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Hundal, S. and Green, J.

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## Experience of Western Herbal Medicine practitioners in supporting brain health in mid-life and older patients: a qualitative research study

Surinder Hundal<sup>1a\*</sup>; Julia Green<sup>1b</sup>

#### Introduction

Dementia is a public health and social care priority. Western herbal medicine (WHM) can play a role in multi-domain healthcare strategies for prevention of dementia in at risk population and support healthy brain ageing in at-risk populations.



### Aim

To explore the experience of WMH practitioners working with age-related brain health issues and modifiable risk factors in mid-life and elderly patients.

### Methods

- Recruitment of three WHM
   practitioners using purposive sampling
   and a set of inclusion criteria.
- Use of semi-structured interviews to explore their herbal and therapeutic management approach and gauge their views on the preventative role of WHM in the assay group.
- Simple thematic analysis of practitioners' narratives from taped interview transcripts

#### Results

Four themes emerged around:

 Treatment of impaired memory and cognitive function alongside metabolic and cardiovascular conditions implicated in dementia pathology Use of wide range of herbs for individualised and extemporaneous compounding.



Dietary and lifestyle
 recommendations an integral part of
 the treatment

.....in many cases with mild cognitive impairment, when you go through a patient's diet, you find quite clearly, that they have got things missing. Certainly, that's got to be repaired and it is one of the first things you should do. You use nutrient supplements alongside dietary modification but then you start thinking about herbs which will be particularly helpful.

- Challenges of working with the target patient group
- Role of WHM in managing brain health in aging population

#### Discussion

- •First of its kind study into current reallife application of WHM in supporting cognitive and vascular brain health in mid-life and older patients
- •Insights into relevance of unique attributes of WHM clinical practice: individualisation, plurality of practice, and the collaborative patient-practitioner therapeutic relationship.
- inst herbs, we can support the patient in different ways. I think it's the care and support they are also worried about and people do deteriorate. Because we have time to spend with patients, that is quite an important factor to be in the loop of it.



•Small exploratory study limitations identified.

<sup>&</sup>lt;sup>1</sup>Herbal and East Asian Medicine, College of Liberal Arts and Sciences, School of Life Science, University of Westminster, 115 New Cavendish Street, London W1W 6UW, United Kingdom.

<sup>&</sup>lt;sup>a</sup>Graduate student BSc Herbal Medicine

<sup>&</sup>lt;sup>b</sup>Senior Lecturer Herbal Medicine, Health Sciences and Research.

<sup>\*</sup>Corresponding author – email address: skhundal@icloud.com