

Herbs and Natural Supplements: An Evidence-based Guide

3RD EDITION

Edited by L. Braun and M. Cohen

Reviewed by **Felicity Goodyear-Smith**
The University of Auckland

This reference book is written for an Australian and New Zealand audience of health practitioners from various disciplines to provide a comprehensive guide to the evidence base of commonly-used herbs and supplements.

The first section covers discussion on complementary medicine in general, and herbal medicine, clinical nutrition, aromatherapy and food as medicine in particular. This is followed by several chapters on their use in clinical practice. However, the bulk of the book is an alphabetical compendium of evidence-based reviews of 130 popular herbs and natural supplements available over the counter in Australia and New Zealand.

The final section is appendices of summarised tables.

The book is well set out and indexed. The monographs follow a standard format with headings such as chemical components, main actions, clinical use, adverse reactions, interactions, contraindications and precautions, pregnancy use and answers to frequently asked questions. They often include a box of 'practice points'. The reviews are generally well referenced.

However, on careful examination of some of the reviews, there is a tendency to overemphasise the effectiveness of the remedies and downplay the potential harms. For example, the monograph on saw palmetto claims there is substantial scientific evidence that it is an effective treatment for benign prostatic hypertro-

phy, whereas a 2009 Cochrane review found it no more effective than placebo. Similarly, the book concludes that clinical trials support the use of black cohosh for menopausal symptoms, whereas the evidence for effectiveness is inconclusive, and there is a small but serious risk of liver reactions to this compound.

While this book is a systematic and comprehensive approach to documenting the evidence for herbs and natural supplements, the interpretation tends to be slanted in favour of their use. I would advise caution in following all their recommendations.

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Evidence-based Practice across the Health Professions

By Tammy Hoffmann, Sally Bennett and Chris Del Mar

Reviewed by **Gill Robb**, Epidemiology and Biostatistics, School of Population Health, The University of Auckland

As the authors suggest in the preface: why another book about evidence-based practice? The value of this book about evidence-based practice is that it does indeed target a wide range of health professionals. For each study design (including qualitative research), worked examples are provided that relate to each of the major professional groups, including occupational therapy, physi-

otherapy, speech pathology, podiatry, medicine, nursing, nutrition, radiation and complementary and alternative therapies. Using a wide range of examples gives an opportunity to illustrate many of the key concepts and challenges in appraising evidence. This provides a rich source of information for all health professionals.

The book is clearly written and uses simple, non-technical language, making it easy to read. The content is well structured and organised, making good use of headings, tables and figures to navigate

the reader through the text and understand the material. There are 16 chapters, which follow logically through the five steps of evidence-based practice (EBP). Each chapter starts with an outline of the key learning objectives and concludes with summary points and references.

The first chapter introduces the concept of evidence-based practice, its rationale, origins and scope. The second chapter describes how to translate information needs into answerable questions, and which study design is most suited to

answer each type of question. Readers are introduced to some of the important concepts for EBP, such as chance, bias and confounding, statistical and clinical significance. Chapter three is an excellent resource for people who find searching for the evidence a challenging exercise. After describing the basics of searching, readers are guided through the search process, starting with the top layer of the Evidence Pyramid described by Haynes (the higher up the pyramid, the more reliable the information) and working down. For each 'layer', a comprehensive list of sources of evidence is supplied. For locating individual studies (bottom layer) the common databases are explained and more detailed instruction is given on how to undertake an effective search, including how to use the 'Clinical Queries' function in PubMed and Medline. Worked examples are provided for searches focussed around clinical questions.

Chapters 4–11 deal with the core material of the book. Two chapters are devoted

to each type of evidence (intervention, diagnosis, prognosis and client's experiences and concerns). Using a clinical scenario for each, the initial chapter works through the five steps of EBP, explaining key concepts. Of particular value are the explanations of the meaning of the results, which often present a barrier when appraising evidence. The second chapter provides worked examples for each of the major professional groups.

Systematic reviews and meta-analyses are dealt with in Chapter 12, and guidelines in Chapter 13. Chapter 14 focuses on how to communicate evidence to patients and includes an eloquent discussion on the complex issue of shared decision-making. Several simple ways of communicating statistical information to patients are presented, and a tool 'Discern' is provided to help practitioners evaluate any written information patients may have located on the Internet. The chapter on clinical reasoning provides an interesting insight into the complexities of professional

practice—a topic not often covered in many EBP texts. The inherent difficulties of integrating the many sources of 'evidence', while at the same time fulfilling role expectations and delivering a service, are acknowledged. The final chapter covers the last and probably the most challenging step in the EBP process—closing the evidence–practice gap. A number of methods are described, along with the barriers and enablers. The importance of using a theoretical framework to address factors that influence getting evidence into practice is emphasised.

In summary, this book is an excellent resource for all health practitioners. The way it has been structured and written will encourage readers to 'dip into' the book frequently as they embark on their journey of lifelong learning.

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A History of the 'Unfortunate Experiment' at National Women's Hospital—by Linda Bryder and The Cartwright Papers: Essays on the Cervical Cancer Inquiry of 1987–88—edited by Joanna Manning

Reviewed by **Jane Gunn**, Professor, Chair of Primary Care Research and Head of the Department of General Practice, University of Melbourne, Australia

More than 20 years have passed since Sandra Coney and Philida Bunkle published an article in Auckland's *Metro* magazine titled 'An unfortunate experiment at National Women's'. The article claimed that Dr Herbert Green, an associate professor and gynaecologist, had withheld treatment from women at risk of developing

cervical cancer. The response to the article was alarming and unprecedented, resulting in the now famous 'Cartwright Inquiry into Cervical Cancer' which had important and lasting ramifications on health care provision, especially for women—ramifications that spread far beyond the shores of New Zealand.

Now, two decades later, the controversy has been reignited by the publication of two books presenting opposing views. In *A History of the 'Unfortunate Experiment' at National Women's Hospital*, the

medical historian Linda Bryder, from The University of Auckland, argues that Dr Herbert Green was in many ways ahead of his time—a thinking gynaecologist—a reflexive practitioner who questioned the level of intervention and radical treatments delivered to women with precancerous and carcinoma in situ lesions. She makes a convincing argument that Green was a scapegoat who was outwitted by a passionate and active feminist movement. If one was to read only Bryder's book one would be convinced that Green was dealt a