anise (Anisi fructus) (an-i)

Other Name(s): anise seed, sweet cumin, Pimpinella anisum

Classification: Therapeutic: expectorant, antiflatulent, antispasmodic

Common Uses
PO: Dyspepsia, flatulence. Filariosis. PO, Topical: lice, scabies, psoriasis.

Action
The anethole component of anise is similar in structure to catecholamines and is likely responsible for its therapeutic effects of decreasing bloating and indigestion and as an antispasmodic. May also have estrogenic and insecticidal effects. Therapeutic Effects: Dispersed.

Pharmacokinetics
Absorption: PO: Unknown; Topical: not absorbed systemically.
Distribution: Unknown.
Metabolism and Excretion: Unknown.
Half-life: Unknown.

TIME/ACTION PROFILE
ROUTE ONSET PEAK DURATION
PO, Topical unknown unknown unknown

Contraindications/Precautions
Contraindicated in: Allergy to anise.
Use Cautiously in: OB: Excessive use not recommended; Hormone sensitive cancers/conditions (due to possible estrogenic effects).

Adverse Reactions/Side Effects
CNS: SEIZURES (toxic amounts of essential oil).
Derm: pruritus (topical use).
GI: Nausea, vomiting (toxic amounts of essential oil).
Misc: Allergic reactions.

Interactions
Natural-Product-Drug: Excessive doses may interfere with tamoxifen, oral contraceptives, and hormone replacement therapy.
Natural-Natural Products: None known.

Route/Commmonly Used Doses
PO (Adults): 0.5–1 gram of dried seed or 0.05–0.2 mL of essential oil 3 times daily.

NURSING IMPLICATIONS
Assessment
• Dyspepsia: Assess patient routinely for epigastric or abdominal pain and for frank or occult blood in stool, emesis, or gastric aspirate.
• Lice, Scabies, Psoriasis: Assess scalp for presence of lice and their ova (nits) prior to and 7–10 days after application.

Potential Nursing Diagnoses
Acute pain (Indications)
Impaired skin integrity (Indications)
Deficient knowledge, related to medication regimen (Patient/Family Teaching)

Implementation
• Store in a tightly sealed, light-resistant container at room temperature.
• PO: Dilute anise oil in liquid prior to ingestion. Do not take anise oil undiluted.
• Topical: Apply to dry scalp and hair and leave on hair 15 minutes. Wash with shampoo and comb to remove lice and nits. Repeat once after 7–10 days.

Patient/Family Teaching
• Instruct patient not to ingest pure anise oil except under the supervision of a healthcare provider because of the risk of toxicity.
• Caution patients that anise oil should only be taken for temporary relief of epigastric symptoms, and that chronic use of this agent is not recommended. Toxicity has been noted with chronic, long-term use.
• Inform patients that studies have not confirmed any therapeutic effects in humans for this herbal remedy.
Advise patients with persistent symptoms (e.g., cough, epigastric pain) to seek the advice of their health care provider and not to continue to self-medicate for a prolonged period of time (more than a week). Counsel patients with a productive cough accompanied by a fever to seek treatment from their health care provider before self-medicating with anise oil.

Inform patients that epigastric pain accompanied by blood in the stool, black, tarry stools or other changes in bowel habits may indicate more serious health problems and to consult a health care professional prior to self-medicating with anise oil.

Evaluation

- Decrease in abdominal pain and/or heartburn.
- Resolution of lice, scabies, or psoriasis.

Why was this drug prescribed for your patient?