Herb drug interactions

With people turning towards herbal remedies more and more, the problem of herbal drug interactions is increasing. When a therapeutic combination could lead to an unexpected change in the condition of the patient, this would be described as an interaction of potential clinical significance. It is a major concern for the clinical therapists, especially, for elderly patients, who may be taking multiple prescription drugs, also patients with impaired renal or liver function, or those taking critical drugs (e.g. anti-HIV drugs, chemotherapy) Some of the commonly used drugs, like aspirin, has the tendency to interact with herbal supplements which are known to possess antiplatelet activity (ginkgo, garlic, ginger, ginseng, turmeric, and willow) enhancing the risk of bleeding. Another example is decreased bioavailability of digoxin, theophylline and cyclosporin when these drugs are combined with St John’s wort; soluble fiber containing drugs can decrease the absorption of drugs. Many herbs can alter cytochrome P450 (CYP) metabolism. India has its traditional systems of medicines like Ayurveda and Sidha. Many people may be resorting to different systems of medicine. In many cases, mechanisms are uncertain or unpredictable. *Piper longum* contains piperine, which has been shown in clinical trials to increase the absorption of phenytoin and propranolol. Garlic (*Allium sativum*) interacts with chlorpropamide, ritonavir and warfarin. Adverse reactions may also arise from the misuse of the wrong species of medicinal plants and use of products contaminated with potentially hazardous substances, such as toxic metals, pathogenic microorganisms and agrochemical residues.

Biography

Padmaja Vaidyanathan has completed her PhD from University of Kerala. She is a Professor at College of Pharmaceutical Sciences, Thiruvananthapuram. She has published more than 30 papers in reputed journals and has been serving as an Editorial Board Member of repute.

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