

placements and rotations is that trainees are able to demonstrate delivery of the educational objectives set out within the FPC.

The FPC is broad and generic. Following the Foundation Programme, trainees uncertain of their career direction can choose broad-based programmes⁵ and unthemed core training programmes in medicine⁶ and surgery.⁷

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Endocrine disease in pregnancy

Editor – I read with interest the excellent update on endocrine disease in pregnancy

Table 1. Herbal medicines causing serious adverse drug reactions.

Herbal medicine causing serious ADRs	Common names	Common uses
<i>Larrea tridentate</i>	Creosote	Cancer, acne, rheumatism, diabetes
<i>Herbae pulvis standardisatus</i>	Atropa belladonna, belladonna herbum, deadly nightshade	Menstrual symptoms, peptic ulcer disease, motion sickness
<i>Piper methysticum</i>	Kava kava	Anxiolytic
<i>Cassia senna</i>	Sena	Laxative

ADR = adverse drug reaction.

(*Clin Med* April 2013 pp179–81). I write to draw your attention to an often neglected pituitary emergency: pituitary apoplexy.

Pituitary apoplexy is a potentially life threatening medical emergency. Pregnancy is mentioned by Frise and Williamson as a possible cause of pituitary insufficiency. However, pregnancy and the immediate post-pregnancy period is a predisposing factor for pituitary apoplexy as a pre-existing pituitary adenoma may haemorrhage or infarct (eg, postpartum Sheehan's syndrome).

This could then lead to acute pituitary insufficiency requiring immediate recognition of this presentation and urgent replacement with hydrocortisone and other pituitary hormones. Patients often present with headaches, vomiting, hypotension and can suffer with visual loss or ophthalmoplegia. It is recommended that patients are urgently referred to a joint pituitary (endocrine & neurosurgery) team.

I would be grateful if you could draw your readers attention to the national guidelines on pituitary apoplexy.¹

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Adverse effects of herbal medicine

Editor – We write with reference to the manuscript 'Adverse effects of herbal medicine: an overview of systematic reviews' by Posadzki *et al* (*Clin Med* February 2013 pp 7–12), which reviews the severity of the adverse effects of herbal drugs.

It was gratifying to note that very few of the drugs, such as *Cassia senna*, *Camellia sinensis*, *Commiphora mukul* and *Stevia rebaudiana*, which have serious or moderately severe side effects, are being used and prescribed by indigenous practitioners in India (Table 1). However, other herbal remedies, such as *Lavandula angustifolia miller*, *Ginkgo biloba*, *Trigonella foenum-graecum*, *Gymnema sylvestre*, *Panax ginseng*, *Silybum marianum* and *Cinnamomum* spp, which have mild side effects, are also commonly used by Indian practitioners. This is a point for caution.

In addition, possible herb-drug interactions have also been reported which are associated with increased risk of adverse drug reactions (ADRs), probably due to the induction or inhibition of cytochrome P450 isoenzymes. For example, Ginkgo (*Ginkgo biloba*) can cause spontaneous bleeding when combined with warfarin, and coma when combined with trazodone. Ginseng (*Panax ginseng*) lowers concentrations of warfarin (and alcohol), and induces mania and insomnia if used concurrently with phenelzine.¹

More studies are needed to clarify and determine the clinical importance of herb-drug interactions. It is imperative for health professionals, patients, regulatory authorities and suppliers of herbal medicines to be cognisant of the possible ADRs and drug interactions caused when herbal medicines

are used alone or co-administered with conventional drugs. Most herbal products on the market today have not been subjected to the approval process of the US Food and Drugs Association (FDA) and are not regulated for purity and potency. They may contain toxic substances or other contaminants which may increase the possibility of adverse effects.² Hence rigorous scientific methodologies and clinical trials to ensure the quality and consistency of herbal products should be undertaken.

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Learning curves for bronchoscopy and simulation

Editor – Further to Dr Holyoake's comments about virtual bronchoscopy simulation (*Clin Med* April 2013 pp214), I would also support the use of such technology in terms of improving preparation prior to 'hands on' training or to consolidate learning. However, studies are limited on this in the literature and a recent systematic review did show some evidence favouring simulation.¹ It is unsurprising that simulation would be of benefit as studies of the effects of the European Working Time Directive (EWTd) have shown a significant impact on the number of bronchoscopy procedures undertaken by higher specialist trainees (greater than 30% in one study).²

In the field of ultrasound bronchoscopy (used here as a surrogate for conventional bronchoscopy), cumulative summation analysis and other studies have shown that the learning curve is very variable, hard to predict and may be longer than thought, even among experienced bronchoscopists.^{3,4} Simulation is also being trialled here with some initial promise.⁵ Similarly for conventional bronchoscopy, one would expect different rates of learning among novices who have never performed bronchoscopy. Cumulative summation analysis is a good way of documenting rates of procedural learning.

With regard to Dr Holyoake's other comments, it is of course important that simulation reflects real life too. Therefore, the orientation of the simulator should actually encompass both intubation from behind the supine patient (as commonly done in intensive care, interventional and ultrasound bronchoscopy,⁶ and conventional bronchoscopy) and intubation from in front and to the side of a patient lying at 45 degrees (also commonly but not exclusively used for conventional bronchoscopy). As respiratory physicians need to be able to bronchoscope from both positions, learning both is important.

Table 2. Herbal medicines causing moderately severe adverse drug reactions.

Herbal medicine causing serious ADRs	Common names	Common uses
Pelargonium sidoides	Umckaloabo, South African geranium	Respiratory infections, intestinal problems
Perna canaliculus	Green-lipped mussel	Anti-inflammatory remedy
Aloe vera	Aloe	Multipurpose skin treatment
Mentha piperita	Peppermint	Abdominal pain, indigestion, irritable bowel
Medicago sativa	Alfalfa	Diabetes, bladder diseases, anaemia
Cemicifuga racemosa	Black cohosh, black root, bugbane, rattle root	Chronic ovaritis, endometritis, amenorrhea, dysmenorrhea
Caulophyllum thalictroides	Blue cohosh, squaw root	Abortion, uterine inflammation, laxative, sore throat, hiccups, epilepsy
Serenoa repens	Saw palmetto	Benign prostatic hyperplasia
Taraxacum officinale	Dandelion	Laxative, improving digestion, hepatoprotective
Camellia sinensis	Green tea	Diuretic, stimulant, blood sugar regulator, antioxidant
Commiphora mukul	Guggul gum	Obesity, hypolipidemic, antihypertensive
Hoodia gordonii	Bitterghaap, bokhorings, Ghaap	Gastric acid reduction
Viscum album	European mistletoe, common mistletoe	Cancers
Trifolium pratense	Red clover	Menopausal symptoms, asthma, syphilis, quitting smoking
Stevia rebaudiana	Sweetleaf, honey leaf	Natural sweetener

ADR = adverse drug reaction.