

Chamomile Eases Anxiety, Depressive Symptoms

BY MIRIAM E. TUCKER

BALTIMORE — Chamomile extract therapy demonstrated both anxiolytic and antidepressive effects in a two-part randomized, controlled, blinded study of 57 patients with mild to moderate generalized anxiety disorder.

The initial study, published in 2009, is thought to be the first controlled clinical trial of oral chamomile (*Matricaria recutita*) extract for GAD. A substudy presented in a poster at the annual meeting of the Anxiety Disorders Association of America (ADAA), investigated the effect of chamomile on depressive symptoms in GAD patients who had comorbid depression, a history of depression, or no depression.

Because not all patients are willing or able to use psychopharmacologic treatment, “the identification of a safe and effective herbal remedy for treating anxious and depressive symptoms would be of public health relevance,” Matthew A. Shore and his associates said in their poster.

Chamomile has long been used as a traditional remedy for its calming effect and has demonstrated pharmacologic activity in animal models of anxiety. Its anxiolytic and antidepressive properties may relate to modulation of central noradrenalin, dopamine, and serotonin, and gamma-aminobutyric acid neurotransmission and hypothalamic-pituitary-adrenocortical axis activity, said Mr. Shore and his associates, of the University of Pennsylvania, Philadelphia.

The original study, led by Dr. Jay D. Amsterdam, was summarized by coauthor Irene Soeller, a nurse practitioner, in a session on alternative/complementary medicine at the ADAA meeting. The 57 GAD patients all had minimum baseline Hamilton Anxiety Rating (HAM-A) scores of 9 or more. Patients with other DSM-IV axis 1 disorders, such as minor depression, were not excluded as long as the comorbid condition was not the primary diagnosis.

Those with major depressive disorder, bipolar disorder, or other serious psychiatric diagnoses were excluded (J. Clin. Psychopharmacol. 2009;29:378-82).

Twenty-eight of the patients were randomized to chamomile extract and 29 to placebo for 8 weeks. Identically appearing and smelling capsules contained either pharmaceutical-grade chamomile extract or placebo. Initial dose was one capsule (220 mg for the chamomile) daily for the first week, increasing to two capsules daily for week two. After that, patients with a 50% or less reduction in HAM-A scores at each week were increased to three capsules at week 3 and four at week 4, and then up to five capsules at weeks 5-8 if response was still less than 50%.

At 8 weeks, there was a significantly greater reduction in the mean total HAM-A score for chamomile versus placebo—the primary outcome—with a mean difference of 3.17 points between the two groups.

There was also a somewhat greater proportion of overall HAM-A responders to chamomile versus placebo (57% vs. 38%), and the overall percentage change was numerically greater for chamomile than placebo on the HAM-A (53% vs. 35%), the Beck Anxiety Index (42% vs. 21%) and the Psychological General Well-Being Index (28% vs. 18%).

In all three groups combined, there was a significantly greater reduction over

time in total Hamilton Depression Rating (HAM-D) 17 scores and in core HAM-D depression items (including depressed mood, guilt, and suicidal ideation) for chamomile versus placebo, with a *P* value of less than .05 on both measures.

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that they have no other financial disclosures.

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