

Clinical Herbalism in Practice

A Conversation with Dale Bellisfield, R.N., A.H.G.

Susu Durst and Russ Mason, M.S.

Dale Bellisfield, R.N., A.H.G., has been a clinical herbalist for 14 years and an R.N. for 8 years. For the past 4 years, Ms. Bellisfield has been the herbalist at the Carol and Morton Siegler Center for Integrative Medicine at the Saint Barnabas Ambulatory Care Center, in Livingston, New Jersey (see related article in this issue about Siegler/Saint Barnabas), a medical facility that was established in 1998. Prior to that, she helped establish an integrative clinic for HIV+ underserved patients in Yonkers, New York. Ms. Bellisfield brings to her work the holistic perspective of the herbalist and the empiricism of an allopathically trained R.N. This interview covers her experiences and the challenges and rewards of integrating herbs into her work as an R.N.

Susu Durst: How does being a clinical herbalist and a registered nurse go together?

Dale Bellisfield: It's a great blend. I am one of the few health care practitioners who combine both modalities to expand what I can offer my patients. From my herbal training, I bring a view of the patient as a unique being, the body as a self-regulating organism, and the knowledge and use of many plant medicines, including the food medicines. And from the nursing perspective, I can offer critical assessment skills, nursing interventions, and resources in anatomy, pathophysiology, and pharmacology. My nursing training also gives me a language to speak with doctors and other Western-trained health care practitioners. Currently, however, a nursing license is a liability because it doesn't allow us to give out anything having medicinal effects without a doctor's order or supervision. Luckily, I found a doctor who would be willing to cover my work with his license, and then I married him! My husband is a physician and acupuncturist, and we often balance each other's work and share not only patients, but information.

SD: As an herbalist nurse, what do you do exactly?

DB: I see patients at the Siegler Center. I see a wide range of patients, with a diversity of health issues—young, old, healthy, and seriously ill. Some patients have several comorbid conditions, or rare hereditary conditions, or undiagnosed conditions. Often, people come to me who have exhausted other medical

options. Occasionally, someone will come to me just for a review of their many supplements, to know if they are wasting their money. I work with them all, and their doctors, too, when it's indicated. Some of them are doctors' families, and some are the doctors themselves.

Overall, I help them understand their situations from the larger and smaller perspectives. And I introduce them to healthful approaches to incorporate into their lives, in addition to their pharmaceutical medications. Initially, I design a four-part program for my patients, which includes herbs, supplements, diet, and lifestyle factors. But really, my work is mostly about teaching—I teach about new ways to choose foods that stabilize or improve their situations, about the herbs and their safe use, about their bodies and specific conditions, about the impact of chronic stress, about their medications, about exercises to suit them, about using the healing around them, and about whatever else seems relevant.

In a way, I see myself as a health travel agent, guiding my patients as they explore the country of their own health and healing. I put them on a good path, tell them the places to go or avoid, but they do the really hard work. Sometimes this is frustrating for me, because I may have a different itinerary for them than they do. More frequently, I am awestricken by their courage to take the journey and by the speed with which their body-mind-spirit responds.

SD: What is the process when someone comes to see you?

DB: When someone sets up an appointment, the person is first sent a package of forms to complete and bring to the initial visit, including disclaimers and medical information release forms. In addition, I have the patient bring in all the pills he or she is taking, especially recent medications, and over-the-counter herbal and supplement products.

This way I can look at the labels and see what the ingredients and doses are. The most important forms for the patient to bring are the medical history form and a 1-week diet recall. The diet diary helps me assess what a patient loves or avoids eating and how well he or she is self-nourishing. The first visit lasts about 2 hours, and I listen to the patient's description of his or her concerns and goals. I also go over the forms, clarify the history, rate the patient's current pain level, take blood pressure and pulse, look at the tongue, review the medications, and make some recommendations.

After the patient leaves, the work continues, and I compose a separate (four-part) program for each person I see. While I may see many people with hypertension, for example, each will get a different formula and protocol, since they all have unique health situations in addition to the hypertension. Some also have asthma, or hepatitis, or lupus, or fibromyalgia, et cetera. To begin this phase, I draw on my training in Western medicine, Traditional Chinese medicine, Ayurvedic medicine, Native American traditions, European and Hispanic folk teachings, and my own rich life experi-



Dale Bellisfield, R.N., A.H.G., Carol and Morton Siegler Center for Integrative Medicine, Saint Barnabas Ambulatory Care Center.

ence. Although it is time-consuming, it is *patient-specific* medicine, blending the best of all worlds for the benefit of the patient. It is very satisfying to be able to work this way.

Part of this process requires that I evaluate all of a patient's allergies and medications, and consider any potential or actual interactions that may occur—not just herb–drug, but drug–drug, and food–drug. Where there are no scientific data yet, I must anticipate contraindications and potential problems. Where there are data, I must stay current, separating the good from the bad science in the studies. Since my husband subscribes to many medical journals, there is access to volumes of data and studies on herbs and integrative medicine. I am a professional member of the Herb Research Foundation, and I also maintain an extensive library of books and articles from the popular and herbal press.

During the second visit, I present my suggestions and a custom herbal formula. I review with the patient how to take the herbs and supplements, and what dietary and lifestyle changes I recommend. I always alert my patients to the possibility of allergic reaction and start them on subtherapeutic doses for 1 week, then evaluate if it is appropriate to increase the doses.

I also have them monitor such things as their blood clotting times; sedimentation rates; T-cell counts; and thyroid hormone, lithium, digoxin, liver enzyme, hemoglobin, homocysteine et cetera, levels to assess the effectiveness of the program, and to avoid any worsening of their conditions.

SD: Please explain further about your work process.

DB: I am very cautious of how, when, and for whom I use herbs. Some of my patients are on so many medications, that it's impossible to evaluate adding an herb to an already dangerous mix. In these cases, I use no herbs and just work with their diets

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Herbal Organizations

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Fax: (512) 926-2345
Web site: www.herbalgram.org

American Herbalists Guild

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Herbalist & Alchemist, Inc.

51 South Wandling Avenue
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Web site: www.herbalist-chemist.com

and lifestyles to improve their health. This will, hopefully, reduce the number or doses of their meds. Certain drugs are red flags for interaction problems—blood thinners, heart meds, antiseizure meds, antirejection meds, HIV meds. And, since many herbs, foods and supplements affect blood clotting, I have my patients stop taking all herbs and supplements a week before surgery, and carefully evaluate their preop diet to augment postop healing.

SD: How do physicians respond to your input?

DB: Some doctors are very interested and supportive of the holistic approach, especially the younger ones. I get patient referrals from quite a few doctors, and many want to be included in the program. It is so much better for the patients to have a team working together for their health, rather than have patients feel the need to hide information from their physicians or nurses.

In addition, many doctors are too pressed for time to keep current on herb research and are happy to work closely with someone who does. It is reassuring to many doctors that I also have training and experience as a nurse.

Herbal Education

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For example, I recently saw a patient who received a donated kidney about a year and a half ago—her second transplant in 9 years. Right now, her new kidney is working fine, but she is experiencing chronic urinary tract infections due to a spastic bladder. She has to self-catheterize every 4–6 hours, which seems to keep reintroducing the bacteria, and her physician is reluctant to give her a more permanent catheter. Her nephrologist referred her to me to see if we can achieve a balance between reducing her bladder infections and rejecting her kidney.

As a nurse, I was able to navigate through the complex medical information and lab data presented in this patient's case. As an herbalist, I could take that information and compose a formula and a program to address specific bladder antimicrobials, kidney protectors, and heart and circulatory tonics, along with supplements and foods to support her entire system. We are about to begin this once her nephrologist reviews the plan. Plus, her antirejection medication levels can be checked weekly instead of monthly until we see how everything is incorporated into her system. This is an example of a holistic approach at its best.

SD: What are your major challenges regarding the use of herbs in a clinical setting?

DB: The major challenges I see are Americans' overinflated fear of using herbs and the misunderstanding of what herbal medicine is. While people can be harmed using herbs, and interactions with medications do happen, it doesn't happen often.

Additionally, many people in our current culture, including health care practitioners, perceive herbs as substitutes for drugs.

The media has encouraged us to take St. John's wort [*Hypericum perforatum*] for depression, saw palmetto [*Serenoa repens*] for prostate inflammation, or ginkgo [*Ginkgo biloba*] for memory problems. But no competent herbalist would ever work this way, since this thinking represents an overly simplistic view of both the person and the plant medicines. Herbalists are taught there are different types of depression, prostate problems, and memory issues. And there are people and situations for whom these plants would not be indicated. Again, it is patient-specific medicine. There is no "one-size-fits-all."

Other challenges include setting good manufacturing standards, clear labeling guidelines, and accurate marketing of herbs and supplements.

SD: Do you follow the studies on herbs?

DB: Yes, especially when the studies are factual and well-conceived. But there are, unfortunately, also many poor studies cited as proof of the dangers of herbs. And there is much repetition of misinformation. So, we all have to read the fine print and look closer at what constitutes the actual experiment. Many clinicians just don't know where to go for accurate information, so they become frustrated and don't use herbs at all.

There was a study that tested St. John's wort and Zoloft™ (Pfizer Inc., New York, New York) for major depression and the press chose to report that St. John's wort was not effective. The headlines read: "St. John's Wort: Useless for Depression," but when you read the study, Zoloft was equally ineffective. This was not presented. Herbalists do not use St. John's wort, even standardized St. John's wort, for major depression, only for mild-to-moderate depression.

When no study exists about a specific herb, then I look for a documented history, or folk tradition, especially when it has been noted in different cultures that a certain plant has the same effect.

Take, for example, Chaga [*Inonotus obliquus*], a fungus that grows on birch and alder trees in northern circumpolar regions. The cultures that use it, from traditional Northern American Native people to the Russian, Scandinavian, and Canadian people, all use it for the same thing, which is as a remedy for cancer. When this synchronicity-of-use happens, I see it as a confirmation that the plant has activity in that condition. And when traditional use and scientific validation both concur, that is when it is really exciting.

SD: Why do you think integrative medicine is not more widely practiced?

DB: Both allopathic and alternative medicines are under a great financial crunch these days, and integrative centers don't make the same kind of money as, let's say, cardiac programs, so I think it's largely a question of money.

SD: What are your passions and hopes for the future?

DB: My main passion is championing the therapeutic use of real food. I would love to see Americans enlightened to eat better, choosing delicious, organic, colorful, nutrient-rich food as the foundation of their health. Unfortunately, most of our culture is

very bewildered about what exactly is healthy food and makes very limited choices, mostly the refined white, sweet, or salty foods. How many cook collards or *hijiki* or *tahina* or *quinoa* these days?

I would also like to be teaching holistic nurses, physicians, and medical students. Few medical schools and *no* nursing programs include herbal medicine. That's unfortunate because many patients are taking herbs, and need guidance from these practitioners. Untrained doctors and nurses don't have the expertise necessary to guide their patients on the correct uses of herbal medicine, nor do they know where to go for accurate information.

SD: What is your view on standardized herbal extracts?

DB: At the present time, there is no standardization of "standardization." It's very confusing for the consumer, since many plants are standardized to a botanical marker, rather than to a medicinal component. The good news is that one is likely to have the plant identified on the label inside the bottle. Unless you know your herbs, though, you may indeed get the plant on the label, but it might be inert in dried form, or might be the wrong part of the plant, or the activity might be removed by the processing, or missing some other components, or contaminated by toxins, et cetera.

There needs to be better guidelines. And plant chemistry is very complex. Often, there is no active ingredient but a synergy among ingredients, and the whole medicinal part (whether root, rhizome, bark, hook, leaf, flower, or seed) is better than any individual extracted and concentrated compound. There are some situations where the standardized extracts are useful, or even preferred, such as in ginkgo, curcumin from turmeric [*Curcuma longa*], silymarin from milk thistle [*Silybum marianum*], and some others. But most are more effective as the whole plant part.

SD: How did you first begin working with herbs?

DB: I grew up in Maryland, which has a lot of sassafras trees. I remember digging in the ground as a little girl and enjoying how great those roots smelled, like root beer. My friends and I would also eat the honeysuckle blossoms growing around the kindergarten playground. We would pull out the stamen and suck out the nectar. Yumm! I loved being in nature, and as I grew up, I felt a call to it rather than a terror of it.

SD: Where did you study herbal medicines?

DB: I've been fortunate to have been trained by some of the best teachers in the world. My first was Robin Rose Bennett. She's an author and practitioner in the Wise Woman tradition of herbal medicine. She trained me to identify, honor, and intuit the

magic and medicine of the plants in a 3-year apprenticeship program. Robin has also been part of the New York Open Center's faculty program for many years, sharing her gifts with ever-expanding audiences.

I then studied with David Winston, A.H.G., founder and dean of the Herbal Therapeutics School of Botanical Medicine and President of Herbalist and Alchemist, Inc., in Washington, New Jersey [see box entitled Herbal Education for more information]. He is also one of the creators of the American Herbalists Guild. I completed his 2-year intensive program in herbal medicine and did an additional year of graduate level work with him. David Winston offers some of the best and most comprehensive information in this country on herbal medicine, including plants from the Chinese, Ayurvedic, Native, and European traditions, and those in common world use. I also learned formula preparation and composition, tongue and pulse diagnostic assessment, herbs for specific conditions, cautions, and the use of the toxic botanicals.

Tieraona Low Dog, M.D., A.H.G., who now teaches at Andrew Weil's medical school program at the University of Arizona in Tucson, was another important teacher. Dr. Low Dog is the chairperson for the U.S. Pharmacopoeia Dietary Supplements and Botanicals Expert Panel, and is a highly sought and dynamic lecturer on the uses of botanical medicine.* She was an herbalist prior to attending medical school. I completed a 500-hour clinical program with her and other guest lecturers in her former herbal clinic in Albuquerque. Her program taught additional herbal and medical information, along with patient interview and assessment skills in a supervised clinical setting.

SD: Are you especially drawn to the Native American tradition?

DB: Yes. And I've been fortunate to have them as my teachers. I've also been working with Jake Swamp, the traditional Chief of the Mohawk Nation, to help set up an herbarium in upstate New York. Chief Swamp founded a learning center to help his people maintain their culture and language. The information on the plants we have gathered and identified over the past 7 years will be translated into Mohawk and used as a field guide and teaching tool so the knowledge lives on. There are only a few indigenous healers left who still know the medicinal uses of the plants. This has been an incredible experience for me to participate in. Jake was nominated for the Nobel Peace Prize several years ago for his work planting "trees of peace" around the world. To work with him is to work with a very enlightened being.

SD: Considering the diversity of cultures using herbal medicine, do you foresee any national accreditation system, or means of gaining greater stature for a practicing herbalist?

DB: At the present time, the only nationally credentialing organization for herbalists is the American Herbalists Guild [see box entitled Herbal Organizations]. One can request the exam only after

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*EDITOR'S NOTE: Dr. Low Dog was also a member of the White House Commission on Complementary and Alternative Medicine Policy.

being in practice for 4 years. It's rigorous and difficult, and includes answering questions on treating specific conditions, completing personal essays, identifying some Chinese diagnostic patterns, presenting three case histories and supplying recommendations from teachers. A panel of herbal practitioners from diverse cultural traditions and training reviews the exam, and decides whether or not to grant the certificate. With this certificate, the letters A.H.G. can be placed after your name, indicating professional herbalist status. This is the equivalent of board certification for physicians.

Since there are so many herbal traditions in use throughout the country, it is very difficult to standardize an exam that gives fair coverage to them all. But this is a very timely and important topic for the A.H.G., which is making inroads in legitimizing herbal use in America. There is a nationally recognized exam in Chinese herbal medicine, but that is only available to those who have a license in acupuncture from a traditional acupuncture school.

SD: Are there any educational programs designed to inform health care professionals about herbal medicine?

DB: Aside from Dr. Andrew Weil's program at the University of Arizona, I am unaware of any medical schools that offer credible information on herbs.

Every year, Columbia University College of Physicians and Surgeons in New York City holds a 5-day conference on herbal medicine for health care professionals. They bring in an array of excellent speakers to highlight current research in the field. However, what is missing from these programs is how professional herbalists actually work and when to refer to them. Columbia is still of the mindset to substitute herbs for drugs, which is not quite the herbalist's perspective. While it does not represent the scope or understanding of the practice of medical herbal use, it is an important step towards improving the visibility and credibility of herbs for physicians.

Whenever and wherever I can, I lecture to both the lay and professional public on the basics of herbal medicine. I've taught medical residents from two New Jersey hospitals as part of their rotation in integrative medicine. Saint Barnabas has me lecture to employees throughout its 10-hospital network. And I also lecture at the University of Medicine and Dentistry in Newark [New Jersey] to the medical students and to their community outreach audiences. It would be wonderful to develop a curriculum for medical professionals on safely incorporating herbal medicine into their practices.

SD: Are there any national organizations that advocate the use of herbs?

DB: Yes, the Herb Research Foundation, the American Botanical Council, and the American Herbalists Guild are all very active. [See box entitled Herbal Organizations.] The Herb

Research Foundation accesses a worldwide database of studies on herbs and conditions for which herbs are used. For a nominal fee, the organization will send standard information packets on these, or you can request custom research (for a larger fee).

The American Botanical Council is especially active in correcting misinformation and biased reporting in the media and the Council lobbies for accurate studies and useful plant information. The organization publishes *HerbalGram*, a professionally oriented magazine covering herbal features, recent scientific studies, and significant herb-related issues.

The American Herbalists Guild is a national educational organization whose mission is to further herbal use and provide a voice for herbalists in this country. The Guild sponsors 5-day herbal conferences annually, which offer talks and intensives by noted herbal practitioners from many different traditions. This is a great forum to meet respected practitioners, share scientific and practical information, and to address questions about herbs in specific clinical situations. Continuing education credits are given for health care professionals, which is an added bonus. And, as I mentioned earlier, it is the only national peer-reviewed group to offer a professional status credential for herbalists.

In addition, the National Institutes of Health is involved through its National Center for Complementary and Alternative Medicine, which offers funding to study herbal medicine as well as other integrative practices.

SD: Do you encounter frustration in your practice?

DB: I just wish I had more time. More time for my family, more time for myself, more time to be in nature and to gather plants. I haven't harvested plants to use as medicine in several years. It is such a profound thing to have that connection with the plants—to work with them and to understand their environment, their temperament, their generosity. I miss it.

SD: How do you see your practice evolving?

DB: Aside from doing more education in the outside world, I'd like to do more work within and deepen my spiritual self. This means staying open to the information I receive—whether through meditation, guided imagery, dreams, synchronicities, mentors, friends, or family. Those benefits can only enhance my practice. As it is now, I bring myself to a prayerful and grateful place before I prepare medicines. I ask for guidance, I thank the plants and I ask them for help with my patients. It is an invocation for something greater than myself to be part of the healing process. □

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