Letters to the Editor

Behavioral science, help them understand their reactions to the demands of residency, and provide emotional support during these exhilarating and stressful years.

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REFERENCE

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.

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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 some of 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 audiorecorded. Copious notes were taken for the subjects who expressed discomfort with audiorecording.

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.
Many of the products recommended by the herbalistas in this sample are not commonly available in US grocery stores. Other studies of herbal remedies used by Latinos reported more commonly available products in the United States, such as chamomile, ginseng, ginkgo biloba, aloe vera, mint, garlic, lavender, and ginger.

There are several limitations to this study. Although the themes identified by the fourth and fifth interviews were no different than the earlier interviews, the fact that only five subjects were included limits the generalizability of this data. The client population served by the herbalistas was predominantly Mexican; therefore, the use of herbal remedies by Latinos from other parts of Central and South America may not be represented.

We found that herbalistas recommend a variety of herbal remedies that are not commonly available in mainstream US stores. Family physicians who treat Latinos should be aware that they may be using these products.

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REFERENCES


Teaching Medical Students Trigger Point Techniques

To the Editor:

Myofascial pain syndrome commonly manifests in patients in primary care settings as a variety of pain symptoms. The UCLA Center for East-West Medicine piloted an innovative training program in trigger point technique using ultrasound technology for medical students who were enrolled in first- and fourth-year electives. The courses engaged students in a patient-focused approach to clinical problem solving that incorporated therapies from different traditions of medicine, which included trigger point injections.

Myofascial pain is underemphasized in medical education and underrecognized in clinical practice. Trigger points are diagnosed clinically, since they demonstrate no reproducible anatomic or histologic abnormalities. However, interrater reliability in myofascial trigger point examination has been demonstrated in the literature. Trigger point injections and dry needling of trigger points have become widely accepted for the treatment of myofascial pain syndrome. A variety of solutions may be injected, while studies widely support that the therapeutic effect in both dry needling and injection is mechanical disruption by the needle. Despite the utility of trigger point injections in medical practice, a training device is not widely used to train medical students, residents, and physicians in the technique.

A total of 26 medical students in 2006 (10 first-year students and 16 fourth-year students) participated in trigger point injection workshops that incorporated ultrasound technology. The students were instructed in the clinical criteria of myofascial pain, learned how to identify trigger points, and observed ultrasound images of trigger point injections.

The 26 course participants successfully completed the experiential exercise and noted the following benefits: learned how to correlate clinical information with real-time, dynamic radiological images; observed the twitch response, which is well described but not well quantified in the literature; and visualized correct placement of the needle tip to avoid iatrogenic harm such as pneumothorax. Based on these outcomes, ultrasound technology was a useful tool for training medical students in evaluation and treatment of myofascial pain. In this workshop, radiological imaging permitted in vivo visualization of hidden anatomy and offered physiologic as well as anatomic insights.

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