

## Commentary on “Herb and Supplement Use Among the Retail Population of an Independent, Urban Herb Store”

By: [Dorothy G. Herron](#), PhD, APRN, BC

Herron, D.G. (2008). Commentary on ‘Herb and Supplement Use Among the Retail population of an Independent Store’. [Journal of Holistic Nursing](#), 26(1). 36-37. DOI: [10.1177/0898010108315190](#)

Made available courtesy of SAGE Publications: <http://www.sagepublications.com>

**\*\*\*Reprinted with permission. No further reproduction is authorized without written permission from SAGE Publications. This version of the document is not the version of record. Figures and/or pictures may be missing from this format of the document.\*\*\***

### **Article:**

The use of herbs and supplements has risen 100% in the last 10 years in the United States (Mayo Clinic, 2007). Sales of all supplements reached \$18.8 billion in 2003 (Mayo Clinic, 2007), with herbs alone estimated at \$4.2 billion in 2001 (Kelly et al., 2005). Many of the people taking herbs do so based on the information available in the media, including the Internet. Many base their information on the recommendations of family members or friends. Others may rely on herbalists or the sales staff in an herb store. Often the people who choose to use herbal supplements take prescription and over-the-counter drugs as well with no knowledge of possible interactions or amplifications.

This study by Archer and Boyle (2008) attempts to examine a small portion of the problem that concerns the simultaneous use of conventional and complementary therapies. Little is known about all of the possible interactions between herbs and prescription and over-the-counter drugs. Traditional health care providers often overlook asking about herb and supplement use, and, when asked, their clients may hide this information out of fear, uncertainty, or embarrassment.

It is unfortunate that the Archer and Boyle study is so restricted in both size of sample and location of data collection. It is a descriptive pilot study and as such can only demonstrate the efficacy of the tool and study design. No psychometric analysis of the tool is given, however. This would have been nice to see, as the tool was researcher-developed. It would also have been helpful to see a lengthier discussion of the problems and benefits found with the method of data collection, as this might impact changes in further, bigger studies using this tool.

The authors use their data to describe the characteristics of their sample and compare these findings to larger studies. The study of only 35 subjects did provide information on the demographics, beliefs, concurrent pharmaceutical use with herbs and supplements, primary sources of information about herbs and supplements, and reporting of use to healthcare providers for that pilot sample, as the authors note. However, the number of subjects is so small and the site of data gathering so confined that the validity of comparing the data to larger, more representative studies can be questioned. When presenting several of the characteristics it was reported that 2.9% of the subjects had reported various answers. This would equal only one subject. So, very little power is exerted by this type of finding.

The authors note that their subjects did not include Hispanic Americans and that herb use is common in this cultural group. It is further noted that in the county of the study’s herb store’s location, even the Hispanic grocery stores have medicinal herb sections. This indicates that there were sufficient numbers of Hispanic Americans living in the county to support these stores, although none were counted in the study. Such cultural considerations should definitely be addressed as the study is expanded.

Archer and Boyle (2008) are to be commended for beginning to tackle this enormous problem area. Most of the people taking or recommending herbal supplements therapies do not consider evidenced- based indicators, and little is known about effects from the simultaneous use of conventional and complementary therapies. Health care providers have insufficient knowledge about possible interactions, and clearly more outcomes research needs to be done.

#### REFERENCES

- Archer, E. L., & Boyle, D. K. (2008). Herb and supplement use among the retail population of an independent, urban herb store. *Journal of Holistic Nursing*, 26, 27-35.
- Kelly, J., Kaufman, D., Kelley, K., Rosenberg, L., Anderson, T., & Mitchell, A. (2005). Recent trends in use of herbal and other natural products. *Archives of Internal Medicine*, 165 (3), 281-286.
- Mayo Clinic. (2007, May 10). Majority of herb users don't follow evidence-based indications, researchers find. *ScienceDaily*. Retrieved November 5, 2007, from <http://www.sciencedaily .com/releases/2007/05/070509161013.htm>