

COMMENTARY

Commentary to the paper V.D. Tran, D.T. Pham, T.T.N. Cao, M. Bahlol, R.S. Dewey, M.H. Le, V.A. Nguyen. Perspectives on COVID-19 prevention and treatment using herbal medicine in Vietnam: a cross-sectional study (Ann Ig. 2022 Sept-Oct; 34(5): 515-531. doi: 10.7416/ai.2021.2484. E-pub Dec 9).

F. Papini¹ and G. Privitera¹

The current COVID-19 pandemic has brought to attention the potential benefit of botanical drugs and supplements, although controversial efficacy claims are a concern (1).

The lack of treatment options for COVID-19 has led to many attempts to find alternative selfcare measures and unconventional remedies to prevent the transmission of the disease or to mitigate the progression of the infection (2). The use of medicinal plants, herbal products and food supplements has increased during the COVID-19 pandemic as a private behaviour, with the risk of misinformation and misuse (3).

This is true especially for lower-middle income countries, where traditional medicine is integral part of the culture and is more used than allopathic or western medicine: for these countries, medical plants are the primary source of healthcare, often self-administered. About 80% of developing countries' populations still rely on traditional medicines (4).

Herbal products usually do not require a medical prescription, are more readily available and accessible and in many countries their use is based on a solid cultural background.

Traditional, complementary, and alternative medicines have many benefits to the eyes of their customers: these are supported by a consensus based on tradition and empiricism that botanicals can offer some protection and alleviation of disease symptoms as well as promoting general wellbeing and self-reassurance.

Even if medicinal plants might be good for the health and in supporting the immune response, currently there is no evidence to support the use of herbal supplements to prevent or cure COVID-19 (5).

Unscientific products to treat COVID-19 can therefore be unsafe for people, as they may abandon self-hygienic practices, may increase self-medication, and may be a risk to patient safety (2, 6).

Among consumers, there is a widespread

¹ Department of Translational Research and New Technologies in Medicine and Surgery, Section of Hygiene, University of Pisa

misconception that “natural” always means “safe”, and a common belief that remedies from natural origin are harmless and carry no risk. However, some medicinal plants are inherently toxic. Further, as with all medicines, herbal medicines may cause side effects, which may be of an adverse nature (7). Herbal products could also have side effects and even life-threatening interactions with other herbs or drugs (2).

To ensure patient safety, WHO has set precise guidelines for the evaluation of the safety, efficacy, and quality of herbal medicines, as they are considered as complete, labelled medicinal products (6).

Currently, the majority of adverse events related to the use of herbal products and herbal medicines that are reported are attributable either to poor product quality or to improper use. Inadequate regulatory measures, weak quality control systems and largely uncontrolled distribution channels (including mail orders and Internet sales) may have been contributing to the occurrence of such events (6).

National Health Authorities are therefore encouraged to strengthen national regulation, registration and quality assurance and control of herbal medicines. Policymakers should be aware of the role of traditional medicine especially in lower-middle income countries, and of the importance of educating the general population about COVID-19 transmission and the preventive measures.

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