

Urban Ethnobotany: Food-Medicines and Migration

*Etnobotanie in de stad:
Medicinale planten en migratie*

OUTLINE

1. Prevalence of herbal medicine use in Europe
2. Urban ethnobotany
3. A case-study from the UK
4. Focus on Belgium
5. Culturally effective health care
6. Some inspiration?

PREVALENCE

ESS round 7 (2014) Cross-national study

- Manual (body based) therapies (MT) e.g. massage, chiropractic, osteopathy, reflexology
- Alternative medical systems (AMS) e.g. homeopathy, **herbal medicine**
- Traditional Asian medical systems (TAMS) e.g. Chinese medicine, acupuncture, accupressure
- Mind-body therapies (MBT) e.g. hypnotherapy, spiritual healing

During the last 12 months: 25,9% CAM ↔ 76,3% GP

Typically complementary

CAM EU

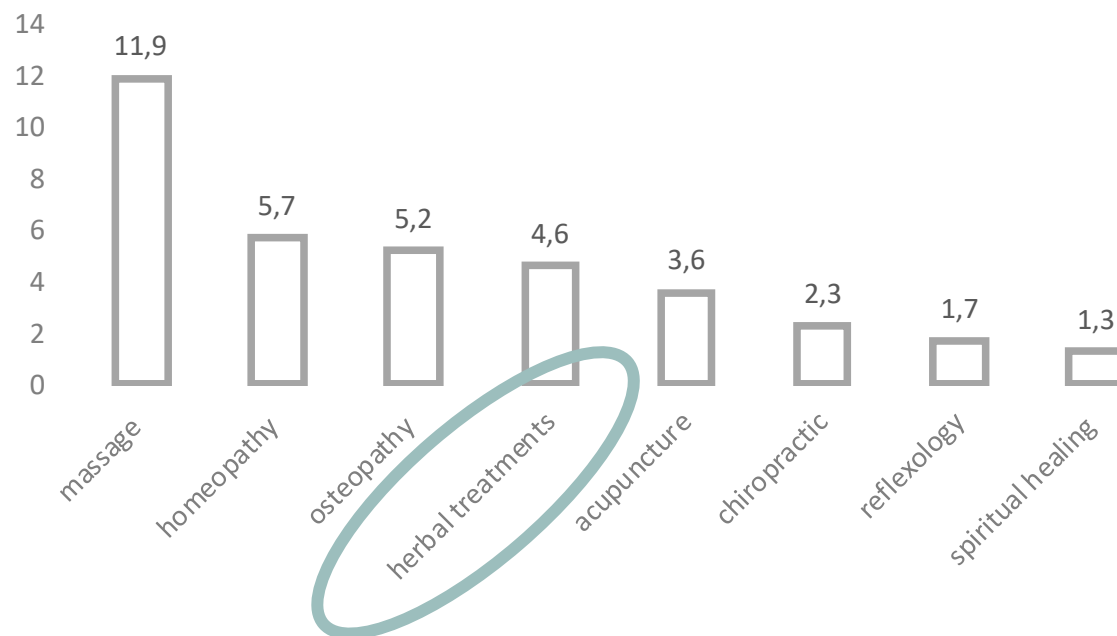
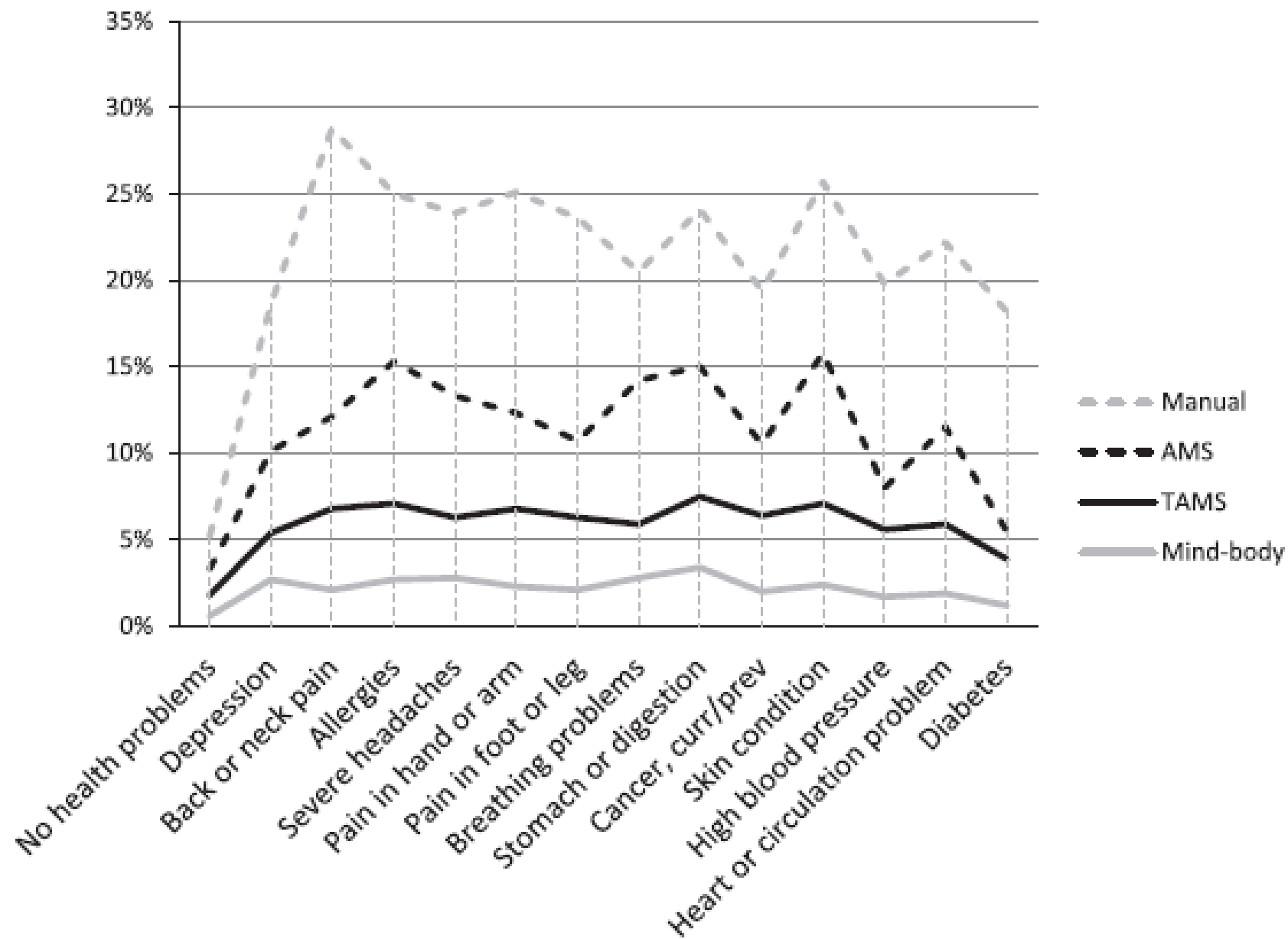


Table I. Used at least one CAM therapy during the last 12 months.

Country	Weighted percentage	Standard error	Unweighted total count
Austria	35.5	1.2	1768
Belgium	24.6	1.1	1760
Czech Rep.	25.0	1.1	2045
Denmark	32.1	1.4	1493
Estonia	35.1	1.2	2030
Finland	35.3	1.2	2081
France	31.2	1.4	1907
Germany	39.5	1.1	3019
Hungary	9.5	0.8	1649
Ireland	19.2	1.0	2261
Israel	15.1	0.8	2491
Lithuania	32.9	1.3	2174
Netherlands	14.1	0.9	1917
Norway	28.8	1.3	1433
Poland	12.9	0.9	1588
Portugal	14.1	1.4	1030
Slovenia	22.7	1.4	1196
Spain	17.2	0.9	1894
Sweden	31.5	1.2	1763
Switzerland	39.4	1.3	1525
UK	20.6	1.0	2234
All countries	26.0	0.3	39258



Is ethnicity a predictor of herbal medicine use?

- Profile: female - higher educated- middle-aged
- Race/ethnicity: not in ESS, other studies: indicate higher prevalence
- US
- Membership in certain social networks
- Social network heterogeneity
- Socio-economic conditions
- Identity-infused habit
- Empirical evidence: descriptive studies of specific groups and communities

URBAN ETHNOBOTANY

- ° late 1990's - Balick (2000) Latino healers NY
- Study uses and perceptions of plants for health, well-being and food
- Change after migration?
- Systematizing information



- US: Mex., Dom., Viet., Hmong, ...
- EU: Turk., Sur., Ind., Chin., Thai, Pak., Jam., Alb., Rus., Ukr., Sen., Bol., Per., Col., Cong.,...
- Australia: Kor.,...

CASE-STUDY: Andeans, UK (Ceuterick et al.)



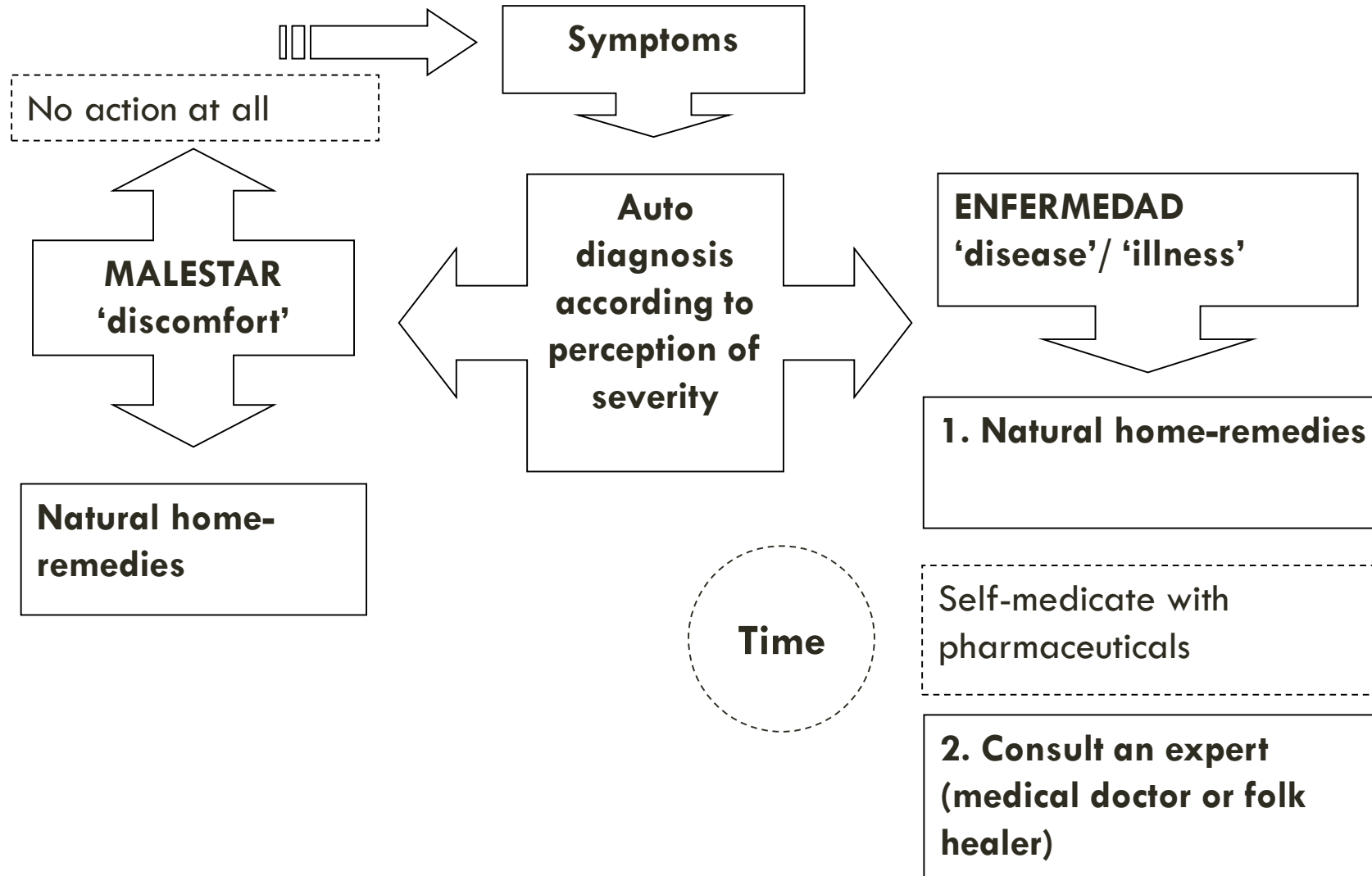
Spanish folk name (English name, species, family)

Manzanilla (chamomile, <i>Matricaria recutita</i> L.)	$n_a=39$
Limón (lemon, lime, <i>Citrus</i> spp.)	$n_a=32$
Coca (coca leaf, <i>Erythroxylum coca</i> Lam.)	$n_a=30$
Sábila (aloe, <i>Aloe vera</i> L.)	$n_a=23$
Hierba buena, menta (mint, <i>Mentha</i> spp.)	$n_a=24$
Ajo (garlic, <i>Allium sativum</i> L.)	$n_a=23$
Apio (celery, <i>Apium graveolens</i> L.)	$n_a=18$
Eucalipto (eucalyptus, <i>Eucalyptus globulus</i> Labill)	$n_a=15$
Canela (cinnamon, <i>Cinnamomum verum</i> Presl)	$n_a=15$
Linaza (linseed, <i>Linum usitatissimum</i> L.)	$n_a=15$

N_a : a use report is a single record of (actual) use;
refers to one person who has used remedy x for ailment y (while in London)

	Number of use reports (all)	Number of remedies (all)	#p	IAR (all)
Gastrointestinal problems (GAS)	175	55	48	0.69
Respiratory ailments (RESP)	107	33	40	0.70
Restorative agents (REST)	72	33	33	0.55
Cardio-vascular (CAR)	49	24	28	0.52
Dermatological problems (DERM)	44	20	22	0.56
Genito-urinary (GEN)	39	21	23	0.47
Tranquillisers (TRAN)	32	17	21	0.48
Headaches (HEAD)	19	12	17	0.39
Toothache (TOOT)	11	2	9	0.90
Ophthalmological (OPTH)	9	5	7	0.50
Fever (FEV)	9	6	9	0.38
Magico-ritual (MAG)	8	6	8	0.29
Weight loss (WEI)	8	7	6	0.14
Muscular-skeletal (MUSC)	8	3	6	0.71
Earache (EAR)	4	4	4	0.00
Folk illnesses (FOLK)	3	2	3	0.50

Health care seeking behaviour



Medical pluralism in a migration setting



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Push-pull model

- Access to ‘traditional’ resources
- Economic status
- Access to biomedicine (lack of transportation, time, illegal status: increase use of traditional medicine)
- Identity needs (the ‘charm of medicines’)

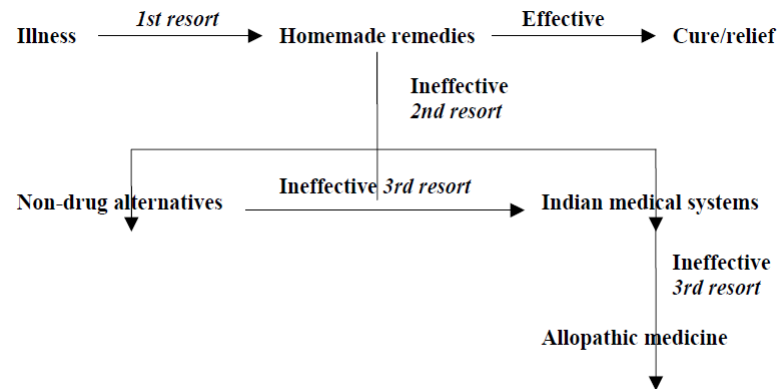


Figure 1 Chart Showing the Pathways for Hierarchy of Resort for Minor Illness.

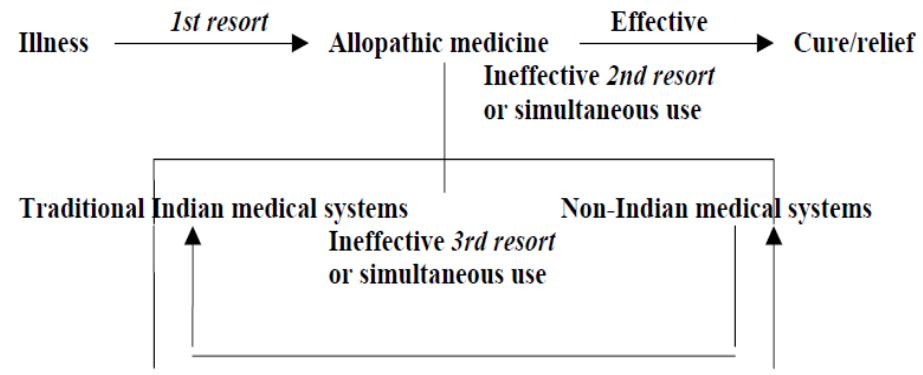


Figure 2 Chart Showing the Pathways for Hierarchy of Resort for Major Illness.

CASE-STUDY: Moroccans, Belgium (Riffi, 2013)

UZ Brussels: 127 Moroccan patients with type 2 diabetes (equal gender balance)

Prevalence of use of alternative therapies:

- First generation: men: 62% - women: 83%
- Second generation: men: 15% - women: 33%.

22 species

- Non-edible medicinal (n=6)
- Edible (n=16)
 - fruits-vegetables (n=8)
 - culinary herbs-spices (n=8)
- → 73% food medicines!



1) Fruit-vegetables

Scientific name	English name	Moroccan Arabic name
<i>Daucus carota</i>	Carrot	Ghizou
<i>Capparis spinosa</i>	Caper berries	Kebbar
<i>Cynara scolymus</i>	Artichoke	Elkherchouf
<i>Vigna sinensis</i>	Cowpea	Foul elgnawiya
<i>Ficus carica</i>	Fig	Kermos
<i>Prunus amygdalus</i>	Almond	Ellouz mer
<i>Punica granatum</i>	Pomegranate	Kchour roumman
<i>Olea europea</i>	Olive	Zitoun

2) Culinary herbs and spices

Scientific name	English name	Moroccan Arabic name
Lavandula dentata	Lavender	Khzama
Mentha pulegium	Pennyroyal	Fliou
Origanum compactum	Compact oregano, compact marjoram	Zahtar
Allium sativum	Garlic <input checked="" type="checkbox"/>	Touma
Trigonella foenum	Fenugreek <input checked="" type="checkbox"/>	Halba
Nigella sativa	Nigella, black cumin	Sanouj
Santalum album	Sandalwood	A'sandal
Peganum harmala	Wild rue, Syrian rue	Harmal

3) Non-edible medicinal species

Scientific name	English name	Moroccan Arabic name
Nerium oleander	Oleander	Dafla
Artemisia absinthium	Wormwood	Chiba
Globularia alypum	Globularia alypo globe daisy	Ain larnab
Chenopodium ambrosioides	Goosefoot	Mkhinza
Phalaris canariensis	Canary grass	Bachna
Urtica urens	Small nettle, dog nettle	Harragua

CASE-STUDY: Congolese, Belgium (van Andel and Fundiko, 2016)



Reproduction on a tarp of the painting «Matonge-belles, Porte de Namur, Porte de l'Amour», from the Congolese painter Chéri Samba.

83 medicinal plant species (of which 71% primarily used for food)

Most frequently sold vegetables with medicinal uses

- *Gnetum africanum* Welw.
- *Manihot esculenta* Crantz.
- *Ipomoea batatas* (L.) Lam.

Main non-food medicines

- Cola nuts
- Shea butter
- *Aloe vera* (L.) Burm.f.

Most important medicinal applications

- Women's health
- Aphrodisiacs
- Rituals



THE TOP 15 OF MOST FREQUENTLY SOLD PLANT SPECIES USED AS FOOD MEDICINE IN 19 SHOPS IN MATONGE, BRUSSELS (MARCH–JUNE 2014).

Species	Plant part	Percentage
<i>Gnetum africanum</i>	Sliced leaves (frozen or dried)	89%
<i>Elaeis guineensis</i>	Oil from fruits	84%
<i>Colocasia esculenta</i>	Starchy tuber	84%
<i>Capsicum annuum</i>	Fresh and dried fruits	79%
<i>Manihot esculenta</i>	Starchy tuber and frozen leaves	79%
<i>Abelmoschus esculentus</i>	Fresh fruits	79%
<i>Ipomoea batatas</i>	Fresh leaves	74%
<i>Musa × paradisiaca</i>	Fresh fruits	68%
<i>Hibiscus acetosella</i>	Fresh and dried leaves	32%
<i>Hibiscus sabdariffa</i>	Fresh leaves, dried calyces	26%
<i>Aloe vera</i>	Fresh leaves	26%
<i>Zingiber officinale</i>	Fresh rhizomes	26%
<i>Dacryodes edulis</i>	Fresh fruits	21%
<i>Cola nitida</i> *	Fresh seeds	21%
<i>Garcinia kola</i> *	Fresh seeds	21%

Hyperlink:

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5258814/>

*Species not primarily sold as food

African medicinal plants in Matongé,

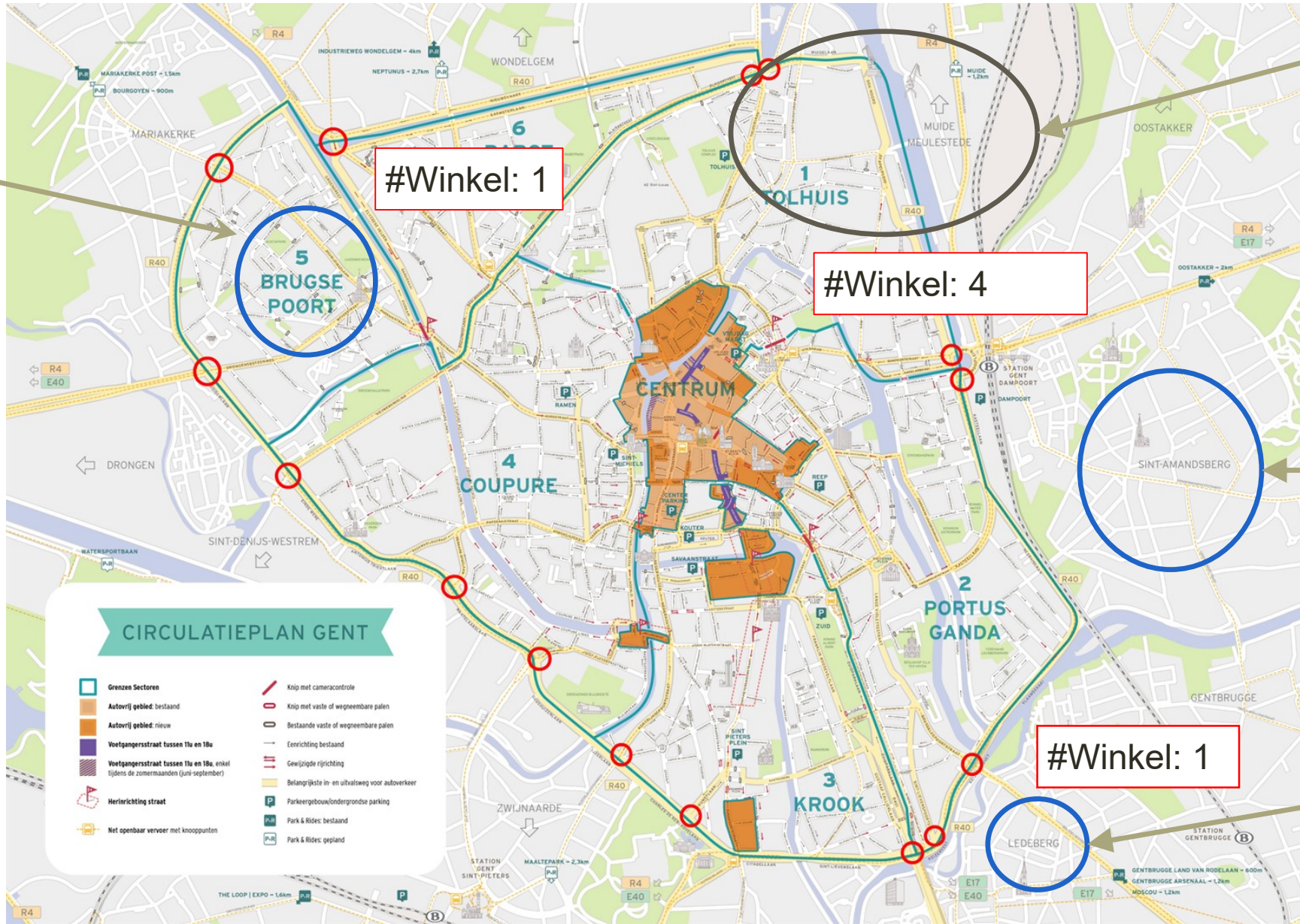


- Most clients Congolese, most vendors and plant species not
- Pakistanis dominated the food trade
- Typical Congolese plants sometimes replaced by West African species
- African-managed shops: significantly more medicinal species
- Almost all non-food herbal medicine sold by Africans
- Non-food medicine also sold from informal shops, private homes, ambulant vendors

CASE-STUDY: Turkish community Ghent

- Ethnobotany and New Crop Development
- 2017: Market study + semistructureerd interviews (n=6) with vendors + herbarium
- 2018: Additional market study + interviews/focus groups with users

Istanbul



Emirdag

Zwarte Zee
(Posof en
Kars)

Emirdag
(Piribeyli)

MEDICINAL PLANTS IN THE CONSULTATION ROOM

- Low disclosure, as high as 77% (Robinson and McGrail, 2004)
- Disclosure is **particularly low among ethnic minorities** (Chao et al., 2008)
- Why?
 - Concerns about a negative response
 - No need to know (not harmful)?
 - Only complementary use
 - Practitioners do not ask
- Risks? Therapy adherence, side-effects, interactions,...



MEDICINAL PLANTS IN THE CONSULTATION ROOM

- Probing by GP's? (Online survey DTB 2010)
 - 12% always asked for herbal medicine use
 - 27% for some patients
 - 50% only occasionally
 - 8,6% never
- Challenges for GP's:
 - Awareness about regulatory arrangements
 - Sources of information
 - 21,3% would not seek further information ↔ 70,1% would

If "yes", is this because you would: (mark all options that apply)

Response	Count	Percent
Want to asses whether the herbal remedy was helping the patient	48	41.7%
Be concerned about missing side effects from the herbal medicine	79	68.7%
Be concerned about interactions with your prescribed medication	110	95.7%
Like to increase your knowledge of herbal medicines in general	49	42.6%
Like to find reasons to deter the patient from using the herbal medicine	10	8.7%
		Valid responses: 115
		Total responses: 115

If "no", is this because you would: (mark all options that apply)

Response	Count	Percent
Be unsure where to seek such information	21	60.0%
Be unsure how to assess or use such information	15	42.9%
Prefer not to prolong the consultation unnecessarily	4	11.4%
Usually advise the patient to stop taking the herbal medicine in any case?	11	31.4%
Do not consider it is your responsibility to research or advise on patients' self-treatment	7	20.0%
		Valid responses: 35
		Total responses: 35

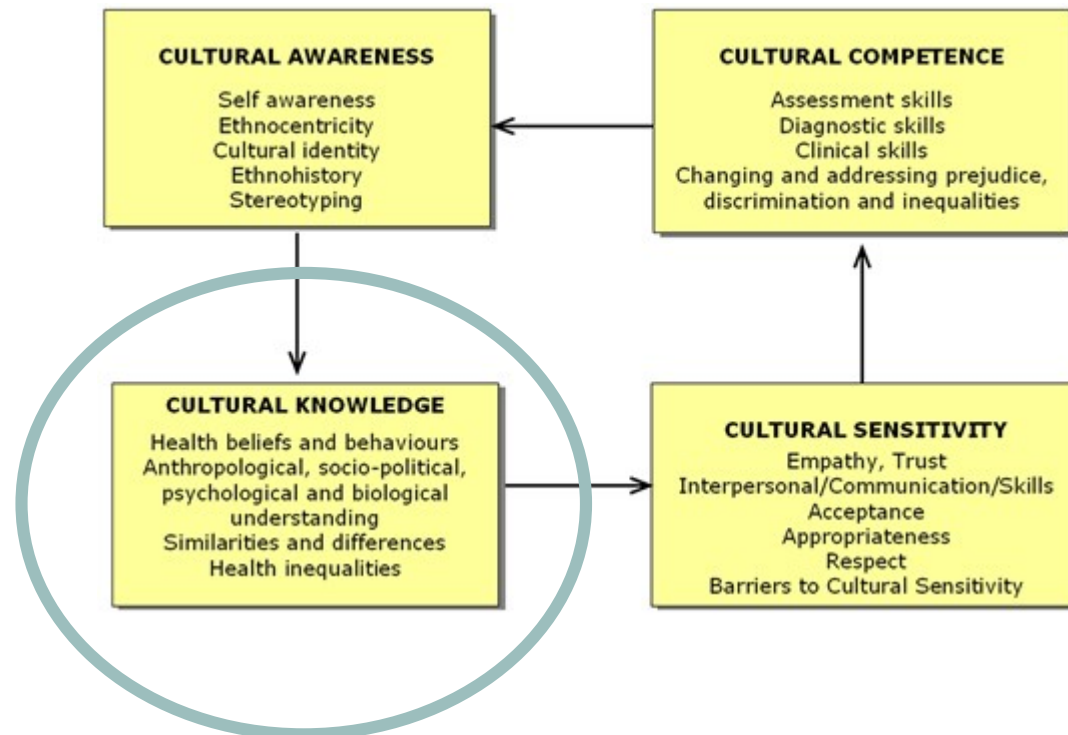
POTENTIAL RELEVANCE OF URBAN ETHNOBOTANY

Health care practice and policies:

- Integration/collaboration of C/TAM and conventional medicine
- Promote safe use of herbal medicines
- Control (imported) ingredients
- Cultural competent care and training
- ...

CULTURALLY EFFECTIVE HEALTH CARE

Papadopoulos, Tilki and Taylor Model for Developing Cultural Competence



1. THE NEW YORK BOTANICAL GARDEN TRAINING INITIATIVE

***LEARN HOW CULTURAL
BELIEFS AND PRACTICES
INFLUENCE HEALTHCARE
DELIVERY***

CULTURAL COMPETENCE IN MEDICINE

1. Represents a set of knowledge, beliefs and skills that promote cross-cultural respect, trust, and increased disclosure between physicians and patients from diverse cultures.
2. Has the intention to improve the doctor-patient relationship and health care delivery, particularly to underserved populations.

TRAINING OFFERED BY THE INSTITUTE OF ECONOMIC BOTANY

Brings a unique multidisciplinary approach to developing an important set of skills as part of the curriculum in medical schools.

Our training combines information sessions and practical exercises related to traditional medical practices of different Latino communities, including their use of medicinal plants and cultural beliefs about health conditions, with the goal of training health care providers to improve interaction with their patients in the clinical encounter.



Institute of Economic Botany
The New York Botanical Garden
(NYBG)

200th Street and Kazimiroff Boulevard
Bronx, NY, 10458
Phone (718) 817-8762
Fax (718) 220-1029

MEDICAL CULTURAL COMPETENCY TRAINING

**IN LATINO AND
CARIBBEAN
ETHNOMEDICAL SYSTEMS**

*Offered by The New York
Botanical Garden*



The New York botanical garden training initiative



Training activities:

- Lectures
- Patient-interview exercises
- Role-playing exercises
- Classes in ethnomedical Spanish
- Guided *botánica* visits
- Tours of the living plant collection

The New York botanical garden training initiative

- Guidebooks on medicinal uses of plants
 - Community members (Spanish)
 - Health care providers
- <https://pdfs.semanticscholar.org/f574/85c00bc72337e94a417f73851d01a85d2451.pdf>

Ají

OTHER COMMON NAMES

Ají caballero, ají caribe, ají dulce, ají de gallina, ají jobito (Spanish); pepper, chili pepper, cayenne, paprika (English).

SCIENTIFIC NAME

Capsicum annuum L., *C. frutescens* L., *C. chinense* Jacq. and varieties [Solanaceae (Nightshade Family)].

Note: Due to the wide variation in cultivars of each of these species, their tendency to hybridize and difficulty in distinguishing between subspecies in commerce, these plants are grouped together under the same common name. However, particular varieties do have distinct common names and are often associated with unique properties (i.e. pungency, color, size, culinary uses, etc.).

DOMINICAN MEDICINAL USES

In ethnobotanical studies conducted in New York City, Dominican interview participants reported using or knowing about the use of this food plant as a remedy for the following health conditions or effects (Yukes et al. 2002-2003):

- Abscesses
- Boils (*nacíos*)
- Furuncles (*forúnculos*)
- Menstrual cramps (dysmenorrhea)
- Skin infections
- Sores

Plant Part Used: Leaf, fruit (fresh or dried).

Traditional Preparation: For skin conditions and dermatological infections, the leaves are heated and applied externally to the affected area as a poultice. For menstrual cramps and symptoms related to dysmenorrhea, the leaves are prepared as a tea by decoction or infusion.

Traditional Uses: Most commonly known for treating infections of the skin, the specific dermatological conditions for which this plant is used include boils (*nacíos*), sores or abscesses (*llagas*) and furuncles or staphylococcal infections of hair follicles (*forúnculos*); the leaves are prepared by heating them and applying them to the affected area. Chili peppers, the fruits of this plant, are considered hot and spicy condiments that are said to warm the body and are often added to nutritious, healing soups.

Availability: As a popular culinary seasoning, this plant is commonly available for purchase at grocery stores and supermarkets. Particular varieties from Latin American countries are sometimes sold at *bodegas* or open-air markets.

BOTANICAL DESCRIPTION

Aji (*Capsicum annum*) is an upright, shrubby annual or perennial herb, 20-100 cm in height, with many branches. Leaves grow in an alternate pattern along stems and are narrowly-oval to lance-shaped (3-13 cm long) with smooth leaf-edges. Flowers grow singly at nodes along the stem and have 5-pointed petals arranged in a star-like shape that are whitish to cream or purple in color and fused together at the base (1.5 cm across). Fruits are pod-like berries with tough, leathery skins that can be deeply grooved or pitted, contain numerous circular or kidney-shaped seeds and change from green to red, orange or yellow when ripe; shape, color, size and pungency vary considerably between cultivars (Bailey Hortorium Staff 1976).

Distribution: Native to tropical America with a range that extends from southern United States and Mexico to Colombia, this plant is cultivated widely in warm regions for its spicy peppers (Bailey Hortorium Staff 1976).

SAFETY & PRECAUTIONS

No data on the safety of the leaves in humans (either applied topically or taken internally) has been identified in the available literature. The fruits of *Capsicum* spp. are used widely as a foodstuff and culinary seasoning; however, when particular cultivars (especially cayenne) are taken in excess or for a prolonged duration, they can cause severe adverse reactions. Possible negative side effects of external use of cayenne include the following: skin irritation (sensations of burning or stinging and redness of the skin), especially of the eyes or mucous membranes if accidentally contacted and blistering. These negative effects usually subside within 3 days of initiating regular topical treatment and are lessened by applying no more than 3-4 times daily (Bernstein et al. 1989).

When taken internally, potential adverse effects include: increased gastrointestinal peristalsis resulting in diarrhea, intestinal discomfort and gallstone colic (Gruenwald et al. 2004). In a case-control study of 972 persons in Mexico, high consumption of cayenne peppers as food correlated with increased risk of gastric carcinoma (Lopez-Carrillo et al. 1994); however, another study concluded that low doses of cayenne may be anti-carcinogenic (Surh et al. 1995). Should over dosage occur, life-threatening hypothermia can result from the effect of this herb on thermoreceptors; over extended periods, high doses of the herb can lead to chronic gastrointestinal disorders, kidney or liver damage and neurotoxic effects (Gruenwald et al. 2004). Contact dermatitis from direct handling of chili peppers has been reported (Williams et al. 1995).

Animal Toxicity Studies: *Capsicum annum* leaves: Topical administration of the fresh leaves (0.6 g plant material in hot vegetable oil) to the shaved skin (6 cm² patch) of three female New Zealand rabbits in the Draize's test showed no signs of edema or erythema during a 72 hour observation period (Martinez et al. 2005a). In Wistar rats, topical application of the fresh leaves (0.6 g plant material) in hot oil to the shaved skin (4 × 3 cm) for 24 hours did not show any signs of mortality or adverse effects during a 14 day observation period (Martinez et al. 2005b).

Capsicum frutescens aerial parts: Intraperitoneal administration of the hydroalcoholic extract (1:1) of the aerial parts in mice showed an LD₅₀ = 0.375 g/kg (Dhawan et al. 1977). *Capsicum* spp. fruit: In mice fed a control diet versus ground red chili mixed into their diet (at levels of 0.5, 1.0, 2.5, 5.0, 7.5 and 10% by weight) for four weeks, no adverse effects were observed on general health, body weight and food intake although slight glycogen depletion and anisocytosis of hepatocytes was detected in the 10% group. This study concluded that chili is relatively non-toxic at the doses tested (Jang et al. 1992).

Contraindications: Not to be applied to open wounds or the eyes or to be inhaled directly. Should not be taken internally by patients with stomach ulcers, gastric inflammation, irritable bowel syndrome and gastrointestinal or renal disorders (Palevitch & Craker 1993, Gruenwald et al. 2004). No information on the safety of the fruit or the leaves in children or during pregnancy or lactation has been identified in the available literature.

Drug Interactions: Caution is advised due to *Capsicum* species' potential inhibition of hepatic microsomal enzymes which may potentiate drugs metabolized by these enzymes, including the nifedipine group (Germosén-Robineau 2007). Barbiturates: concomitant use of hexobarbital and the dried fruit of *Capsicum frutescens* (dose: 200.0 mg/kg administered intraperitoneally and intragastrically) showed barbiturate potentiation and prolonged sleeping time in mice (Han et al. 1984). Aspirin and salicylic acid compounds: bioavailability reduced when taken concurrently (100 mg capsaicin per gram of extract) due to gastrointestinal effects (Cruz et al. 1999). Angiotensin-converting enzyme (ACE) inhibitors: associated with cough (Hakas 1990, O'Hollaren & Porter 1990). Anticoagulants, antiplatelet agents, thrombolytic agents and low molecular weight heparins: concurrent use may increase risk of bleeding; barbiturates: until clinical significance of interaction is determined, discourage concomitant use of capsaicin. Theophylline: caution is advised and symptoms of possible theophylline toxicity should be closely monitored (Gruenwald et al. 2004).

SCIENTIFIC LITERATURE

Clinical trials have shown the following effects: analgesic (in treating post-herpetic neuralgia, applied topically), carotenoid bioavailability enhancement, gastroprotective, swallowing dysfunction treatment and urinary incontinence treatment. The bioavailability of carotenoids from the fruit has also been studied. Laboratory and preclinical studies have demonstrated the following activities: antimicrobial, antioxidant, antitumor, chemopreventive, learning enhancement and renoprotective (see "Clinical Data" and "Laboratory and Preclinical Data" tables below).

The majority of published scientific literature on this plant has focused on cayenne which is one particular variety of this species that is commonly used for medicine. None of the studies identified evaluated the biological activity of the leaves (the part of the plant most commonly used by Dominicans in New York City); instead, available research focuses on extracts of the fruit. Major chemical constituents of the fruit include: capsaicin (trans-8-methyl-N-vanillyl-6-nonenamide; Bernstein et al. 1987). The fruit (red bell pepper variety, raw) is a significant source of folate, iron, potassium and vitamins A, B6, C and K (U.S. Department of Agriculture 2006).

Indications and Usage: Topical use of the leaf for skin boils and ganglion inflammation has been designated "REC" meaning "RECommended" due to its significant traditional use in the Caribbean as reported by TRAMIL surveys (Germosén-Robineau 2007). Cayenne, one variety of *Capsicum annum*, has been approved by the German *Commission E* for muscular tension and rheumatism (Blumenthal et al. 1998). Use should be limited to 2 days duration, only to be used again after 2 weeks.

Caution: Hands should be washed immediately after handling (unless treating the hands) to avoid accidental contact with the eyes or mucous membranes which can be highly irritating. When used externally as a cream, capsaicin content should be no more than 50 mg in 100 g neutral base, not to be applied more than 3-4 times daily; tincture (1:10); taken internally, 2 cups of tea per day (Gruenwald et al. 2004).

Clinical Data: *Capsicum* spp.

Activity/Effect	Preparation	Design & Model	Results	Reference
Analgesic	Capsaicin cream vs. placebo—cream vehicle (6 wks duration)	Double-blind clinical trial: 32 elderly patients with chronic postherpetic neuralgia	80% pain relief based on visual analogue scales & clinical evaluation	Bernstein et al. 1989
Analgesic	Capsaicin cream applied topically for 4 wks	Preliminary clinical trial: 12 patients with postherpetic neuralgia	75% experienced significant pain relief; 1 adverse reaction: burning sensation	Bernstein et al. 1987
Analgesic	Capsaicin cream (0.075%)	Double-blind, vehicle-controlled trial: 143 patients w/chronic postherpetic neuralgia; long term open-label follow-up for up to 2 y	Showed significant improvement; recommended as a safe & effective treatment for pain due to postherpetic neuralgia	Watson et al. 1993
Carotenoid bioavailability enhancement	Paprika oleoresin containing: 6.4 mg zeaxanthin, 4.2 mg beta-cryptoxanthin, 6.2 mg beta-carotene, 35.0 mg capsanthin & 2.0 mg capsorubin	Clinical trial: human volunteers (n=9); ingested single dose after fasting overnight	Measured carotenoid presence in human chylomicrons; determined to be an adequate source of provitamin A carotenoids beta-carotene & beta-cryptoxanthin & the macular pigment zeaxanthin	Perez-Galvez et al. 2003
Gastroprotective	Capsaicin (1-8 µg/mL, 100 mL); intragastric administration	Randomized controlled clinical trial: 84 healthy human subjects with ethanol- & indomethacin-induced gastric mucosal damage	Co-administration of capsaicin w/gastric mucosal irritant protected against microbleeding; mechanism attributed to sensory nerve ending stimulation	Mozsik et al. 2005
Swallowing dysfunction treatment	Capsaicin troche; daily with meals for 4 wks	Randomized controlled clinical trial: 64 participants in nursing homes (age 81.9 ± 1.0)	Significantly improved protective upper respiratory reflexes	Ebihara et al. 2005
Urinary incontinence treatment	Capsaicin (100 mL) in glucidic solvent; intravesical instillation vs. placebo of glucidic solvent only	Double blind, randomized placebo-controlled clinical trial: 33 patients with neurogenic detrusor overactivity (NDO); evaluated on days 0, 30 & 90	Showed short-term efficacy over placebo; treatment was well-tolerated overall; adverse effect of temporary pubic pain upon instillation	De Seze et al. 2006

2. THE BOSTON HEALING LANDSCAPE PROJECT



Our Roots: The Boston Healing Landscape Project

The United States' Changing Medical Landscape

The Boston healing landscape project

- Boston Medical School
- Focus on African diaspora
- Study with healers, users, health care providers
- Training sessions (part of medical curriculum)

Topic	Presenter	Main points addressed
"Traditional Healing Systems of Cuban Santeria and Haitian Vodou"	Linda Barnes	Complementary and alternative medicine (CAM) versus folk/ethnic concepts; evidence-based medicine; holistic cross-cultural understanding; cultural and ritual significance of herbs
"Health Conditions and Herbal Use in Haitian Communities"	Riché Zamor	Health conditions in Haiti; common uses of herbs; immigrants' use of herbs in United States
"Pharmacology of Latino and Haitian Herbs"	Julie Whelan and Lana Dvorkin	Historical use, scientific use, toxicities, ingredients of commonly used herbs; information resources
"The Multiple Meanings of Efficacy"	Linda Barnes	Cross-cultural understanding of efficacy; establishing effective therapeutic alliance
Haitian botánica	Erol Josué, Vodou priest	Medicinal and ritual use of herbs in Haiti
Mother Nature Cuban Botánica	Steve Quintana, santero	Traditional healing system of Cuban Santeria; diagnostic process of divination

WORLD CAFÉ QUESTIONS

1. How do you come across the use of medicinal plants in your professional (medical) practice?
2. How is the use of medicinal plants integrated in current medical curricula?
3. How do health care providers address the use of medicinal plants by their patients?
4. About which aspects of the use of medicinal plants do you think there needs to be more education/ research/ awareness raising?
5. How could integrative initiatives (such as the presented examples) be launched in Belgium?

More inspiration to be found here:

<https://www.bumc.bu.edu/gms/maccp/about/boston-healing-landscape-project/>

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1435855/>

https://www.nybg.org/files/scientists/ivandebroek/Brochure_NYBG.pdf



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Thank you
for your attention!