

TOWARDS REGENERATION II Regenerating the Profession

Vincent Di Stefano D.O., N.D., M.N.H.A.A

Introduction

Despite lip service being paid to herbal medicine as the mother of therapeutic systems in all cultures, it continues to remain the illegitimate daughter in the current reality. Even within alternative or complementary medicine, medical herbalism is identified as one of the minor modalities of a form of practise which increasingly comes to resemble the orthodoxy that it seeks to complement.

While medical herbalists should remain free to expand into other modalities in order to maximise their usefulness to patients, it is also desirable that there be some consistency in the methods used.

Medicinally active plants are products of nature which are capable of restoring equilibrium within the human organism. Although it is now possible to identify particular constituents within plant medicines that specifically modify physiological or biochemical function, the plant in reality represents a constellation of constituents of holistic consequence. Although a sesquiterpene bitter principle in a given plant may influence gastric or hepatic function, there remains the further subtle influence of flavonoid compounds, steroidal derivatives, organic acids and mineral compounds that may also be produced by the plant. The essential consideration here is that a whole agent, a product of the greater laboratory of nature, is introduced into the lesser laboratory of the human body to restore homoeostasis and to reverse pathological processes.

The current scene comes increasingly to resemble a caricature of western orthodox medicine. Elaborate and suitably mystifying skin resistance measuring devices satisfy the need for diagnostic technology; fractionated proteins are processed to provide individual amino acids; and yeast products are finely dismembered to provide individual vitamins in precise allopathic doses.

It becomes increasingly difficult to identify the authentic medical herbalist, the individual who understands fully the power of the tradition which he or she embodies.

As a profession, we lack the cultural reinforcement offered by such acknowledged and active traditions as Ayurvedic medicine or traditional Chinese medicine. Rather, we are required to justify our existence and struggle to preserve our occupational freedoms by an overtly hostile and unsympathetic orthodoxy.

No surprise then, that the development of medical herbalism in Australia has, until recently, been characterised by a cautiousness verging on timidity. This problem of confidence is reflected in the training of practitioners of herbal medicine. Few authentic schools of medical herbalism exist. Most education in

this country occurs within the context of general naturopathic education. Yet another reflection of an impoverished identity.

Without securely establishing the status of medical herbalism as an independent and autonomous therapeutic system, confident and systematic growth of the profession is unlikely. Conversely, without planned and systematic growth, medical herbalism is unlikely to fully assume its potential identity in this country.

REGENERATING THE PROFESSION

Medical herbalism has been practised as a system of therapeutics at all times and in all cultures throughout recorded history. It represents the most ancient and the most universal of the complementary therapies currently emerging in western societies.

The practice of medical herbalism has been found increasingly to be based on rational and valid principles. Its potential to contribute significantly to the health of the general community has yet to be fully appreciated by western medical science. The immense body of knowledge resulting from centuries of observation of the actions of medicinally active plants has been largely ignored by western scientific medicine.

It falls upon the medical herbalism profession itself to establish and broadcast its own credentials. We will not be routinely invited to dine alongside currently recognised and accepted professions at the health care table. Our relevance and contribution need to be clearly articulated and made available through documentation at the least, and dialogue wherever possible.

Development of Herbal Data Bases and Resources

All information emerging from the scientific establishment that relates to plant medicines needs to be constantly monitored. A central resource in contact with similar resources carrying out related work both within Australia and elsewhere would be valuable. Significant monitoring is currently undertaken by service industries, within some educational institutions and by individual educators and researchers. However, it remains largely uncoordinated. The proposed resources would review, organise and store all appropriate information.

A series of monographs could thereby be collated and made available to practitioners, researchers and government bodies on request. The profession would thus be well-armed to establish dialogue with groups responsible for legislative scrutiny of plant medicines. Medical herbalists throughout the western world are presently contending with the fact that their materia medica are being progressively culled by repressive legislation drafted by individuals and groups with little or no knowledge of herbal medicine.

Although the profession is not at present in a position to undertake scientific testing, analysis and research at a level comparable to that currently performed

by such bodies as the CSIRO, university pharmacology departments or well-moneyed drug companies and manufacturers, we *are* capable of detailing and providing well-prepared documentation.

There has been a long-standing need to design suitable protocols for clinical trials and research programs for the testing of particular plant medicines and therapeutic regimens. As a profession, we have yet to formally identify conditions which are refractory to effective treatment by western scientific medicine. The notion of trophorestoration is learnedly expounded by many within our profession, yet remains a foreign concept to scientific medicine. Rigorous testing of such approaches on the full range of chronic degenerative conditions has yet to begin. The first step, however, requires clarification of method. Research proposals will then follow.

The essential point is to understand that in order to participate, we must anticipate.

Development of Herbal Medicine Education

Where are the authentic schools of herbal medicine in this country? Most herbal medicine education occurs within the context of naturopathic training. There is immense scope for the development of a new curriculum for the education of medical herbalists in Australia. Such a curriculum would embody the traditional values of herbal medicine while incorporating more recent information emerging from investigations of the chemistry, pharmacology, botany and production ecology of plant medicines.

Both humanistic and scientific elements within herbal medicine education need further development at least to a level consonant with what is now common knowledge in undergraduate chemistry, pharmacology and medical anthropology programs.

Important work relating to the use of plants as medicines is at present being undertaken at a number of Australian universities. Researchers at Griffith University, La Trobe University, Darwin Institute of Technology and the Chisholm Institute are currently working in such areas as pharmacology, phytochemical profiles, essential oil analysis and alkaloid chemistry of plant medicines^{1,2}. Practitioners of and educators in medical herbalism remain conspicuously absent in these programs.

We are presently in a position to greatly expand our education base in virtually all subject areas of the medical herbalism curriculum. We have yet to interact significantly with plant medicine researchers in the straight academy.

Attention should be given to developing a national strategy for herbal medicine education which incorporates the resources and facilities offered by existing tertiary courses and institutions as part of both undergraduate and graduate training.

Professional Development

Medical herbalism has been practised as a *bona fide* therapeutic modality in Australia for over seventy years. But it has yet to acquire a truly autonomous identity. This contrasts with the far more robust status of medical herbalism in the United Kingdom and in other parts of Europe where it is practised and promoted as a profession in its own right.

Considerable progress has been made in the professionalisation of medical herbalism in Australia in recent years. The process of professionalisation is characterised by a number of developments: the existence of professional organisations; the production of quality journals and periodicals; the existence of educational institutions and facilities; and agreement on licensing and accreditation³.

The National Herbalists Association of Australia has in recent years provided medical herbalism with a visible presence in the various theatres of Association politics, industry and legislative process, and has done so with remarkable professionalism.

The *Australian Journal of Medical Herbalism* currently represents one of the very few independent peer-reviewed journals serving non-medical practitioners of alternative or complementary medicine in this country.

Enough has been said earlier regarding the paucity of authentic, rigorous and independent schools of medical herbalism in Australia, which remains a weak link.

And long-standing rivalries between competing professional associations have tended to impede the attainment of uniform standards of accreditation within the alternative medicine professions in Australia to date.

Although some progress has been made, we cannot risk complacency.

The regeneration of the profession rests upon careful planning and coordinated development. The consequence is our assured participation in the renewal of medicine.

References

1. Barr, A. et al., *Traditional Bush Medicines. An Aboriginal pharmacopoeia*. Melbourne, Greenhouse Publications, 1988
2. Collins, D.J., *Plants For Medicines. A chemical and pharmacological survey of plants in the Australian region*, Australia, CSIRO, 1990
3. Shortt, S.E., *Physicians, Science and Status: Issues in the professionalization of Anglo-American medicine in the nineteenth century*. *Medical History*, 1983, 27, 51-68