

INTRODUCTION TO HERBAL PHARMACOTHERAPY

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DEFINISI FITOTERAPI :

**Pengobatan dan pencegahan penyakit menggunakan tanaman, bagian tanaman, dan sediaan yang terbuat dari tanaman.
(Pengobatan menggunakan obat-obatan yang berasal dari bahan alami)**

Herbal / tanaman obat adalah tanaman yang secara tradisional digunakan untuk fitoterapi.

Bagian penting dari fitoterapi adalah tanaman / bagian tanaman yang dapat berfungsi sebagai obat.

Definisi isolasi dan kimia dari konstituen tanaman menjadi batas wilayah definisi fitoterapi.

**Menurut komisi Kesehatan Federal Jerman :
Zat kimia yang diisolasi dari tanaman tidak dapat
didefinisikan sebagai obat herbal (Fitoterapi).**

Pendapat lain : zat kimia yang diisolasi dari tanaman dapat dikategorikan sebagai fitoterapi dan diklasifikasikan sebagai obat herbal yang potent (forte).

Ekstrak langsung dari tanaman seperti digoxin dan digitoxin yang diisolasi dari spesies *Digitalis lanata* dan *Digitalis purpurea* → obat herbal
Tapi turunannya yang diperoleh dengan cara sintesis (contoh: asetildigoxin dan metildigoxin) tidak dapat dimasukkan ke dalam golongan obat herbal.

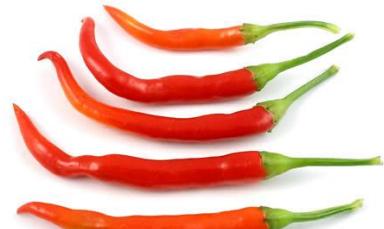
Imu Pengobatan Herbal meliputi :

Fitokimia

Fitofarmasi

Fitofarmakologi

Fitoterapi.



Fitokimia

→studi tentang kimia tumbuhan.

Tujuannya :

mengidentifikasi komposisi kimia tumbuhan
ciri-ciri spesifiknya, dan memberikan
gambaran tentang konstituen2 kimia
dengan efek yang mungkin menarik secara
farmakologi.

Fitofarmasi

Fitofarmasi terutama berkaitan dengan preparasi obat2 alami.

Obat2 tersebut digunakan dalam bentuk aslinya, juga dalam bentuk kemasan tea, maupun dalam bentuk preparat yang telah diolah (tinctur).

Pengujian modern untuk identifikasi dan kualitas obat sekarang diarahkan menggunakan metode pengujian fisiko kimia yang spesifik.

Fitofarmakologi

Studi fitofarmakologi → farmakologi terkait dengan konstituen2 kimia tanaman, menginvestigasi farmakokinetik dan farmakodinamik konstituen2 kimia tanaman.

Obat2 alami yang secara umum cendrung multi efek harus dilakukan pengujian pada manusia.

Sulit memperluas/transformasi hasil penelitian obat alami (natural drugs) pada hewan terhadap manusia dibandingakan dengan senyawa kimia sintetis

Fitoterapi

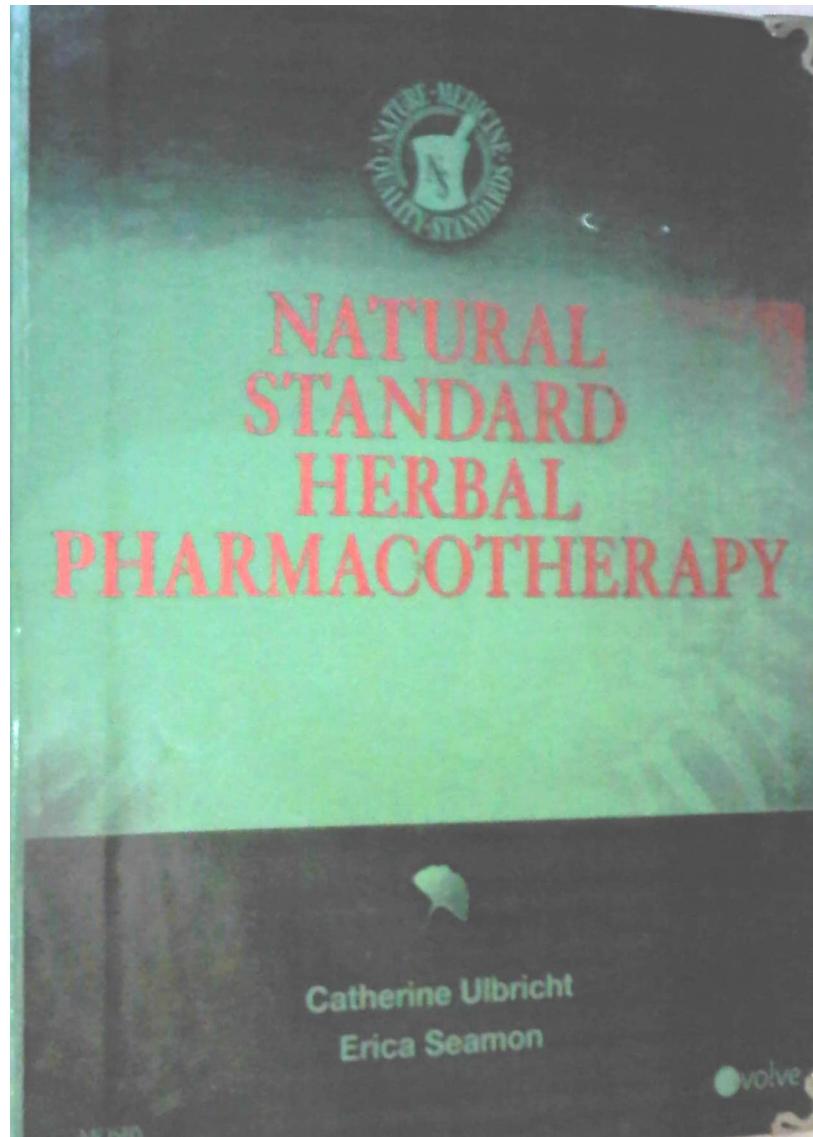
menggambarkan potensi & batasan obat2 herbal dalam megobati penyakit manusia.

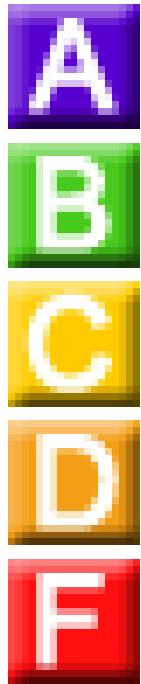
Ilmu Fitoterapi (khususnya *scientific aspect*) dipraktekkan oleh dokter2 terlatih dalam herbalism.

Banyak praktisi non medis seperti naturopath, fisioterapist, ahli farmasetik juga dilatih herbalism.

Obat-obat herbal dapat direkomendasikan untuk penggunaan sendiri, khusunya dalam usaha2 pencegahan penyakit. Penggunaan untuk pengobatan seharusnya dibuktikan terlebih dahulu oleh para ahli.

Referensi





Grading System

NATURAL STANDARD GRADING SCALE

Natural Standard evidence-based grades reflect the level of available scientific evidence in support of the efficacy of a given therapy for a specific indication. Evidence of harm is considered separately. The criteria on which each grade is based are specified in the table below.

Grade A (Strong Scientific Evidence)

Statistically significant evidence of benefit from >2 properly randomized trials (RCTs), OR evidence from one properly conducted RCT AND one properly conducted meta-analysis,
OR evidence from multiple RCTs with a clear majority of the properly conducted trials showing statistically significant evidence of benefit AND with supporting evidence in basic science, animal studies, or theory.

Grade B (Good Scientific Evidence)

Statistically significant evidence of benefit from 1-2
properly randomized trials,

OR evidence of benefit from >1 properly conducted
meta-analysis

OR evidence of benefit from >1 cohort/case-
control/non-randomized trials AND with supporting
evidence in basic science, animal studies, or theory.

This grade applies to situations in which a well designed randomized controlled trial reports negative results but stands in contrast to the positive efficacy results of multiple other less well designed trials or a well designed meta-analysis, while awaiting confirmatory evidence from an additional well designed randomized controlled trial.

Grade C (Unclear or Conflicting Scientific Evidence)

Evidence of benefit **from >1 small RCT(s)** without adequate size, power, statistical significance, or quality of design by objective criteria,*

OR conflicting evidence from multiple RCTs without a clear majority of the properly conducted trials showing evidence of benefit or ineffectiveness,

OR evidence of benefit from >1 cohort/case-control/non-randomized trials AND without supporting evidence in basic science, animal studies, or theory,

OR evidence of efficacy only from basic science, animal studies, or theory.

Grade D (Fair Negative Scientific Evidence)

Statistically significant negative evidence (i.e., lack of evidence of benefit) from cohort/case-control/non-randomized trials, AND evidence in basic science, animal studies, or theory suggesting a lack of benefit.

This grade also applies to situations in which >1 well designed randomized controlled trial reports negative results, notwithstanding the existence of positive efficacy results reported from other less well designed trials or a meta-analysis. (Note: if there is >1 negative randomized controlled trials that are well designed and highly compelling, this will result in a grade of "F" notwithstanding positive results from other less well designed studies.)

Grade F (Strong Negative Scientific Evidence)

Statistically significant negative evidence (i.e., lack of evidence of benefit) from >1 properly randomized adequately powered trial(s) of high-quality design by objective criteria.*

Lack of Evidence

Unable to evaluate efficacy due to lack of adequate available human data.

Terima Kasih

