

## Evidence-based herbal medicine

Rotblatt M &amp; Ziment I

Philadelphia: Handley and Belfus. 2002.

## Herbal remedies: where's the evidence?

Practitioners and consumers of complementary and alternative medicine (CAM) are no longer at the periphery of clinical practice. A 1990 survey found 30% of Auckland GPs practised CAM and 69% referred patients to other practitioners of CAM.<sup>1</sup> Herbal medicine is a popular form of CAM, with almost one third (29%) of the New Zealand population reporting regular use of non-vitamin/mineral supplements, such as garlic, evening primrose oil, and other herbal remedies.<sup>2</sup> Two-thirds of patients in a Wanganui study reported wanting their GP to know more about CAM; a similar number acknowledged complementary medicines had side effects, and knew that such medicines could interact with orthodox treatments.<sup>3</sup> There is, therefore, an urgent need for a compendium of evidence for the use of CAM, and Evidence Based Herbal Medicine represents a useful starting point for those interested in the efficacy and safety of herbal remedies.

Rotblatt and Ziment, along with a range of authors from orthodox practice present the evidence for the use of 65 herbal preparations, ranging from Aloe to Yucca. The list includes such mainstays as St John's Wort, Echinacea, Ginkgo biloba, Ginseng, Garlic, Tea-tree oil and Glucosamine. The authors conducted extensive searches of electronic databases and print media to identify the evidence, which has been critically appraised and is then presented in a standard format. The section on each herbal preparation contains information on uses, pharmacology, evidence, adverse effects, interactions and cautions, along with dosages, and a summary paragraph. These short subsections are clearly identified for quick reference. In addition, the sections are headed with a graphical rating of the evidence for benefit, ranging from one (minimal or no evidence of benefit) to three (convincing evidence of benefit from multiple randomised con-

trolled trials). In recognition of the fact that herbal medicines are not without risk, the evidence ratings are supplemented by a safety rating to identify when a preparation is associated with significant adverse effects, interactions, or well-characterised risks to certain populations.

The accumulation of evidence is a dynamic and rapid process with many new clinical trials of herbal remedies being undertaken and published each year. As a result, Evidence-Based Herbal Medicine lacks the contribution of more recent trials on herbal products including St John's Wort,<sup>4</sup> Echinacea,<sup>5</sup> and Ephedra<sup>6</sup> that might moderate the evidence summaries.

Although the sections on individual herbs are probably the most useful elements of this book, Rotblatt and Ziment also include chapters on related topics such as the chemistry of herbal medicine and herb-drug interactions. These chapters provide useful taxonomy of the active substances in herbs and rated evidence for effects of herbs on drugs in a language accessible to most health practitioners.

Overall this book provides high quality, succinct information of use to any health professional that has an interest in herbal medicine. A minor quibble is that the individual sections on herbs are indexed rather than listed on the contents page; the reader will need to turn to the back of the book to find the page number for their preferred herbs. Those that do not employ herbal remedies will still obtain benefit from the tables of interactions in order to provide advice to the many patients using herbal remedies in addition to orthodox medicine.

Evidence-based herbal medicine can be purchased from [www.amazon.co.uk](http://www.amazon.co.uk) for GBP25.95.

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## References

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