

Lessons From Our Learners

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Editor's Note: Submissions to this column may be in the form of papers, essays, poetry, or other similar forms. Editorial assistance will be provided to develop early concepts or drafts. If you have a potential submission or idea, or if you would like reactions to a document in progress, contact the series editor directly: William D. Grant, EdD, SUNY Upstate Medical University, Department of Family Medicine, 475 Irving Ave., Suite 200, Syracuse, NY 13210. 315-464-4365. Fax: 315-464-6982. grantw@upstate.edu.

The Secret Garden

Florence Gelo, DMin, NCPsyA; Rosemary Harris, MD

Mrs T is a 73-year-old Cambodian immigrant who has resided in the United States for 32 years. A childhood illness scarred her heart valves, and they were replaced surgically with artificial metallic ones necessitating daily warfarin to prevent strokes.

However, balancing her medication therapeutic levels between stroke prevention and overdosing risking excess bleeding was frustrating. Her levels seemed to fluctuate wildly, from low levels that were too thick—risking a stroke—to terrifying episodes of bleeding that required admission to the hospital and multiple blood transfusions. At one point, Mrs T underwent surgery for an area of intestinal bleeding, which was felt to be the culprit. Despite this procedure the

difficulties continued. Many of these episodes occurred during the warmer months, and we assumed that, distracted by the weather and the outdoors, Mrs T was less compliant with her medication.

Concerted efforts were made to educate Mrs T and her extended family about the importance of taking the blood thinner consistently, as well as food and drug interactions and timing of medication. Several of Mrs T's family members worked in the hospital system and seemed to have a good understanding of her many health issues. They were often given a list of vitamin K-containing foods—many of them leafy green vegetables, including kale, spinach, and other greens—to avoid in excess because of their known negative interaction with warfarin effectiveness.

After several years Mrs T wearied of her frequent hospitalizations. Suffering yet another bleeding episode, she declined to come to the ER for evaluation. A home

visit was made instead to determine the need for hospitalization. Mrs T's primary care physician and the family practice psychotherapist made their first visit to her home.

Mrs T's family members were all patients of our family practice and were eager to show us their home and surroundings. We were especially taken by a wall of photographs, all of them young men who had fallen victim to Pol Pot. Through a sliding glass door, we saw a sizable vegetable garden.

Dr Harris, an avid gardener, asked to see their garden and was proudly taken outside. There she saw a number of exotic Cambodian vegetables not normally found in this country, even in Asian groceries. One was a particular delicacy, a deep green squash-like tuber with warty skin, a "bitter melon" that has a taste like strong black coffee. Stewed with ham or other fatty pork, it is given as a "tonic for the blood" and used as a treatment for leukemia in the Philippines. Wor-

(Fam Med 2009;41(6):391-2.)

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ried that Mrs T's blood problems were a predictor of leukemia, and believing that bitter melon would kill leukemia cells, her family daily prepared various dishes for her when it was seasonally available. Bitter melon is often used in stir-fry, soups, and as a tea. They felt bitter melon was especially important after Mrs T's hospitalizations when she clearly was in need of a blood tonic.

Bitter melon, a preferred remedy by many cultures for many primary

health care needs, is extremely high in Vitamin K. A single 3.5-ounce serving can provide 5% of the RDA of vitamin K for a normal healthy adult. The summertime etiology of the bleeding episodes became evident!

We often walk in our own shoes and not the shoes of others. Our clinical dietary advice had been based on our own expectations of food availability and consumption. What is natural to others was clearly not readily apparent to us.

Probing for cultural or dietary practices rather than simply prescribing may have uncovered the secret of the bitter melon much earlier. The secret to treatment success may be in our own back yard.

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