

## Herbal medicine

(MARCH 1998)

**TO THE EDITOR:** I enjoyed reading the article by Vann, "The herbal medicine boom: Understanding what patients are taking."<sup>1</sup> However, there are some factual errors and misleading statements that I think deserve attention.

1) The first sentence of the article is incorrect. It reads, "If physicians were to ask every patient if he or she is taking herbal medications, one in three would answer yes, according to a 1993 survey." The survey referenced, Eisenberg's 1993 study<sup>2</sup> published in the *New England Journal of Medicine*, found one third of patients were using some form of alternative medical treatments, not just herbal medicines. In fact, only 3% of the respondents were using herbs as defined in this study.

2) Even though some of these herbs have been shown safe and effective in clinical trials, these trials have been done almost exclusively in European countries where there is much better regulation of the industry and standardized products are available. Results from these studies thus cannot be translated into practice in our country, where, due to the lack of regulation of safety, efficacy, or quality control, the consumer cannot be sure what is actually in the product he purchases. Statements such as "up to 90% of patients with BPH in Europe take herbal medications" and "European urologists prefer herbs to alpha blockers" are misleading without the mention of standardized products available only in those countries.

3) Some diseases probably should not be solely self-diagnosed and self-treated. Using saw palmetto for benign prostatic hypertrophy, for example, could be dangerous if the condition is actually prostate cancer and this remains undiagnosed. Similarly, although St. John's wort appears as effective and perhaps more tolerable than the SSRIs available in this country for the treatment of depression, medical illnesses that can mimic depression,

such as hypothyroidism or other psychiatric diagnoses that can be precipitated by antidepressant agents, like mania in the undiagnosed bipolar patient, should be ruled out before treatment is begun.

4) The section on echinacea suggests that it is effective to treat or prevent viral syndromes. While echinacea has been shown to have immune-stimulating effects in vitro, there are no studies that show any clinical benefit.

5) The quote on page 130 that "one study looked at 10 'ginseng' products and found that seven contained no ginseng at all" is not factual. The *Consumer Reports* study referenced found different concentrations of ginsenosides (thought to be the active ingredient in ginseng) in the 10 products they tested (all did have ginseng); the same article also mentioned a *Lancet* study of 50 ginseng products that found "a few" contained no ginseng. Nowhere in the *Consumer Reports* article does it say that 7 out of 10 ginseng products tested contained no ginseng.

With so much hype surrounding herbs, the consumer is overwhelmed with misleading information. The physician should be able to count on reliable, factual accounts from journals such as the Cleveland Clinic to better guide his patients.

LISA C. WINSLOW, MD  
Instructor, Department of Medicine  
HealthONE and University of Colorado  
Health Sciences Center

### REFERENCES

1. Vann A. The herbal medicine boom: What your patients are taking. *Cleve Clin J Med* 1998; 65:129-134.
2. Eisenberg DM, Kessler RC, Foster C, Norlock FE, Calkins DR, Delbanco TL. Unconventional medicine in the United States. Prevalence, costs, and patterns of use. *N Engl J Med* 1993; 328:246-252.

**IN RESPONSE:** I thank Dr. Winslow for her thoughtful comments. Regarding her clarification on the articles by Eisenberg, et al and *Consumer Reports*, she is correct. The discussions of the studies were in error, and I regret the mistakes.



I agree with many of her comments about the use of herbal preparations in Europe to treat benign prostatic hyperplasia, the inadvisability of patient self-diagnosis and treatment, and the limitations of the studies of echinacea. As the title of my article stated, its purpose was to educate physicians about what their patients are taking, to inform them of the purported effects of these medications, and — most importantly — to alert them to possible adverse effects and drug interactions. No endorsement of the use of these preparations was intended nor was self-diagnosis and self-treatment advocated. As I pointed out in the article, tomato sauce faces more regulation and governmental scrutiny than herbal preparations. The way these preparations are marketed in American pharmacies, many patients are being misled about their effectiveness.

Only by being made aware of the purported effects of these drugs and their possible negative effects can physicians provide good care to their patients.

ANA VANN, PHARM.D.  
Department of Pharmacy  
Cleveland Clinic

## CANCER DIAGNOSIS AND MANAGEMENT



IN THIS ISSUE  
PAGE 359

# We Welcome Your Letters

WE ENCOURAGE YOU TO WRITE, either to respond to an article published in the *Journal* or to address a clinical issue of importance to you. You may submit letters by mail, fax, or e-mail.

#### MAILING ADDRESS

Letters to the Editor  
*Cleveland Clinic Journal of Medicine*  
9500 Euclid Ave., EE37  
Cleveland, OH 44195

FAX 216.444.9385

E-MAIL [ccjm@cesmtp.ccf.org](mailto:ccjm@cesmtp.ccf.org)

■ Please be sure to include your full address, phone number, fax number, and e-mail address. Please write concisely, as space is limited. Letters may be edited for style and length. We cannot return materials sent. Submission of a letter constitutes permission for the *Cleveland Clinic Journal of Medicine* to publish it in various editions and forms.

