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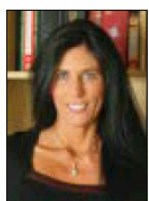
Natural Treatments for Allergic Rhinitis • Herbal Shenghe Powder and Apoptosis of Human Breast Carcinoma Cells • EFT's Effect on Individuals With Fibromyalgia • Is There Still a Place for Normal Birth? A Diabetes Comanagement Protocol • New Insights on Drug-Herb Interactions • Workplace Stress and Health: Creating a Supportive Work Environment • How Can We Improve Medicine?



# Balancing the Scales for Drug-Herb Interactions . . . and more

John Weeks

*This column is offered in collaboration with The Integrator Blog News & Reports (<http://theintegratorblog.com>), a leadership-oriented news, networking, and organizing journal for the integrative medicine community. For more information on these and other stories, enter keywords from the articles in the site's search function.*



*Tieraona Lowdog, MD, chair of the US Pharmacopeia Dietary Supplements Information Expert Committee, notes that too much attention has been given to*

*adverse interactions between herbs and nutrients and that not enough has been given to beneficial interactions.*

## Reframing the Debate on Drug-Herb Interactions

Herbs and natural products are typically viewed by consumers and practitioners of “alternative medicine” as having fewer adverse effects than conventional pharmaceuticals. Thus, it has been an irony of their migration into the medical mainstream that the principal dialogue around natural medicines relates to their potentially detrimental outcomes, particularly when they are used concurrently with conventional pharmacy. Concern about drug-herb interactions has prompted numerous investigations and publications. An early entrant into serving this need for information was the *Interactions* software database developed with a multidisciplinary team led by Mitchell Stargrove, ND, LAc, and published in 2000.

This year, Stargrove, with a coauthor team that includes a medical doctor and an herbalist, brought some useful balance to the drug-herb dialogue. In a forward to the authoritative 930-page *Herb, Nutrient, and Drug Interactions: Clinical Implications and Therapeutic Strategies* (Mosby/Elsevier, 2008),

Tieraona Lowdog, MD, chair of the US Pharmacopeia Dietary Supplements Information Expert Committee, notes, “With the primary emphasis [for herbs and nutrients] on adverse interactions, the topic of beneficial interactions has received little attention.” Lowdog then goes on to assert that “An integrative approach would utilize therapies that reduce or mitigate the adverse effects of medications deemed necessary for the patient whenever possible.” In other words, while beneficial interactions of herbs and nutrients with drugs are as important to note as adverse ones, a doctor’s main goal should be to pursue strategies that limit the need for more-powerful pharmaceuticals that may have significant adverse effects.

To support an even-handed, integrative approach, Stargrove and his team developed a range of measures that guide readers to the appropriate use of both natural agents and pharmaceuticals. The focus is practical information for clinical strategies. Thus, readers confront categories of interactions that are delightfully upside-down to the current views and heretofore not considered. For an individual agent, the reader will find the following types of interactions evaluated: Adverse Drug Effect on Herbal Therapeutics; Drug-Induced Adverse Effect on Nutrient Function; Bi-Modal or Variable Interaction Drug-Induced Nutrient Depletion; and Supplementation Contraindicated, Professional Management Appropriate. In an interview, Stargrove noted the volume’s guiding view that “herbs and nutrients are not second-class citizens.” Writes Lowdog, “The authors demonstrate an appropriate balance between recommendation and risk based on the overall strength of the scientific evidence and their own clinical experiences. The text is well-referenced, balanced, and objective, and the use of icons and summary tables

allows the clinician to quickly identify areas of potential risk, as well as potential benefit.” Marketing materials include quotes from a range of physician leaders including IMCJ’s own Joseph Pizzorno, ND.

**Comment:** I am neither trained nor skilled to evaluate the literature or the clinical perspectives presented in this book. What I did immediately recognize is that this team has walked fearlessly, and with as much objectivity as can be mustered, into the gray zones around evidence in which clinicians work. They acknowledge that, whether mixing chemotherapy cocktails or selecting a set of herbs and nutrients in and around conventional pharmaceutical administration, clinicians are always working in realms of partial evidence. The editorial line of the authors is succinctly captured by reference to the conventional mindset that can only too comfortably, as Stargrove states, “counsel patients to avoid healthy behavior on the basis of the possible risk of disrupting predictable drug levels.”



*IAYT Executive Director John Kepner searched some 2-dozen yoga therapy training programs to begin determining the role that yoga therapy might play in healthcare.*

## Advancing Clarity on Standard for Training a Yoga Therapist

The International Association of Yoga Therapists (IAYT) distinguishes between “yoga therapists,” which IAYT represents, and the literally tens of thousands of “yoga teachers.” The former functions with a healthcare and medical focus, though there remain debates inside IAYT on exactly how to frame the relationship. But what education is required to take on