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## **Complementary/Alternative Medicine: Information Paper on the Role of the Pharmacist (1999)**



Canadian Society of Hospital Pharmacists  
Société canadienne des pharmaciens d'hôpitaux

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## **Complementary/Alternative Medicine: Information Paper on the Role of the Pharmacist**

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# Complementary/Alternative Medicine: Information Paper on the Role of the Pharmacist

## PREFACE

The Alternative Medicine Task Force has identified a need for quality education (both continuing education and undergraduate education) about natural health products for pharmacists to enable them to fulfill the role described in this information paper.

Use of complementary/alternative medicine continues to grow in Canada. This paper outlines the role of the pharmacist with respect to natural health products:

- a) to provide objective information for patients and other health care professionals;
- b) to guide patients to make informed choices about natural health products; and
- c) to help patients who are determined to use natural health products to do so as safely as possible given the information currently available.

## 1. INTRODUCTION

It is currently estimated that complementary/alternative medicine (CAM) is used by fifteen to twenty per cent of the general Canadian population<sup>1-3</sup> and by up to eighty percent of cancer patients.<sup>4-8</sup> In 1996 Canadians spent over \$1 billion dollars for chiropractic, naturopathic and herbal therapies not covered by health plans<sup>9</sup> and the current annual growth rate of the CAM industry is estimated to be twenty percent.<sup>10</sup> This growing interest in CAM raises important issues for the profession of pharmacy. Examples include: patients who want to ingest natural health care products while in the hospital; other members of the health care team who look to pharmacists for information about how these natural “drugs” will interact with standard therapies; and patients wishing to confirm the validity of information from the lay media. Pharmacists need to take responsibility for the natural health care products that they sell or dispense to patients. They also need to play an

active role in determining policies such as the inclusion of natural health care products on hospital formularies and inpatient use of natural health care products. Our goal in this information paper is to define the role of the pharmacist with respect to natural health products. More specifically, the provision of information to colleagues and patients; guidelines for recommending natural health products and formulary decisions with respect to natural health products are discussed.

## 2. DEFINITIONS

### 2.1 Alternative vs. Complementary Medicine

Alternative/complementary medicine has been defined as: “all health care practices that do not receive support from the medical establishment, whether this be through such mechanisms as orthodox medical research funding, sympathetic coverage in mainstream medical journals, or routine inclusion in the basic medical curriculum.”<sup>11</sup> However, health care practices which comprise the “medical establishment” are culturally and temporally defined and constantly change as scientific inquiry progresses. The term alternative/complementary medicine (CAM) is used to acknowledge the fact that while many people believe these therapies and products to be complementary to conventional medicine and thus use both systems simultaneously; others believe that these therapies and products offer a significant “alternative” to conventional medicine and use them instead of seeking conventional medical treatment.<sup>12</sup>

### 2.2 Natural Health Products (NHPs)

The Final Report of the Advisory Panel on Natural Health Products defines natural health products (NHPs) as “substances or combinations of substances consisting of molecules and elements

CSHP Mission:

CSHP is the national voice of pharmacists committed to the advancement of safe, effective medication use and patient care in hospitals and related healthcare settings.



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found in nature, and homeopathic preparations, sold in dosage forms for the purpose of maintaining or improving health and treating or preventing diseases/conditions. Examples include, but are not limited to: homeopathic preparations, vitamins, minerals, enzymes, co-enzymes, co-factors, herbs or botanicals, animal source substances and a variety of molecules extracted from natural substances such as amino acids, polysaccharides, peptides, naturally occurring hormones and precursors as well as naturally occurring molecules synthesized by chemical or biological means.... Dosage forms would include but not be limited to capsules, tablets, injectable substances, oral solutions, topical preparations (such as liquids, creams, ointments and patches), suppositories and inhalants.”<sup>13</sup>

### 2.3 Traditional Herbal Medicines (THMs)

The Drugs Directorate defines traditional herbal medicines (THMs) as: “finished drug products intended for self-medication that contain, as the active principles, herbal ingredients that have received relatively little attention in world scientific literature, but for which traditional or folkloric use is well-documented in herbal references.... Herbal ingredients include aerial or underground parts of plants, or other plant material, or combination thereof, whether in crude state or as plant preparations. Plant material may include juices, gums, fatty oils, essential oils and any other substances of this nature.”<sup>14</sup>

### 2.4 Homeopathic Medicines

Homeopathic preparations are considered to be drugs as defined by the Food and Drugs Act and thus they must be granted Drug Identification Numbers (DINs) prior to sale in Canada. According to the Drugs Directorate, “any drug that is composed only of one or more ingredients for which a homeopathic monograph is defined in the current edition of the

Homeopathic Pharmacopeia of the United States (HPUS) or in the Pharmacopée Française (Ph.F) is considered to be a ‘homeopathic preparation’.”<sup>15</sup>

### 3. WHY DO PATIENTS SEEK COMPLEMENTARY/ALTERNATIVE MEDICINE?

The reasons given for why patients seek CAM can be grouped into two main categories: 1) patients are “pushed” toward CAM because of dissatisfaction with conventional medical treatment; and 2) patients are “pulled” toward CAM because of their belief in the alternative paradigm which is embodied by these products and therapies.<sup>16</sup> As an example of the former, the alternative health care movement has been described as a product of consumer dissatisfaction with the present health care system.<sup>8, 16-24</sup> Negative experiences with conventional medicine can include: the experience of conventional medical treatments as ineffective;<sup>25</sup> and experience with or concern regarding the adverse side-effects of conventional treatments; as well as poor patient-physician communication.<sup>24</sup> In support of this theory, several research teams have found that users of CAM report a significantly “lower level of confidence in the efficacy of conventional medicine in general.”<sup>17, 26</sup>

Other research supports the theory that patients turn to CAM for ideological reasons.<sup>16, 23, 24, 26-29</sup> This may include factors such as: a belief in the holistic understanding of health, the individual being responsible for health care decisions, and/or a general lifestyle orientation viewed to be “unconventional.”<sup>26, 27</sup> As well, researchers have found associations between the use of unconventional therapies and traits such as a desire for control over treatment decisions or a belief in personal responsibility.<sup>5, 8, 27, 30, 31</sup> Complementary therapies and products are often promoted as *natural*, and natural is often equated with harmless by those who use them.<sup>12, 32</sup>

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### 4. THE ROLE OF THE PHARMACIST

#### 4.1 Guiding Principles

##### 4.1.1 First do no harm

Documented toxicity or lack of evidence that a NHP is safe (e.g., in pregnancy) constitutes the main reason for actively discouraging its use.

##### 4.1.2 Sources of evidence

Quality information about NHPs can be difficult to obtain. As a general approach, one should evaluate information about NHPs using the same criteria used to evaluate information about any other product. A good clinical trial of NHPs must meet the same criteria as all clinical trials. There is a relative lack of clinically relevant research in this area. A list of useful resources may be found in the appendices.

##### 4.1.3 Need for dialogue with patients

The role of CAM in the patient's overall perception of health and health care needs to be explored. It is important to cultivate trust and openness so that patients feel comfortable disclosing information about their use of CAM.

##### 4.1.4 Need for dialogue with other health care providers

It is important to begin discussing the NHPs that our patients are taking with other members of the health care team. Sharing information and expertise about these products enables us all to provide improved patient care.

##### 4.1.5 Liability

Pharmacists need to take responsibility for their recommendations. Recommendations with respect

to NHPs have the same liability as recommendations with respect to other non-prescription products.

##### 4.1.6 Obligations to the patient

Pharmacists should strive to provide objective information about NHPs in order to empower patients to make informed choices about these products. Patient autonomy, including the right of patients to choose NHPs, ultimately needs to be respected.

### 4.2 Provision of Direct Patient Care

The steps below provide guidelines for responding to patient inquiries about NHPs. However, two comments regarding the context of this process are relevant. Firstly, it is important to recognize that the process outlined below does not always occur in isolation between the patient and the pharmacist. Interaction with other members of the health care team (both in hospital and in the community, including both conventional and CAM practitioners) is encouraged. Secondly, the patient ultimately has the right to choose to use a NHP, although in some cases this may be against the pharmacist's recommendations. It is important to respect the patient's autonomy in such cases, recognizing that the guidance provided by the pharmacist has helped to make this a more informed decision.

#### 4.2.1 Assess patient needs

Ensure that patient is offered all of the conventional care appropriate for his/her diagnosis and receives all of the conventional care that s/he wants. Determine the patient's perceived need for a NHP.

#### 4.2.2 Assess patient expectations of the NHP

What does the patient expect that the product will do? Does the patient have a realistic expectation of

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the possible outcomes associated with taking the NHP? Why does the patient believe that this NHP will work (i.e., what are their information sources)?

### 4.2.3 Assess any potential risks to the patient

Are there any documented adverse effects, drug interactions, cautions or contra-indications associated with the NHP? Based on the hypothesized mechanism of action of the NHP, are there any theoretical adverse effects, drug interactions, cautions or contraindications? Based on the patient's disease state and other medications, are there any anticipated contra-indications?

### 4.2.4 Assess evidence that the product will "work"

Is there any "scientific" evidence (i.e., peer-reviewed randomized controlled trials) that the product will be efficacious for the indication? Does the product have a drug identification number (DIN) indicating that this product has been approved by Health Canada and meets good manufacturing standards? If possible, assess whether the dose of the product in question is realistic for the effects expected by the patient.

### 4.2.5 Communicate the results of the assessments of risk and scientific evidence to the patient

Provide the patient with an objective summary of the state of knowledge regarding the safety and efficacy of the NHP. It may be necessary to explain the difference between different types of information (e.g., RCTs and patient testimonials). Be sure to let the patient know when there appears to be no evidence available. Identify your information sources for the patient.

### 4.2.6 Help the patient make an informed choice about taking a NHP

Help the patient to assess whether the product claims are realistic. In addition, help the patient to assess any possible benefits of taking the product compared with any possible adverse effects which may be incurred.

### 4.2.7 Document

Document your recommendation(s) in the patient's record/profile and keep a record of the question(s) and answer(s) for future reference. All suspected ADRs from NHPs should be reported using the same forms as for other drugs.

### 4.2.8 Follow up

Whenever possible, follow up to see how patients are progressing after their decision to take (or not to take) a NHP. Are the patient's expectations being met? Is the patient experiencing a possible ADR? Does the patient require additional treatment?

## 4.3 Involvement in Formulary Management with Respect to Natural Health Products

Addition of new products to formularies is governed by institution-specific processes. It is the recommendation of this task force that NHPs be subjected to the same standards as any other new drug which is being considered for inclusion in a formulary. In addition, most institutions have mechanism by which non-formulary items may be obtained for specific patients. This appears to be an adequate way to address NHPs that are not currently included as regular formulary items. Discussion of this topic in the literature may be of interest.<sup>33, 34</sup>

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### 4.4 Role of Educators

Pharmacists need to be educated about natural health products in order to fulfill the roles described above. Thus there is a need for both quality continuing education programmes as well as an introduction to common NHPs in undergraduate pharmacy curricula.

### 5. CONCLUSION

Use of NHPs by Canadians continues to increase. Our role as pharmacists is to help educate patients about these products and to guide them to make informed choices. Our goal should be to ensure that patients who choose to use NHPs do so safely.

### 6. LITERATURE CITED

1. Northcott H, Bachynsky J. Concurrent Use of Chiropractic, Prescription Medicines, Nonprescription Medicines and Alternative Health Care. *Social Science and Medicine*. 1993;37:431-5.
2. Berger E. Canada Health Monitor Survey #9. Toronto: Price Waterhouse, Suite 3300, Box 190, 1 First Canadian Place, Toronto, Ontario, M5X 1H7.; 1993.
3. CTV/Angus Reid Group. Use of Alternative Medicines and Practices. Winnipeg: Angus Reid Group; 1997.
4. Brigden ML. Unproven (Questionable) Cancer Therapies. *Western Journal of Medicine*. 1995;163:463-9.
5. Yates P, et al. Patients with terminal cancer who use alternative therapies: Their beliefs and practices. *Sociology of Health and Illness*. 1993;15:199-17.
6. Lerner IJ, Kennedy BJ. The prevalence of questionable methods of cancer treatment in the United States. *CA-A Cancer Journal for Clinicians*. 1992;42:181-91.
7. Cassileth BR, et al. Contemporary unorthodox treatments in cancer medicine. *Annals of Internal Medicine*. 1984;101:105-12.
8. Downer SM, et al. Pursuit and practice of complementary therapies by cancer patients receiving conventional treatment. *British Medical Journal*. 1994;309:86-9.
9. Anonymous. The rise of alternative medicine. *Pharmacy Practice*. 1997;13:50.
10. Khaliq Y. Alternative medicine: what pharmacists need to know. *Pharmacy Practice*. 1997;13:44-50, 83-5.
11. Saks M. Introduction. In: Saks M, ed. *Alternative Medicine in Britain*. Toronto: Clarendon Press; 1992:1-21.
12. Boon H, Brown JB, Gavin A, Kennard MA, Stewart M. Breast cancer survivors' perceptions of complementary/alternative medicine (CAM): Making the decision to use or not to use. *Qualitative Health Care*. 1999, in press.
13. Advisory Panel on Natural Health Products. Final Report of the Advisory Panel on Natural Health Products: Regulatory Framework for Natural Health Products. Ottawa: Therapeutics Products Programme; 1998.
14. Drugs Directorate (Canada). Drugs Directorate Guideline. Traditional Herbal Medicines (Revised). Ottawa: Health Protection Branch, Health Canada; 1995.
15. Drugs Directorate (Canada). Drugs Directorate Guidelines. Homeopathic Preparations: Application for Drug Identification Numbers. Ottawa: Health Protection Branch, Health Canada; 1990.
16. Furnham A, Smith C. Choosing alternative medicine: A comparison of the beliefs of patients visiting a general practitioner and a homeopath. *Social Science and Medicine*. 1988;26:685-9.
17. Gray RE, Greenberg M, Fitch M, Parry N, Douglas MS, Labrecque M. Perspectives of cancer survivors

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- interested in unconventional therapies. *Journal of Psychosocial Oncology*. 1997; 25(3/4):149-171.
18. Alster KB. *The Holistic Health Movement*. Tuscaloosa, Alabama: The University of Alabama Press; 1989.
19. British Medical Association. *Alternative Therapy*. London: The Chameleon Press Limited; 1986.
20. Berliner H, Salmon WJ. The holistic alternative to scientific medicine: History and analysis. *International Journal of Health Services*. 1980;10:133-47.
21. van Dam FSAM. Alternative systems of medicine: Critical notes on the Muntendam Commission Report. In: British Medical Association, ed. *Alternative Therapy*. London: The Chameleon Press Limited; 1986:147-55.
22. Wiesner D. *Alternative Medicine: A Guide for Patients and Health Professionals in Australia*. Maryborough, Australia: Kangaroo; 1989.
23. Dobi L. *Complementary Medicine: Reasons for Choice From A User's Perspective*. Toronto, Ontario, Canada: Ontario Institute for Studies in Education (OISE); 1996.
24. Vincent C, Furnham A. Why do patients turn to complementary medicine? An empirical study. *British Journal of Clinical Psychology*. 1996;35:37-48.
25. Moore J, et al. Why do people seek treatment by alternative medicine? *The British Medical Journal*. 1985;290:28-9.
26. McGregor KJ, Peay ER. The Choice of alternative therapy for health care: Testing some propositions. *Social Science and Medicine*. 1996;43:1317-27.
27. Pawluch D, Cain R, Gillett J. Ideology and alternative therapy use among people living with HIV/AIDS. *Health and Canadian Society*. 1994;2:63-84.
28. Sharma U. *Complementary Medicine Today: Practitioners and Patients*. London: Routledge; 1992.
29. Furnham A, Kirkcaldy B. The health beliefs and behaviours of orthodox and complementary medicine clients. *British Journal of Clinical Psychology*. 1996;35:49-61.
30. Montbriand MJ. Freedom of choice: an issue concerning alternate therapies chosen by patients with cancer. *Oncology Nursing Forum*. 1993;20:1195-2101.
31. Kelner M, Wellman B. Health care and consumer choice: Medical and alternative therapies. *Social Science and Medicine*. 1997;45:203-12.
32. Ernst E, Kaptchuk TJ. Complementary medicine: The case for dialogue. *The Journal of the Royal College of Physicians of London*. 1996;30:410-12.
33. Brubaker ML. Setting up the herbal formulary system for an alternative medicine clinic. *American Journal of Health-System Pharmacy*. 1998;55:435-436.
34. Beal FC. Herbs and homeopathic remedies as formulary items? *American Journal of Health-System Pharmacy*. 1998;55:1266-1267.

### APPENDIX A: RESOURCE LIST - BOOKS

#### Botanical Medicine

- Boon, H. and M. Smith. *The Botanical Pharmacy*. Toronto: Quarry Press (available fall 1999).
- Blumenthal, M., W.R. Brusse, A. Goldberg, J. Gruenwald, T. Hall, C.W. Riggins, and R.S. Rister (Eds). *The Complete German Commission E Monographs. Therapeutic guide to Herbal Medicines*. Boston, MA: American Botanical Council, 1998. (available from the American Botanical Council)
- Chandler, F. "Herbal Products" in Carruthers-Czyzewski, P (Ed.) *Nonprescription Drug Reference for Health Professionals, Premier Edition*. Toronto:

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Canadian Pharmaceutical Association, pp. 335-60, 1996.

De Smet, P.A.G.M., K. Keller, R. Hansel and R.F. Chandler (Eds.) Adverse Effects of Herbal Drugs (Volume 3) New York: Springer-Verlag, 1997. (Volumes 1 and 2 are currently out of print, but worth buying if you can find them)

European Scientific Cooperative on Phytotherapy. Monographs on the Medicinal Uses of Plant Drugs, 1997. (available from the American Botanical Council)

Newall, C.A. and L.A. Anderson, and J.D. Phillopson. Herbal Medicines: A Guide for Health-Care Professionals London: The Pharmaceutical Press, 1996.

Sonnenborn, U., et al.. Adverse effects of Herbal Drugs Vol 1 Berlin/Heidelberg:Springer-Verlag, 1992.

Tyler, V. Herbs of Choice: The Therapeutic Use of Phytomedicinals. New York/London: Pharmaceutical Products Press, 1994.

USPDI Monographs

**Also available:** Information packages on 6 common alternative cancer treatments (Iscador; 714-X; Essiac; Hydrazine Sulphate; Vitamin A, C, E Supplements; Green Tea) available Spring 1997 from the Canadian Breast Cancer Research Initiative (CBCRI), Suite 200, 10 Alcorn Avenue, Toronto, Ontario, M4V 3B1; telephone: 416-961-7223; fax: 416-961-4189.

### Homeopathic Medicine

Boon, Heather, Michael Smith and Linda Muzzin. "Homeopathic Products" in Carruthers-Czyzewski, P (Ed.) Nonprescription Drug Reference for Health Professionals, Premier Edition. Toronto: Canadian Pharmaceutical Association, pp. 361-73, 1996.

Picard, Phillippe et al., The Canadian Self Guide to Homeopathic Self-medication. Montreal: Les Editions de la Cheneliere Inc., 1995.

### Supplements

Leung, Albert Y. and Steven Foster. Encyclopedia of Common Natural Ingredients Used in Food, Drugs, and Cosmetics (2nd Edition) Toronto: John Wiley & Sons, Inc., 1996.

Murray, Michael. Encyclopedia of Nutritional Supplements Rocklin, CA: Prima Publishing, 1996.

Murray, Michael and Joseph Pizzorno. Encyclopedia of Natural Medicine (2nd Edition) Rocklin, CA: Prima Publishing, 1998.

### APPENDIX B: RESOURCE LIST - PERIODICALS

Australian Journal of Medical Herbalism  
National Herbalists Association of Australia  
Suite 305, 3 Smail St.  
Broadway, NSW 2007  
Australia

British Journal of Phytotherapy

Canadian Journal of Herbalism

European Journal of Herbal Medicine

F.A.C.T (Focus on Alternative and Complementary Therapies)

Department of Complementary Medicine  
University of Exeter  
25 Victoria Park Road  
Exeter EX2 4NT  
UK

Herbalgram

The Journal of the American Botanical Council and  
the Herb  
Research Foundation  
P.O. Box 144345  
Austin, Texas 78714-4345  
United States

The Journal of Alternative and Complementary  
Medicine

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Journal of Herbs, Spices and Medicinal Plants  
Pharmaceutical Products Press  
10 Alice Street  
Binghamton, NY 13904-1580  
United States

Quarterly Review of Natural Medicine

Townsend Newsletter for Doctors and Patients

### APPENDIX C: RESOURCE LIST - INTERNET

Acupuncture  
<http://www.acupuncture.com/>

Foundation for Traditional Chinese Medicine  
<http://www.rscm.com/tcm/>

Herbal Medicines Research & Education Centre,  
Dept of Pharmacy, University of Sydney, Australia  
<http://www.pharm.usyd.edu.au>

National Centre for Homeopathy  
<http://www.homeopathic.org>

Office of Alternative Medicine, National Institutes of  
Health, US  
<http://altmed.od.nih.gov>

PhytoNet home page  
<http://www.exeter.ac.uk/phytonet/>

Research Council for Complementary Medicine, UK  
<http://www.gn.apc.org/rccm>

### APPENDIX D: RESOURCE LIST - EDUCATION

Department of Complementary Medicine  
Postgraduate Medical School  
University of Exeter  
25 Victoria Park Road  
Exeter EX2 4NT  
United Kingdom

The Homeopathic College of Canada  
280 Eglinton Ave. East  
Toronto, ON M4P 1L4  
416-481-8816  
1-888-374-6636  
[www.homeopath.org](http://www.homeopath.org)

The Michener Institute for Applied Health Sciences  
222 St. Patrick Street  
Toronto, ON M5T 1V4  
416-596-3101  
[www.michener.on.ca](http://www.michener.on.ca)

Northeast School of Botanical Medicine  
P.O. Box 6626  
Ithaca, NY 14851  
United States  
607-564-1023

Rocky Mountain Herbal Institute  
P.O. Box 579-C  
Hot Springs, MT 59845  
United States  
[www.rmhiherbal.org](http://www.rmhiherbal.org)

Wild Rose College of Natural Healing  
#400, 1228 Kensington Rd NW  
Calgary, Alberta T2N 4P9  
1-888-WLD-ROSE

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American Botanical Council  
P.O. Box 144345  
Austin, Texas 78714-4345  
United States

The Herb Research Foundation