

Herbal Remedies in the ICU: Guaranteed Results or Trouble for Sure?

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Alternative medicine techniques are commonly used across the world and not uncommonly encountered even in the intensive care setting. The use of these unconventional remedies, including relaxation techniques, herbal medicine, massage therapy, aromatherapy, chiropractic practices and acupuncture rose from 33.8% to 42.1% over a seven-year period in one study [1]. In the United States, the last twenty years have seen an exponential rise in the use of alternative medicine, especially the use of herbal remedies. The latest National survey reported that almost one third of adult Americans use some kind of alternative medicine [2,3]. Therefore, it is not uncommon for critical care practitioners to be confronted with patients that are taking these herbal preparations prior to their admission to the intensive care unit (ICU). What is even more interesting is that in many instances either the patient or a family member requests that these preparations be continued during their stay in the ICU.

What are the motivations for patients (and in many instances clinicians) trying herbal medications? Could it be the belief that conventional therapy has failed them? Or maybe these alternative treatment modalities are less expensive and many opt for them? It is clear that conventional medicine is not as readily available in every corner of the world that it has higher costs, and it is more time consuming [3]. Do the benefits of herbal medications outweigh the risks?

Interestingly enough, herbal medications are not subject to the Food and Drug Administration (FDA) regulations in the United States, nor to other regulatory agencies in many countries. The Dietary Supplement Health and Education Act, approved by the United States Congress in 1994 defines a dietary supplement as a product containing any of the following: vitamin, mineral, amino acid, herb, or other botanical concentrate. These products are allowed to make health claims on their labels but at the same time are required to print that there is no intention to treat, cure or diagnose a specific disease [4]. Indeed, most of these agents do not have to undergo multiple human clinical trials in order to prove their efficacy or safety. Because of this lack of regulation, it is very difficult to ascertain their efficacy or even undesirable side effects [5]. Herbal medications are available to anybody that can pay cash for them, since no insurance plan covers their cost [6].

In this issue of Critical Care and Shock, Vahid presents an extraordinary review of herbal medications with system-by-system analysis of those undesirable side effects seen [7]. In many instances, clinicians forget to inquire about the use of herbal remedies as part of their initial history and physical examinations. As noted by Vahid, critical care practitioners must be aware of these potential side effects as the number of patients using these agents is increasing. From simple decrease in peristalsis to life-threatening liver failure, these agents are not to be taken for granted.

Key words: Herbal remedies, homeopathic medicine, intensive care, allopathy, alternative medicine

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