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## WHAT IS IN THE BOOK

**This book includes a lot of information**, but by necessity, whether because of time or space constraints, or simply the information would not be especially useful, a lot of information is not included. Here are some of the exclusions made.

Since this book is geared towards the United States market, it does not include any drugs unavailable in the US. In addition, all generic and brand names are those used in the USA and do not include names used elsewhere in the world.

Drugs that need to be injected, whether subcutaneously, **intramuscularly**, intrathecally, or intravenously are not included. Since the target audience of this book is Oriental medical practitioners, these drugs are probably not going to be used on a common basis. The one glaring issue with this exclusion is that injectable insulins, used on a regular basis by many patients, are not covered by this book. The authors hope that in a future edition this will be covered.

Inhaled drugs, for the most part are not covered in this book. This exclusion was based solely on time and space constraints. The one exception to this is that inhaled agents are the cornerstone of asthma therapy and as such, commonly and regularly used agents are included.

In fact, with asthma inhalants as the only exception, only oral agents are covered in this book. This excludes many agents, most of which are generally only useful in hospital settings. Even so, the authors hope future editions will expand and include the full spectrum of pharmaceutical agents.

Because of the sheer number and to a lesser extent, their relative safety, over-the-counter drugs are not included in this book. A future edition or possibly a companion book will cover these agents.

The authors hope that all these exclusions will be remedied in the future. But your feedback is crucial. The authors hope that the publishing of this book is the beginning of a dialog between them and the readers. Please let them know what you want to see in future editions, what you like and dislike about the current edition, and definitely let us know of any mistakes that may have been made. Please feel free to write to Blue Poppy Press, check out their website at [www.bluepoppy.com](http://www.bluepoppy.com), or see [www.integrativepharm.com](http://www.integrativepharm.com) for more feedback and the latest in drug-herb interactions and drug information.

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**Intrathecal:** Within the cerebrospinal space of the spinal cord

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## HOW TO USE THIS BOOK

One of the first things the reader may notice about this book is that the authors do not skimp on the terminology. This in many ways may make for difficult reading, but as in any discipline, the terminology or jargon is important to comprehend in order to understand the subject. The authors have tried to minimize the difficulty by including handy break out boxes with difficult terminology defined, not in the back of the book, but right where the term is used. In addition, there are lots of figures to explain concepts discussed in the text. It is hoped that these will make reading a little easier and help facilitate the internalization and learning of the terminology.

This book was designed with two purposes in mind. One purpose was to be a textbook to be used in pharmacology classes in Oriental medical schools. This means it has to follow a regular progression of information and include and explain the basics of pharmacology. The second purpose was to create a reference book for Oriental medical practitioners. In this role, information needs to be quickly found and have it broken down into small chunks of information that can be quickly and easily digested and useful in the clinic.

To make the use of this book is as easy as possible, the back of the book has a list of commonly and not so commonly used abbreviations, an comprehensive glossary, and, most importantly, an extensive index.

Each drug class monograph is similar. They start with a list of the drugs based on their generic name followed by a pronunciation guide and a list of the drug's brand names. If there are no brand names, it is because the drug is sold exclusively in generic form.

This may be followed by an overview of the disease or some general information relevant to the drug class. The functions of the drug class are

then illustrated followed by how each agent works and its mechanisms of action. For agents used to treat micro-organisms, there may be a section covering the spectra of organisms the agent is useful against. But most monographs continue to discuss doses of each drug. The adverse effects and any red flags for each drug are listed. In these sections, it is not the goal to be comprehensive but to demonstrate common adverse effects, those that may effect affect the use of the agent, those they may necessitate monitoring, and serious or life threatening effects.

Interactions of each agent are listed and these include major drug-drug interactions to be wary of and drug herb interactions. Because of the ever-changing landscape of interactions, these sections cannot be considered comprehensive. Drug-herb interactions are a particularly rapidly changing area as more and more evidence is being accumulated almost on a daily basis. For the latest in drug-herb interactions, check out [www.integrativepharm.com](http://www.integrativepharm.com).

After thought and discussion, the authors decided that a simple list of drug-herb interactions could just as easily be used against the profession as be an aid. In that light, a plan to include evidence levels was accelerated from a future edition and created for this one. The authors have used standard evidence-based medicine levels from the Oxford Centre for Evidence-based Medicine to grade each drug-herb interaction paper for level of evidence for harm. These grades and what they mean are listed below:

**1a Systematic Review (SR) of Random, Controlled Trials (RCTs)**

**1b Individual RCT with narrow Confidence Interval (CI)**

**2a SR of cohort studies**

**2b Individual cohort study including low quality RCT**

**2c Outcomes research—study of a cohort of patients with the same diagnosis that correlates their clinical and health outcomes to the care that they received**

**3a SR of case-control studies**

**3b Individual case-control study**

**4 Case-series, poor quality cohort and case-control studies**

**5 Expert opinion without explicit critical appraisal, or based on physiology bench research. Animal research falls under the category of bench research.**

After an evidence level for each paper is determined, a letter grade for the overall interaction is assigned based on the level of evidence of the individual papers. For each interaction, the following criteria are employed. This assessment is in parenthesis behind the herb.

**A Consistent level 1 studies**

**B Consistent level 2 or 3 studies or extrapolations from level 1 studies**

**C Level 4 studies or extrapolations from level 2 or 3 studies**

**D Level 5 evidence or troublingly inconsistent or inconclusive studies of any level**

Of course, applying these criteria does involve a bit of subjectivity in the real world. But

they have been applied as consistently as possible and should be a good guide for how serious is an interaction. It is up to an individual practitioner how to use this information. For example one practitioner may not be comfortable prescribing herbs with any level of interaction with a drug. A bolder, hopefully more experienced, practitioner however, may be completely comfortable ignoring a Level D interaction but not an A, B, C level. It is the authors' suggestion that each interaction be assessed on its own merits and a determination made as to avoid the interaction or decide whether it is okay to proceed with the combination. In the latter case, at the bare minimum, each interaction should argue for greater surveillance in its usage. Please refer to the general discussion of how to use herbs with pharmaceutical drugs.

Finally, each drug class monograph will have a section that looks at how individual drugs or drug classes affect the body according to Chinese medicine. By including all of these sections, it the authors' goal to make this the most comprehensive drug resource for the Oriental medical practitioner.