

bladder. We believe this procedure can cause undue pain and possible urothelial damage to the patient. If this technique is attempted, we recommend first completely emptying the bladder and then instilling 150–200 cc of saline. This fluid will act as insulation to prevent pain and potential bladder damage. Unfortunately, the balloon fragments must be dealt with cystoscopically to prevent the potential complications described in the article. We therefore suggest that an urologist be consulted before attempting this technique, as other methods using cystoscopy are often easier and less time consuming.

Thank you for the opportunity to clarify these points of confusion. We hope that we have provided the reader with several simple management options to consider before consulting the urologist in a case of a nondeflating Foley catheter.

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Toxic Hepatitis Caused by Herbal Medicine

To the Editor: In March 2000, a 39-year-old woman came to the clinic complaining of yellow discoloration of her eyes and very dark urine of 2 days' duration. She had been seen 18 months earlier because of postprandial epigastric pain. Although an abdominal sonogram at that time showed multiple stones in the gallbladder, she declined surgery. She was instructed to avoid greasy foods, and she continued to do well. A few months before this visit, a friend had recommended a herbal medicine to cure her gallstones. The patient purchased some unlabeled transparent capsules containing a greenish brown herb powder from a herbal medicine store in Mexico. She took one capsule by mouth twice daily for 10 days. Then she noticed yellow discoloration of her eyes and passage of dark urine. She stopped taking the capsules and reported to our clinic.

She drank alcohol rarely and had no history of intravenous drug use or blood transfusion. She denied ab-

dominal pain, nausea, vomiting, diarrhea, acholic stool, and pruritus. Except for icteric sclerae and skin, finding of her physical examination was normal. Her liver chemistry profile was alanine aminotransferase 364 U/L, aspartate aminotransferase 218 U/L, alkaline phosphatase 581 U/L, total bilirubin 4.0 mg/dL, and conjugated bilirubin 2.2 mg/dL; her urine urobilinogen was 4.0 EU/dL. Serologic testing for hepatitis A, B, and C was negative. During the next 4 weeks, her symptoms resolved, and her liver function tests returned to normal.

Cases of hepatitis caused by ingestion of herbal medicine have been previously described in the medical literature.^{1–3} The temporal relation between ingestion of the capsules and appearance of jaundice, the negative serologic tests for infectious hepatitis, and the paucity of obstructive features in this woman make toxic hepatitis caused by ingestion of herbal preparation the most likely explanation for her jaundice. Determining the toxic component in such herbal medicines remains a major problem, because the preparation is usually a mixture of herbs.³

As alternative medicine and natural healing become increasingly popular, physicians should be prepared to educate their patients about unconfirmed healing methods. Natural does not mean safe.

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