

Herbal Help: Mythbusters

A number of popular herbal medicines have some commonly held misconceptions. These outdated or disproven notions are still widely accepted, resulting in the unnecessary avoidance of herbs that offer valuable and unique health benefits. Below we aim to dispel some of these 'herbal myths'. **Please note this information is based on the use of PhytoMed liquid herbal extracts at recommended dosages.*



ST JOHN'S WORT & THE ORAL CONTRACEPTIVE PILL (OCP)

While much has been made of this 'contraindication' by medical practitioners, a number of controlled studies have shown St John's Wort is in fact safe to take with the OCP. Some women may experience break-through bleeding; however, this does not impact the effectiveness of the contraceptive pill if taken correctly.



ST JOHN'S WORT & PHOTOSENSITIVITY

This reaction is specific to hypericin. Very high doses of this active constituent (ie 20 times the usual dose of non-standardised St John's Wort) may cause photosensitivity and sensory nerve irritation. A non-standardised St John's Wort liquid extract, taken at recommended doses will not result in this condition.

Most therapeutic actions of St John's Wort involve phytochemicals other than hypericin, therefore high levels of this one component are not necessary for good clinical outcomes, provided a high quality non-standardised St John's Wort extract is used.



GINKGO & ANTICOAGULANT OR ANTIPLATELET MEDICATION

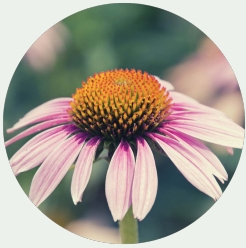
Despite much negative press, a number of clinical trials have now shown Ginkgo is safe to take with aspirin and antiplatelet agents. CA cautious approach and increased monitoring should be undertaken if it is given to patients taking anticoagulants such as warfarin or rivaroxaban.



PROLONGED USE OF ADAPTOGENS

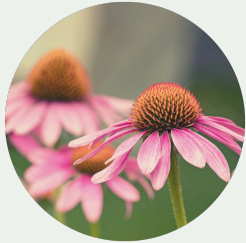
With the exception of Panax ginseng (due to its stimulating nature) there is no hard evidence that adaptogenic herbs should only be used short term, or that they require regular breaks from use. In fact, the long-term use of adaptogens is often recommended in modern herbal practice to support those under chronic stress.

Herbal Help: Mythbusters



PROLONGED USE OF ECHINACEA

It is widely touted that Echinacea should not be taken for prolonged periods, with some sources advising this herb should be used for no more than 8 weeks. However, this caution is totally unfounded, and there is no evidence of reduced efficacy or development of any problems following long term use.



ECHINACEA & AUTOIMMUNE CONDITIONS

There is no evidence that Echinacea root should not be used with autoimmune conditions. In fact, Echinacea may be a useful part of an autoimmune treatment plan given its unique immune-modulatory and anti-inflammatory actions.



KAVA & LIVER DAMAGE

Kava has been restricted in a number of countries due to reports linking it to liver damage. However, the cause of liver damage in most of these cases has not been conclusively determined. Other factors such as concomitant drug therapy, synthetic or non-traditional forms of Kava used, or simply the very likely possibility of an idiosyncratic reaction seems to have been overlooked.

Phytomed maintains that high-quality Pacific grown Kava root, in a traditionally extracted 1:2 hydroethanolic liquid or dried powder form, used within the recommended dosage range, remains a highly effective and safe treatment for acute anxiety, insomnia and stress.

For responsible herbal practice, it remains prudent to avoid the use of Kava with alcohol, or by those with existing, serious liver conditions, until more evidence comes to light.



CHASTE TREE IN THE MORNING

There is no evidence that Chaste Tree must be taken in the morning. Clinical evidence shows effective results are achieved when taken consistently, at any time of the day.