



Editorial

Researchers Shoot Selves in Foot – St. John's Wort Ineffective Cure for Bloody Foot

Another train wreck just occurred and there were many bad rails in the track that caused it. The *Journal of the American Medical Association (JAMA)* recently published a study entitled, "Hypericum perforatum (St John's Wort) for Attention-Deficit/Hyperactivity Disorder in Children and Adolescents: A Randomized Controlled Trial" (*JAMA* 2008;299(22):2633-2641). Of course the press went wild with the negative results, stating the "...use of *H. perforatum* for treatment of ADHD over the course of 8 weeks did not improve symptoms."

Of course SJW didn't work; it is commonly used for depression, not ADHD. So why did these researchers, led by Wendy Weber, ND, from Bastyr University, decide to study this substance for ADHD? It isn't commonly used in clinical practice for this indication, so why waste the National Center For Complementary and Alternative Medicine's (and the U.S. taxpayers') money on a study unlikely to improve the treatment of this disease?

In an attempt to justify the study, the authors stated, "In the United States, the most common herbal treatments used by children with ADHD are St. John's wort (SJW), Echinacea species, and *Ginkgo biloba*." This is an incorrect assumption; the study quoted for this statement did not divide out the data of children taking SJW for depression from those with ADHD. If long-haul truck drivers take SJW for minor depression do we separate a sub-group with hemorrhoids and study the effect of SJW on hemorrhoids?

Another issue here is the substance used. The authors note, "Independent testing at the beginning of the trial confirmed that the product was standardized to 0.3% hypericin...The product used in this trial was tested for hypericin and hyperforin content at the end of the trial and contained only 0.13% hypericin and 0.14% hyperforin." This begs the question – did the patients receive an adequate dose? Quality of manufacture *must* be taken into account by researchers and institutions to ensure a quality product is used.

Perhaps this study might not have made it to *JAMA* if it were not for Harvard's prolific researcher, Joseph Biederman, MD, one of the coauthors. Dr. Biederman, who has published hundreds of studies on the drug therapy of childhood psychiatric diseases, has ties to Alza, AstraZeneca, Bristol-Myers Squibb, Eli Lilly, Janssen Pharmaceuticals, McNeil, Merck, Organon, Otsuka, Shire, Novartis, and UCB Pharma. According to Reuters: Dr. Biederman is "...the Harvard University psychiatrist who has been accused by Iowa Republican Sen. Charles Grassley of not fully disclosing payments he got from drug companies. Harvard Medical School said it is investigating the matter." No wonder a poorly chosen study from a small university, and led by a naturopathic physician, made *JAMA*. First, Dr. Biederman has the connections and second, the results are negative for another "natural product" and *JAMA* has a long history of publishing such studies, flawed as they may be.

The beauty of natural medicine is that, without danger to the patient, you can perform studies to substantiate therapies that have promise and *you have a general assurance of an efficacious and safe outcome if there is a rational reason for the study*. If you want to try something new, there are many practicing physicians with patients more than eager to try a known botanical or nutritional therapy that lacks the side effects of a novel pharmaceutical compound. *Then* you have a basis for continuing with a study. The naiveté here is glaring. Were there not enough depressed children available for a study on SJW in childhood depression or did the lure of publication and the need to use committed funds blind the institutions and the researchers?

Don't miss the video on the *JAMA* site taking full advantage of this train wreck: <http://jama.ama-assn.org/cgi/content/full/299/22/2633/DC1>

A.F. Czap,
Publisher