Letters to the Editor

In Response

Youth-Parent Communication

To the Editor:

I was pleased to read the report by Aspy et al1 on youth-parent communication and youth sexual behavior. It clearly illustrates, in a statistically significant way, the importance of healthy family communication and reminds health care providers of our role in providing accurate information and facilitating family communication whenever possible.

I found the statistics to be clear and convincing. However, I have one concern about a limitation of the study, and of countless others, not discussed by the authors—statistical versus clinical significance.

Those of us trained to do research and data analysis have been drilled to look for the effect of an intervention that is not likely to be the result of intervening or extraneous variables. For example, socioeconomic status (SES) impacts health behavior across the board; people who are struggling to pay rent, eat, and keep the lights on are at least somewhat less likely to place much importance on tight sugar and blood pressure control in diabetes. When SES is controlled for, effects begin to emerge, and one is at least somewhat more likely to see an improvement in self-care through diabetes education.

At what point, however, do we stop partitioning out “noise” to seek “truth”? Aspy et al1 found that “youth-parent agreement scores . . . were significant after controlling for youth age, race, gender, family structure, and parental income and education.”

It strikes me that it is almost as if the people themselves, and the context in which they live, are removed in the service of determining the impact of conversations between parents and their children. That seems to limit the generalizability of the results, because all communication occurs within a context—the sometimes difficult reality of living that cannot be controlled for.

I think the present study was quite well conceived, designed, and executed and that Aspy et al presented convincing and important evidence, within the context of academic-friendly, peer-reviewed research. More importantly for me, however, is that their work reminded me of a serious dilemma in human (okay, animal too) research:

Which is more important, the result, or the people studied and the impact on their day-to-day lives (all in the context of what we have come to expect and accept as credible, “clean” research that attempts to control for anything that might unduly influence the outcome)?

Andrew M. Stewart, PhD
Long Beach Memorial Family Medicine Residency Program
Long Beach, Calif

REFERENCE


Reaction to “The Darkest Hour”

To the Editor:

Michelle Lutton’s1 reaction to the way her resident group arranged to feign misery during her absence, misled her during the next session, brought her to tears, and then told her it was all a joke, struck me as, to say the least, very odd. I do not consider myself, or our group, as humorless, but I do not consider it my responsibility to “keep the interns
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mor is complex, and how one perceives an event depends on multiple factors. In this particular case, the perception depends on the general atmosphere of my residency program and the relationships I have with these interns. I am grateful that my residency fosters a sense of creativity, individuality, and playfulness. Dr Vickers’ perception reminds me that this may not be the case everywhere. While I recognize humor can be used as a weapon, there is no doubt in my mind that in this instance humor was used to convey trust and relieve stress. This was a positive experience shared by all in our residency program.

Michelle Lutton, PsyD
Moses Cone Family Medicine Residency Program
Greensboro, NC

Author’s Response:

In response to Dr Vickers’ letter, I believe two things to be true: humor is complex, and how one perceives an event depends on multiple factors. In this particular case, that perception depends on the general atmosphere of my residency program and the relationships I have with these interns. I am grateful that my residency fosters a sense of creativity, individuality, and playfulness. Dr Vickers’ perception reminds me that this may not be the case everywhere. While I recognize humor can be used as a weapon, there is no doubt in my mind that in this instance humor was used to convey trust and relieve stress. This was a positive experience shared by all in our residency program.

Michelle Lutton, PsyD
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New Research

Herbal and Natural Medicines in the Latino Community

To the Editor:

The use of herbal and natural medicines is common in Latino patients. Family physicians may not often know the exact herbs, English translations, or common

uses. Many traditional herbal remedies are available in US grocery stores, but others are commonly sold in natural product stores called botanicas managed by proprietors known as herbalistas.

Previous research has documented the actual herbal remedies taken by Latinos for certain symptoms or diseases. However, we could find no research that studied the perspectives of the people who provide these traditional remedies, the herbalistas. This study was designed to identify common presenting medical problems in an adult Latino population and the herbal supplements used to treat them, from the perspective of the herbalistas.

Methods

This was a qualitative study of Latino herbalistas using a grounded theory, editing-style approach. The owners of natural medicine clinics, herbal shops, and botanicas in Fort Worth, Tex, were interviewed. Approval for this study was given by the JPS Health Network Institutional Review Board. Each participant consented to the interview. A preestablished questionnaire with open-ended and closed-ended questions was administered in a face-to-face interview with each participant in Spanish. Each interview lasted approximately 30 minutes and was audiotaped. Copious notes were taken for the subjects who expressed discomfort with audiotaping.

The two investigators reviewed the responses and categorized them into themes. A consensus process was used to resolve differences. Participant enrollment ceased when the responses reached saturation.

Results

Five subjects were interviewed. Three botanicas and two natural medicine clinics were identified in predominantly Latino neighborhoods. Their owners were trained herbalists who specialize in natural medicine and therapies. Common herbal remedies and their clinical indications were as follows (Spanish translation in parentheses):

- Obesity
  - Spirulina (espirulina)
  - Corn silk (barbas de elote)
  - Green tea (te verde)

- Gastritis/indigestion
  - Aloe vera (savila)

- Constipation
  - Senna (hojasen)
  - Rahmnus purses (cascara sagrada)

- Intestinal parasites
  - Black walnut (nogal negro)
  - Castela tortuosa (chaparro amargo)
  - Pumpkin seeds (semillas de calabaza)

- Anxiety, emotional tension, or insomnia
  - Passion flower (pasiflora)
  - Damiana (damiana)
  - Seven blossoms (siete azahares)

- Impotence
  - Yohimbe (yohimbe)
  - Ginseng (ginseng)

Discussion

Most of the symptoms reported by the customers to the herbalistas are commonly seen in US family physicians offices; some are not, such as intestinal parasites. Many of the common complaints identified in this study are complex and not easily treated by Western medications, such as obesity. Herbal medicine offers treatments for challenging problems at a lower cost than standard US remedies.