



HerbClip™

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**FILE: ■ Adolescent Herb Use
■Market Survey**

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RE: Adolescent Herb Product Consumption

Gardiner P. Herbal medicine in the adolescent population: a review of the current literature. *J Am Herbalists Guild*. Spring/Summer 2004:47–51.

Adolescents can easily obtain dietary supplements from health food stores, supermarkets, and other retailers. This study reviewed published research to determine the prevalence of adolescent usage of dietary supplements and adolescents' motivation for taking them.

One national survey of 361 adolescents determined that 54% of them had used some form of complementary and alternative medicine (CAM). Of those, 11.5% had used herbs. A second survey reported by the author concluded that 41% of 520 adolescents had taken creatine, weight loss supplements, green tea (*Camellia sinensis*), zinc, echinacea (*Echinacea* spp.), or echinacea/goldenseal (*Hydrastis canadensis*), ginseng (*Panax* spp.), ginger (*Zingiber officinalis*), ginkgo (*Ginkgo biloba*), soy (*Glycine max*) supplements, omega-3 fatty acids or fish oil, St. John's wort (*Hypericum perforatum*), valerian (*Valeriana officinalis*), ephedra (*Ephedra sinica*, a.k.a. ma huang), or feverfew (*Tanacetum parthenium*). Not surprisingly, adolescents with chronic or serious illnesses, such as asthma, inflammatory bowel disease (IBD), rheumatoid arthritis (RA), attention deficient hyperactivity disorder (ADHD), and cystic fibrosis use CAM more frequently than children without these illnesses. Botanical medicine, in the form of herb teas, was taken by 39% of these adolescents.

According to the authors, adolescents use supplements for various reasons. Although looking for solutions to chronic health problems is one reason, they also turn to herbs to boost energy, enhance performance in sports, increase immunity, promote physical and psychological well-being, improve physical appearance, and decrease symptoms of substance abuse. Ginseng, guarana (*Paullinia cupana*), and yerba mate (*Ilex paraguarensis*) were used to enhance sports performance. Herbs used for "general health reasons" were green tea and herbal teas, echinacea, ginseng, St. John's wort, chamomile (*Matricaria recutita*), and thyme (*Thymus vulgaris*). The author reports that these herbal products were purchased by parents for their children 75% of the time. For mental health disorders such as depression and ADHD, St.

John's wort, American ginseng extract (*Panax quinquefolius*), echinacea, and ginkgo were "given by caregivers."

More than 70% of 163 homeless youth in Seattle used herbs and vitamins, according to a 1998 survey. An Australian study of 78 adolescents, aged 11-18 years, showed consumption of sports drinks, vitamin and mineral supplements, energy drinks, herbal supplements, guarana, creatine, high protein milk supplements, and coenzyme Q10. Thirty-seven percent of adolescents with eating disorders used herbs to treat their illness, while 35% used herbs to make themselves "vomit, to decrease appetite, or as a laxative," including garlic (*Allium sativum*), ginger, fennel (*Foeniculum vulgare*), senna (*Senna alexandrina* syn. *Cassia senna*), Metabolean, SlimDown, ephedra, and valerian root. Cranberry (*Vaccinium macrocarpon*) was cited as the remedy used most frequently for urinary tract infections in girls.

Similar to adults, adolescents use herbal supplements for various reasons. As the author points out, oftentimes herbs are taken along with prescription medications. Parents need to communicate with their children to understand if they are taking any supplements that might be harmful to them. Health care providers also bear a responsibility for ensuring the safety of these children. The author concludes, "Therefore, it is essential for us as health care providers to learn what they are using, why they have chosen a particular herbal treatment, and the benefits and adverse effects of these treatments."

—*John Neustadt, ND4*

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