St. John’s W ort
Effective as an Antidepressant

The herbal remedy, St. John’s wort, is just as effective as the standard antidepressant drugs in treating people with mild to moderate depression. This has already been demonstrated in previous studies. Now, a new study found that the herb can also help people who have the more severe form of depression. St. John’s wort proved to be just as effective as Paxil (generic name paroxetine), a top-selling antidepressant. The study was published February 11, 2005 in the British Internet journal called BMJ Online First.

The 251 participants had been randomly assigned to take a daily 20 mg dose of Paxil or 900 mg of St. John’s wort three times a day for six weeks. The people who did not respond to either the drug or the herb in the initial phase of the study had their respective doses increased. Neither the participants nor the researchers knew who was taking the herbal remedy and who was on the antidepressant drug. All had been recruited from 21 psychiatric primary care centers in Germany.

After six weeks of treatment, St. John’s wort was judged to be “at least as effective” as Paxil and better tolerated. The people on Paxil reported a higher incidence of adverse effects, most notably diarrhea, dry mouth and dizziness, than the people on St. John’s wort.

As with all herbal remedies and dietary supplements, St. John’s wort products are not tested beforehand, so there is no way of knowing whether the herbal remedy contains what is claimed on the label. An independent testing service called ConsumerLab.com has taken on the task. Manufacturers and distributors pay the service to test their products, including vitamins, minerals, and dietary supplements. Out of 15 different St. John’s wort products that were tested, six did not receive the ConsumerLab.com seal of approval. Reasons included unsafe levels of lead and cadmium, a lower amount of the herb than was claimed on the label, and erroneous advice on the label. The service also provides a summary of the research supporting St. John’s wort and the foods and drugs that might interact adversely with the herb. Internet users can subscribe for $24 a year to receive complete testing results. Some of this information, however, is free at www.consumerlab.com.

Prenatal Ultrasound
— Safe, So Far

The prenatal ultrasound examination is an example of a medical test widely accepted before it was proven safe for the developing embryo or fetus. Ultrasound imaging has been standard prenatal care for 30 years. Acknowledging that the evidence supporting its acceptance is “far from comprehensive,” Australian researchers set out to fill some major information gaps. Their results, published recently in the British journal The Lancet (12/4/04), were reassuring.

John P. Newnham, MD, and colleagues at the University of Western Australia specifically wanted to know whether there were any adverse effects on the growth and development of the fetus. The Australian researchers had already conducted a clinical trial that found multiple ultrasound examinations produced an “unexplained and significant increase in the proportion of growth-restricted newborns.” Now the researchers wanted to know what happens to these babies as they grow up. Assessments were done on children whose mothers had participated in five studies of ultrasound imaging. The children were tested nearly every year between the ages of one and eight. The mothers had been randomly assigned to receive either a single ultrasound or two ultrasounds plus another test called umbilical artery Doppler flow velocity waveform.

At one year of age and thereafter, the size of the children was similar whether their mothers had received just the one ultrasound or multiple testing. There were no differences between the two groups in terms of speech, language, behavior, and neurological development. “Our studies have provided strong reassurance that the intensity of ultrasound used in traditional imaging studies appears to be safe,” wrote Dr. Newnham in an e-mail. He stressed that he is referring to the ultrasound intensity used between 1989 and 1992 when the five studies were conducted. “But newer machines have higher outputs and continuing research is required,” he cautioned. “The greatest danger to a pregnant woman and her unborn child is an unskilled operator who may make an incorrect diagnosis, not the machine itself. That is why our two countries [Australia and the U.S.] have worked so hard to have high standards and credentialing of sonographers.”
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