

Correspondence

Potential adverse reactions to herbal medicines in patients attending a nephrology clinic in Abu Dhabi, United Arab Emirates

To the Editor

I would like to comment on the outstanding study by Al-Braik et al¹ on the potential adverse reactions to herbal medicines in patients attending a nephrology clinic in Abu Dhabi, United Arab Emirates.

First, in the developing world, up to 80% of the population uses traditional medicine for primary healthcare. However, herbal medicines (HMs) may be an important risk factor for developing acute and chronic kidney injury due to: non-conventional preparations rarely meet the required essential standards of consistency in composition and biological activity; many of these products contain undisclosed over-the-counter or prescription drugs, or can be adulterated with hormones and glandular extracts; herbal preparations can be contaminated by pesticides and heavy metals; and because of errors in plant identification and confusing terminology, opportunities for mistakes and deliberate substitution can occur. Furthermore, there is a lack of report on the adverse events and drug interactions due to lack of professional surveillance, and specific data on systemic and kidney toxicity are not easily available.²

Second, it is interesting to know that half (52.8%) of the current herb users in Al-Braik et al's study were above the age of 50 years. It might be the low perceived well-being, and the existence of multiple symptoms and associated systemic health problems at this age group that motivated them to seek HMs.

Third, it is also interesting to know that ginger was a common herb (50.9%), and a main ingredient in the herbal mixtures (7.7%) taken by the studied patients in Al-Braik et al's study.¹ Ginger (*Zingiber officinale Roscoe*) possesses anti-inflammatory and analgesic properties, and thus lends pharmacological support to folkloric uses of ginger in the treatment, and/or management of painful inflammatory conditions.³ Ginger was found to be as effective as other non-steroidal anti-inflammatory drugs, like mefenamic acid and ibuprofen in relieving pain.⁴ It might be the perceived analgesic effect that rendered ginger attain high popularity in comparison

to other herbal products among Al-Braik et al's¹ studied population.

Fourth, it is beyond doubt that HMs usage in the United Arab Emirates is deeply rooted in the socio-cultural and religious backgrounds. The potential risks of HMs taking alone, or in combination with conventional therapy really warrant implementation of awareness programs. These programs must be directed to the whole public with special emphasis on those with various health problems, including kidney diseases. Moreover, strict legislations are needed to handle herbal preparations with a therapeutic claim, as well as its judicious dispensing.

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Reply from the Author

I have reviewed the comments of Prof. Al-Mendalawi regarding our article, and it provides additional insight into our findings. I have therefore, no objection to publish the said correspondence.

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References

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