Herbal Medicine: Who Cares? The changing views on medicinal plants and their roles in British lifestyle

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Background: Herbal medicines are widely used but also contentious health care products. Currently little is known about the products’ place in people’s healthcare strategies and their views about such products. The aims of the study are to gain insight into the public’s perception of herbal medicine/ general use of herbs for health, as well as on the growing of plants for medicine.

Methodology: Core to the research was a survey which covered participants’ views about herbal medicines. Data was collected online and from visitors at the Eden Project, as well as some other garden events. Survey responses were categorised and analysed using Qualtrics.

Results: Overall 408 participants participated though numbers varied across questions. Results show that herbal medicines are popular, particularly amongst the 36 to 55 year old age group. Participants mostly used herbal medicines for minor-self-limiting conditions. Popular reasons for use included that plant medicines are natural and have fewer side effects, as well as for a few a changing relationship with conventional medicines. Around a third of participants grew their own plants for health care.

Conclusion: This is the first larger UK-based survey indicating a wide use of such products, and it is therefore recommended that there is an increase in quality control and wider regulation. Access to high quality products should be prioritised.

Introduction

Globally herbal medicines are used, and it is well known that North American and European countries have a large and steadily growing market for such products (e.g. IPSOS-Mori 2008, Mintel, 2009). It is also well known that such usage is widespread in migrant communities for example in the UK (Bhamra, et al., 2017) or Germany (Ceuterick et al. 2008). Increased migration across the world has spread traditional knowledge from
various cultures and through expatriate communities, resulting in the transfer of medicines from one medical traditions to another (for example, from Ayurvedic medicine and Traditional Chinese Medicine) (Coulter & Willis, 2004).

However, these are specialized segments of a society and it remains an open question, how such resources are used by a wider population. The UK Parliament has acknowledged the increasing importance of ‘complementary and alternative medicine’ (CAM) across the Western world. However, there is limited data on their use specifically for the UK (Applequist, 2004). These are choices with regards to different lifestyles and also are linked on views on practices on nutrition and food. A postal survey conducted in 1998 in England showed that in the last year approximately 20.7% of adults had used herbal medicines and 35.8% during their lifetimes (Thomas, Nicholl & Coleman, 2001). Other studies show that herbal medicines account for 57% of complementary medicine sales, with a 50% growth between 1995 and 2000. Statistics show that treatment with herbal medicines was one of the most rapidly increasing sectors with 2.5% of the sample indicating use in 1990, compared with 15.1% in 1997 in the UK (Ernst & White, 2000). However, these surveys are dated and were often limited methodologically highlighting the need for new research.

Factors that predict participants’ use of CAM in Western countries include poorer health, specifically chronic health conditions, higher education (Astin, 1999,) a life-changing experience that impacted on a person's worldview, spirituality, a commitment to the environment, personal growth, and interestingly, feminism (Ritchie, 2007). It has been postulated that the rise in CAM is due to increased anxiety about health across society (Ritchie, 2007). A national survey conducted in the USA showed that the most significant predictor of CAM use were higher education status followed by overall health status (Astin, 1999).

The questions associated with such uses are multiple and complex. They include for example patient safety, also in the context of using multiple products especially combinations of herbal medicines with fully licensed pharmaceutical products. Investigating the population of Britain that use herbal medicines is particularly interesting because all of the public has access to pharmaceuticals via the NHS, and traditional
knowledge of plants has somewhat been lost due to early industrialization and scientific advancements (Ritchie, 2007) as well as lack of recognition by health care professionals. On the other hand, participants who use herbal medicines do so as a step in self-care and self-management. The NHS also promotes self-care, though not directly in the form of herbal medicines “People have a key role in protecting their own health, choosing appropriate treatments and managing long-term conditions. Self-management is a term used to include all the actions taken by people to recognise, treat and manage their own health. They may do this independently or in partnership with the healthcare system.”-NHS (NHS - England, 2018). There are only a few licensed herbal products that are approved by the NHS such as senna and ispaghula for constipation, and a cannabis product for symptoms of multiple sclerosis (MacLennan & Pendry, 2011).

Therefore, the aim of this study has been to explore the publics knowledge, use, and sourcing of herbal medicines, as an element of changing lifestyles in a broader sample to the UK’s population. Questions were designed to help understand the British public’s current general use of herbal medicines in their own healthcare, to give insight into the public’s perceptions of herbal medicine, to ascertain specifically what participants grow themselves as well as to gain demographic insight on who uses plant medicines. In this study we use – broadly speaking – an ethnopharmacological approach using survey techniques as a tool and more specifically an online questionnaire.

Methods

The questionnaire (see Supplementary Material) consisted of 27 questions divided into the following sections; “About Yourself”, “Uses of Herbal Medicines”, “Growing and Sourcing Including Commercial Sourcing”, “Your Views about Benefits and Risks” (see Supplementary Data). It has a series of multiple-choice questions, as well as scaled questions, open ended and closed questions. Multiple choice questions were chosen for speed and simplicity for the participants, so that they were more likely to answer more questions. Open ended questions were used to get more in-depth answers. Participants’ who
did not live in Britain were excluded. An online survey was used in order to gain the largest possible number of participants. Though this may have skewed participation to younger generations, the convenience and simplicity of an online format can increase participant compliance.

The questionnaire is based on previous ones (e.g. Sandhu & Heinrich, 2005, Bhamra et al 2017). It was developed by the authors, then piloted in a small set of 11 volunteers and – after ethical approval – distributed through a range of channels (see below)

Full ethical approval including compliance with the current data protection EU regulation was secured (1341/001) from UCL. Prior informed consent was obtained after the participant had read the participant information leaflet.

Data Collection

Participants were recruited by advertisements posted on social media groups. We used a network of organisations with an interest in the topic in combination with UK snowballing (Etikan, 2016). Recruitment was both online and in person mostly at The Eden Project (https://www.edenproject.com/) under the Pukka Herbs stall where regular tea tastings for the public is offered including discussions on herbal medicines / teas conducted by staff. The face to face data gathering was conducted on an iPad online and participants were recruited directly through interacting with the public. Data was also gathered at relevant events including the British Medicine Association Open Garden event in June 2018. The survey was available online to answer for eight weeks between June and August 2018.

Overall there were 408 participants however some questions had lower levels of response. Due to the topic of this survey random sampling was likely to result in a low response rate. Therefore, the sample we have is an on-purpose sample often with participants likely to have more of an interest in the general topic prior. A major problem with the survey was a technical fault which meant that the last section about “attitudes towards herbal remedies” was cut out, affecting a large proportion of respondents which decreased data reliability.

Data Analysis
Construction and Distribution Qualtrics is a web-based platform which was used to construct and distribute the survey. Data was imported into excel for further analysis and to create graphs and tables. The data was analysed using descriptive statistics of numbers and percentages, as sample sizes were too small to use inferential statistics. Therefore generalizations should not be made beyond our data.

**Results and Discussion**

**Survey Responses**

The herbal medicine usage survey (Figure 1) was completed anonymously, and participants were only included in the analysis if they answered “Yes” when asked if they lived in the UK. Of the initial participant numbers 6.3% stated that they did not live in the UK thus their answers were excluded. After this, total responses for each question ranged between N=136 to N=408. However, when individual answers were split into categories for deeper analysis some response numbers were as low as 22. There is an element of bias with responses as participants who are already interested in herbal medicines are more likely to answer the survey, and some herbalists completed the survey which will have skewed results. Also answers mainly came from London and Cornwall where the Eden Project is located so answers are not conclusive for the whole of the United Kingdom.

**Gender Based Analysis of Key Findings**

Men and women sometimes showed some similar responses, for example, 7.7% of women had never used herbal remedies in comparison to 8.4% of men (N=319). In addition, 73% of women and 75% of men stated that they would like to use herbal medicines more often (N=142). Similarly, 42% of women believe that herbal medicines are effective for major conditions compared to 39% of men (N=144). These answers are symptomatic for a generally positive towards view about herbal medicines from both sexes.
However, there was a vast difference in participation between men and women: Only 93 men (26.1%) answered in comparison to 263 women (73.9%). This is important as the willingness to complete the survey indicates a prior interest in the topic introducing an inherent bias. It could also be true that women frequent the online forums, the survey was posted on, more, and may be more willing to help. The lower number of men participating indicates less interest in herbal medicines, and also makes assessment of answers more difficult. This perpetuates previous evidence that in Britain herbal medicine use and self-care is women dominated (Thomas, Nicholl & Coleman, 2001). This may be linked to gender differences in overall health, which then impacts on attitudes towards herbal medicines specifically. For example, when considering the cognitive and motivational aspects of attitudes towards health it has been shown that being women was a strong predictor in proactivity towards health issues as well as being informed (Chylińska et al., 2017). However, as our sample size is small and statistics are only descriptive, generalisations cannot be made beyond our data.

Semi-structured interviews conducted with men between 22-59 years old showed that some men may feel ridiculed in certain circles for openly discussing potential benefits of herbal medicine as it could be seen as “sissy stuff”. This is exemplified by an interview with a millennial man from the North of England and a culturally working class background said “women are more likely [to] fall for herbal medicines and that most men would rather use real scientifically proven pharmaceuticals”. This is substantiated by data showing only 63% of men think herbal remedies are effective for minor health conditions versus 82% of women (N=144). Conclusions for a population cannot be drawn from a small series of informal interviews, but it provides perhaps a microcosmic insight into popular opinion.

**Age Based Analysis of Key Findings**

The main age groups that compared are the ones in the age range of 16 to 35 (N=194), 36 to 55 (N=93) and 56+ (N=78) (Figure 1a). Overall 54% of participants were aged between
16 to 35; while 26% were between 36 to 55 years old and 20% were 56+. A significant source of bias of this survey was that it was online based, henceforth the younger generation were far more likely to participate.

The 36 to 55 year old age group used plant medicines most frequently with 73% having used them in the last week and only 5% never having used them (N=84). Plant medicines being most popular with this age group is also concurrent with other studies (Ipsos MORI, 2008). The 56+ group (known in sociology terms as Gen X) were the second most frequent users with 64% having used plant medicine in the last week and only 8% of them never having used them (N=61). Of the age group 16 to 35 (known as the millennial generation, with the 20 to 35 old known as Gen Y (TrendWatching, 2018)), only 40% had used herbal medicines in the past week (N=174). This may be due to a lack of interest or simply less of a need for treating relevant health conditions. Only 9% of the millennial generation had never used medicinal plants for health, and so this indicates a relevant interest in the products. Furthermore, it is likely that not using plant medicine so frequently or ever as compared to 36 to 55 year olds and ages 56+, might be due to less ill health.

When 36 to 55 year olds were asked “what if anything attracts you to herbal remedies” 68% indicated that it is because plants are “effective” (N=74). Contrastingly only 36.9% of 16 to 35 (N=168), and 58% of the 56+ group (N=65) stated it’s because the plants are “effective”. Additionally, this age range is most likely to have disposable income to spend on the medicines, as when asked “what if anything attracts you to herbal remedies” 36.9% of 16 to 35 year olds (N=168) said “cheap” whereas only 7% of 36 to 55 year olds (N=74) answered this, indicating that money is less of an issue for this age group. Another significant point is that they are more likely to have more illness to treat than millennials, but still have regular activity with the internet and so are likely to see the popular media around the industry.

The 16 to 35 group showed the most interest in using more herbal medicines in the future, which is important as it could be indicative of the future use of plant medicines in the UK.
When asked their opinion on the statement “I would like to use more herbal remedies” 75% of 16 to 35 year olds agreed (N=85). As previously discussed, wider reading shows there has been a surge in positive media attention and popular opinion towards herbal medicine, “natural” products and “natural health” in recent years. Studies show millennial generation are more health focused as status symbols have changed and now include: experiences, health, ethical and sustainable lifestyles (TrendWatching, 2018). Fundamentally, consumer choices are increasingly being challenged (e.g. single use plastics, meat, and fast changes in fashion) as there is an increase in conscious thinking. These consumers seek to upgrade their individual quality of life and make decisions for collective benefit such as recycling, carbon footprint, and advocating positive mental health. Cultural shifts in this generation manifest in a rise in plant-based diets (veganism, vegetarianism, flexitarianism) as well as looking to natural ingredients to help with common ailments and wellbeing (Forbes.com, 2018). This makes millennials, a particularly interesting generation to investigate as cultural change, lifestyles and ideologies separate this group from previous generations.

In contrast some results show that millennials were the most sceptical about the efficacy of plant medicine, as 7.06% disagreed with the statement “herbal medicines are effective for minor health conditions” (N=85) compared with 0% of 36 to 55 (N=26), and 56+ groups (N=33). Furthermore, 36.46% of 16 to 35 year olds disagreed with the statement “herbal medicines are effective for major health conditions” (N=85). Similarly 33.33% of 56+ also disagreed with the statement (N=33) and just 15.39% of 36 to 55 year olds also disagreed (N=26).

Uses of Herbal Medicines, Attitudes and Regulation
Attitudes towards herbal medicines are generally very positive with 53% of participants having used them in the last week, and only 7.8% never having used them (Figure 1b). Just over half consider them to be effective for minor self-limiting diseases (see Figure 2a), while respondents are much more cautious about their use in major diseases (Figure 2b). The reasons for this positive assessment are linked most importantly to them being ‘natural’, being seen as having less side effects and being effective, as well as them having a tradition of use (Figure 2c). One person stated that they like taking herbal medicines because “It gives feeling a sense of ownership in taking care of my health, can use regularly to keep issues at bay rather than waiting for conditions to develop and then seeking medical help. Enjoyment in being able to heal myself.” In total 74% (N=142) agreed with the statement “I would like to use more herbal remedies” which confirms interest in increased medicinal plant use in the future. It indicates an interest in participants wanting to treat their health problems with other medicines not typically used or advocated by the NHS, but this would also requires changes to the health care systems approach to herbal medicines (e.g. relating to a lack of reporting on the use of such products by patients and possible herb-drug interactions). This interest in using more herbal medicines may also support the NHS’s vision of “Giving people the right care at different stages of their lives” (NHS-England,2018) and to increase patient compliance, satisfaction and therefore wellbeing. However, a risk of bias is that as this was a pilot study the sample size is not representative of the whole population.

Respondents reported that the conditions they most frequently used herbal medicines for were for sleep, to boost overall wellbeing, to aid the digestive system to boost the immune system, and for anxiety/stress (N=324) (Figure 3). Respondents also ranked the order of importance of conditions that they used herbal medicines to treat and the most important one was to ‘boost the immune system’ (44.8%), followed by for anxiety/stress (38.30%) and to help get to sleep (37.6%) (N=295). Other popular conditions include for the skin, with 8.4% using plants for conditions such as eczema, psoriasis and beauty. A further 2.2%
used herbs for major conditions such as cancer and post-traumatic stress disorder, and 2.4%
used plants for pain management.

**Products Used and Regulation**

The most commonly named herbal substances used are summarised in Figure 4. The plants
grown and culinary plants used in r health care are shown in Figures 6 and 7 though their
importance will be discussed later. Teas (80.1%), supplements, beauty products (36%) were
most commonly stated as the types of products used (Figure 4). The least popular options
were registered herbal medicines (i.e. indicated by Traditional Herbal Remedies mark on
the packet) (Figure 4; N=311). Additionally, 15.1% selected “other, please state” which
most importantly includes essential oils, tinctures and cannabis. The lack of people buying
Traditional Herbal Remedies (THR) products highlights problems with regards to
appreciating the quality benefits of regulated product in the UK, as the public are largely
unaware of the THR scheme. Informal interviews showed that people were unaware of how
poor the quality of some products are on the market, which could perhaps be why THR was
so lowly valued. When asked “how do you ensure that a herbal medicine is of good
quality?” 9.9% of respondents said that they trust the supplier and 10.2% said they go by
brand reputation (N=304). However only 2.3% said they look for certificates and marks.
Studies have shown that unregulated products most often are of low quality e.g. Ginkgo
(Booker, et al., 2016), indicating that there is a need for promoting categories of high-
quality product more systematically.

People's perspectives on herbal medicines compared to pharmaceuticals were also
addressed (Figure 5). Participants were asked their level of agreement with the statement “I
would use herbal medicines over conventional medicine for…” and a variety of conditions
were listed in order to understand people’s preference over pharmaceuticals. Everybody
who participated generally preferred to use herbal medicines over conventional medicines
for all eight conditions stated and 71% agreed that “herbal remedies are safe”. In multiple
correlations with participants many revealed that a mistrust towards pharmaceuticals and
reported side effects lead people to turn towards herbal medicines. There has been an increase in media exposure on the topic of overmedication, with programmes such as “The Doctor Who Gave Up Medicine”, and prominent public figures who are pro “de-medication” such as Dr. Ranjan Chaterjee who advocate “lifestyle prescriptions” (rather than immediately seeking pharmaceutical prescriptions) frequenting popular BBC programmes. It is well known that there is some public angst around this topic (Cohen, 2018) both in informal interviews and on the surveys (Hawkes, 2017). However, this is not predominantly on the agenda for most people taking herbal medicines.

**Growing and Sourcing**

A majority (69.3%) did not grow their own medicinal plants for healthcare (N=322) (Figure 7). Those who do, usually grow multiple medicinal plants, and of those that did grow plants 64% intended to grow more (N=86). Only 9.6% of participants who do not already grow medicinal plants intend to do so in the future (N=198). Figure 7 shows there are over 20 medicinal plants that can be grown in the UK. Results show that the majority of participants are also not interested in growing plants for healthcare.

Of the plants that participants grew themselves for health, mint was the most popular. Participants were also asked what culinary plants they use for health that they do not grow, and turmeric was shown to be the most popular spice (Figure 6). One participant answered, “This is difficult to answer, as all herbs and spices in the kitchen contribute to health care-let food be your medicine, and medicine be your food”.

Figure 6 shows the plants participants commonly use for healthcare including many common kitchen plants. Other medicinal plants which less than 3% of participants reportedly use include: Ashwagandha (*Withania somnifera* (L.) Dunal), bay leaf (*Laurus nobilis* L.), chives (*Allium schoenoprasum* L.), cocoa (*Theobroma cacao* L.), elder berry (*Sambucus nigra* L.), fenugreek (*Trigonella foenum-graecum* L.), feverfew (*Tanacetum parthenium* (L.) Sch.Bip.), galangal (*Alpinia galanga* (L.) Willd.), green tea (*Camelia sinensis* L.), liquorice (*Liquiritia spp.*), marjoram (*Origanum majorana* L.), mustard (*Brassica napus*), rosebud (*Rosa canina* L.), star anise (*Illicium verum* Hook f.), sweet pepper/paprika (*Capsicum annuum* L. cultivars), tarragon(*Artemisia*...
Figure 7 shows widely used plants that participants commonly grow locally (often in their own garden) with 74 participants answering this question. Other species less than 3% of the participants mentioned growing include Calendula (Calendula officinalis L.), catnip (Nepeta cataria L.), echinacea (Echinacea angustifolia DC. and E. spp.), elecampane (Inula helenium Jacq.), meadowsweet (Filipendula ulmaria (L.) Maxim.), nettles (Urtica dioica L.). St John’s wort (Hypericum perforatum L.), valerian (Valeriana officinalis L.), and yarrow (Achillea millefolium L.). Other medicinal plants mentioned only once as being grow include balm of Gilead (Commiphora gileadensis (L.) C.Chr.), black seed (Nigella sativa L.). Californian poppy (Eschscholzia californica Cham.), cannabis (Cannabis sativa L.), chili (Capsicum annuum L.), chives (Allium schoenoprasum L.), coriander (Coriandrum sativum L.), daisy (Bellis perennis L.), dandelion (Taraxacum officinale aggr. F.H.Wigg.), echinacea (Echinacea pallida (Nutt.) Nutt.), honeysuckle (Lonicera japonica Thunb.), hops (Humulus lupulus L.), linden (Tilia cordata Mill.), madder (Rubia tinctorum L.), marjoram (Origanum majorana L.), motherwort (Leonurus cardiaca L.), mugwort (Artemisia vulgaris L.), plantain (Plantago spp.), raspberry leaves (Rubus idaeus L. and R. spp.), sweet cicely (Myrrhis odorata (L.) Scop.), sweet violet (Viola odorata L.),

Horticulture therapy means spending time in nature, for example gardening. Informal interviews showed that growing plants was very therapeutic for those that participated, for the mind, body and overall wellbeing with diverse positive effects reported: increased self-esteem (Kim et al., 2003) lower levels of depression (Kim et al., 2003; Kam & Siu, 2010; Han et al., 2018), decreased anxiety (Kam & Siu, 2010), reduced blood pressure and improved fitness (Han et al., 2018). The Eden Project have been large advocates of social prescribing through horticulture, and their pilot study showed that over 12 weeks 94% of participants showed an increase in wellbeing which resulted in 40% drop in associated visits to GP’s surgeries (Edenproject.com, 2018). Such activities have the potential to
alleviate many pressures from the public health system, as it works positively for both mental and physical health and the data of this study reinforces this and shows an alternate benefit to herbs.

Conclusions

This is a pilot study exploring the uses of herbal medicinal products and herbal substances in Britain. It offers a new perspective on the use of these products and their importance in the lifestyle of modern Britain. However, being a pilot study, there are some important limitations since the sample size was not large enough to be reflective of the UK population, and was certainly too small for specific groups such as 65+ (N=22). One of the main issues was the variance in numbers of participants for the different questions. This means a lack of consistent reliability in analysis. Another limit was the timeframe of the survey, as it was only available to answer for two months which means that it was not possible for the questionnaire to reach all the participants within the stipulated period. Furthermore, due to the small sample size, only descriptive statistics were used to interpret results as inferential statistical analysis were not suitable. The low response rates mean that one cannot generalize beyond our sample size.

Due to technical problems, some parts of the survey could only be used in a limited way. Furthermore, evasiveness in terms used throughout such as “natural” and “herbal remedies” means that participants’ answers may be less reliable, as everybody has different interpretations of these terms.

More research into the benefits of horticulture as well as how to increase this activity would be valuable for public health and people’s personal wellbeing. Another interesting point to investigate, which could perhaps have been included in this study is participants' ethnic
background. As this study did not focus on specific migrant communities there was no
enquiry into cultural effects.

There is a cultural shift in attitudes with greater interest in herbal medicines developing
over the years, and what has stimulated the growth in herbal product sales. Further
investigation would be warranted, to also help predict future trends and usage. Finally, a
very useful piece of research would be to investigate different ways of regulating herbal
medicines by looking at other countries, and seeing what can be applied to the THR scheme
for best quality assurance of plant medicines in Britain.

Attitudes towards herbal medicines were similar for both genders, although there were
some key differences with women attitudes overall being more positive. Herbal medicine
use was most popular amongst the 36 to 55 year old age group possibly because they are
likely to have the most money, and health conditions suitable to treat with herbal
medicines. However, it must be noted that a critique of surveys is an inevitable bias within
answers, as participants are far more likely to take part if they have prior interest to the
subject matter. The most popular reasons for using herbal medicines is that they are
“natural” with less side effects, and overall participants preferred to use herbal medicines
over pharmaceuticals. The most popular conditions for use of herbal medicines were sleep,
to boost overall wellbeing, digestion and immunity and plant medicine was much more
popular for minor conditions rather than major diseases. participants overall seem to trust
that herbal medicines are regulated, and not many are aware of the THR scheme. This is an
issue that needs to be addressed. This study was the first to investigate the public’s
acceptance and interest in the regulation of herbal medicines in the UK, and it would be
useful to study this further. Overall around a third of participants grew their own herbs, and
it would be beneficial for members of the public as well as the NHS to encourage
horticulture at home. This study investigated many facets of medicinal plant use in Britain,
all of which warrant further investigation for insight into public health and future use.

Therefore, this study needs to be followed up with a much larger study using the tool
developed here (with some modifications).
Acknowledgements
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Reference List


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### Tables

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<th>% of Participants</th>
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<td>I trust the supplier</td>
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<td>9.9</td>
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<td>I see if it works</td>
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<td>Frequency</td>
<td>Percent</td>
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<td>Smell, colour and taste</td>
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<td>Get it from a herbal professional</td>
<td>5</td>
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Table 1: Participants answers when asked how they know if a herbal product is of good or bad quality (N=304)
Herbal Remedies Britain

Start of Block: Default Question Block

Q58 Hello, thank you for participating in this survey. We are keen to understand people’s relationship with herbal remedies in Britain and this survey asks questions about what herbs people use for health, why they use them and where they source them from.

Q41 About Yourself

Q1 How old are you?

- 16-24 (1)
- 25-35 (2)
- 36-45 (3)
- 46-55 (4)
- 56-65 (5)
- 65+ (6)

Q2 Gender

- Male (1)
- Female (2)
Q57 Do you live in the UK?

- Yes (1)
- No (2)

Q3 What is the first part of your postcode?

________________________________________________________________

Q4 What is your highest degree or qualification?

________________________________________________________________

Q5 Where did you hear about this survey?

- Eden Project (1)
- Pukka Herbs (2)
- BHMA (3)
- Social Media (4)
- Other, please state: (5) ________________________________________

Page Break
Uses of Herbal Remedies (A herbal remedy can be defined as any plant or plant based product used to treat or prevent ill health)

Q7 Have you used herbal remedies in the last:

- Week (1)
- Month (2)
- Six months (3)
- Year (4)
- Never (5)
Q8 Which of the following conditions would you be likely to use herbal remedies for?

Please tick all that apply:

- To increase concentration (1)
- To help get to sleep (2)
- For increased energy (3)
- To boost the immune system (4)
- To aid the digestive system (5)
- Anxiety/Stress (6)
- Low mood (8)
- Women's disorders (e.g. menopause, PMS) (11)
- Alkalinise the body (17)
- Hangover (18)
- To boost overall wellbeing (24)
- Other please state: (25) ________________________________

Q9 Which of the above are the three most important uses from your point of view?

________________________________________________________________
________________________________________________________________
________________________________________________________________

23
Q11 How do you know whether a herbal remedy is of good or bad quality?

Q12 Do you use any of the following types of herbal products? Please tick all that apply

- Beauty products (1)
- Teas (2)
- Supplements (3)
- Creams (4)
- Soaps (5)
- Cleaning products for the house (6)
- Registered herbal medicines indicated by THR (traditional herbal registration) logo on packet (8)
- Herbs from a practitioner (9)
- Other please state: (7) ____________________________________________
Q44 Growing and Sourcing

Q48 Where do you source your herbal remedies? Please tick all that apply

- Health shop (1)
- Pharmacy (like Boots, Lloyds or Superdrug) (2)
- Supermarket (3)
- Other shops (4)
- Online (5)
- Practitioner (8)
- Friends / neighbours / colleagues (6)
- Market Stall (9)
- Other please state: (7) ____________________________________________

Q13 Do you grow any plants or spices for health care?

- Yes (1)
- No (2)

Display This Question:

If Do you grow any plants or spices for health care? = Yes

Q42

Please state which plants you grow, what you use them for in health care and how you
prepare them for use

Q56 Please state which herbs and spices you use from the kitchen for health care if you use any and how you prepare them

Q15 Where did you learn to grow them/use the plants?

- Books (1)
- Blogs (2)
- Herbal medicine specialists (3)
- Doctors leaflets (4)
- Product leaflets (5)
- Friends and family (6)
- Other please state (7) ________________________________

Q16 Do you plan to grow any other plants for health care? If yes please state which

- Yes (1) ________________________________
- No (2)

26
Q37 What, if anything attracts you to using herbal remedies? Please tick all that apply

- Natural (1)
- Cheap (2)
- Used traditionally (3)
- Can have less side effects (4)
- Effective (5)
- A single herb has more than one benefit (6)
- Other please state: (7) __________________________________________
- None of the above (8)
Q39 Do you intend to learn more about using herbs for health care? If yes then please tick all the following sources of information that apply. I intend to learn from:

- Books (1)
- Blogs (2)
- Herbal medicine specialists (3)
- Doctors leaflets (4)
- Product leaflets (5)
- Friends and family (6)
- Practitioner (8)
- Other please state: (7) __________________________________________________________________

Q54 Please indicate on the scale how much you agree with the following statements:
Q18 Herbal remedies are safe.

- Strongly agree (1)
- Agree (2)
- Somewhat agree (3)
- Neither agree nor disagree (4)
- Somewhat disagree (5)
- Disagree (6)
- Strongly disagree (7)

Q19 I would like to use more herbal remedies.

- Strongly agree (1)
- Agree (2)
- Somewhat agree (3)
- Neither agree nor disagree (4)
- Somewhat disagree (5)
- Disagree (6)
- Strongly disagree (7)
Q20 In general, herbal remedies are effective for minor health conditions

- Strongly agree (1)
- Agree (2)
- Somewhat agree (3)
- Neither agree nor disagree (4)
- Somewhat disagree (5)
- Disagree (6)
- Strongly disagree (7)

Q21 In general, herbal remedies are effective for major diseases

- Strongly agree (1)
- Agree (2)
- Somewhat agree (3)
- Neither agree nor disagree (4)
- Somewhat disagree (5)
- Disagree (6)
- Strongly disagree (7)
Q22 I trust herbal remedies

☐ Strongly agree (1)
☐ Agree (2)
☐ Somewhat agree (3)
☐ Neither agree nor disagree (4)
☐ Somewhat disagree (5)
☐ Disagree (6)
☐ Strongly disagree (7)

Q55 I prefer to use herbal remedies over conventional pharmaceutical medicines for the following conditions (please answer each part individually):

Q23 To increase concentration

☐ Strongly agree (1)
☐ Agree (2)
☐ Somewhat agree (3)
☐ Neither agree nor disagree (4)
☐ Somewhat disagree (5)
☐ Disagree (6)
☐ Strongly disagree (7)
Q24 To help get to sleep

- Strongly agree (1)
- Agree (2)
- Somewhat agree (3)
- Neither agree nor disagree (4)
- Somewhat disagree (5)
- Disagree (6)
- Strongly disagree (7)

Q25 For increased energy

- Strongly agree (1)
- Agree (2)
- Somewhat agree (3)
- Neither agree nor disagree (4)
- Somewhat disagree (5)
- Disagree (6)
- Strongly disagree (7)
Q26 To boost the immune system

- Strongly agree (1)
- Agree (2)
- Somewhat agree (3)
- Neither agree nor disagree (4)
- Somewhat disagree (5)
- Disagree (6)
- Strongly disagree (7)

Q27 To aid the digestive system

- Strongly agree (1)
- Agree (2)
- Somewhat agree (3)
- Neither agree nor disagree (4)
- Somewhat disagree (5)
- Disagree (6)
- Strongly disagree (7)
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<tr>
<td>840</td>
<td>Q28 <em>In case of anxiety/stress</em></td>
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<tr>
<td>841</td>
<td>Strongly agree (1)</td>
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<td>842</td>
<td>Agree (2)</td>
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<tr>
<td>843</td>
<td>Somewhat agree (3)</td>
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<td>845</td>
<td>Somewhat disagree (5)</td>
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<tr>
<td>846</td>
<td>Disagree (6)</td>
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<tr>
<td>847</td>
<td>Strongly disagree (7)</td>
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<td>851</td>
<td>Q30 <em>Against low mood / feeling somewhat depressed</em></td>
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<tr>
<td>852</td>
<td>Strongly agree (1)</td>
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<td>853</td>
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<td>857</td>
<td>Disagree (6)</td>
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<tr>
<td>858</td>
<td>Strongly disagree (7)</td>
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<td>860</td>
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Q33 For womens disorders (e.g menopause, PMS)

- Strongly agree (1)
- Agree (2)
- Somewhat agree (3)
- Neither agree nor disagree (4)
- Somewhat disagree (5)
- Disagree (6)
- Strongly disagree (7)

Q59 Many thanks for participating, we hope you enjoyed it.

End of Block: Default Question Block