



# HerbClip™

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**FILE: ■ Pediatric Herb Use**

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**RE: Survey of Pediatric Herb Use Among Members of the American Herbalists Guild**

Romm A, Gardiner P. AHG pediatric herb and supplement use survey. *J Am Herbalist Guild*. Spring/Summer 2004:52–54.

The authors conducted a survey of American Herbalists Guild (AHG) members to determine the herbs and dietary supplements used for childhood illnesses. They mailed out 154 surveys and received back 30 (19.5%) of them. Of the respondents, 80% reported their primary profession was herbal medicine. Four respondents reported they were naturopathic doctors (ND), 2 were nurses, 2 medical doctors (MD), 2 acupuncturists, 1 doctor of oriental medicine (OMD), and 1 registered nutritionist.

All respondents reported using chamomile (*Matricaria recutita*) and echinacea (*Echinacea* spp.). All of them used chamomile as a nervine for attention deficit hyperactivity disorder (ADHD), anxiety/nervousness, irritability, restlessness, and sleep problems. Eighty percent also reported using chamomile to treat gastrointestinal (GI) problems, colic, constipation, and upset stomach, while 27% used it for pain including headache, spasms/cramps, and teething. Ninety-seven percent of herbalists used echinacea for acute infections, including colds, upper respiratory tract infections (URI), flu, fever, and lymphadenitis. Echinacea was utilized as an immune tonic by 30% and for skin problems/infections by 6% of respondents.

Fennel (*Foeniculum vulgare*), ginger (*Zingiber officinalis*), and slippery elm (*Ulmus rubra*) were used by 29 respondents. Fennel was most frequently employed (93%) for GI problems including colic, constipation, and digestive upset; followed by respiratory complaints/sinusitis (7%); and as a taste additive (7%). Ginger was used for digestive complaints, including "general need for warming digestive," colic, motion sickness, nausea, and stomach upset by 79% of those who prescribed ginger. Thirty-eight percent used ginger for cold, fever, and URI, and 7% used it for inflammation and poor circulation.

Twenty-eight respondents listed calendula (*Calendula officinalis*). The herb was most often used to treat skin conditions, including burns, eczema, "skin irritations," cradle cap, minor cuts, and aphthous stomata (53%; mouth ulcers), followed by promoting drainage from lymphatic congestion (17%), and for mumps, sore throat, tonsillitis, and GI irritation (13%). The next most frequently utilized plants were peppermint (*Mentha x piperita*, 27 respondents), followed by 26 respondents each listing catnip (*Nepeta cataria*), garlic (*Allium sativum*), and marshmallow (*Althaea officinalis*). Peppermint was employed 85% of the time to treat GI complaints such as colic and irritable bowel syndrome (IBS);

26% of the time to treat colds, flues, fever, and sinus congestion. Peppermint was also used for heading and teething (11% of the time), and as a flavoring additive (7% of the time).

Similar to peppermint, catnip was most often used for digestive problems, including colic and IBS (66%). The next most frequent use of catnip was as a nervine "for behavioral conditions, sleep disturbances, ADHD, general nerve support" (46%). Nearly half (46%) of respondents who listed garlic used it for infections, including candidiasis, dysentery, local and topical infections, and parasitic infections, while 31% prescribed garlic for asthma, recurrent URI and otitis media. A small percentage (8%) utilized garlic for "minor GI problems." Marshmallow was also employed most frequently (54%) for GI conditions, including inflammation, irritated stomach, nausea, and vomiting. Thirty-eight percent of the herbalists used marshmallow to treat sore throat, cough, URI, and urinary tract infections (UTI). Fifteen percent of those who used marshmallow did so topically for hemorrhoids, styes, and general inflammation.

Goldenseal (*Hydrastis canadensis*) was listed by 25 herbalists. All of those who used goldenseal did so for infections, including dysentery, conjunctivitis, food poisoning, skin infections, strep throat, thrush, URI, and UTI, while 36% used it for mouth ulcers and sores, and mucus membrane inflammation.

Other herbs listed on completed surveys included:

- Licorice (*Glycyrrhiza glabra*, 24 surveys)
- Aloe vera (*Aloe vera*, 23 surveys)
- Ephedra (*Ephedra sinica*; a.k.a. ma huang, 16 surveys)
- Ginkgo (*Ginkgo biloba*) and ginseng (*Panax spp.*, 8 surveys each)

In addition to the herbs prescribed, 80% of respondents also prescribe probiotics for allergic, atopic, and GI conditions. Fish oil was prescribed by 73% of respondents for atopic conditions and mental-emotional issues. Multivitamin/mineral supplements were used by 70% of those surveyed.

Ninety-percent used herbal textbooks "as their primary source of information on pediatric botanical medicine," followed by discussions with colleagues (73%), pediatric textbooks (57%), AHG publications (40%), and the internet (37%). The most common source of prescribing information were *Encyclopedia of Natural Healing for Children and Infants* by Mary Bove (23%), followed by *Naturally Healthy Babies and Children* by Aviva Romm (30%).

This study demonstrates the relative homogeneity of prescribing practices among the AHG members who completed the survey. This may be due to common educational backgrounds and the dissemination of information in today's society. Regional differences in prescribing practices are not evident in the data presented, but might be an interesting topic for a future study.

—John Neustadt, ND

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