

Development of a herbal medicine formulary



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Background and Objectives

Herbal medicines for primary healthcare has gained grounds again in recent years. A reason for the increase in use of herbal medicines over conventional drugs is the concern about adverse effects of most of the latter¹. Misconceptions about the safety of herbal medicines and oversights of possible interactions with medicines are common. Formularies are considered to be a tool to support healthcare decision making process² – in selecting the appropriate herbal medicine and in giving suitable advice. A formulary with locally available herbal medicinal products (HMPs) is considered an asset. The objective was to develop and evaluate a herbal medicine formulary to aid HCPs in the prescribing, dispensing of herbal medicines and in counseling patients about their use.

Method

- A list of all the herbal products having a medical purpose was obtained by contacting local importers and suppliers.
- Every herbal ingredient present in each of the formulations was listed as a separate monograph. Each monograph consists of the common name and Latin botanical name followed by information on the indications, cautions, contraindications, side-effects, drug interactions and dosage. The trade name, dosage form(s), ingredients, and the local distributor of the product(s) containing the herb of that particular monograph is included at the end of the monograph, as shown in figure 1. Indications and side-effects are subdivided into principal, major and minor where appropriate so as to make the formulary more user-friendly for HCPs.

VALERIAN <i>Valeriana officinalis</i>	
Family: Valerianaceae	dextromethorphan ^{5, 28, 474} .
Medicinal Parts: Roots, rhizome.	
Indications: <i>Principal:</i> Insomnia, anxiety and psychological stress states ^{5, 9, 14, 28, 45, 473, 474, 475} .	Dose: Unless otherwise prescribed, up to three times daily: dried root and rhizome, 1-3 gm or by infusion; tincture (1:5, 70% ethanol), 3-5 ml; equivalent preparations ⁴⁵ .
<i>Major:</i> Restlessness, muscle spasm & cramping (associated with dysmenorrhoea) ^{5, 9, 28, 45, 474, 476} .	5-HTP (Solgar) see Griffonia
<i>Minor:</i> Fibromyalgia, benzodiazepine withdrawal ⁵ .	Controller[®] Natural Sleep (Alta Care) see Linden
Cautions: When driving a car or operating heavy machinery when high doses are used ⁵ , pre-existing liver disease, pregnancy & breastfeeding ²⁸ .	Dormeesan[®] (A.Vogel) Liquid; Valerian extract and hops extract obtained from freshly harvested organically cultivated valerian root and hops. Local Distributor: Health Plus
Side-effects: Rarely, GI complaints and contact allergies ²⁸ .	Kalms (Lanes) Tablets; Hops powder 45mg, valerian extract 135mg, gentian extract 90mg. Local Distributor: Collis Williams Ltd.
Drug interactions: Alcohol, barbiturates, benzodiazepines, caffeine, chlorzoxazone.	Magnolia, Valerian, St. John's Wort

Figure 1: Monograph for Valerian as it appears in the formulary

- Monographs' information, were validated by 18 HCPs of whom 13 were pharmacists and 5 general practitioners (GPs), all of whom had good knowledge in the field of herbal medicine. Subdivisions of the indications were also validated by interviewing separately 29 laymen since herbal medicine has a long traditional use within the community.
- Four indices were collated: herb name, product name, indications and contraindications indices.

- A complete formulary (Figure 2) with all the herbal substances, products and indices was printed in A5 size and disseminated to all local pharmacies (216).

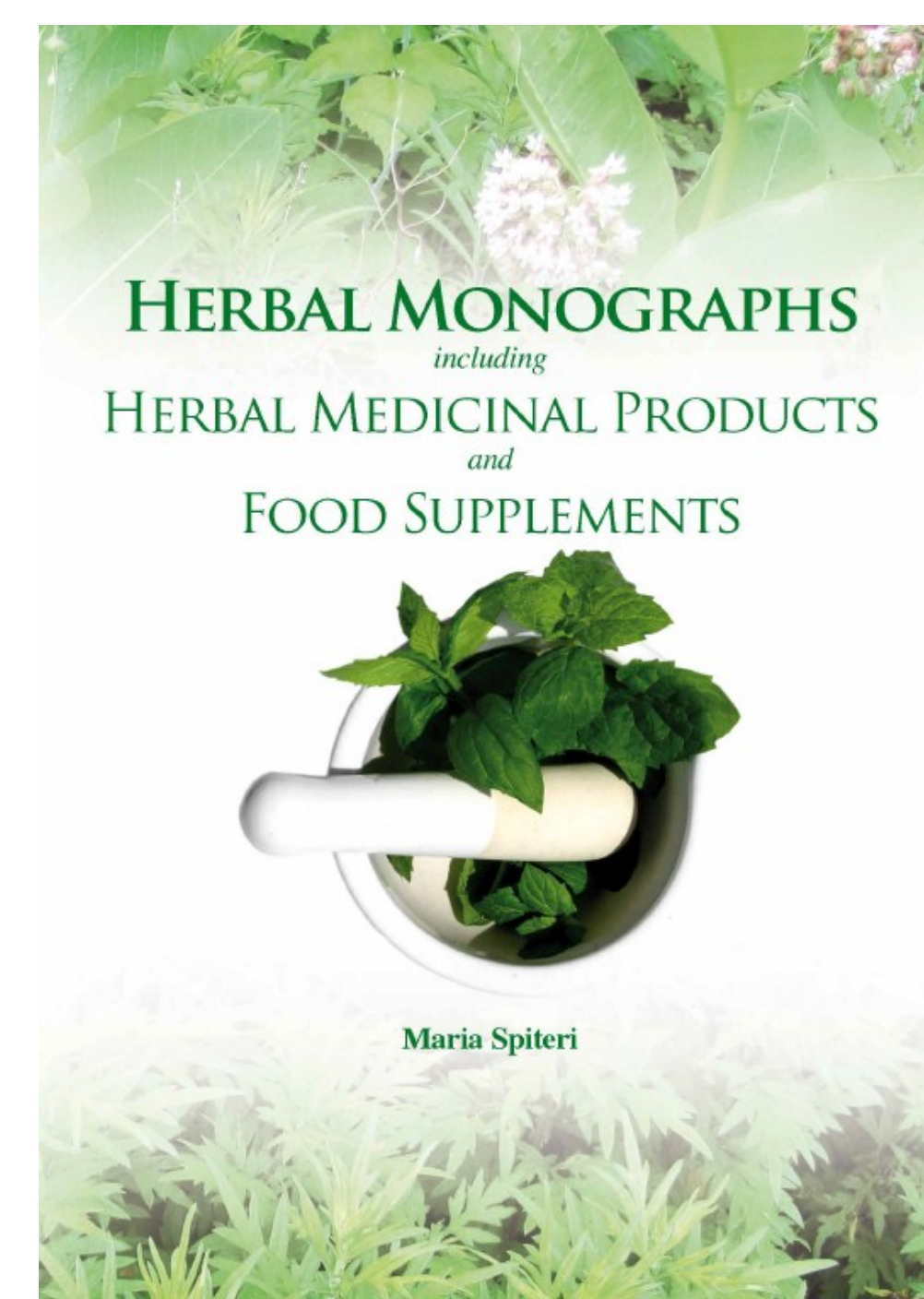


Figure 2: Front cover of the final formulary

- A questionnaire was distributed to 55 pharmacists and 10 GPs, so as to study the usefulness of the formulary among Maltese HCPs.

Results

A total of 177 herbal monographs were compiled and 612 locally available HMPs and food supplements were listed in the formulary. Out of the total number of products available locally, 273 are present as a combination of herbal ingredients and 339 contain only one herbal substance.

A total of 30 HCPs participated in the questionnaire, of which 22 were pharmacists and 8 GPs, with a mean age of 36 years and with the majority of the participants being female (19). All participants found the formulary useful with 19 claiming to use it frequently and 7 quite frequently; 29 participants strongly agreed that the formulary helped them learn which HMPs are available locally and 26 strongly agreed that the information within the formulary is useful.

Participants (n=30) agreed that they have learned about individual herbs (26), the formulary is user friendly (27), information included is up-to-date and well referenced (29) and that there is the need for a formulary of this kind in Malta (28). All participants agreed with subdividing the indications and 5 commented in finding the subdivision very useful when choosing which herbal substances to dispense for particular conditions.

Conclusion

The formulary was found to be a very useful tool that could support pharmacists and GPs in evidence-based prescribing and recommendation of herbal products. The formulary is an accepted tool by local HCPs intended to inform and support the health care decision-making process when using herbal medicines. The formulary was developed in such a way as to be informative but at the same time easy to follow, user-friendly and attractive.

References

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