What risks do herbal products pose to the Australian community?

To the Editor: I thank Byard and colleagues[1] for their review of risks of herbal products to the Australian community, which highlighted the high rates of use in younger women with a tertiary education and in patients with chronic diseases or comorbidities. Refugee and migrant women represent a group with potentially high rates of use of herbal products as well as other traditional practices, particularly during pregnancy. Ethnobotany surveys found that 90% of women in eastern Ivory Coast and 80% of women in Mali used medicinal plants during pregnancy.[2] A prospective cohort study found that 45% of women in China consumed Chinese herbal medicine during pregnancy and the postpartum period.[3] The ingestion of soil, clay or chalk has been observed in up to 84% of pregnant women in African countries, and may be complicated by hypokalaemic paralysis, iron and zinc deficiency, lead poisoning, intestinal obstruction and parasitic infestation.[4,5]

It is commonly reported that migrant women transfer cultural practices to their new country. In the United Kingdom, geophagia is associated with immigrants from South Asia and West Africa.[6] Likewise, Congolese and Zimbabwean women commonly consume clay during pregnancy after migrating to Cape Town.[7] In addition, the use of skin lightening creams has been reported in 69% of pregnant women on their third-trimester attending a standard maternal centre in Dakar, which may result in maternal Cushing's syndrome and adrenal insufficiency and in fetal intrauterine growth restriction. Most case reports in the literature describing Cushing's syndrome due to skin lightening creams have been on African women who had migrated to Australia, the United States or Europe.[8] Skin lightening creams may also contain mercury, with the risk of birth defects and irreversible neurological damage to the child. These products are usually obtained over the counter in African shops, and thus are not subject to any form of safety regulation.

A further difficulty is that migrant women may not disclose their use of herbal medicines or other traditional products, even when questioned specifically. Therefore, health professionals in Australia should be aware of the risk of use of herbal and other natural products and practices by migrant women, particularly during pregnancy. Engagement with matriarchal figures, nurses and doulas within migrant communities may be valuable in identifying the extent of these practices.

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