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Adverse and allergic reactions in complementary and alternative medicine

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To the Editor:

The recent excellent review article by Drs Ziment and Tashkin,^{[1](#)} which discussed traditional Chinese medicine (TCM) in the management of asthma, referred to several Chinese proprietary/patent medicines (CPMs) of herbal origin. Specific herbal plants were identified, and the authors cautioned that some exotic drug preparations may be contaminated with active drugs, such as cortico-steroids. They pointed out that *Ma huang* (ephedra) is included in the TCM herbal prescription, which is the only one with proven pharmacologic effect, and mentioned that ephedrine and pseudoephedrine in *Ma huang* are used as pure drugs to treat asthma in the section of unusual drugs.

I would like to emphasize that there are potential and actual adverse and allergic reactions and herb-drug interactions in some of these preparations.

The aconite mentioned in the article could be highly toxic, with cardiovascular,^{[2](#)} neurologic, and gastrointestinal side effects. It is currently under legal surveillance in China and Taiwan.

Licorice root contains glycyrrhizic acid and glycyrrhizin salts with mineralocorticoid activity

and also flavonoids, phytosterols, and coumarins. It was noted to be 1 of 2 Chinese herbal components responsible for hospital admissions in Hong Kong in the early 1990s.³ It was an ingredient in 2 different CPMs, resulting in generalized maculopapular eruption in one patient (herbal plant misidentification and the presence of lead were reported in this preparation)⁴ and admission for hypertensive crisis and hypokalemia in another.⁵ Both cases occurred in Canada and were reported this year.

A CPM, Tong Shap Yee's *Shuenchih Wan* ("pill for easy breathing"), contains powdered licorice 50 mg, aminophylline 20 mg, ephedrine HCl 1.3 mg, and starch 68.7 mg. The label instructs the user to take 10 pills 3 times a day when "short of breath" or 5 pills 3 times a day when asymptomatic.⁶ It is readily available in Chinese herbal shops across Canada and probably elsewhere as well. The prescription drug aminophylline is clearly identified as one of the ingredients in the preparation, and not as a contaminant. The dosage of ephedrine used during the symptomatic period exceeds the maximal daily dose (24 mg) recommended by the US Food and Drug Administration's 1997 proposal, which was raised because of its adverse reactions. It contains licorice as well.

Because of its potential public health implications, there was a recent early release in one journal before the publication date on the adverse cardiovascular and nervous system events associated with dietary supplements containing ephedra alkaloids.⁷

In addition to adverse reactions, allergic reactions associated with TCMs have recently been reviewed.⁸ Besides the generalized allergic maculopapular eruption from a CPM, acute urticaria associated with Chinese herbal medicine and bronchospasm from inhaled Chinese herbal medicine in a practitioner of complementary and alternative medicine (CAM) have been reported.

Although the documentation of the efficacy of CAM for asthma and allergy is important, potential and actual allergic and adverse reactions in CAM should be emphasized. In the presence of an adverse or allergic (drug) reaction, herbal medicine, if used by the patient, should be included in the differential diagnosis. The inquiry into the use of CAM should be part of the allergy history taking. There should be higher standard of regulation of proprietary/patent medicine of herbal origin. I would echo the comment in the editorial by Dr Engler⁹ that "the future role of allergy-immunology in this arena is potentially an exciting one, challenging everyone within the specialty."

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ABSTRACT

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