

## **The Minutes of the meeting of the Derby Medical Society**

**Held on the 11<sup>th</sup> December 2012 at the Derby Medical School**

Apologies were received from Dr Girn, Mr Klezl and Dr McIntyre.

We were informed of the death of a previous Derby Medical Society president(1978) Dr Mike Liver. We observed a minutes silence.

The minutes were read and agreed.

Dr Scott informed us that 7 applications for the bursaries had been received and the winner will be announced on the 8<sup>th</sup> January.

Dr Scott then had the pleasure of introducing the evening's speaker, Professor Brian Pollard., who is Professor of anaesthesiology at the University of Manchester.

Professor Pollard holds a degree in pharmacology and has an interest in herbal medicines, and he gave us a talk entitled

### **'The Horrors of Herbals and Health'**

There are many herbal remedies. How do they react with other medicines and how do they affect the perioperative period?

Background to the problem;

Pharmacognosy is the study of crude drugs from plants and animals .

We are familiar with many i.e. digoxin, alcohol, caffeine, morphine aspirin, cocaine, atropine, ergot and curare.

Opium is a good sedative and hypnotic. Atropine is used topically in a 'belladonna plaster' to relieve pain.

We are used to conventional therapies, but less familiar with complementary therapies, of which there are many. Herbology is only a small part of this.

Herbal medicines are available OTC and are perceived as harmless/natural. They are not subject to safety regulations and they vary in potency and may be adulterated with toxic substances.

The scale of the problem.

5% of the UK use herbal medicines.

We often don't find out that a patient is taking them because they are not thought of as medicines and we don't ask about them.

They can interact with other medications or interfere with the normal physiological response, which is important in the perioperative period.

Prof Pollard then gave us examples to illustrate the nature of the problem.

St Johns Wort is an effective antidepressant for mild to moderate depression but it is a dirty drug. It induces cytochrome P450. It can reduce the effectiveness of many drugs – notably COCP and immunosuppressants.

Feverfew is a mild anti inflammatory but it can react with warfarin.

Ginseng comes in up to 40 different types and strengths. It can improve energy and cognitive function and libido but can cause bleeding.

The solution to this growing problem is to educate patients and healthcare workers. Further regulation and research into the medications does not look hopeful.

Our American and European counterparts are ahead of us, in that there is more awareness and guidance.

Generally herbal medicines should be stopped 2-3 weeks prior to surgery.

Questions were taken from the floor.

A vote of thanks was given by Dr Stan Ralph and we all applauded a most interesting and thought provoking talk.

The next meeting is on the 8th January 2013

35 members guest and students signed the register.

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