

This series of essays explores lessons and observations from fieldwork that might be of interest to the integrative medical community. In this context, the authors discuss “new” or less celebrated botanical medicines and unique healing practices that may contribute to the further development of contemporary integrative medical practices. Perhaps this column can facilitate an appreciation for our own roots and those of other cultures, before such ancient wisdom disappears forever.

LOOKING WITHIN: URBAN ETHNOMEDICINE AND ETHNOBOTANY

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Don Jose,” an experienced traditional healer in his 60s, concentrated his gaze on his middle-aged patient, looking carefully into her eyes as she recited her symptoms. “I am fatigued, frequently with pain in my abdomen, and have a feeling of fullness. My periods are so heavy—I notice that I pass huge clots of blood which look dark and deep red,” she noted. He reached toward her and held her hand, feeling her pulse, and asked questions about her life, her symptoms, and her state of mind. My (M. B.’s) research assistant noted every word, faithfully recording the ancient practices of this wise elder as I photographed the encounter.

Gathering data on the traditional healing practices of elders from many cultures has been the focus of my fieldwork as an ethnobotanist for nearly 3 decades. This work has allowed me to visit some of the most biodiverse and culturally fascinating corners of the planet. Sometimes it takes us a week to reach the study site, traveling by canoe, World War II vintage airplane, helicopter, or commercial airline, even cutting through the forest trails made by our field guides and teachers.

Today, however, I have come to my field site via subway—the D Train—and the most complicated part of the journey has been getting the turnstile to read the Metro card as I attempt to swipe it again and again. Finally, success, and the gate opens! This trip, made to the Dominican community of Washington Heights, takes a fraction of the time that would be needed to travel to the Caribbean, yet the ethnomedical data it yields are just as rich. The project is on urban ethnomedicine and ethnobotany, a collaborative venture with Fredi Kronenberg, PhD, of the Rosenthal Center for Complementary and Alternative Medicine at the College of Physicians and Surgeons at Columbia University; Adriane Fugh-Berman, MD, Department of Health Care Sciences, George Washington University School of Medicine; Bonnie O’Connor,

PhD, Division of Pediatric Ambulatory Medicine, Rhode Island Hospital/Brown University Medical School; and a group from The New York Botanical Garden.

The goal is to learn about the medicinal plants used by healers of various cultural and ethnic groups in New York City that are prescribed by traditional healers for women’s health conditions. Patients with uterine fibroids, hot flashes, menorrhagia, or endometriosis have visited traditional healers in various parts of the city, who then offered advice on how to treat these conditions. Research assistants from the complementary and alternative medicine center observed this interaction, under the specific terms of the study design. For example, the patients were not allowed to take the remedies suggested by the healers—the study was designed only to document the initial prescriptions and is not a clinical trial. Because each patient visited a selection of the healers participating in this study, it would be ill advised for a patient to ingest so many individual plants or mixtures over the course of their interviews.

One major goal of the study is to develop a list of the plant species recommended for these 4 conditions, and the study of Latino healers has resulted in a list of 67 species of plants, prescribed mainly for fibroids, followed by menorrhagia. The initial results of this research were reported in a recent issue of *Economic Botany*,¹ and a series of papers on other aspects of the project will appear over the next few years. The most frequently prescribed plants for this group of conditions included beets, agave, sugar, kalanchoe, chamomile, and a cucumber relative known as *batata de burro*. Other lesser-known species were prescribed, including those that might be found in a Caribbean forest, such as *Genipa americana*, a relative of the coffee plant, and *Guazuma ulmifolia*, in the same family as the chocolate plant. We recently spoke with Fredi Kronenberg, who commented on the value of this type of work (oral communication, May 2001):

In addition to learning about whether and how the practice of ethnomedical traditions changes in the urban setting, we are systematizing information about treatments for a few women’s health conditions that are problematic for American women. The goal is to eventually design clinical trails for conditions that the practitioners feel they treat most effectively, with herbal remedies that may have

some consensus with respect to use, and possibly some scientific research base. Knowing how the medicine is actually practiced, we can design research studies that are true to the practice. For example, if a patient with a western diagnosis of fibroids sees a Chinese practitioner, the practitioner might, depending on the status of the patient, treat the fibroid directly with the intention of shrinking it, or first do something to balance the patient's hormones, and only secondarily work directly on the fibroid. We are fortunate to work in a city with so many excellent Chinese and Latino practitioners, who were eager to work with us. For example, in our Emergency Room at Columbia, 85% of our patients speak Spanish—and these patients frequent local *botanicas* and use herbal remedies. It is valuable for physicians in the ER to know what their patients are using. Our study will enable us to inform physicians in our medical center about the medical practices common to these patients. We hope that this will help facilitate physicians in developing relationships with their patients that could combine Western and the patient's traditional medicine practices for the benefit of both.

Many questions are being addressed through this work, which continues. How do healing systems of one culture transform when they intersect with healing systems of other cultures? Is there a similar pattern to the changes in ethnomedical practices that occur when cultures are exposed, for example, to globalization? How do the practices change when healers immigrate to places like New York City, where patients may not be familiar with their herbs and other traditional practices? What do the healers in the new environment do if they cannot obtain the herbs they typically use? Are there issues of sourcing of herbs, and rarity of species?

In my (R. L.'s) practice as an integrative primary care doctor at the Center for Health and Healing, it appears that approximately 20% of my patients consult traditional medical healers in New York City, seeking advice for medical conditions that normally have little success in a conventional biomedical practice. Often these patients have a specific request: advice on whether the botanical mixtures they were given interact with their normally prescribed medications. Furthermore, they wish to discuss the additional benefits of other alternative treatments that might accelerate the resolution of their problem. Together, we spend a great deal of time brainstorming new ways to maximize healing. In other cases, patients seek help in sorting out how and why the ritual and cultural context of the traditional medical practice they experienced worked. Toward this end, I try to provide the available scientifically based data that support the mind-body rituals and other cultural tools used by the

traditional healers they have seen.

We are a nation of immigrants, past and present, and wherever we call home, there are peoples who celebrate their native cultures by living them. This study has taught us that such living certainly extends to their myriad traditional healing practices, which hold lessons for those who are willing to learn. We once received a call from a practitioner wanting a good source of information on Chinese medicine—a single book that would teach him what he wanted to know. It was apparent that he was hungry to learn, but also in a hurry. When asked where he lived, he described an area proximate to one of the largest Chinese communities in the United States, containing a dozen herbal pharmacies only a 10-minute walk from his doorstep. When the suggestion was made that a good walk around the area, and conversation with his neighbors, would gain him more knowledge than found in any book, he was baffled. “Never thought of that,” he replied.

We find that people, whether in remote regions of the world or in our own urban environments—*depending on how they are approached*—are usually willing to share their knowledge with

those who are genuinely interested. I (R. L.) have found through my medical practice in Yap and Palau, Micronesia, that it is essential to learn and follow strictly the cultural norms of each group. For example, in Yap, a patriarchal and deeply traditional island, it was considered disrespectful and rude to look directly into the other person's eyes while conversing. (Except in the case of talking to one's “lover”—physicians were not exempt from this cultural standard!) However, in Palau, a neighboring Micronesian island with a gregarious, matrilineal, and more Westernized culture, eye contact was encouraged and expected. Hence, I learned that what was the norm on one island was not followed—indeed, could be the opposite practice—on another island, or within a different culture on the same island. In a future column, we will discuss this and other ethnomedical phenomena in greater detail.

Ethnobotanical studies in the urban environment have been fascinating, opening many doors to knowledge that has rarely been cataloged. Not only is there potential in the future for preliminary clinical trials of selected herbal medicines, but we have been privileged to view these ethnomedical practices through a most interesting portal: that of the urban environment. People's use of plants, regardless of where we are, surrounds us and at times engulfs us, helping to shape the development of our culture. The lessons we learn can most certainly enhance our professional practices and our personal lifestyles.

Reference

1. Balick MJ, Kronenberg F, Ososki AL, et al. Medicinal plants used by Latino healers for women's health conditions in New York City. *Econ Botany*. 2000;54(3):344-357.



Interior of a botanica in New York City