

# Australian Journal *of* Herbal Medicine



# CONTENTS

<b>Editorial</b> .....	86
<i>Susan Arentz</i>	
<b>Commentary</b>	
Implications of the NHMRC report on complementary medicines for Naturopaths and herbalists .....	88
<i>David Casteleijn PhD candidate, Naturopath</i>	
<b>Case Study</b>	
Naturopathic treatment of recurrent urinary tract infection symptoms: a case study .....	90
<i>Desley Hatfield BHSoc (Naturopathy)</i>	
<b>Literature Review</b>	
Evaluation of <i>Salvia miltiorrhiza</i> radix (Danshen) in the treatment of chronic kidney disease: a literature review .....	96
<i>Jenny Carè, BPsyc, AdvDipNat, GCert EBCM</i>	
<b>Medplant</b>	
Valerian add-on to antiretroviral therapy in HIV-positive patients .....	107
Ginkgo biloba in vascular cognitive impairment .....	107
<i>Elaeagnus angustifolia</i> and <i>Boswellia thurifera</i> in patients with knee osteoarthritis .....	108
Curcumin and saffron in major depressive disorder .....	109
Vitex agnes castus for PMS – meta-analysis and systematic review .....	109
<i>Echinacea purpurea</i> in bacterial infections secondary to influenza .....	110
Gymnema sylvestre in metabolic syndrome .....	111
<b>Medjourn</b>	
Acute effects of caffeinated and non-caffeinated cocoa drinks .....	112
Improvements in pregnancy rates and live births after hysterosalpingography with oil .....	112
Vitamin B12, homocysteine and depressive symptoms in older adults .....	113
Fruit and vegetable consumption and prevalence of peripheral artery disease .....	114
Alzheimer's disease, dementia and sauna bathing .....	114
Vegetarian diets in an Australian population .....	115
Nutrient dietary intake and upper respiratory tract infections .....	116
<b>Research</b>	
Around the colleges, institutes and universities .....	118
<i>Joanna Harnett, University of Sydney, UTS/ARCCIM</i>	
<i>Amie Steel, Office of Research, Endeavour College, UTS/ARCCIM</i>	
<i>Matthew Leach, University of Adelaide</i>	
Supporting those that care for others; invitation to participate in research .....	120
<i>Rebecca Warren - MPH, BHSoc(Comp. Med), Ad. Dip. Nat, MPHAA, MNHAA</i>	
<b>CPE Points</b> .....	121



**NICM**  
**SYMPOSIUM 2017**

CLINICAL TRIALS IN INTEGRATIVE MEDICINE:  
CHALLENGES AND OPPORTUNITIES

16 NOVEMBER 2017  
IPSQ WESTERN SYDNEY UNIVERSITY, PARRAMATTA CITY CAMPUS

REGISTER ONLINE TO RESERVE YOUR SPOT  
[NICM.EDU.AU](http://NICM.EDU.AU)

# A naturalistic, observational study of Western herbal medicine practice in self-reported anxiety and depression

---

David Casteleijn, *PhD candidate, UTS/ARCCIM, Naturopath, Woolloongabba, Brisbane*

## Contact information:

David Casteleijn, Herbs On The Hill, Woolloongabba, Brisbane

## Abstract

The NHMRC Natural Therapies for Private Health Insurance review has been criticised for requiring medical standards of evidence and as a result finding Natural Therapies to be ineffective. While the report could be criticised on a number of points, David Casteleijn responds to some of the questions and concerns, explaining the purpose of the report, how the evidence was assessed and how it could inspire new research directions.

---

## Commentary

Emotive and lengthy posts on some of the Naturopathic Facebook groups have highlighted some concerns of naturopaths and herbalists towards the Review of the Australian Government Rebate on Natural Therapies for Private Health Insurance (Baggoley 2015), with concerns cited as “(the review) evaluated 17 natural therapy modalities on medical standards, and therefore claimed that those 17 modalities are not effective.” The authors conclusions were literally that currently there is not enough evidence to conclude that the various natural therapies practices were effective, which is an entirely different conclusion to evidence of non-effectiveness (investigations that demonstrate no positive effect). For naturopathy specifically the authors concluded there was moderate evidence, but as it was not from Australia, they were not convinced of its generalisability (applicability in an Australian context). This conclusion needs to be viewed in the context of the reason the then government commissioned the report, which was to justify removing the proportion of rebate on private health insurance premiums which covers “natural therapies” (which may be calculated to be about \$120 per year for an individual with hospital and extras private health insurance cover) as a way of finding budgetary savings especially as the rebate was never intended to cover any portion of the yearly premium covering “extras”. In light of the political context of the report, we really should not be surprised that the report concluded that, on the whole there was insufficient evidence that “natural therapies” were effective.

The reviewers of natural therapies were not assessing western herbal medicine nor naturopathy on medical standards. I would agree the standards they set for the evidence they would accept into their systematic review was excessively high, but also add that it was at such a high level that it would be difficult for the majority of regular medicine to pass that evidence test either, not because regular medicine does not work, but because that level of evidence (a systematic review of systematic reviews) would generally not have been done for regular medicine either. I will keep referring to western herbal medicine and naturopathy because they are the aspects of the report I am most familiar with and for both of these professions they were searching for studies investigating the “practice” of herbal medicine and naturopathy as a whole excluding the thousands of studies which investigated individual herbs and other naturopathic modalities. They were very clear about this acknowledging the extent of positive evidence which was available, but they were asked to investigate the practice of the various professions and when looking for whole practice evidence in general, it was not there or was of such poor quality (at high risk of bias) it would have been ridiculous to have included it. To be fair, having read the studies which were included for herbal medicine, it is no surprise they concluded there was insufficient evidence. All the way along they reiterated that there was extensive evidence for the tools of trade, so to speak, of a herbalist but virtually nothing for the actual practice.

There are very few (if any) regular medical areas which are assessed on the basis of whole of practice research as

outlined in point two, to do so would most likely come to the same conclusion - that there was insufficient evidence to say visiting a GP was better than not, especially as it is generally considered that the majority of conditions people visit a GP with would get better of their own accord and why I am making the point that the natural therapies were not assessed against medical standards.

The report can quite rightly be criticised for not taking into account that while we build the evidence base for “whole of practice” of the various natural therapies the evidence for the various tools of trade should at least be

considered, but it is completely wrong to say that the various natural therapies were subjected to the same level of evidence as regular medicine as that is plainly not true. All it serves to do is give the report (which was only commissioned as a way of saving however many million dollars in a highly adversary political system) much more credibility than it deserves.

**Reference**

Baggoley, C., 2015 Review of the Australian Government Rebate on Natural Therapies for Private Health Insurance., Canberra: Australian Government Department of Health.

## NEW Medi Restore: A meticulously pure formula with no harsh or irritating excipients for patient comfort, safety and efficacy

GASTROINTESTINAL SUPPORT • DETOXIFICATION SUPPORT • HEALTHY INFLAMMATORY RESPONSE

- NO GLUTEN
- NO DAIRY
- NO EGG
- NO YEAST
- NO SOY
- NO SUGAR

- ✓ A complete source of certified organic rice and pea protein plus amino acids Glutamine, Glycine and Taurine
- ✓ Full spectrum of nutrients including a full B Complex and Trace Minerals dose
- ✓ Supportive food based nutrients— Larch Arabinogalactans, Silymarin, Ginger, Pomegranate, and Matcha Green Tea
- ✓ Great tasting french vanilla flavour— high compliance
- ✓ Practitioner-only

PH 1800 110 158 | [support@researchnutrition.com.au](mailto:support@researchnutrition.com.au)  
[www.prac.researchnutrition.com.au](http://www.prac.researchnutrition.com.au)