analysis of mid-age women's use of complementary and alternative medicine (CAM) in Australia, 1996-1998. *Women Health* 2004; 40:41-56.

<sup>v</sup> Beatty C, Denham A. Review of Practice: preliminary data collection for clinical audit. *European Journal of Herbal Medicine* 1998;4:32-3.