Review: Herbal preparations may improve FEV₁ and symptoms in asthma


**Question**
For patients with asthma, do herbal preparations improve lung function and reduce symptoms?

**Data Sources**
Studies were identified by searching MEDLINE, the Cochrane Library, and EMBASE/Excerpta Medica from their inception to December 1999 with the terms asthma, herb with various endings, Ayurvedic, and traditional Chinese medicine as well as names of individual herbs. Bibliographies and personal reprint collections were scanned, and experts were contacted.

**Study Selection**
Randomized controlled trials were included if they studied patients with asthma preferably defined by American Thoracic Society criteria and if outcomes of lung function tests, symptoms, medication use, asthma events, FEV₁, or airway reactivity were reported.

**Data Extraction**
Study characteristics and quality, treatment and control interventions, outcome measures, and results.

**Main Results**
17 randomized controlled trials met the inclusion criteria. 6 studied Chinese herbal medicines, 8 studied Indian preparations, 1 evaluated a Japanese herbal preparation, and 2 evaluated marijuana and ivy. 14 of the trials scored ≤ 3 of a maximum of 5 on the Jadad quality scale.

**Conclusions**
9 of 17 randomized controlled trials of herbal preparations show improved FEV₁ or symptoms, or both, in patients with asthma. Study quality, however, is generally poor.

**Commentary**
For a new drug to be marketed in the United States, efficacy must be shown in “adequate and well-controlled trials.” Huntley and Ernst confirmed what is already suspected by the medical community: The clinical evidence to support the use of herbal and other complementary medicines in the treatment of asthma is limited.

These products are not subject to the same regulatory oversight the U.S. Food and Drug Administration provides for pharmaceuticals and medical devices (1). However, the skepticism of the medical community about the benefits of these products must be tempered with the reality that the use of alternative therapies is increasing. More Americans are using alternative therapies (from 33% in 1990 to > 42% in 1997 [2]). In the United Kingdom, a survey found that 60% to 70% of patients with asthma used such therapies (3). Patients use these therapies for many reasons, including the deregulation and increased promotion of dietary supplements in the United States; patient dissatisfaction with conventional medicine; and the fact that these health care alternatives may mirror their own values, beliefs, and philosophy toward health (1, 4). These issues have led to the creation of the U.S. National Institutes of Health Office of Dietary Supplements and the National Center for Complementary and Alternative Medicine whose missions are to support basic and clinical research and researchers in alternative therapies. Only through such research can we understand how these alternative therapies best fit into the management of disease. In the meantime, the busy practitioner must realize that many patients are using these therapies, and they may be affecting compliance with or the benefits and risks of prescribed therapy.

Peter K. Honig, MD
Food and Drug Administration
Rockville, Maryland, USA

**References**