Phytotherapy An Introduction to Herbal Medicine



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KEYWORDS

• Phytotherapy • Herbal medicine • Integrative medicine

KEY POINTS

- Herbal medications are commonly used in all medical settings, making it essential for primary care providers to learn about the products being used, and resources they can access for continuing education.
- Understanding how herbal medicines are sourced, processed, and standardized can help providers guide patients that are trying to choose the most clinically effective and affordable treatments.
- Multiple herbs are often combined and sold as proprietary blends, which can increase the risk of allergies, adverse reactions, or cross-reactivity with other pharmaceuticals and supplements.
- Several textbooks, online point-of-care resources, and conferences are available for primary care providers to expand their knowledge of herbal medicines.

BACKGROUND

This article is a primer for health care professionals who are interested in understanding the origins of phytotherapy, being introduced to some commonly used herbal medicines, learning about reputable resources that can help with point-of care decision-making and educational programs to build their knowledge-base, and knowing referral options for physicians and providers with expertise in phytotherapy.

Phytotherapy is a field of medicine that uses plants either to treat disease or as health-promoting agents. It is often referred to as herbalism in Western medicine. Traditional use of phytotherapies generally preserves the original composition and integrity of the source plant, so that either the whole plant, or a desired percentage of its minimally adulterated components, is used for medicinal purposes.

Several medical traditions use plant-based therapies, including anthroposophic medicine, naturopathic medicine, traditional Chinese medicine (TCM), Ayurvedic medicine,

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and allopathic medicine. Physicians and providers may use either single-herb treatments, multiple herbs thought to have complementary properties, or mixtures with nonherbal substances such as minerals and vitamins. The more traditional use of phytotherapy often includes the whole part of the plant, such as a chamomile herb infusion (tea), whereas Western herbal medicine more commonly uses single herbs standardized to a component of the extract. In contrast, pharmaceutical medications derived from plants are typically single compounds isolated through the industrial separation and extraction of components identified as having therapeutic properties.

Manufacturing phytotherapies involves uniformly processing source plant materials so that the end-product contains a reference marker constituent at a verified concentration. Because plants contain multiple chemical constituents, the end-product is labeled as standardized to the marker constituent. The purpose of identifying a marker constituent is to generate an end-product that contains the desired concentration of the active constituent. In treatment, what matters most is delivering the active constituent at a therapeutically appropriate dose.

When health care professionals help patients choose phytotherapies from the marketplace, it is important to be aware that the active ingredient and the marker constituent of a phytotherapeutic agent are not always the same chemical. For example, many St. John's wort products are standardized to the chemical component hypericin, which was previously thought to be the active ingredient responsible for the anti-depressive properties of the plant. However, it has since been determined that many of these effects are attributable to the hyperforin compound.^{1,2}

Consumers should also be aware that a product's potency or therapeutic benefit may be overstated if the manufacturing process does not retain necessary concentrations of the active constituent's cofactors. Identifying the most reliable and effective product on the market becomes more complicated when an herbal medicine's active constituent has either not been identified, or is still the subject of debate.

Ultimately, the processes for determining source material selection, marker constituent standardization, active constituent and cofactor concentrations, and medication assembly can vary by both product and manufacturer. Because most herbal medicines are not covered by either government or commercial medical insurances, the variances identified increase the importance of being familiar with product quality and safety resources before recommending phytotherapeutic products for general use that are potentially costly and may have indeterminate efficacy.

COMMON HERBAL MEDICINES

The herbs presented here were chosen because they are representative of a range of common conditions seen in primary care, as well as their popularity in use among patients. For example, ginseng, garlic, and echinacea were among the 10 most common natural products used among adults in the most recent National Health Interview Survey.³

Butterbur

The perennial butterbur (*Petasites hybridus*) plant's clinical efficacy lies with migraines and allergy symptoms. Numerous well-controlled studies have been shown its efficacy in symptom management of intermittent allergic rhinitis. It should be considered as a treatment, especially in patients who cannot tolerate pharmacologic therapies due to drowsiness or other side effects.^{4–7} Speculated to act through calcium channels and to influence the inflammatory cascade, butterbur is effective in migraine prophylaxis.^{8,9} "The American Academy of Neurology and American Headache Society issued a guideline in 2012 recommending butterbur for migraine prophylaxis, but retracted Download English Version:

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