
This text states that it follows the philosophy of the AHFS DI in providing objective, unbiased, science based information about herbal and dietary supplements. However, a disclaimer clearly states that ASHP “...makes no representations or guarantees regarding the accuracy of the information...” An advisory board of expert physicians, pharmacists, scientists, and other health professionals reviewed and evaluated a data base of complementary and alternative medicine (CAM) information compiled by Integrative Medicine Communications (IMC). IMC and the American Botanical Council are publishers of the English translation of The German Commission E Monographs of Herbal Medicines.

Fifty-two (52) herbal products are reviewed in an easy to follow format that includes the following information: name (English name, botanical name, plant family, and pharmacopeial name from The Complete German Commission E Monographs; overview (botanical history and uses); macro description of the plant; part of plant used for medicinal purposes; medicinal use or indications; pharmacology; dose range and duration of administration; cautions (adverse effects, toxicology, warnings, contraindications, and precautions); interactions; regulatory and compendial status; and references.

The information in compendial status section in very useful, but not consistent. Most herbs that are approved by Commission E contain a statement about their approval, but some very popular herbs which are approved contain no such statement, for example, St. John’s wort, comfrey, flaxseed, garlic, ginseng, milk thistle and rosemary. Some monographs of approved herbs, comfrey, ginger, and ginseng contain a statement saying they are nonprescription drugs in Germany, but do not indicate their approval by Commission E. Grape seed’s monograph contains a statement that it was not reviewed, and lobelia’s that it is an unapproved herb. Many herbs have no statement concerning their status by Commission E, leaving the reader wondering if the herb was reviewed, approved, or not approved by Commission E. Since IMC was co-publisher of the English translation of Commission E monographs, one would expect more consistent information in this section.

This section frequently gives the status of the herb in the United States as to whether it is a dietary supplement, food flavor or additive, or a nonprescription drug. Quite often the herb’s status in the United Kingdom is provided, and occasionally it’s status in Canada or France.

Monographs are one or two pages in length with references listed as a bibliography. Most users of this text would find it more useful if the references were footnoted. For example, aloe is cited as being ed as a bibliography. Most users of this text would find it more useful if the references were footnoted. For example, aloe is cited as being an immune stimulant and capable of enhancing the action of AZT. A review of the 21 references in the bibliography doesn’t provide the reader with a title that would lead to a specific source for this information.

The second section of the text provides a similar compilation of information about 33 dietary supplements but omits two of the most popular supplements, glucosamine and chondroitin. Monographs contain name, overview, sources (dietary sources, active constituents and composition, and commercial preparations), therapeutic uses, dosing information, cautions, interactions, and references.

The monograph format used in this text on herbal and dietary supplements is convenient for locating specific information about each drug, especially if different CAM products are being compared. This makes it easier to use than Varro E. Tyler’s Herbs of Choice and a good reference for most pharmacists, especially those in ambulatory settings. However, its use of a bibliography instead of footnotes doesn’t provide readers with a convenient way to find original data. Pharmacists who wish to review primary literature sources and/or who need a more comprehensive compilation of CAM products will find Natural Medicines Comprehensive Database compiled by Pharmacist’s Letter and Prescriber’s Letter a more useful text.

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The book, Meta-analysis in Medicine and Health Policy, is part of the publisher’s Biostatistics series. In the book’s preface, the editors state that it is “written for applied statisticians, students of statistics and biostatistics, and others who use statistical methods in their professional life” (page V). I would agree wholeheartedly with the editors’ opinion. The book is very mathematically focused and requires substantial understanding of the statistical basis of the issues. It is not a book for the typical decision-maker or the typical undergraduate or non-statistics graduate student.

In its favor, the book reviews significant and contemporary issues and controversies that must be considered when using meta-analytic methods in clinical and health policy decision making. It also addresses contemporary issues and the complexities of conducting well done meta-analyses. Another strength of the book is that it uses examples, data, illustrations and tables to review the important points and issues illustrated in the book. Chapter 1 starts with a cogent review of meta-analytic methodological development (e.g., estimation of effect size and heterogeneity using fixed- and random-effects models) through to the use of Bayesian models. A significant focus of the book is on Bayesian-based strategies in conducting meta-analyses, including using Bayesian methods in analyses of randomized mega-trials (Chapter 4), heterogeneously reported results (Chapter 2), relationship between duration of exposure and endometrial cancer...
(Chapter 8), modeling and implementation issues (Chapter 9), and adjustment for publication bias and quality bias (Chapter 12).

Other contemporary methodological issues reviewed in the book include examination of the controversies surrounding the use of meta-analysis versus the use of a single large trial in decision-making (Chapter 3) and combining studies with continuous and dichotomous endpoints (Chapter 5). One of the best chapters in the book is entitled, “Computer-modeling and graphical strategies for Meta-analysis” (Chapter 6). This chapter shows various methods to identify patterns, anomalies or data entry errors. The graphical methods demonstrated in the chapter include baseline plots, L’Abbe plots, and funnel and ladder plots. Chapter 10 describes a model developed to carry out population pharmacokinetic meta-analyses.

Finally, the book ends with chapters on limitations of meta-analysis (Chapter 14) and with a critical review of software for conducting meta-analyses, including their advantages and disadvantages (Chapter 15). Chapter 15 reviews software that is both commercially available and freeware, including MegaGraphs and ARCUS, (both available commercially) and Review Manager, EasyMA, (freely distributed) and macros within S AS and Stata. This book chapter reviews whether the software includes features within the software that were highlighted in previous chapters of the book (e.g., binary versus continuous outcomes; random versus fixed effects models; methods to assess publication bias, tests for heterogeneity, and so forth) to give the reader a sense of the value of the software.

In summary, I would recommend the book as reference or supplemental text for a graduate level statistics or biostatistics course. It also would be an excellent text for a course in contemporary meta-analytic techniques for those with a significant mathematical or statistics background. However, it is not a book that is well suited for typical pharmacy students or as a sole text for a graduate level pharmacy law, libraries and all industrial pharmaceutical organization.


This is Volume Number 109 of the Drugs and Pharmaceutical Sciences series. It is a noteworthy reference for those involved in various aspects of industrial pharmacy, including regulatory compliance, management, and quality control. The material in the 24 chapters and the five appendices of the book is comprehensive and up to date.

Chapter 1 emphasized the status and applicability of U.S. regulations, including current good manufacturing practices in manufacturing, processing, packaging, and storing of drugs. Chapters 2 through 12 consist of subparts A to K and facilities, equipment, product containers, production and process controls, packaging and labeling controls, holding and distribution, laboratory controls, records and reports, and returned and salvaged products.

Repacking and relabeling areas are addressed in Chapter 13, as are special problems for some manufacturers with regard to following cGMP regulations. As with the other chapters in the book, the author provides an explanatory background followed by the policy and further reading. Today there is an increased emphasis on the application of cGMPs to the manufacturer of bulk pharmaceutical chemicals, and Chapter 14 is devoted to this subject.

The global nature of the pharmaceutical industry is the reason behind the international harmonization. Key issues and differences among GMPs of Europe, Canada, and the WHO were highlighted in separate chapter. Chapter 22, entitled “Other Approaches to Quality” is a new chapter and was included in this edition to describe the Malcolm Baldrige National Quality Award and how it compares with ISO 9000 approaches.

The book is excellent in presentation and language. There is a thorough coverage of additional readings and references. It would be a value to anyone interested in drug manufacture from raw material to final dosage form, drug delivery systems or related quality assurance or quality control. Graduate students in industrial pharmacy or in pharmacy law, libraries and all industrial pharmaceutical organizations should possess this book.

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