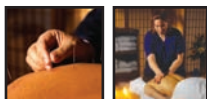




## Problems with Herbs

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Having stood the test of time, herbs are relatively safe. Historically, traditional therapy has involved the use of plant extracts or their active ingredients. Today, roughly 80% of the world's population relies on traditional medicines for their primary health-care needs. In my own 30-year practice, I have very rarely discovered problems that resulted from patients taking herbs. Despite research studies that confirm the efficacy of herbs for some medical conditions, there are concerns that need to be addressed.

### *Inadequate standardization or quality control*

Many herbs are sold as teas, foods and food supplements. Neither proof nor warning of their effectiveness or side-effects is required to be provided.

Herb potency is affected by differing climatic and soil conditions. Differences in the presence of the active substances have been found depending on where the herbs were grown and if they were let to stand for months. Reports have been made that herbal preparations do not, in fact, contain what the label claims and, when analyzed, the supposed active substance is not present at all. Serious poisoning can take place when an importer or retailer mistakes one herb for another.

### *Toxic ingredients*

Toxic contaminants, such as pesticides, non-declared drugs or added chemicals, can be found in herbal preparations. Heavy metals (*i.e.*, arsenic, mercury, lead and cadmium) and prescription drugs (*i.e.*, phenylbutazone, aminopurine, prednisone, testosterone and diazepam) have also been found in supplements.

### *Cathartics*

Many patients believe that herbal teas are entirely safe when used as cathartics. The continued use of cathartics for constipation can be dangerous causing dependency—or the so-called “lazybowel” problem—and delayed diagnoses of serious disorders, due to the use of self-medicated cures and doctor avoidance. Buckthorn, senna, dock roots, juniper berries and aloe vera can have fairly strong irritant, cathartic effects and cause diarrhea, if used indiscriminantly.

### *Anticholinergics*

Many common plants like catnip, juniper, lobelia, jimson weed, wormwood and nutmeg can have deleterious anti-cholinergic and hallucinogenic effects.

### *Allergies*

Patients who are allergic to the *compositae* family (*i.e.*, asters, chrysanthemums and, most importantly, ragweed) should also avoid teas made from goldenrod, marigold, yarrow, St. John's wort and chamomile, because of the possibility of cross-reactivity.

### *Abortifacients*

Most herbs must be used with extreme caution in pregnancy. Any herb that is an emmenagogue or menstrual regulator can potentially be an abortifacient.

### *Hepatitis*

There are reports that germander, mistletoe, chaparral and ragwort have caused hepatitis. Comfrey, a popular folk remedy in Europe and North America, has been shown to contain pyrrolizidine alkaloids, which causes liver damage and cancer in both animals and humans.


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### *Herb/drug interactions*

Many herbs have negative interactions with medication. St. John's wort interferes with cyclosporin, digoxin, epileptic drugs and indinavir. Gingko should be used cautiously with warfarin because it could cause excessive bleeding. Deaths have been associated with the use of ephedra. It has been suggested that herbs be stopped two weeks before surgery, due to possible anaesthetic interactions.

### *Traditional healing*

Herbs are especially important in underdeveloped countries because they can be grown locally, are less costly than drugs, the populace trusts their effects and they require less medical supervision than drugs.

Herbal remedy recipes in traditional societies have been handed down for hundreds of years, from one generation to the next. Indian systems of healing, like the Ayurvedic, Siddha and Unani systems, use herbs as a mainstay of treatment. In China, the practice of traditional Chinese medicine is firmly established. There are more than 5,000 Chinese medicinal herbs, 700 patent Chinese medicine factories and 1,500 factories of Chinese herbal pills and decoctions. 

#### Resources

1. Borins M: *An Apple a Day- A Holistic Health Primer*. Wholistic Press, Toronto, 1980.
2. Fetrow CW, Avila JR: *Professional's Handbook of Complementary and Alternative Medicine*. Springhouse Corporation, Springhouse, 1999.
3. Shulz V, Hansel R, Tyler: *Rational Phytotherapy: A Physician's Guide to Herbal Medicine*. Third Edition. Springer, Berlin, 1998.
4. Murray MT, Pizzorno JE: *Encyclopaedia of Natural Medicine*. Little, Brown & Company, London, 1990.

### *Web reading*

- [www.camline.org/](http://www.camline.org/)
- <http://nccam.nih.gov>
- [www.exeter.ca.uk/phytonet/](http://www.exeter.ca.uk/phytonet/)

### *What to tell your patients*

1. Advise patients to tell you if they are taking herbs so any side-effects can be monitored. Tell patients to be cautious about taking any herbal preparations, especially if purchased outside North America. Herbs should be purchased from a reputable source.
2. Encourage patients to bring the formulations to you so you can read the labels and begin to familiarize yourself with what they are taking. All remedies should be clearly labelled and all ingredients listed.
3. Warn patients not to believe unsubstantiated claims for miracle cures. Explain to patients the kind of research that has gone into drug formulations, what a double-blind, controlled study is and how that compares to anecdotal information.
4. Ask patients to bring in their educational sources so you can begin to talk intelligently about your concerns. Don't dismiss their queries, but be prepared to listen and learn.
5. Patients should get advice from a licensed health professional who is properly trained in the prescribing of herbs.
6. Pregnant patients should not take herbs unless their safety can be assured.

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