

Do No Harm: A Case Study on the Importance of Listening

Charles Garcia

For many herbalists, harm reduction has become synonymous with preventing or reducing the self-harm done by those addicted to certain drugs or alcohol. That view of harm reduction is fundamental. However, it is only one aspect of a much larger issue that permeates all facets of the healthcare community.

Almost every medical professional in this country takes the Hippocratic oath to do no harm, usually in a big ceremony in front of friends and family. Herbalists do not usually have a big ceremony, but we also hold that oath close to our hearts. It is integral to every aspect of our practice.

Nevertheless, despite taking this oath which most medical professionals take seriously, medical errors still accounted for up to 440,000 deaths in this country in 2019, making it one of the leading causes of death that year (Cheney 2020). Although many different kinds of medical errors can lead to death, one of the most common errors is missed or misdiagnosis, with 40,000-80,000 annual deaths (Sharkey 2019).

Physicians today (and even before the COVID-19 pandemic) lack time. Many physicians

need to see 50 or more patients a day and make rounds for those hospitalized. They have to rely on checklists patients fill out in the waiting room and also their lab results. Most have only around 10 minutes to spend with a patient. Their diagnosis is then based on a minimal bit of information and can lead to issues regarding accurate diagnosis.

Fortunately, as herbalists, we can generally avoid this underlying reason for medical errors. Most herbalists do not have access to high-end medical diagnostic equipment and lab tests. In truth, I have never met one who did. Instead, we have learned that doing a meticulously thorough patient history and in-depth interview of the current complaints can often yield a more detailed understanding of what is going on with the patient. Time, thorough intakes, and attention to detail can serve as vital tools for adequate care.

For example, in the 10 minutes a 38-year-old patient has with their doctor, they might mention that they have been having indigestion and loose stools. Their physician might immediately think of possible Irritable Bowel Syndrome (IBS), prescribe Imodium and Omeprazole, and then move on to the subsequent complaint due to time



Charles (Doc) Garcia is a practicing herbalist and teacher in the San Francisco East Bay. He credits his mother for most of his herbal knowledge, along with Adam Seller and the late Michael Moore.

constraints. On the other hand, if a healthcare provider has time, they might ask more follow-up questions regarding onset and qualities associated with the patient's symptoms. Suppose the patient in the example mentioned discusses having foul-smelling stools with white streaks; we might think of steatorrhea (fatty stools) and then focus on pancreatic, liver, or possible gallbladder issues. Without digging deeper into these details, these symptoms could have been missed entirely.

Imagine a 49-year-old single mother, who works full-time, complains to the doctor about fatigue, a cough, and sweating at night. Without a more detailed patient history and intake, the cough might be interpreted as residual symptoms from "something going around." The night sweats could also be interpreted as perimenopause. However, as herbalists, our job is to dig deeper. Suppose she talks about how hard it is to raise two kids on her own since she kicked out her husband for cheating on her. She talks about the homeless outreach she used to do through her church that she does not have time for now. Asking more questions can lead us to think about HIV from the "cheating husband" or possible tuberculosis from her homeless outreach, both of which result in night sweats.

Our ability to listen and tune in to our patients is the most incredible tool in our toolkit. It can keep us from harming our patients and enables us to understand them as a whole — body, mind, and spirit—at a level a practitioner with limited time to see the patient simply cannot.

When taking on a new client, my initial interview often lasts two hours and sometimes more as I try to learn everything I can about the person that forms who they are today. It usually does not take long for people to open up once they understand they have more than 10 minutes of my time and that I am interested in their history—both on a personal and professional level. Through this process, people have opened up to me about everything from child

sexual assault from older relatives to bizarre parasites picked up on an African safari, decades earlier. This information is crucial as it can explain why they might not have support from their family during cancer treatments or have an issue with their intestinal biome, resulting in IBS.

About 20 years ago, a 33-year-old patient came to me asking for help to control his diabetes. He told me he had lost 40 pounds since his diagnosis three years earlier; however, he was still overweight. He suffered from high blood pressure and was diagnosed with diabetic neuropathy in his feet as they were always cold. In addition, he had a small, open ulcer on his foot that would not heal, but did not hurt. His doctor attributed it to his diabetes. He had patches of what looked like eczema on his arms where the hair had fallen out. He described these patches as dry skin that did not itch and was not worried about them.

During our initial interview, he told me about growing up as a military brat. His dad was in the Air Force. He spent three years at a preschool in the Philippines, completed his elementary school in Germany, and most of his high school years in West Texas. He and his friends would go out hunting vermin "and other unnecessary animals" most weekends—rattlesnakes, coyotes, skunks, and even armadillo. After high school, he did not have the desire, or the grades, to attend college, so he followed in his father's footsteps and joined the military, where he spent his four years either driving or fixing trucks. He had been doing this work ever since, and trucker food paired with the lack of exercise likely contributed to his diabetes.

He did not want to take medication for his diabetes and was interested in using herbs and foods to control it instead. We talked about using *Aloe vera* (aloe vera) leaf juice to quickly bring down his blood sugar if it spiked over 300 and cucumbers, dill pickles, and nopales to keep it stable. I explained that although his blood sugar was high, the sugar was not getting into his cells where it needed to be, so medication like Metformin could be of great use for him. We discussed how diet control and exercise were still his best bets for diabetes control. I sent him on his way with sound advice and my magic green salve made of *Symphytum off.* (comfrey) leaf and *Rosmarinus off.* (rosemary) leaf to help with his non-healing foot ulcer.

Nevertheless, something about this did not feel right. He had only had diabetes for three years, and it was well-controlled, from what he told me. I felt it was too soon for him to have diabetic neuropathy, at least at the level he had it. In my experience, it usually takes many years of poorly controlled blood sugar to reach that level.

Many conditions can cause cold feet: lupus and multiple sclerosis, and hypothyroidism, to name a few. I researched many of them, but only

“Our ability to listen and tune in to our patients is the most incredible tool in our toolkit. It can keep us from harming our patients and enables us to understand them as a whole.”



The flowers of *Symphytum off.* (comfrey)
CREDIT: Wikimedia Images, Pixabay

one seemed to fit, based on my client's background and symptoms—the cold feet and hairless patches of dry skin. I contacted him and asked him to go to our local public health department and ask for a test to rule out Hansen's Disease.

I didn't hear from him for a few weeks, and when I did, he was angry, scared, and grateful. Fortunately, no one at the health department told him that the more common name for Hansen's is leprosy. At least they did not mention it until his skin test came back positive, and he was immediately referred to the local clinic that specializes in these cases. There are only three such clinics in California, and one of them is in my local county. There, they immediately put him on a multidrug regimen and told him that because they caught it early, chances are it could be cured completely with no permanent damage, except for cold feet and hairless patches on his arms.

How did I even suspect that he might have Hansen's? The disease is often transmitted through close and frequent contact with someone else who has it, and it is more contagious to children than adults. My client is 33 years old, but the bacteria is very slow-growing and can take 20 years or more before symptoms manifest. It took eleven years for the controversial priest - now Saint - Damien De Veuster of Molokai to contract the disease while working and living in a government-sanctioned leper colony (Stewart 2000).

My client also spent three years in preschool in the Philippines, where the disease is endemic, with many thousands of cases diagnosed every year (WHO, 2011). Additionally, he spent several years in Texas, where he came into contact with many dead armadillos while hunting. The nine-banded armadillo is native to Texas.

It is the only mammal known to carry the bacterium *Mycobacterium leprae*, which causes leprosy. According to the Health and Human Services website for the City of Houston, 1 in 6 armadillos harbor this bacteria and shed it to their environment. Contact with the meat or organs increases the risk of contracting the disease (HHS 2021).

I caught his misdiagnosis by listening, taking the time to conduct an extensive patient history, and doing the research to put it all together. This type of thorough investigation is something most allopathic doctors simply do not have time for. It is by far the most crucial tool in our herbalist toolkit for avoiding adding to the 40,000-80,000 deaths and harm caused every year by missed or misdiagnoses. 🙏

REFERENCES

- Cheney, C. 2020. "Top 10 patient safety concerns for 2020." *Health Leaders*. Available at <https://www.healthleadersmedia.com/clinical-care/top-10-patient-safety-concerns-2020> Accessed March 11 2021.
- City of Houston, Health and Human Services, 2021. "Hansen's disease (leprosy)." Online. Available at <http://www.houstonx.gov/health/ComDisease/hansens.html> Accessed March 12 2021.
- Sharkey, L. 2019. "Misdiagnosis of the 'big three' results in 'serious harm.'" *Medical News Today*. Online. Available at <https://www.medicalnewstoday.com/articles/325811> Accessed March 11 2021.
- Stewart, R. 2000. *Leper priest of Moloka'i*. Honolulu, HI: University of Hawai'i Press. World Health Organization-Western Pacific Region. 2011. "Leprosy control and the burden of leprosy in the Philippines: 2006-2010." Available at http://mobile.wpro.who.int/philippines/areas/communicable_diseases/leprosy/who_leprosy_control_burden_.pdf Accessed March 13 2021.