What risks do herbal products pose to the Australian community?

To the Editor: The recent review by Byard and colleagues[1] highlighted the need for tighter regulation and monitoring of traditional herbal products sold in Australia to minimise the risk of exposure to preparations containing toxic substances, including heavy metals. Use of imported Ayurvedic medicines containing high levels of lead is a concerning exposure source among Victorians and elsewhere in Australia.[2]

Between 2010 and 2015, 1530 incident cases with blood lead levels above 10 μg/dL were notified to the Department of Health and Human Services under the *Public Health and Wellbeing Act 2008 (Vic)*. Eight patients, aged 26–41 years, reported Ayurvedic medicine use, including one case of occult lead poisoning described previously.[3] The median blood lead levels were higher in patients using Ayurvedic medicines (median, 79.5 μg/dL [range, 26.1–102.9]) compared with other non-occupational lead exposures ($n = 184$; median, 16.4 μg/dL [range, 10.0–63.6]). For patients reporting Ayurvedic medicine use, testing was often prompted by clinical symptoms, including abdominal pain and vomiting. All patients obtained different products directly from India ($n = 7$) or Pakistan ($n = 1$). Analysis at an independent laboratory revealed that these products had 2000–15 000 times the maximum amount of lead allowed in complementary medicines by the Therapeutic Goods Administration under the Poisons Standard (ie, 10 mg/kg or 0.001%).[4]

The ease by which these Ayurvedic products were obtained via the internet or by travellers to non-regulated countries means that they remain a difficult product to monitor. It is also concerning that all female patients ($n = 3$) reported using these products as fertility therapies or for the treatment of morning sickness, as high blood lead levels may be passed onto babies during pregnancy and while breastfeeding.[5]

We support the assertion that clinical vigilance is necessary in monitoring lead and other heavy metal levels in patients reporting traditional medicine use.[2,3] Difficulties may arise if the health-seeking behaviours of people using Ayurvedic therapies result in fewer contacts with health services, reducing opportunities to test individuals at greatest risk. Public health messages about the potential risks of traditional and Ayurvedic medicines were distributed using targeted media for at-risk communities, Chief Health Officer alerts and the Victorian Government's Better Health Channel.

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