



# APA SELF-REGULATION CPD & PHARMACOPEIA DOCUMENTS

Representing Ayurvedic Professionals throughout the United Kingdom  
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## Introduction of APA Categories

The APA (Ayurvedic Professionals Association) understand that as APA members, we all need to re-join the APA without fuss or excessive documentation ensuring benefits and easy to understand membership that enable us to continue practising Ayurveda within the UK. The APA as an organisation also understands that the APA needs to set out clear guidelines for new members wanting to join the APA in the future.

The APA has an obligation to ensure that we are all as members, working within guidelines suitable for a voluntary profession within the UK. Older documentation had become outdated and too wordy to be able to deliver what both the members of the APA and public expect.

With statutory regulation a far distant goal of the original APA structure, the voluntary APA committee have updated and implemented easy to understand documentation designed to work towards Self-Regulation for everyone working in Ayurveda within the UK and belonging to the APA.

Self-Regulation means the APA will work towards becoming Self-Regulated and shows that we, as an organisation, are experienced to deliver and recognise the Ayurvedic needs for the UK. To do this, the APA must offer clear guidelines on who can practise Ayurveda within the UK. This is a first step, which is why categories clearly show the individual member, as well as the general public, the scope of practice for Ayurveda based on the training and qualification received by each individual APA Accredited member.

The new APA categories clearly define what is needed, based on qualification, hours and delivery of qualification (face to face or online) to be in each category. The APA in introducing categories, aim for a fair system that recognises the time, money, ability and training undertaken by the individual APA member.

There are many new categories designed to be inclusive for all including new members who wish to belong to the APA in the future. It is the responsibility of each member to apply for the correct category. From 2022 checks from the APA office will ensure qualifications match the category applied for. As the APA grows with accredited membership, the aim is to bring greater transparency, as well as inspire confidence in the use of Ayurveda within the UK.

## APA Memberships Self Regulation Document

### Additional Notes from 1st draft

**Note 1** To apply for membership from next year (2022 onwards) please ensure all documentation and certificates as needed are sent as per the category applied for. Please, not original documentation, the APA is unable to return.

**Note 2** The use of A-Z is for administration. Does not confer hierarchy and could be added in the future if/when more categories are needed

**Note 3** By becoming a member of the APA the individual member agrees to work within the scope of practice for the qualification and category held.

**Note 4** Structured teaching hours means, as taught face to face (electronic platform i.e. Zoom when appropriate but not body therapies) and or assigned by the education provider with a learning outcome and assessment method appropriate to the level of delivery (i.e. between level 4 and 8) and does not include extra work undertaken by the student for self-study.

**Note 5** All new APA members joining for the first time this year (2021), please note all documentation as mentioned will be required to join as per the APA category applied for.

**Ayurvedic Professionals Association (APA) membership is offered  
under the following conditions for accredited categories:**

**(Category A) APA Accredited BAMS MS/MD**

Suitable for clinicians holding a Bachelor of Ayurvedic Medicine & Surgery (BAMS MS/MD) and/or any higher Ayurvedic degree from a recognised Indian or Sri Lankan University.

**Able to work in all aspects of Ayurveda including but not limited to  
Ayurvedic: Clinical, Herbal, Wellness, Disease.**

**Conditions of membership for category A:**

1. Degree BAMS or MD Ayurveda from recognised Indian or Sri Lankan University.
2. Maintenance of the Continual Professional Development (CPD) log with attendance 4 APA CPD events/webinars in one year.
3. Current UK registered professional Indemnity Insurance.
4. Evidence of fluency in English.
5. Evidence of current residency in the UK.
6. For non-British passport holders, valid evidence of permission to live, work in the UK.
7. Full time study over 5.5 years BAMS (9900 hours).
8. Full time study over 8.5 years MS/MD (15300 hours).
9. Agree and understand APA documents including pharmacopoeia and CPD. **Refer to pages 18 – 43.**

## **(Category B) APA Accredited Ayurvedic Practitioner**

Suitable for Practitioners holding a Masters/Bachelors Degree or at least 3 years full-time Diploma in Ayurvedic Medicine with minimum **3600 hours contact** structured teaching hours at **level 6** or above and clinical internship, minimum 500 hours.

**Able to work in all aspects of Ayurveda including but not limited to Ayurvedic: Clinical, Herbal, Wellness, Disease.**

### **Conditions of Membership for Category B:**

1. Certification confirming completion of MA, MSc, MCM, BA (Hons), BSc (Hons) or 3 years full-time Diploma in Ayurveda, from a recognised University or Teaching Institute outside India that has been professionally accredited.
2. 500 hours Ayurvedic clinical internship.
3. Maintenance of the Continual Professional Development (CPD) log with attendance 4 APA CPD events/webinars in one year.
4. Current UK registered professional Indemnity Insurance.
5. Evidence of fluency in English.
6. Evidence of current residency in the UK.
7. Non-British passport holders, valid evidence of permission to live, work in the UK.
- 8. Full time study of 3 - 4 years (3600 hours) @ level 6 or above.**
9. Agree and understand APA documents including pharmacopoeia and CPD. **Refer to pages 18 – 43.**

### **(Category C) APA Accredited Ayurvedic 1000 Therapist**

Suitable **Ayurvedic Therapist** with qualification working within Ayurvedic body therapies, Ayurvedic lifestyle, Ayurvedic nutrition. 1000 structured teaching hours at level 5 of which at least **60%** has been delivered **face-to-face (F-to-F)**. Ayurvedic 1000 Therapists must also hold a qualification in Anatomy & Physiology Level 3 or above and have covered foundations of Ayurveda including but not limited to; basic Sanskrit terminology for Ayurvedic understanding, essential Ayurvedic spices, Ayurvedic principles, health maintenance, Ayurvedic nutrition, Ayurvedic health and wellbeing (non disease conditions) plus Ayurvedic body therapies.

#### **Able to work offering Ayurvedic Body Therapies, Lifestyle & Nutrition**

**NOTE.** Not to include any herbal or disease advice unless taught and qualified by the course provider (or insurance will be invalid).

**Refer to pages**

#### **Conditions of Membership for Category C:**

1. Graduates to produce transcripts of their assessments along with appropriate certificates showing qualification Level of course.
2. Graduates to provide entire curriculum document outlining core competencies, assessment methods, from the training provider.
3. If using herbs, graduates must provide entire curriculum document showing herbs or formulations as taught and assessment method for any herbs used. **Refer to pages 20 – 43.**
4. Anatomy and Physiology ITEC Level 3 (certificate required).
5. Maintenance of Continual Professional Development (CPD) log, attending 4 APA CPD events/webinars in one year. **Refer to pages 18 – 19.**
6. Current UK registered professional Indemnity Insurance,
7. Evidence of fluency in English.
8. Evidence of current residency in the UK.
9. For non-British passport holders, valid evidence of permission to live, work in the UK.
10. **1000 hours of training @ level 5, 60% F-to-F.**
11. Agree and understand APA documents including pharmacopoeia and CPD. **Refer to pages 18 – 43.**

**Please note that the APA is unable to recognise 100% online courses because of practical elements (Ayurvedic Therapies), which cannot be taught online.**

## (Category D) APA Accredited Ayurvedic 500 Therapist

Suitable for therapists working with Ayurvedic body therapies and lifestyle advice for Ayurvedic health and wellbeing (non disease conditions). Individuals will have completed a minimum of **500 hours structured teaching hours at level 4, 60% delivered face-to-face (F-to-F)**, to be able to practice in Ayurvedic body therapies with Ayurvedic lifestyle and hold qualifications in Anatomy and Physiology.

### **Able to work offering Ayurvedic Body Therapies and Lifestyle Advice**

**Note.** *Not to include any herbal, Ayurvedic nutritional or disease advice unless taught and qualified by the course provider (or insurance will be invalid).* **Refer to pages**

### **Conditions of Membership for Category D:**

1. Graduates must produce transcripts of their assessments along with appropriate certificates. Graduates must provide the entire curriculum document outlining core competencies and assessment methods from their training establishment (certification required).
2. Anatomy and Physiology ITEC Level 3 (certificate required).
3. If using herbs, graduates must provide entire curriculum document showing herbs or formulations taught and assessment method for any herbs used. **Refer to pages 20 – 43.**
4. Maintenance of Continual Professional Development (CPD) log, attending 4 APA CPD events/webinars in one year. **Refer to pages 18 – 19.**
5. Current UK registered professional Indemnity Insurance,
6. Evidence of fluency in English.
7. Evidence of current residency in the UK.
8. For non-British passport holders, valid evidence of permission to live, work in the UK.
9. **500 structured teaching hours @level 4 60% F-to-F.**
10. Agree and understand APA documents including pharmacopoeia and CPD. **Refer to pages 18 – 43.**

**Please note that the APA is unable to recognise 100% online courses because of practical elements to deliver Ayurvedic Therapies, which cannot be taught online.**



## **(Category E) APA Accredited Ayurvedic Body Therapist**

Suitable for therapists working with **Ayurvedic Body Therapies** for Ayurvedic health and wellbeing (non disease conditions). Individuals who have completed a minimum of **200 structured teaching hours** at level 4 or above at least 80% delivered face-to-face (F-to-F) as well as qualifications in Anatomy and Physiology.

### **Able to work offering Ayurvedic Body Therapies**

**Note:** Not to include any herbal, Ayurvedic nutritional or disease advice unless taught and qualified by the course provider (or insurance will be invalid). **Refer to pages**

### **Conditions of Membership for Category E:**

1. Graduates must produce transcripts of their assessments along with appropriate certificates.
2. Graduates must provide the entire curriculum document outlining core competencies and assessment methods from their training establishment (certification required).
3. If using herbs, graduates must provide entire curriculum document showing herbs or formulations taught and assessment method for the use of said herbs. **Refer to pages 20 – 43.**
4. Anatomy and Physiology ITEC Level 3 (certificate required).
5. Maintenance of Continual Professional Development (CPD) log, attending 4 APA CPD events/webinars in one year. **Refer to pages 18 – 19.**
6. Current UK registered professional Indemnity Insurance,
7. Evidence of fluency in English.
8. Evidence of current residency in the UK.
9. For non-British passport holders, valid evidence of permission to live, work in the UK.
10. **200 structured teaching hour level 4 or above, 80% F-to-F.**
11. Agree and understand APA documents including pharmacopoeia and CPD. **Refer to pages 18 – 43.**

***Please note that the APA is unable to recognise 100% online courses because of practical elements to deliver Ayurvedic Therapies, which cannot be taught online.***

### **(Category F) APA Accredited Ayurvedic Nutritional & Lifestyle Advisor**

Nutritional or Lifestyle Advisor members will have completed **200 hours structured teaching hours delivered at Level 4**, 20% delivered face-to-face (F-to-F) including but not limited to Ayurvedic, lifestyle advise, nutrition, daily routines, diet, spices and wellbeing.

#### **Able to work offering Ayurvedic Nutritional & Lifestyle**

**Note:** Not to include any body therapies, herbal or disease advice unless taught and qualified by the course provider (or insurance will be invalid). **Refer to pages**

#### **Conditions of Membership for Category F:**

1. Graduates must produce transcripts of assessments along with appropriate certificates.
2. Graduates must provide the entire curriculum document outlining core competencies and assessment methods from their training establishment (certification required).
3. If using herbs, graduates must provide entire curriculum document showing herbs or formulations taught and assessment method for the use of said herbs. **Refer to pages 20 – 43.**
4. Maintenance of the Continual Professional Development (CPD) log with attendance at 4 APA CPD events/webinars in one year. **Refer to pages 18 – 19.**
5. Current UK registered professional Indemnity Insurance,
6. Evidence of fluency in English.
7. Evidence of current residency in the UK.
8. For non-British passport holders, valid evidence of permission to live, work in the UK
9. **200 structured teaching hours delivered @ level 4 20% F-to-F.**
10. Agree and understand APA documents including pharmacopoeia and CPD. **Refer to pages 18 – 43.**

***Please note that the APA is unable to recognise 100% online courses because of practical elements, which cannot be taught online.***

### **(Category G) APA Accredited Ayurvedic Nutritional Advisor**

Nutritional Advisor members will have completed **100 structured teaching hours delivered at Level 4, 20% delivered face-to-face (F-to-F)** including but not limited to Ayurvedic nutrition, diet, spices.

#### **Able to work offering Ayurvedic Nutritional advice.**

**NOTE** Not to include any body therapies, herbal or disease advice unless taught and qualified by the course (otherwise insurance will be invalid).

#### **Conditions of Membership for Category G:**

1. Graduates must produce transcripts of assessments along with appropriate certificates.
2. Graduates must provide the entire curriculum document outlining core competencies and assessment methods from their training establishment (certification required).
3. If using herbs, graduates must provide entire curriculum document showing herbs or formulations taught and assessment method for the use of said herbs. **Refer to pages 20 – 43.**
4. Maintenance of the Continual Professional Development (CPD) log with attendance 4 APA CPD events/webinars in one year. **Refer to pages 18 – 19.**
5. Current UK registered professional Indemnity Insurance,
6. Evidence of fluency in English.
7. Evidence of current residency in the UK.
8. For non-British passport holders, valid evidence of permission to live, work in the UK.
9. **100 structured teaching hours, @ level 4, 20% delivered F-to-F.**
10. Agree and understand APA documents including pharmacopoeia and CPD. **Refer to pages 18 – 43.**

***Please note that the APA is unable to recognise 100% online courses because of practical elements, which cannot be taught online.***

## **(Category H) APA Accredited Ayurvedic Lifestyle Advisor**

Lifestyle Advisor members will have completed **100 structured teaching hours delivered at Level 4, 20% delivered face-to-face (F-to-F)** including but not limited to Ayurvedic, lifestyle advise, daily routines, wellbeing.

### **Able to work offering Ayurvedic Lifestyle Advice**

**NOTE** Not to include any body therapies, herbal, Ayurvedic nutritional or disease advice, unless taught and qualified by the course (otherwise insurance will be invalid).

### **Conditions of Membership for Category H:**

1. Graduates must produce transcripts of assessments along with appropriate certificates.
2. Graduates must provide the entire curriculum document outlining core competencies and assessment methods from their training establishment (certification required).
3. If using herbs, graduates must provide entire curriculum document showing herbs or formulations taught and assessment method for the use of said herbs. **Refer to pages 20 – 43.**
4. Maintenance of the Continual Professional Development (CPD) log with attendance 4 APA CPD events/webinars in one year. **Refer to pages 18 – 19.**
5. Current UK registered professional Indemnity Insurance,
6. Evidence of fluency in English.
7. Evidence of current residency in the UK.
8. For non-British passport holders, valid evidence of permission to live, work in the UK.
9. **100 structured teaching hours, @ level 4, 20% delivered F-to-F.**
10. Agree and understand APA documents including pharmacopoeia and CPD. **Refer to pages 18 – 43.**

***Please note that the APA is unable to recognise 100% online courses because of practical elements, which cannot be taught online.***

### (Category I) APA Accredited Yoga-Ayurveda Therapist

Yoga-Ayurveda Therapist members will hold a Yoga qualification (200hours plus) and will have completed **100 structured teaching hours in Ayurveda delivered at Level 4 with 20% delivered face-to-face (F-to-F)** including but not limited to Ayurvedic lifestyle advise, daily routines, wellbeing.

**Pre-requisite** Yoga Qualification at 200 hours or above  
**Able to work** offering Yoga combined with Ayurvedic Lifestyle

**NOTE** Not to include herbal or disease advice unless the course undertaken qualified you to work in these areas. Unless taught and qualified by the course (or insurance will be invalid).

#### Conditions of Membership for Category I:

1. Evidence of yoga qualification (at least 200 hour) from recognised training institution (certification required).
2. Graduates must produce transcripts of assessments along with appropriate certificates in Ayurveda.
3. Graduates must provide the entire curriculum document outlining core competencies and assessment methods from their training establishment (certification required).
4. If using herbs, graduates must provide entire curriculum document showing herbs or formulations taught and assessment method for the use of said herbs. **Refer to pages 20 – 43.**
5. Maintenance of the Continual Professional Development (CPD) log with attendance 4 APA CPD events/webinars in one year. **Refer to pages 18 – 19.**
6. Current UK registered professional Indemnity Insurance, (compulsory).
7. Evidence of fluency in English.
8. Evidence of current residency in the UK.
9. For non-British passport holders, valid evidence of permission to live, work in the UK.
10. **100 structured teaching hours, @ level 4, 20% delivered F-to-F. Plus additional 200 hour (or above) Yoga qualification.**
11. Agree and understand APA documents including pharmacopoeia and CPD. **Refer to pages 18 – 43.**

#### Special Category for those with extensive Ayurvedic training

### **(Category J PLUS) APA Accredited Associate Membership**

Qualified health professionals with extensive additional Ayurvedic training **2000 structured teaching hours delivered at Level 5 or above**. Apart from hours **2000 @ level 5 & 40% face-to-face (F-to-F)**, other conditions for **Category J PLUS** remain the same as **Category J see conditions**.

### **(Category J) APA Accredited Associate Membership**

Associate membership is open to qualified health professionals i.e. GPs, Clinicians, Naturopaths, Herbalists, Integrated Healthcare, Functional Medicine... who have a special interest and training in Ayurveda. Suited for **qualified health professionals** with additional Ayurvedic training, **100 structured teaching hours in Ayurveda, delivered at Level 4 or above at least 20% F-to-F**.

**NOTE** Not to include any body therapies, herbal, Ayurvedic nutritional or disease advice, unless taught and qualified by the course provider (or insurance will be invalid).

**Special note. Category J PLUS** may include dependent on training.

### **Conditions of Membership for Category J and Practitioner J PLUS:**

1. A certificate confirming qualification of allied health profession.
2. Graduates must produce transcripts of assessments, appropriate certificates **for Ayurvedic Training** including curriculum documentation outlining core competencies and assessment methods from the training establishment.
3. If using herbs, graduates must provide entire curriculum document showing herbs or formulations taught and assessment method for the use of said herbs. **Refer to pages 20 – 43.**
4. Current professional indemnity insurance.
5. Maintenance of the Continual Professional Development (CPD) log with attendance 4 APA CPD events/webinars in one year. **Refer to pages 18 – 19.**
6. Evidence of current residency in the UK.
7. For non-British passport holders, valid evidence of permission to live, work in the UK. APA CPD events/webinars in one year.
8. **J =100 structured teaching hours in Ayurveda, delivered @ level 4 20% F-to-F. (Practitioner J PLUS = 2000 hours @ level 5)**
9. Agree and understand APA documents including pharmacopoeia and CPD. **Refer to pages 18 – 43.**

### **(Category K) APA Overseas Membership**

Overseas Members may include any healthcare practitioners living and working outside the UK. This includes fully qualified Ayurvedic doctors (BAMS or MD) or any other health modality, including research in the field of Ayurveda.

**NOTE** Overseas APA membership does not confer right to live or work within the UK without proper documentation from the UK Government.

### **Conditions of Membership for Category K**

Overseas associate member of the APA is conditional upon producing the following written evidence:

1. Certificate confirming role as a Healthcare professional or Certificate confirming role in Ayurvedic industry i.e. Pharmacist, Product Manufacturer Ayurvedic PK Clinics or Retreat provider. (OTHER PLEASE ENQUIRE)
2. Maintenance of the Continual Professional Development (CPD) log with attendance 4 APA CPD events/webinars in one year.  
**Refer to pages 18 – 19.**
3. Agree and understand APA documents including pharmacopoeia and CPD. **Refer to pages 18 – 43.**

### **(Category L) APA Student Membership**

Any student of Ayurveda or student in another health modality with extra training or interest in Ayurveda.

**NOTE** Category L able to assist/work with accredited APA members from categories A and B.

#### **Conditions of Membership for Category L:**

1. Evidence of registration as a student issued by a recognised educational institution, e.g. valid student card or letter from the education provider confirming the student status, including the dates of student status and predicted graduation date.
2. Maintenance of the Continual Professional Development (CPD) log with attendance 4 APA CPD events/webinars in one year.  
**Refer to pages 18 – 19.**
3. Agree and understand APA documents including pharmacopoeia and CPD. **Refer to pages 18 – 43.**

### **(Category M) Friends of APA**

Anyone within the UK who has a particular interest in Ayurvedic Healthcare unable to join other categories as described.

**Friend members are very welcome to join APA events and webinars**

**Special note.** Friends Membership (**Category M**) has been designed for those who are unable eligible to join other APA categories and not holding any formal training in Ayurveda.

For those wishing to join with qualifications in Ayurveda, please join the APA via the appropriate category.



## Membership Fees for 2025 / 2026

**These fees are renewed annually in October each year.**

- APA Accredited BAMS or MD Ayurveda Category A - £162
- APA Accredited Ayurvedic Practitioner Category B - £162
- APA Accredited Practitioner Category J PLUS - £117
- APA Accredited Ayurvedic 1000 Therapist Category C - £117
- APA Accredited Ayurvedic 500 Therapist Category D - £117
- APA Accredited Ayurvedic Nutritional & Lifestyle Advisor Category E - £111
- APA Accredited Ayurvedic Nutritional Advisor Category F - £88
- APA Accredited Ayurvedic Lifestyle Advisor Category G - £88
- APA Accredited Ayurvedic Body Therapist Category H - £88
- APA Accredited Ayurveda-Yoga Therapist Category I - £88
- APA Associate Category J - £88
- APA Overseas Category K - £88
- APA Student Category L - £50
- APA Friends Category M - £35

**Please Note that the members of the following categories are NOT able to advertise their services on the APA website:**

- **APA Associate Category J**
- **APA Overseas Category K**
- **APA Student Category L**
- **Friends of APA Category M**

## APA Accredited Membership

- Accredited APA membership demonstrates the APA is encouraging the practice of self-regulation as required by the UK Government (in place of Statutory Regulation).
- Accredited APA members should display the category to which they belong on their website and advertising material.
- Accredited APA members ensure a set standard of training with hours to reflect the scope of practice, giving greater public confidence in the use of Ayurveda within the UK.
- The use of categories with clear guidelines for each provides greater transparency and understanding of the individual training undertaken for public clarity and overall transparency.
- Each category will be listed on APA documentation and website.
- Individual APA members should understand and work within their category and scope of practice.
- In joining the APA the accredited members agree to work within the definition and limitation of the category held.
- Members in categories **A to I** (& **J Plus**) can apply for discounted Professional Liability Insurance with Holistic Insurance Services [www.holisticinsurance.co.uk](http://www.holisticinsurance.co.uk).
- Current APA members receive discounted ticket rates to APA events and special offers for external events where applicable.
- APA members receive access to live APA webinars, webinar recordings available at a small charge.
- APA members receive a free copy of the APA newsletter and have the opportunity to read and publish articles, case studies, book reviews as well as advertise at discounted rates. This is a platform to promote businesses both within the UK and internationally (e.g. books, products, webinars, teachings).
- All members in categories A to J Plus (not J) receive access to the Member only APA SANGHA networking group via WhatsApp Telegram applications (or future social media platforms).
- All members in categories A to D (and J Plus) can stand for elections in the executive committee.
- Full voting rights for elections and AGM for categories A to J Plus.

## APA Continuing Professional DRAFT Development Policy

### Introduction

Continuing professional development (CPD) is an integral part of professional regulation both voluntary and statutory. The APA has a CPD policy designed to support all APA members develop a culture of continuous learning.

### CPD

CPD is defined as a range of learning activities through which health professionals develop throughout their career, ensuring that we retain the capacity to practise safely and effectively. CPD is a requirement for on-going registration with the APA.

### CPD standards

In determining standards for CPD, the APA recognises that members will already be engaged in a diverse range of CPD activities as an integral part of their professional life.

The APA CPD policy is based on on-going learning and development, focusing on learning achievements and enhancing service delivery. Thus, there are no set hours or points required for CPD. However, it is recommended that at least 4 of the CPD webinars should be included on the CPD log. The APA trusts that members are active, responsible, and committed to their own professional progress and employ an adult and professional approach that emphasises the individual taking responsibility for their own CPD development.

### APA members CPD standards

1. Members should maintain a continuous, up-to-date and accurate record of CPD activities to present a log showing CPD to renew APA membership at the start of the APA year (August),
2. Members are encouraged to use CPD activities that are a mixture of learning activities relevant to current and or future practice.
3. Members are encouraged to seek CPD that will contribute to their practice and service delivery quality.

To meet CPD standards, APA members can make their own professional decisions about the kinds of CPD activity they need to undertake in order to develop and improve their skills and knowledge. However, 4 CPD from webinars, or Ayurvedic lectures are suggested alongside other CPD activity to be recorded on your log.

## CPD activities

CPD can take many forms, and the APA approach is flexible and non-prescriptive. The range of recognised CPD learning activities include but are not restricted to.

- Work-based learning, learning by doing, case studies, reflective practice.
- Clinical audit, coaching, discussions with colleagues, peer review.
- Professional activity, involvement in the Ayurvedic professional body, member of a specialist interest group, mentoring, teaching, examining, tutoring, expert witness.
- Presentation at conferences, developing specialist skills, organising accredited courses, supervising research.
- Formal / educational, courses, undertaking research, distance learning, planning or running a course, writing articles or papers, attending conferences.
- Self-directed learning, reading journals/articles, reviewing books/articles, updating knowledge via internet/TV/press, keeping a file of progress.
- Other activities, public service, courses, voluntary work related to Ayurveda.
- 4 APA webinars or other Ayurvedic lectures related to Ayurveda in one year.
- Members working in a clinical role.
- Attending a short course related to your Ayurvedic Medicine profession.
- Appraising an article related to Ayurvedic Medicine with colleagues.
- Giving colleagues a presentation on a new Ayurvedic Medicine technique.
- Members working in Ayurvedic Medicine education.
- Being a member of the committee of an Ayurvedic Professional body.
- Review for a professional Ayurvedic Medicine Journal or APA Newsletter.
- Studying for a formal teaching award related to Ayurveda.
- Supporting the development and introduction of a national or local policy.
- Members involved in Ayurvedic Medicine research.
- Giving a presentation at a conference related to Ayurvedic Medicine.

**Note:** This is not an exclusive CPD list; APA members are encouraged to tailor their CPD log to reflect individual learning and practice needs.

## APA Pharmacopoeia DRAFT Document

The APA as a voluntary organisation is unable to provide an extensive, detailed and prescriptive document on the usage and or safety of Ayurvedic herbs used within the UK to cover all eventualities.

The purpose of this document is to help APA members, who are eligible to work with herbs within the categories they belong, understand the fundamental guidelines of herb use as APA member.

Individual APA members have a duty of care if/when using herbs, not only to ensure they are eligible to give herbal advice to a client, but that in doing so all herbs used are kept in a safe manner with accurate record keeping and utilising up to date guidelines from the UK Government.

The use of herbs with clients as an APA member also includes understanding herb drug interactions, possible toxic reactions as well as when to use the **Yellow Card Reporting Scheme**. Please see **Appendix 2** on **pages 27 & 28** for details.

### Pharmacopoeia summary

Take personal responsibility for practising Ayurveda in accordance with UK law in a safe and professional manner as well as understanding APA categories and insurance conditions.

### Be aware

- i. Known contraindications when using Ayurvedic remedies
- ii. Traditional contraindications
- iii. Herb-herb and drug-herb interactions
- iv. Toxicity issues in the Ayurvedic pharmacopoeia
- v. Understand appropriate dosage, purification and prescription methods.
- vi. Report any adverse reactions and inappropriate remedy usage via the **Yellow Card Reporting Scheme** (Please see Appendix 2)
- vii. Have an understanding of endangered species, use of sustainably harvested herbs, promotion for health of environment are of central importance to fulfilling the duties of an APA accredited member.

### Safety considerations

Safety relates to the protection of yourself, public, clients/patients from any potential harm. In this context it is essential that APA members eligible to use herbs are aware of any potential unwanted reactions. An 'unwanted reaction' is any undesired effect due to the administration of any remedy or herb.

### **Reasons and causes for unwanted reactions may include.**

- **Contaminated products**, those are unfit for use either due to microbiological or heavy metal contamination, pesticide residues, insect contamination or the presence of mycotoxins.
- **Toxic compounds**, can sometimes be found due to incorrect species identification or insufficient purification procedures.
- **Adverse reactions** due to incorrect dosage, idiosyncratic reactions, allergies or adverse drug-herb interactions.
- **Inappropriate prescriptions**, insufficient knowledge can lead to inappropriate herbs or remedies, for example, hot and pungent remedies in a case of acidity (Amlapitta).

### **Consideration for safe practice if/when using herbs**

- Use remedies that come from a known source and reliable supplier with an external audit system that guarantees correct species identification and appropriate purification procedures.
- Use remedies that are produced with the help of an effective quality control management system that ensures batch traceability, species identification, testing, hygienic storage and safe distribution (see good manufacturing practice standards in Appendix 4).
- Understand the process of metabolism of Ayurvedic remedies in the body.
- Be familiar with the current data and evidence regarding contraindications and drug-herb interactions.
- Work within Ayurvedic principles of Dravyaguna Vigyana.

### **Hepatitis, liver problems or kidney infections**

In the interest of patient safety, the APA strongly recommends that those who are qualified to dispense or use herbs ask and record in writing at every initial consultation, whether a patient has ever had hepatitis, liver problems or kidney infections. Clear information and a medical history is essential, since medicinal metabolites pass through these detoxifying organs and can affect their physiology and are most frequently implicated in adverse reactions.

### **Herb Restrictions within the UK**

Certain remedies are restricted for use under UK medicines laws. Meaning they are either banned, restricted for use only by

a pharmacist, under voluntary suspension, or permitted only when strict dosage guidelines are adhered to.

The Convention on International Trade in Endangered Species (CITES) lists the flora and fauna that are regulated for trade. The CITES convention stipulates that all member countries (UK, India and Sri Lanka are signatories) must only trade internationally in the listed species with official documentation.

To see the table of herbs that are banned or restricted in the UK or endangered, please see **Appendix 1**.

### **CITES**

Some plant species are endangered due to over harvesting in the wild. To view the full list of CITES endangered plant species.

<https://cites.org/eng/disc/species.php>

### **Medicines and Healthcare products Regulatory Agency**

The website of the Medicines and healthcare products regulatory agency (MHRA) contains information and regular updates on banned and restricted herbs. It is your responsibility as an APA member, if using herbs, to visit the MHRA website regularly to check for updates.

<https://www.gov.uk/government/publications/list-of-banned-or-restricted-herbal-ingredients-for-medicinal-use/banned-and-restricted-herbal-ingredients>

### **Non-Herbal Ingredients**

The exemption from licensing accorded to herbal products under Section 12 of the Medicines Act 1968 does not encompass non-herbal ingredients.

**Animal products, minerals and metals are thus not allowed.** Only inert substances such as water are allowed.

The APA strongly advises all Ayurvedic members to abide by the current UK medicine legislation and to practice within the law.

### **IMPORTANT: UK law around dispensing herbal remedies**

Since the introduction of the THMPD (European Directive on Traditional Herbal Medicinal Products) in May 2011 and the repealing of S12 (2) of the UK Medicines Act 1968, only medicinal herbal products that have a Traditional Herbal Registration (THR) are legal for sale. Furthermore, only 'authorised health professionals' (Article 5.1 of the EU Medicines Directive 2001/83/EC) are permitted to sell unlicensed medicines.

The statutory regulation of herbal medicine practitioners (including Ayurvedic Professionals) were turned down by the UK government in 2017. Ayurvedic professionals are not authorized to sell unlicensed medicines.

Because there are currently (2021) no Ayurvedic products with a THR, those practicing Ayurveda cannot supply finished products. This means that any product produced by a third-party (supplier), that is prescribed to a patient/client and is presented as a medicine (product name, ingredients and claim), is not legal. This includes the majority of classical and patent Ayurvedic formulas prepared as *vatis*, *gugguls*, *avalehas*, *arishthas* and *asavas*.

Western, Chinese and Ayurveda members are at present only able to sell finished medicinal herbal products (*vatis* etc) that have a marketing authorisation or that have a THR. There is currently (2021) no classical Ayurvedic single-herb or multi-ingredient finished products with such a marketing authorisation.

### **What is allowed?**

APA members, who are eligible by training, can make up prescriptions on their own premises (this is allowed for under S12 (1) of the UK Medicines Act 1968 and permits a 'practitioner' to draw up a prescription and compound 'non-industrially' produced herbal ingredients on their own premises after a one-to-one consultation.

Currently there are **only two legal routes** by which suitably qualified APA members can give herbs to clients/patients.

- 1) Prepare individual formulas made from raw herb powders on your own premises, as has been practised in Ayurveda for many thousands of years.
- 2) Suggest Food Supplements.

It is important to note that if a client/patient claimed for damages against an APA member and it was determined that the APA member had been using unlicensed herbal medicines, the APA members insurance would be invalidated and the individual would have no cover. This is clearly stated in your Holistic Insurance certificate (see Appendix 3).



Whilst the APA endeavors to support members, it is not possible to do so if APA members operate outside the letter of the law. The APA **strongly recommends** that you establish your own dispensary and prescribe individualised prescriptions to your clients/patients, if you are qualified by training to do so.

### **YELLOW CARD Adverse Reactions**

It is the responsibility of everyone using herbs to understand and use the national Yellow Card Scheme in order to ensure any clusters of unwanted patient responses are correctly monitored and reported.

Any adverse reaction must be reported using APA Yellow Card Adverse Event Reporting Form (see Appendix 2). Also available from the APA website.

**Please note** *using this form to report adverse reactions is an essential part of pharmacovigilance and in no way represents a judgment of the individual APA member or the prescription.*

## APPENDIX 1- Banned, Restricted & Endangered Herbs

Latin Name	Common Name	Ayurvedic Name	Reason	If restricted, Maximum Dose (MD) & Maximum Daily Dose (MDD) & administration route	Source of info
Aconitum napellus, Aconitum stoerkianum, Aconitum uncinatum var japonicum, Aconitum deinorrhizum, Aconitum balfourii, Aconitum chasmanthum, Aconitum spicatum, Aconitum lycoctonum	Aconite	Visha	Restricted	maximum 1.3% of formula (for external use only)	MHRA
Areca catechu	Areca	Betel nut, Supari, Pooga	Banned	-	MHRA
Aristolochia indica	Aristolochia	Ishwari	Banned	-	MHRA
Atropa belladonna, Atropa acuminata	Belladonna	Angursha pha	Restricted	Herb: 50 mg (MD), 150 mg (MDD); Root: 30 mg (MD), 90 mg (MDD)	MHRA
Cinchona calisaya, Cinchona ledgerana, Cinchona officinalis, Cinchona succirubra, Cinchona micrantha	Cinchona bark	Sinkona	Restricted	250 mg (MD), 750 mg (MDD)	MHRA
Datura stramonium, Datura innoxia	Stramonium	Dhattura	Restricted	50mg (MD), 150 mg (MDD)	MHRA
Embelia ribes, E. robusta	Embelia	Vidanga	Banned	-	MHRA
Ephedra sinica, Ephedra equisetina, Ephedra distachya, Ephedra intermedia, Ephedra gerardiana	Ephedra	Somalata	Restricted	600 mg (MD), 1800mg (MDD)	MHRA



Holarrhena antidysenterica	Holarrhena	Kutaj	Banned		MHRA
Hyoscyamus niger, Hyoscyamus albus, Hyoscyamus muticus	Hyoscyamus	Parasikava	Restricted	100 mg (MD), 300 mg (MDD)	MHRA
Nardostachys jatamansi or grandiflora		Jatamansi	Endangered	-	CITES
Papaver somnifera	Poppy (capsule)	Ahiphena	Prescription by registered medical doctor only	-	MHRA
Picrorhiza kurroa		Katuka	Endangered	-	CITES
Podophyllum emodii		Laghu patra	Endangered	-	CITES
Psoralea corylifolia		Bakuchi	Voluntary restriction (only for internal use, not to be applied externally)	-	EHTPA
Pterocarpus santalinus	Red Sandalwood	Rakta chandana	Endangered	-	CITES
Punica granatum	Pomegranate (bark)	Anar twak	Banned	-	MHRA
Rauwolfia serpentina	Rauwolfia	Sarpagan dha	Prescription by registered medical doctor only. Endangered	-	MHRA & CITES
Saussurea lappa	Costus	Kushtha	Endangered	-	CITES
Strychnos nux-vomica	Nux vomica (seeds)	Karaskara or Kupilu	Prescription by registered medical doctor only	-	MHRA

## APPENDIX 2 - Yellow Card Adverse Event Reporting Form

Please return to Ayurvedic Professionals Association  
by email to [info@apa.uk.com](mailto:info@apa.uk.com)

All information will be treated as confidential.

PATIENT IDENTIFICATION (First 3 letters of first and surname)	SEX	AGE	WEIGHT (kg)	HEIGHT (m)
PREGNANT: Yes / No TRIMESTER: 1 / 2 / 3 (circle)				
SUSPECTED MEDICINE (Full name of remedy and/or brand name)	PREPARATION / STRENGTH	ROUTE	DAILY DOSE	START / STOP DATES
s	OTHER MEDICAL CONDITIONS (include known sensitivities)			
SUSPECTED REACTIONS (Diagnosis, duration, severity and frequency)		REPORTING PRACTITIONER (Name & address in capitals)		
OUTCOME Recovery / Referral / Fatal		TEL: DATE:  SIGNED:		
WAS THE PATIENT RECHALLENGED? Yes/ No	AT WHAT DAILY DOSES?	DID THE REACTIONS RECUR?		

<p>RECORD DETAILS OF ALL OTHER MEDICINES TAKEN IN THE PREVIOUS 2 MONTHS (List your actual prescriptions and also all Western medicines with preparation &amp; strength, and self-medications with brand names, if known. List any indications alongside the product name. Continue on reverse side if needed.)</p>	ROUTE	DAILY DOSE	START / STOP DATES
<p><i>ADDITIONAL INFORMATION AND COMMENTS</i> (e.g. dietary information, your conclusions and suggestions – continue on separate sheet if needed)</p>			

### APPENDIX 3 - Information from the Holistic Insurance Services (<http://www.holisticinsurance.co.uk/>)

Practitioners are to work as taught; therefore if something that they are doing is not within their training then it would not be covered by the insurance.

Example of standard wording on all of insurances for Ayurvedic Medicine by Holistic Insurance Services:

#### **Medicines and Healthcare Products Regulatory Agency Endorsement**

The Insurer will not indemnify the Insured against liability directly or indirectly in connection with any herb or ingredient prohibited by the Medicines and Healthcare Products Regulatory Agency and/or The Irish Medicine Board and/or is a herbal ingredient that has not been used in accordance with the Restricted Use conditions applied by the Medicines and Healthcare Products Regulatory Agency.

It is warranted that all herbal products and/or ingredients are purchased from an identifiable source within the European Union.

#### **Ayurveda Exclusion**

The Insurer shall not be liable for any claim arising from or relating to urine treatment and/or surgery

The Insurer shall not be liable for any claim arising from Basti /Vasti (Enema Therapy) unless it is specifically noted on the list of treatments and the appropriate additional premium has been paid.

All other terms, conditions, exclusions and limitations in this policy remain unaltered.

## APPENDIX 4 - Good Manufacturing Standards (GMP)

Quality control is important in all aspects of herbal medicine harvesting, processing and manufacturing. The prime points of consideration are sustainability, efficacy and safety.

Herbal medicine is currently being legislated by governments all over the world in an attempt to raise the quality of production standards. The World Health Organisation (WHO) has set standards on quality control methods for medicinal plants, and also individual nations have set legal standards for herbal medicine production, like Good Manufacturing Practice (GMP) with standards similar to those in the pharmaceutical industry. GMP is a system that includes assurances, procedures and checks to assess the quality and purity of products in order to ensure that only appropriately safe and effective remedies are released for therapeutic purposes.

The important points are:

- Appropriate botanical identification in the field to ensure correct species.
- Sustainability of harvesting practices.
- Correct harvesting times to maximise active ingredients.
- Correct drying to optimise vitality and maximise marker compound ingredients.
- Validation of storage facilities, equipment and processes.
- An effective quality control management system.
- Standard operating procedures (SOP) in place for every process of storage, quarantine, manufacture, batch identification, batch traceability, stability testing, releasing products, recording complaints and recall procedures.
- Correct species identification and quality determination using pharmacopoeia recommendations including macroscopic analysis, microscopic analysis, tests for foreign matter and moisture content, ash tests, thin layer chromatography (TLC), gas chromatography (GC) or high performance liquid chromatography (HPLC).
- Organoleptic tests to ensure the 'feel' is correct; visual identity, colour, smell, friability.
- Microbiological analysis.
- Heavy metal and pesticide analysis.
- Marker compound testing.
- Appropriate analysis of the above information to ensure that the intended product is released in a consistent and repeatable form.

## Drug-Herb Interactions Draft Document

The body often metabolises herbs and pharmaceutical drugs through the same pathways. It is their influence on these systems that can affect their metabolism.

Interactions between herbs and drugs can occur in four different ways;

- a) Additive: increasing the effect of a drug
- b) Reductive: reducing the effect of a drug
- c) Neutralising: Lessening the side-effect of a drug
- d) Adverse: A herb and a drug can interact, mildly or severely, causing an undesirable effect

Many patients come to Ayurveda already taking prescription medicines and it is important to be aware of any potential risks.

This information is for the guidance on currently accepted drug-herb issues. It is **not exhaustive** and represents part of the ongoing work taking place within the field of traditional medicine.

### Pharmacodynamic Interactions

Pharmacodynamic interactions occur between drugs and herbs in the body influencing how the drugs and herbs affect the body. If an interaction between a drug and a herb takes place then it may be synergistic or antagonistic resulting in an exaggerated or a lessened effect. Theoretically, drugs and herbs that have similar therapeutic activity have an increased potential of interacting. The highest risk of interaction occurs when simultaneously using drugs and herbs that are anti-coagulant, anti-platelet, anti-diabetic, diuretic or sympathomimetic. Hence it is essential to monitor patients taking such drugs and herbs together.

#### Anti-coagulants/Anti-platelet

Drugs: Warfarin, enoxaparin, heparin, aspirin, dipyridamole, clopidogrel.

Herbs: Guggul, Myrrh, Turmeric, Safflower, Ginger, Saffron, Arjuna, Garlic

Risk when using together: May cause bleeding as the cumulative effect of the medicinals may move the intended therapeutic effect beyond its predicted boundary. The reality of this effect depends on the relative pathways that the drug and herb are metabolised by, the condition of the patient and the dose of the medicinals. Caution is advised.



### **Anti-diabetics**

Drugs: Metformin, insulin, chlorpropamide, repaglinide, gliclazide  
Herbs: Gurmar, Karavela, Black Pepper, Neem, Fenugreek  
Risk when using together: May increase the effect of reducing blood glucose levels causing hypoglycaemia. When indicated, a reduction in drug medication may be necessary.

### **Diuretics**

Drugs: Loop diuretics (bumetanide), Potassium sparing-diuretics (amiloridine, spironolactone, triameterene), Thiazides (Bendroflumethiazide, cyclopenthiiazide, hydrochlorothiazide).  
Herbs: Punarnava, Gokshura, Coriander  
Risk when using together: If used for assisting the hypertension then the synergistic effect may cause hypotension. When indicated, a reduction in drug medication may be necessary.

### **Sympathomimetic**

Drugs: Anti-hypertensives (beta-blockers, MAO inhibitors), anti-convulsants (phenytoin), bronchodilator (ephedrine, epinephedrine, salbutamol), decongestants (ephedrine)  
Herbs: Ephedra, Bala  
Risk when using together: Interaction may cause exacerbate or reduce effect of medication causing hypertension, arrhythmia, anxiety, insomnia.

### **Specific interactions**

#### **Anesthetics, general**

Adrakha, Shunthi, Fresh Ginger, Dry Ginger (*Zingiber officinalis*)  
Neutralising: Lessens side effects of postoperative nausea  
Adverse: Ginger's ability to reduce blood clotting (at doses of over 5g/day) makes it advisable to stop Ginger prior to operations and inform the surgeon.

### **Asprin (Non-steroidal anti-inflammatory, anti-platelet)**

Yasthimadhu, Licorice (*Glycyrrhiza glabra*)

Neutralising: Lessens the side effects of gastric irritation in stomach and intestines.

Adverse: Aspirin's ability to act as an anti-platelet incurs the same warnings as for anti-coagulant medication

### **Caffeine (analgesic)**

Somalata, Ephedra (*Ephedra sinensis*)

Adverse: Can increase heart rate and blood pressure and needs to be avoided in patients with heart conditions, hypertension, diabetes and thyroid disease.

### **Ciproflaxacin (Quinolone anti-biotic)**

Dandelion (*Taraxacum officinalis*)

Reductive effect: Reduces plasma levels of quinolone due to high mineral content.

Shatapushpa, Fennel (*Foeniculum vulgare*)

Reductive effect: Affects plasma levels of quinolone due to high content of metal cations.

### **Cisapride (Motility stimulant)**

Pudhina, Peppermint (*Mentha piperita*)

Reductive effect: The menthol reduces the efficacy of Cisapride in alleviating the symptoms of gastric reflux.

### **Corticosteroids**

Yasthimadhu, Licorice (*Glycyrrhiza glabra*)

Additive effect: Licorice prolongs the activity of prednisolone and increase related side effects.

Somalata, Ephedra (*Ephedra sinensis*)

Reductive effect: Ephedra increases the clearance of dexamethasone from the body and decreases the drugs activity.

### **Digoxin (Phosphodiesterase inhibitor)**

Yasthimadhu, Licorice (*Glycyrrhiza glabra*)

Adverse effect: May increase risk of digoxin toxicity

Amlavetasa, Rhubarb root (*Rheum palmatum*)

Adverse effect: May increase risk of digoxin toxicity

Rajavriksha, Senna leaf (*Cassia angustifolia*)

Adverse effect: May increase risk of digoxin toxicit

### **Ephedrine and pseudoephedrine**

Somalata, Ephedra (*Ephedra sinensis*)

Adverse effect: can cause toxicity and adverse effects on heart rhythm. Adverse effects appear as dizziness, anxiety, palpitations, tachycardia, headache, insomnia and seizure

### **Epinephrine (Cardiopulmonary resuscitation, anaphylactic shock)**

Somalata, Ephedra (*Ephedra sinensis*)

Adverse effect: Exacerbates side effects

### **Glipizide (Oral hypoglycaemic)**

Methi, Fenugreek (*Trigonella foenum-graecum*)

Additive and Adverse effect: When used at high doses close monitoring is essential to ensure hypoglycaemia does not occur

### **Heparin (Anti-coagulant)**

Adrakha, Shunthi, Fresh Ginger, Dry Ginger (*Zingiber officinalis*)

Additive and Adverse effect: May increase blood-thinning properties of drug.

Lashuna, Garlic (*Allium sativum*)

Additive and Adverse effect: May increase blood-thinning properties of drug.

### **Insulin**

Methi, Fenugreek (*Trigonella foenum-graecum*)

Additive and Adverse effect: When used at high doses close monitoring is essential to ensure hypoglycaemia does not occur

### **Interferon (anti-viral, anti-cancer)**

Yasthimadhu, Licorice (*Glycyrrhiza glabra*)

Additive effect: Used together Licorice and Interferon may be more effective for treating viral hepatitis.

### **Isoniazid (Anti-tuberculosis)**

Yasthimadhu, Licorice (*Glycyrrhiza glabra*)

Additive effect: Used together Licorice and Isoniazid may be more effective in treating tuberculosis.

### **Loop diuretics**

Herbal diuretics

Adverse effect: Avoid herbs that have a diuretic effect when using pharmaceutical diuretics as they may have a cumulative effect

Yasthimadhu, Licorice (*Glycyrrhiza glabra*)

Adverse effect: May increase side-effects of loop diuretics

Rajavriksha, Senna leaf (*Cassia angustifolia*)

Adverse effect: Can add to the potassium loss caused by diuretics.

### **Metformin (Oral hypoglycaemic)**

Methi, Fenugreek (*Trigonella foenum-graecum*)

Additive and Adverse effect: When used at high doses close monitoring is essential to ensure hypoglycaemia does not occur

### **Phenelzine (Monoamine-oxidase inhibitor)**

Somalata, Ephedra (*Ephedra sinensis*)

Adverse effect: interaction

### **Phenylpropanolamine (Decongestant)**

Somalata, Ephedra (*Ephedra sinensis*)

Adverse effect: increase side effects

### **Spironolactone (Aldosterone antagonist, cardiovascular)**

Herbal diuretics should be avoided when using Spironolactone.

### **Tetracycline (Anti-biotic)**

Daruharidra, Indian berberis (*Berberis aristata*)

Adverse effect: Berberine reduces the effect of Tetracycline.

### Thiazide diuretics

Herbal diuretics

Adverse effect: Avoid herbs that have a diuretic effect when using pharmaceutical diuretics as they may have a cumulative effect.

Yasthimadhu, Licorice (*Glycyrrhiza glabra*)

Adverse effect: May increase side-effects of loop diuretics

Rajavriksha, Senna leaf (*Cassia angustifolia*)

Adverse effect: Can add to the potassium loss caused by diuretics.

### Triamterene (Potassium sparing diuretic)

Herbal diuretics

Adverse effect: Avoid herbs that have a diuretic effect when using pharmaceutical diuretics as they may have a cumulative effect.

### Warfarin (anti-coagulant)

Adrakha, Shunthi, Fresh Ginger, Dry Ginger (*Zingiber officinalis*)

Additive and Adverse effect: May increase blood-thinning properties of drug.

Lashuna, Garlic (*Allium sativum*)

Additive and Adverse effect: May increase blood-thinning properties of drug.

### Herbs: individual activity with pharmaceutical drugs:

#### Ajmoda

Whilst there is some concern regarding the furanocoumarin content causing phototoxicity, celery seed is a very safe remedy. Caution should be observed if using ultraviolet treatment.

It is safe in pregnancy despite mistaken concerns regarding celery seed containing the contraindicated apiol.

#### Andrographis paniculata (Kalamegha)

No negative drug herb interactions are known although caution with immunosuppressive medication is advised. It may prove beneficial as a liver protective when taking hepatic harmful tricyclic anti-depressants.

### **Ashwagandha**

No drug herb interactions are known. There are some theoretical interactions between Ashwagandha and immuno suppressant, thyroid, and some sedative medications but these are not evidence based in human trials. As Ashwagandha appears to have some hypoglycaemic activity in humans it is advisable to monitor blood glucose in susceptible individuals.

### **Bakuchi**

It has a controversial history due to occasionally causing inflammatory skin eruptions when used externally in conjunction with UV therapy for psoriasis and vitiligo. The furanocoumarins, containing psoralens, promote pigmentation but are also considered to carry a high risk when used with exposure to high amounts of UV light. Whilst its therapeutic efficacy is indisputable caution is advised.

### **Bala**

Due to its ephedrine content it may interact with caffeine and MAO inhibitors exacerbating effects and elevating blood pressure, Beta blockers by reducing drug efficacy due to opposing activity, Ephedrine (Sudafed etc) by additive sympathomimetic effects inducing further toxicity and arrhythmia and Steroids (dexamethasone) by enhancing clearance levels and thus reducing effectiveness of the drug.

### **Bacopa**

No drug herb interactions are known but caution is advised with anti-epileptic and anti-depressant medication.

### **Castor oil**

Although commonly used to induce delivery (due to oxytocin release) it should not be used in pregnancy. Not in intestinal obstruction. Not with infections of the internal organs. Not to children under 12 years old. Internally; not for long-term use as it creates dependency.

### **Cinnamon**

No drug herb interactions are known. Allergic reactions can rarely occur due to cinnamic aldehyde acting as a mucus membrane irritant.

### **Coleus**

No drug herb interactions are known. Caution when used with patients on medication as it may potentiate its effects.

### **Dhattura**

Caution with anticholinergic medication (e.g. atropine, benztropine or ipratropium bromide) due to Dhattura's action on the nervous system that may exacerbate the effects of the medication.

### **Ephedra**

Due to its ephedrine content it may interact with caffeine and MAO inhibitors exacerbating effects and elevating blood pressure, Beta blockers by reducing drug efficacy due to opposing activity, Ephedrine (Sudafed etc.) by additive sympathomimetic effects inducing further toxicity and arrhythmia and Steroids (dexamethasone) by enhancing clearance levels and thus reducing effectiveness of the drug. Adverse effects appear as dizziness, anxiety, palpitations, tachycardia, headache, insomnia and seizure.

### **Fennel**

There is some theoretical concern that ciprofloxacin is cleared from the body at twice the normal rate when taken with Fennel.

### **Fenugreek**

As a known hypoglycaemic there may be a positive interaction and it is advisable to monitor patients on diabetic medication. The claims that Fenugreek interacts with warfarin appear to be mistaken but it does appear to inhibit iron absorption at a high dose.

### **Garlic**

Caution in patients taking anti-platelet medication as it may potentiate anti-coagulation effects of these medicines. There is no direct evidence that Garlic and warfarin will interact but caution is advised. Caution with hypotensive medication as Garlic reduces diastolic blood pressure. Avoid Garlic for 10 days prior to operative surgery. There may be a positive interaction with statins by increasing the cholesterol lowering effects and monitoring is advised.

## **Ginger**

Ginger may increase the absorption of allopathic medication. Theoretical interaction with anti-coagulant medication is not proven by human clinical trials. Used at less than 3g/day it is safe in patients susceptible to haemorrhage or taking warfarin or aspirin. It may reduce the effect of antacids as it increases gastric secretions.

## **Gokshura**

Caution with anti-psychotic drugs (especially MAOI medication) as its harmful alkaloid content may speed up the breaking down of the medication in the digestive system.

## **Gotu Kola**

As it inhibits liver enzymes responsible for barbiturate metabolism it should not be used with benzodiazepines or barbiturates. Caution with hypoglycaemic and cholesterol lowering medication.

## **Guggul**

Guggulipid (the extract from *Commiphora mukul*) is reported to reduce the effect of antihypertensives such as propranolol and diltiazem and so medication should be adjusted accordingly. Caution with hypoglycaemic medication.

## **Gurmar, Gymnema**

As Gurmar is hypoglycaemic patients on diabetic medication should monitor their blood sugar and medication accordingly.

## **Jatamansi**

No drug herb interactions are known but caution with sedative, anti-hypertensive and anti-depressive medication.

## **Kapikacchu**

Not for people on medication of Levodopa.

## **Karavella**

Caution in patients on hypoglycaemic medication.



### **Liquorice**

Contraindicated in choleostatic liver disorders, hypertension, congestive heart failure or oedema. During pregnancy and breast-feeding up to 3g/day is safe. Be vigilant in long-term use. Care in osteoporosis as it inhibits calcium and potassium absorption. It can exacerbate potassium loss when used with potassium depleting drugs (thiazide diuretics, laxatives) and this can increase sensitivity to cardioactive glycosides. It extends the activity of cortisone in the blood by decreasing plasma clearance and so caution is advised with corticosteroids, especially prednisolone. Hypokalemia can occur over extended periods (4-6 weeks) and so diligence is advised when blood pressure increases in any patient taking Liquorice or with elderly patients or those with hypertension, cardiac, renal or hepatic disease. It can exacerbate the effects of a high salt diet. It may counteract the contraceptive pill. It has a positive interaction with NSAIDs by reducing the gastric irritation and ulceration they can cause.

### **Mint**

May interact with iron medication. WHO recommends caution in patients with gallstones as it may cause stones to move into the bile duct and if they are too large they may become stuck. May reduce effect of Cisapride and gastric motility stimulants.

### **Myrrh**

No drug herb interactions are known. May cause nausea or contact dermatitis in sensitive individuals.

### **Nutmeg**

No drug herb interactions are known but caution with sedative, anti-hypertensive and anti-depressant medication.

### **Pepper**

The piperine content of Black pepper, when used as an isolated ingredient, has been associated with enhancing blood levels of certain medication such as propranolol, theophylline, rifampicin as it may inhibit drug metabolism in the liver if used over long periods of time at high doses. Hence all patients taking drugs that are metabolised in the liver must be carefully monitored if Black pepper is prescribed. Other sources report that in its whole form it is a short-term bio-availability enhancer, increasing nutrient absorption, quickening absorption and reducing blood levels of medication.

### **Pippali**

The piperine content of Black pepper, when used as an isolated ingredient, has been associated with enhancing blood levels of certain medication such as propranolol, theophylline, rifampicin as it may inhibit drug metabolism in the liver if used over long periods of time at high doses. Hence all patients taking drugs that are metabolised in the liver must be carefully monitored if Black pepper is prescribed. Other sources report that in its whole form it is a short-term bio-availability enhancer, increasing nutrient absorption, quickening absorption and reducing blood levels of medication.

### **Pit shirish**

No negative drug herb interactions are known but it may positively interact with anti-histamines.

### **Psyllium**

It may slow the absorption of other medication. It is best taken 1/2 hour after prescribed allopathic or other herbal medication. It is also wise to ensure cardiac glycoside, carbamazepine and lithium salts are taken as far away as possible from psyllium to ensure clinical doses are received. Diabetic medication may need to be reduced.

### **Punarnava**

No drug herb interactions are known but caution with sedative, anti-depressive and anti-epileptic medication

### **Rhubarb root**

It may reduce the absorption of iron. It may cause griping and should be used with appropriate anti-spasmodics. Laxatives containing anthroquinone glycosides should not be used at a high dose for more than two weeks at a time due to the potential risk of causing an electrolyte imbalance if diarrhoea is caused. Hence caution with cardiac glycoside medication, thiazide diuretics and concurrent hyperkalaemia from long term laxative abuse due to potential problems caused by further electrolyte imbalance.

### **Safflower**

No drug herb interactions are known but as it is used to thin the blood with an anticoagulant action it should be use cautiously with antiplatelet medication such as warfarin and heparin.

### **Sandalwood**

No drug herb interactions known but as it may interfere with the cytochrome P-450 enzyme caution is advised with pharmaceutical medications that are also metabolised through this pathway.

### **Senna**

It may reduce the absorption of iron. It may cause griping and should be used with appropriate anti-spasmodics. Laxatives containing anthroquinone glycosides should not be used at a high dose for more than two weeks at a time due to the potential risk of causing an electrolyte imbalance if diarrhoea is caused. Hence caution with cardiac glycoside medication, thiazide diuretics and concurrent hyperkalaemia from long term laxative abuse due to potential problems caused by further electrolyte imbalance.

### **Tagarah**

Caution in high *pitta*. Therapeutic experience points to certain 'hot' individuals being aggravated by Tagarah; the warmth of the herb increases aggravated heat and can exacerbate insomnia from high *pitta*. This is simply overcome by adjusting dosage and using with other appropriate cooling herbs. Not in depression.

### **Tulsi**

No drug herb interactions are known although there is theoretical evidence that its eugenol content may deplete glutathione from the liver and so caution should be observed in patients using glutathione depleting medication such as Paracetamol.

### **Turmeric**

Much of the literature recommends that Turmeric should not be given if anti-platelet or anti-coagulant medication is being taken as COX inhibition by Turmeric will disable platelets and further encourage clotting prevention. Bone recommends not to use it at a dose above 15g/day, hence it is not contraindicated, but patients on warfarin should be monitored closely so that the cumulative blood-thinning effects of both medicinals does not exacerbate the effects of warfarin and necessitate adjusting the dosage.

### **Vacha**

It is banned in the USA by the FDA due to containing B-asarone that is considered to be carcinogenic. B-asarone is not present in all varieties.

### **Vasaka**

No negative drug herb interactions are known but it may cause a positive interaction with anti-tussive medication.

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