

What the doctor ordered

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Most people want access to herbal remedies, and would like to get them at their GP's surgery. That day may not be far away, reports Jane Feinmann

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Choice may be top of the agenda for healthcare across the political spectrum. But why are we only being offered a choice about which hospital we attend? Why can't we have a say in the type of treatment we're offered in primary care - including the option of herbal medicine, for which we demonstrate a preference by spending upwards of £126m every year on over-the-counter remedies?

Choice may be top of the agenda for healthcare across the political spectrum. But why are we only being offered a choice about which hospital we attend? Why can't we have a say in the type of treatment we're offered in primary care - including the option of herbal medicine, for which we demonstrate a preference by spending upwards of £126m every year on over-the-counter remedies?

Such questions were tackled head-on at last week's annual conference of the NHS Alliance, representing primary-care trusts. Its chair, the GP and researcher Dr Mike Dixon, is determined to confront what he sees as mainstream prejudice against herbal medicine, which proves its efficacy in treating chronic and difficult-to-treat conditions at every opportunity.

"Our job is to treat our patients as adults, which means giving them therapies that they want, and most people want herbal remedies," he says. "There's so much hocus-pocus talked about herbal medicine - that it will blow the NHS budget or put people at risk of dangerous side effects or interactions," he continues. "Of course, there are potential risks with herbal remedies, as with all medicines. But it's the responsibility of doctors to ensure that people are properly informed about these dangers. The real risk is that by simply disapproving, half of the people taking herbal remedies don't tell their GPs."

Fortunately for fans of herbal medicine, there are signs that the NHS Alliance campaign is pushing on a door that's already at least slightly ajar. So what kind of changes can we expect over the next few years?

First, there are signs that ordinary GPs are already open-minded about herbal remedies and can quickly become better informed. A trial due to start early next year, organised by Mid Devon Primary Care Trust Research Group with the support of the Peninsula Medical School of the Universities of Exeter and Plymouth, will assess the impact of training NHS GPs in the use, side effects and interactions of five widely used herbal remedies: "We will then measure the impact on prescribing costs and outcome when GPs provide information and advice about over-the-counter (OTC) herbal remedies for common conditions."

The trial will be lent weight by an EU Directive on traditional herbal remedies that will begin to regulate OTC herbal remedies, enforced in Britain by the Government's Medicines and Healthcare products Regulatory Agency (MHRA), from early next year. With the dodgier end of the market forced off the shelves, remedies that remain will be entitled to make "soft claims" about their products without going through the multimillion-pound testing system required to license a new drug. Packets of St John's wort, for instance, should be able to carry a claim that it is effective for low moods.

Far greater change, however, will come when herbal medicine becomes a statutorily regulated profession in the same way as medicine and nursing. Currently, anyone can set up shop as a medical herbalist, prescribing whatever they like. However, a determined campaign over the past three or four years by the Prince of Wales Foundation for Integrated Health has persuaded the Department of Health to introduce regulation for medical herbalists, who already undergo up to four years of training. A further move, just announced by the MHRA, will introduce a special system for ensuring a "safe supply of herbs for special purposes", as used by medical herbalists.

The move is occurring at the same time as a major expansion of medical-herbalism courses at universities throughout the UK - many of them distance-learning, and proving popular among complementary and mainstream practitioners. An MSc course, aimed largely at doctors, just starting at the University of East London, is also oversubscribed.

One likely result is an increase in herbalists working alongside GPs, an approach pioneered over the last 10 years by the GP Dr Derek Chase and the Japanese herbalist/acupuncturist Gretchen de Soriano at the NHS Cavendish Health Centre in central London. "Our priority from the beginning wasn't efficacy, it was safety," recalls De Soriano. "We took blood tests to ensure that there were no abnormalities attributable to the herbal treatment. And all the practitioners contributed to the records so that everyone involved in a patient's care knew exactly what was being used."

"Sharing of information has to be carried out within the bounds of confidentiality," says Dr Chase. "But if doctors can safely share information with nurses, they should also be able to share information with complementary practitioners, in the interest of their patients."

If efficacy was not the priority, it has certainly been the consequence. Penny Bates has suffered from severe asthma most of her life. But five years ago, aged 26, her asthma worsened: she was twice admitted to hospital as an emergency. Her GP, Dr Chase, referred her to De Soriano and, after a course of six treatments, she was much better: "I was able to cut down on my medication and eventually stop taking steroids at least part of the year," she recalls.

The success of her treatment is tragically underlined by Bates's current predicament. In February, she moved out of the area and was unable to get the free consultation to see her herbalist. "I managed to pay for a consultation when I first knew I was pregnant. But I couldn't afford further treatments," says Bates, who works with refugees. "Since I stopped seeing her, my asthma has got increasingly bad. Now I'm off work and on so much medication that I'm having to have regular scans because the doctors are worried it might affect the baby."

Perhaps the greatest benefit afforded by herbal medicine from an expert practitioner, as opposed to OTC, is the opportunity for "synergy", when a mix of remedies enhances each other's impact, and can be tailored not just to a single problem but to changing health status