

number of children with specific learning difficulties which include attention deficit hyperactive disorder (ADHD), dyslexia and dyspraxia. Eighty-five per cent of marriages with a special needs child, breaks down. The loss of the extended family has contributed to the social changes in which our children now find themselves. As parents try to cope, prescription drugs are seen as the panacea both family and doctor can rely upon. In 2003 the Department of Health figures showed that seven per cent of children were on these mind altering drugs. In England there are seven million children, so the DoH figures would suggest 500,000 children are taking prescription drugs for mental health problems. The most commonly prescribed drug, Ritalin, has been linked with a myriad of side effects, many of them similar to the condition the drug is trying to treat.

The way we are born

Does the way we are conceived and the way we are born have any effect on our future health? It is now 30 years since the first "test tube baby", Louise Brown, was born. Her birth was the result of the pioneering work into in vitro fertilisation (IVF) by Dr Robert Edwards. An estimated 1.5 million similar births have occurred worldwide. In March 2009, a report from the Human Fertilisation and Embryology Authority, said that parents should be warned that there is a 30 per cent risk that their baby will suffer from a birth defect. IVF accounts for more than 10,000 births in Britain each year.

Dr Michel Odent, an obstetrician and observer of birth trends, has written widely on the long term effects of the way we are born. In essence, we start life at a disadvantage following an operative birth, are given drugs during labour and if we are denied early contact with our mother and her nipple⁷.

Our children are our future, but what sort of a future have we created for them?

Over the past 60 years society has become dependent upon a National Health Service that has systematically eroded the self confidence of people to take care of themselves and their offspring.

References

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BookeNDs

Herb, Nutrient and Drug Interactions Clinical implications and therapeutic strategies

MANY patients with complex chronic disease will report a daunting list of medications prescribed for the various elements in their spectrum of ill-health. Each pharmaceutical agent will have its potential side-effects to be found listed in any of the standard reference works, such as *MIMS* or the *British National Formulary*. What they may not reveal is the cocktail effect of several different medications on a patient whose needs may differ radically from the standard prescribing guidelines. A further confounding factor may be the selection of 'natural' herbs and supplements that the patient might not disclose unless prompted.

In recent years, there has been a growing recognition that some herbs and nutrients have significant effects that can conflict with the standard pharmaceutical drugs. These, in turn, have generated scare stories about the dangers of herbal medicines and some nutritional supplements and a knee-jerk response by European legislators who have tried to introduce measures to curtail the sale of higher potency products. Never was there a greater need for an unbiased resource to which practitioners can turn when advising patients and prescribing for them.

Not only does *Herb, Nutrient, and Drug Interactions*, provide such a resource but it is possibly unique in imparting information on beneficial as well as adverse interactions. For example, the well known myopathies associated with the use of statin medications may be reduced in about 20 per cent of patients by the concomitant use of Co-Enzyme Q10, according to some preliminary studies.

The present work grew out of demand for information created by users of the computerised reference system, Integrated Body Mind Information System (IBIS), developed by one of the authors Mitchell Bebel Stargrove ND LAc. The IBIS database was ahead of its time in providing information on various well-documented naturopathic procedures for the management of a wide variety of clinical conditions.

Each herb or nutrient in common use, either clinically or over-the-counter, is extensively reviewed in terms of its interactions with various classes of drugs. Summaries at the start of each monograph point to the mechanisms and significance of any interaction, and a management column recommends actions, whether avoidance, if there is potential for adverse outcomes, or application, for positive interactions.

In some cases the availability of published material is limited. Bilberry, for example, justifies about two pages, while vitamin C, as might be expected, runs to 42 pages. So often reports of adverse effects of natural medicines and nutrients are given disproportionate hyperbole on the basis of single studies and fuelled by the comments of critics who have no specialised knowledge of these compounds. The inclusion of references to support such extensive data would make for an extremely weighty tome but the publishers have wisely included a bound-in CD to provide these. *Herb, Nutrient, and Drug Interactions* is an essential resource for every modern naturopath and medical herbalist to ensure patient safety and enhance clinical outcomes. A website has been created to update information and encourage feedback from practitioners at www.MedicineWorks.com

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