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Managing Hepatitis C with Western Botanicals and Other Natural Therapies

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A brief overview of a poorly-understood disease

After a decade of being ignored by the medical profession and the media, the Hepatitis C Virus (HCV) has received much publicity over the last several years. Unfortunately, much of what has been printed or broadcast is incorrect, misleading, or incomplete. This is not entirely the fault of journalists and medical researchers; HCV is an elusive organism that has not lent itself to easy understanding. Many researchers describe HCV as a family of viruses, there are several genotypes, each with different characteristics. Symptoms come and go, and can vary dramatically from patient to patient. Liver damage can take years or decades to manifest.

Patients often find that the person informing them of their HCV diagnosis may minimize or maximize the situation. Previously, they were told that HCV is a mild, asymptomatic condition that requires no treatment and little, if any, monitoring. Then they read in the news magazines or see on TV that HCV is the "Silent Killer," often fatal and always life-altering. They may hear one thing from their family doctor, another from the gastroenterologist or hepatologist, and still another from their herbalist or acupuncturist. Patients report that this lack of solid information and abundance of differing opinions is one of the most difficult aspects of living with Hepatitis C.

The truth is that most people with HCV will not die of the disease, and that many HCV patients experience only mild symptoms. This is not to understate the case; unless a reliable cure is found, the HCV epidemic will be an enormous worldwide public health crisis over

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Adverse effects of the top medicinal herbs Part II

by Paul Bergner

(Continued from Volume 12 number 3)

Glycyrrhiza spp. (Licorice)

Licorice in large amounts or prolonged use has well-identified hypertensive and aldosterone-like effects (Bernardi et al; de Klerk et al). Hypertension, fluid retention, hypokalemia occur with extended use. The effect is stronger in females. Borderline hypertension was produced in one small-framed female patient after about ninety days of consuming one cup of licorice decoction per day (Bergner 1999).

Licorice may also suppress testosterone in either men or women in normally consumed dosages, and in a short period of time (Armanini and Bonanni; Bergner 1998; Takeuchi et al)

Minor aggravation of symptoms of excess and dampness is common. In traditional Chinese medicine, large doses of licorice may be contraindicated in strong symptoms in acute disease because of their tendency to increase the *chi* and thereby exacerbate the *chi*-produced symptoms.

Capsicum annum (Cayenne)

Capsicum ingestion is generally self-limiting due to its painful effects on the mouth, skin, or mucous membranes. Extended use of even small amounts may exacerbate hot or dry symptoms, or produce the same.

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Hepatitis C *continued from page one*

the next several decades, and many people will be made seriously ill by the disease. HCV is already the number one reason for liver transplants in the United States.

Information about HCV changes frequently. It is difficult for practitioners and researchers to feel they have a handle on HCV. It is far more difficult for patients, who hear different things from many sources, and who are, in the end, responsible for their own treatment decisions. Practitioners who treat HCV patients have an ethical obligation to stay informed about emerging knowledge of Hepatitis C, and to try to add to patients' options rather than to their confusion. The information that follows was derived from various sources. These are, in most cases, the latest estimates, and they are, like all things related to HCV, subject to change, argument, and misunderstanding.

Etiology (Cohen)

- 190-350 million cases worldwide 3.9 million cases in USA
- 36,000 new cases per year in the USA; of those:
 - >75% will develop chronic Hepatitis C
 - 15-20% will develop some cirrhosis; liver damage can take decades to appear
 - 1-5% will develop hepatocellular carcinoma
- HCV is known to be cytopathic, and believed to be immunopathic
- HCV is the #1 reason for liver transplants in the USA
- HCV fatality rate: Less than 15% (figure changes with each new study)
- HCV is a "family" of related genotypes, each with different characteristics

Transmission:

- Parenteral (Blood-to-Blood) (CDC website, Dolan)
- Sharing HCV contaminated injection equipment (>60% of new cases)
- Tattooing, especially prison tattoos (up to 60% of some prison populations are HCV+)
- Sharing razors, toothbrushes, cocaine-sniffing straws, crack pipes
- Cesarean sections or blood transfusions before the early 1990s

- Low rate of perinatal transmission
- Low rate of sexual transmission, same in heterosexuals and homosexuals
- Prevention strategies are uncertain

Diagnosis (CDC website, Dolan)

- Routine blood screening: elevated enzymes (ALT/AST)
- Liver function tests: Bilirubin, albumin, clotting factors
- Antibody testing for presence of HCV antibodies
- PCR (Polymerase chain reaction) test for HCV fragments (viral load test)
- Liver biopsy, after initial diagnostic tests
- Observation of symptoms, leading to testing (infrequent)

Signs and Symptoms (partial list)

(Dolan, American Liver Foundation website)

- Fatigue, malaise, exhaustion, SAD, fuzziness, confusion, sleep disturbances
- Problems related to diagnosis (minimization, maximization) and treatment
- Visual disturbances, dry eyes, increase in "sleepy dust"
- Ascites, peripheral edema, puffy face, swelling in armpits and groin
- Tenderness or pain in the liver area
- Blood sugar disorders: labile hypoglycemia or hyperglycemia
- Digestive problems, IBS, aversion to fatty foods or alcohol, anorexia, odd tastes
- Easy bruising, jaundice, graying skin, itchy skin, rashes
- Decreased libido, menstrual difficulties, severe PMS and menopausal symptoms
- Autoimmune conditions, including cryoglobulinemia, thrombocytopenic purpura, polyarteritis nodosa, autoimmune damage to tear ducts, liver cells, etc.
- Skin conditions, thyroid disorders, kidney damage, osteoporosis

Factors that affect HCV Progression and Treatment Prognosis (Dolan)

- HCV Genotype (some genotypes are more virulent or more responsive to treatment)
- Heterogeneity (number of HCV genotypes infecting the patient)
- Co-infection (with HIV, other strains of Hepatitis, etc.)
- Duration of infection
- Age of the patient at time of infection
- Overall health, liver health
- Sex (HCV progresses faster in males, has more autoimmune involvement in females)
- Genetic makeup (HLA type), immunologic health (CDC website, Cohen)
- Alcohol use
- Eating disorders, lifestyle, motivation
- Patient's resources and access to the health care delivery system

Standard Medical Treatment (CDC website)

- Vaccination against Hepatitis A and B
- Interferon therapy, including Pegylated interferon (FDA approved 1/2001) (American Liver Foundation website)
- Combination Interferon/Ribavirin (Rebetron) (Ribavirin/Pegasys pending FDA approval)
- Liver transplant

The standard medical treatment options are not for every patient. Interferon and combination therapy are difficult for many patients; treatment lasts up to a year, and side effects, including severe fatigue and depression are common. Combination therapy causes anemia in many patients; therapy is sometimes discontinued for this reason. Interferon and combination therapies are the treatment of choice for some patients, because these therapies seem to cure Hepatitis C in 15-39% of cases. (American Liver Foundation website) While these therapies have been in use for less than a decade, many patients whose treatment was successful are now going on four and five years with HCV serum levels remaining undetectable. Many medical specialists advise patients whose liver disease is not advanced to wait for new treatments that may be developed.

Holistic Health Modalities in Management of Hepatitis C

It is just over a decade that we have a name for Hepatitis C, and even less time that we have diagnostic tools that detect its presence in the body. Given that Hepatitis C progresses slowly-it may take decades for liver damage to manifest-it is difficult to predict what therapies will be most beneficial over the course of the disease. Most people who contract HCV will not die of it; the overwhelming majority will develop chronic hepatitis but will otherwise live a normal life span. Quality of life is dramatically decreased for some patients, not at all for others.

Many claims are made for the various treatment options. Many practitioners tell patients that if you eat this and avoid that, make these changes, take this herb, if you put your faith in x or y, you will heal your liver, or be cured, or stop the progression of the disease, kill the virus, etc. In fact, the natural history of HCV is still poorly understood. We can guess at what may help our patients and clients in the long run, but we can

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not say with certainty that therapy A or modality B has any guarantees, other than those associated with a healthier lifestyle. For example, most practitioners who recommend milk thistle (*Silybum marianum*) to their clients see the levels of liver enzyme ALT drop down significantly, sometimes to normal levels. The fluctuation of ALT and AST levels, however, has not been found to correlate with viral load (which itself often fluctuates without seeming cause) or with liver damage. What are practitioners and patients to do?

Matthew Dolan, the HCV patient and activist who wrote the excellent “Hepatitis C Handbook,” points out that genuinely disinterested medical advice is hard to come by, and suggests that patients talk to each other to find out what works (Dolan). HCV was originally considered to be a very mild and symptomless disease—it was only when patients gathered and compared their experiences that a picture of the effects of HCV began to emerge. The Hepatitis C epidemic followed on the heels of the AIDS epidemic, and the patient-activist model that emerged at the beginning of the AIDS crisis was quickly adopted by HCV patients and their advocates. People living with HCV should be encouraged to join support groups, and practitioners need to stay current with the literature and with other practitioners. Most of all, we need to listen to our clients, to be observant, and to be open-minded.

A “whole-person” approach is best for alleviating stress and Hepatitis C symptoms. Biochemical and spiritual individuality, the great variation in the manifestation of disease signs and symptoms, and differing courses of medical treatment require that HCV patients and their practitioners work to find the best individual approach. Combining multiple modalities often gives the best results in optimizing liver function and reducing the liver’s workload. Consideration is given to supporting the immune system, reducing exogenous and endogenous toxins, supporting organ systems that share or duplicate liver function, and making changes that provide functional support through mechanical detoxification processes.

Holistic health modalities have improved the quality of life for many patients. Medical professionals are ever more likely to refer their patients to practitioners of alternative and complementary therapies for help in addressing the many health concerns that affect their HCV patients. Many patients adopt a healthier lifestyle that helps to slow the HCV disease process (CDC Website, Cohen, Dolan), and improves the quality of life.

Dietary Considerations

Switch to minimally processed, organic whole foods

Drink 8 glasses of water daily

Eat high-fiber foods, soluble and insoluble and/or use fiber supplements

Eat a wide variety of foods

Adequate protein is important; 0.5-1.0 grams/kg body weight, absent kidney damage—the liver cannot repair itself without dietary protein

Consume foods rich in sulfur and in cysteine, nutrients that support the production of glutathione, an important antioxidant and a crucial element of Phase II liver detoxification processes (Marz)

Add to the diet: Whole grains, 3-7 servings fruits and vegetables (leafy green vegetables, yellow/orange fruits/vegetables, radishes, beets, red/purple berries, apples), beans and legumes, booster foods such as miso, sauerkraut, nutritional yeast, seaweed, wheat germ, fresh fish, turmeric, rosemary, oregano, cumin

Every day: Bitter greens; one apple/one dark-colored fruit, essential fatty acids from fish, olive oil, seeds and nuts; foods high in sulfur (eggs, cruciferous vegetables, onions, garlic) and cysteine, (yogurt, cottage cheese, oats, poultry, eggs, wheat germ) which increase glutathione levels and support removal of toxins from the liver

Supplements: Multivitamin/mineral without iron, Vitamin C, 1-5 grams or to bowel tolerance, B-complex (B-50 or less), Vitamin E, 400iu, additional antioxidants, fiber supplements, Essential Fatty Acid supplements. N-Acetyl Cysteine (NAC) has been shown to be of benefit to patients co-infected with HIV or who are undergoing Interferon therapy (Dolan)

Reduce or avoid: Large amounts of saturated fat, fried foods, margarine, synthetic fats, large amounts of sugar, artificial sweeteners, over the counter medications, street drugs and drug cuts (Cohen, Dolan), unessential prescription drugs, and alcoholic beverages (moderate to heavy drinking has been shown to be damaging in Hepatitis C; no research has been conducted around light to moderate drinking

Herbal Allies in Hepatitis C

As in any condition, many herbs with similar effects may be used to address the primary concern or underlying conditions. Some herbs (*Silybum*, *Taraxacum*) can benefit almost anyone with HCV, but most are best fit to the individual's constitution and condition. Many clients will benefit from multi-herb long-term tonics that support and strengthen.

General Herbal Support

Milk Thistle (*Silybum marianum*), seeds, 1-3 tsp., Silymarin 80%, 200mg, each t.i.d.

Dandelion root (*Taraxacum officinale*), #00 capsules, 2-4 b.i.d.-q.i.d. Use when liver is inflamed, or under stress from solvent use, drinking, etc.

Alteratives: red clover (*Trifolium pratense*), burdock (*Arctium spp.*), nettles (*Urtica dioica*), etc. These are especially important for long-term strategies and for people recovering from drug therapies (or from drug addiction). It is helpful to change these seasonally and/or to choose an alternative that is a good "fit" for the patient and his/her constitution and health concerns.

Adaptogens: Siberian ginseng (*Eleutherococcus senticosus*) white ginseng (*Panax spp.*), Ashwaganda (*Withania somnifera*), etc., as indicated

Organ System Support (examples of the many herbs that may be chosen)

Liver/Gallbladder: Fringe tree (*Chionanthus spp.*), artichoke leaf (*Cynara scolymus*), lemon water, red root (*Ceanothus spp.*), ocotillo (*Fouquieria splendens*), turmeric (*Curcuma longa*), licorice root (*Glycyrrhiza spp.*) (do not use licorice when ascites is present), etc.

Lungs: Schizandra (*Schizandra chinensis*), mullein (*Verbascum thapsus*), pine (*Pinus spp.*), etc.

Skin and lymph: Cleavers (*Gallium aparine*), Oregon grape (*Mahonia spp.*), etc.

Circulation: Cayenne (*Capsicum*), ocotillo (*Fouquieria splendens*), yarrow (*Achillea millefolium*), ginkgo (*Ginkgo biloba*), etc.

Digestion: Bitters, astringents, demulcents, carminatives, antispasmodics, etc.

Immune Tonics

A strong immune system is thought to be crucial in limiting viral replication and damage, and many practitioners

believe that HCV is an immune-mediated condition (CDC website, Dolan, Cohen)

Herbs that support endogenous interferon production: reishi (*Ganoderma spp.*), shiitake (*Lentinula edulus*), garlic (*Alium sativa*), lemon balm (*Melissa officinalis*), elderberry (*Sambucus nigra*), astragalus (*Astragalus spp.*)

Antivirals: Lemon balm (*Melissa officinalis*), St. Johnswort (*Hypericum perforatum*), garlic (*Alium sativa*), lomatium (*Lomatium dissectum*), honey-suckle (*Lonicera*), etc.

Some Favorite Herbal Brews for Liver Health

Liver Lovin' Tea: 2 parts burdock, 1 part dandelion root and leaf, 1 part schizandra, 1/2 part licorice root. Place 1 ounce tea mix and 5 cups cold water in a non-reactive pan. Slowly heat to simmering, simmer for 10 minutes, remove from heat. Let sit until lukewarm, strain and drink throughout the day. Make a fresh batch every day.

Schizandra Refresher: Place 1 tablespoon of schizandra berries in a quart bottle of spring water. Sip from the bottle throughout the day, refilling the bottle when empty. At the end of the day, discard the used berries, and start fresh the next morning. Tangy and refreshing.

Immune Power Soup: 4-6 dry shiitake mushrooms, 4 large slices astragalus root, 2 small slices cultivated American white ginseng root, 6 whole cloves garlic, several slices of fresh ginger root, 1 cayenne pepper. Add the herbs to 2 quarts of water or broth, along with any vegetables that strike your fancy (or use bouillon cubes or plain water). Bring to a boil, lower heat, simmer at least 45 min. Strain, drink broth, eat the shiitakes. For extra "oomph," place a clove of finely chopped garlic in a tablespoon of olive oil, let stand at least 10 minutes, add to soup when it is done. Other possible last-minute additions: 2 tablespoons flax seeds, 3-8 tablespoons of miso (depending on variety).

Emotional and Spiritual Support

Every practitioner has his or her favorite spirit herbs and nervines. Clients, too, develop favorites. Encourage HCV patients to grow some of these, and to make their own medicine from their herbal allies, even if it means drying some mint for potpourri. Roses and lavender can be ingredients in tea, baths, or

cosmetic vinegars, and are easy to make. Melissa lifts spirits and has antiviral activity, and it's delicious.

Herb Cautions

Warnings about specific herbs and herbs in general may be found in most books about Hepatitis C, on Hepatitis C web sites, and in many doctors' offices. Some of these warnings are clearly based on weak theory and speculation, others on clinical data and common sense. Skullcap is on nearly every warning list, not because of its effects (it is a useful herb for the people it "fits"), but because it has sometimes been adulterated with hepato-toxic germander. It is clear that we should be using high quality, correctly identified herbs with all of our clients, and that HCV patients need to get their herbs from impeccable sources. That said, the following herbs should be used with caution by people who understand them or not used at all when working with HCV patients:

Herbs that contain toxic pyrolizidine alkaloids: comfrey (*Symphytum officinale*), coltsfoot (*Tussilago farara*), most Senecio species, etc.

Other possibly problematic herbs: chaparral (*Larrea tridentata*), cherry bark (*Prunus spp.*), ma huang (*Ephedra sinensis*), Aristolochia species, berberine-containing herbs, kidney irritant herbs, bupulrum, TCM patent formulas (Cohen).

Pregnancy and medical conditions require special caution when using herbs and medications. Check with your health care provider and your herbalist.

Until further research is conducted, it is advisable to avoid using Hypericum with clients who are co-infected with HIV and who are taking protease inhibitors, or with clients who are taking other CP450-mediated pharmaceuticals.

Other Modalities

Many other healing systems can be used along with herbs and diet.

Exercise, massage, saunas, energy work, acupuncture, breathwork, and meditation lend themselves to detoxification, relaxation, increased energy, and optimal health.

Many Hepatitis C patients also seek out acupuncture (Cohen, Dolan), Chinese herbs (Cohen, Dolan), Ayurveda (Dolan), Macrobiotics, and other modalities. There are many Chinese herbal HCV formulas being sold in England and the United States. While they are outside the scope of this paper, references that

cover those modalities may be found in the bibliography, as noted.

Gradual change is the key to long-term change; HCV is a chronic condition that most patients will live with for decades; the solutions need to be those that can be integrated into HCV patients' daily routines, and those that become easy to live with for the rest of a long, healthy life.

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Adverse Effects *continued from page one*

Physiomedicalist William Cook cautioned that “Capsicum is as out of place in a hot constitution as a bonfire on the Fourth of July (Cook).”

Arctium lappa (Burdock)

Arctium root is diaphoretic and diuretic, and thus is drying in its overall action. Although it is traditionally used for skin conditions, it should be chosen for hot and moist conditions rather than dry ones. I have observed or reviewed about a dozen cases where burdock worsened the itching of dry itchy skin conditions. In some cases, it may appear to moisten the skin while exacerbating symptoms of constitutional dryness. William Cook describes its effect as increasing the oily secretions of the skin, which combined with its otherwise drying effect may yield contradictory effects (Cook).

Mentha piperita (Peppermint)

Although peppermint is traditionally used as a digestive herb, some individuals experience a worsening of heartburn when taking it. It is prudent to enquire about such a reaction from the patient before prescribing the herb. I estimate at least 25% of patients will report this, though the reaction may not occur with peppermint as part of a larger formula.

Astragalus membranaceus (Astragalus)

In traditional Chinese medicine, astragalus is classified as a warming, tonic herb, used in diseases of chronic weakness rather than in acute conditions. It may cause an exacerbation of heat signs. I have observed several cases of a heat rash in the first few days of taking the herb. Even though in commercial products it is now often combined with echinacea in formulas for acute infection, it may exacerbate symptoms in acute disease. I have received one report of an echinacea-astragalus tincture given to a febrile infant inducing febrile seizures, which was repeated at a later date on rechallenge.

Ginkgo biloba (Ginkgo leaf)

Ginkgo products may interact with blood-thinning medications (Evans; Izzo and Ernst). It may also induce bleeding when taken without other medications (Benjamin et al). The private reports have been received from two professional herbalists of bleeding in the eye induced by ginkgo alone. The most common other side effects are gastrointestinal upset and head-

ache. These are occasionally encountered with standardized extracts, but are quite common with the tincture or unrefined powder if taken persistently. The European standardized extracts have toxic constituents (ginkgotoxin) removed. I had reports of 30-40 cases seen in 1980s with U.S.-made 4:1 extracts. I've also seen headaches in about 10 cases in students or patients taking the tincture after 2-4 weeks of regular use.

Vitex agnus-castus (Chaste berry)

The net effect of vitex on the hormonal system appears to be an increase in hypothalamic dopamine, a reduction in prolactin, and an increase in luteal production of progesterone (Milewicz et al). While most cases of premenstrual syndrome are typically accompanied by excess estrogen, PMS with depression as the dominant symptom (PMS-D) is consistent with depressed estrogen relative to progesterone. In such cases, the progesterone stimulating effects of vitex may produce side effects similar to taking progesterone alone. One such effect is a worsening of depression. I have observed two cases in which PMS-D depressive symptoms were progressively aggravated

Gaia garden

over 2-3 cycles while taking vitex, with the normal milder symptoms returning after withdrawal (Bergner 1999b). I've also received one similar case report.

Chamomilla recutita (Chamomile)

Chamomile may cause allergic reactions of various types in sensitive individuals. Rare reports of life-threatening anaphylaxis appear in the literature (Reider, et al), but contact dermatitis (Giordano-Labadie et al; Rodriguez-Serna et al), respiratory allergies (Dutkiewicz et al), or allergic conjunctivitis (Subiza et al) are more common. Sensitivity may be obtained on interview, and should be routine before giving chamomile to a patient. Sensitivity to other plants within or outside of the Compositae family may predict chamomile sensitivity. Plants identified with allergic cross-reactivity include tansy, yarrow and arnica (Paulsen et al), mugwort (de la Torre Morin et al.) and birch pollen. I have observed one case of chamomile sensitivity in my practice. A rash in the mouth and on the face in a teenage vegan with autoimmune glomerulonephritis. She had prior reactions to chamomile, but I neglected to elicit the information on interview, and she was unaware that the herb was in the formula. I've also observed similar reaction to yarrow in two cases.

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A Summary and Comparison of the Liver Remedies

Adapted from Ellingwood's *New American Materia Medica & Therapeutics*

Additions by David Winston, Herbalist, A.H.G.

Actions and Indications	Milk thistle Seed <i>Silybum marianum</i>	Culver's root <i>Leptandra virginica</i>	Blue Flag <i>Iris versicolor</i>	Fringe Tree <i>Chionanthus virginicus</i>	Celandine <i>Chelidonium majus</i>	Turmeric <i>Curcuma longa</i>
Action on the Liver	Tropho-restorative to the liver; regenerates tissue damaged by disease (Hepatitis A, B, C, D), pollutants and alcohol; antihepatotoxic; fatty liver; hepatomegaly with pain in the right side, area tender but hard to the touch. Enhances glutathione stores	Tonic; mild but positive stimulant; increases liver secretions without irritation; valuable in chronic malarial disorders, which induce hepatic inactivity; valuable in chronic hepatitis with atonicity. Relieves hepatic congestion and prevents formation of gallstones.	Efficient stimulant in general functional inactivity; valuable in chronic disease where edema results from liver disorder, valuable in jaundice from chronic hepatic hyperemia. Valuable in skin disorder depending on hepatic inactivity.	Direct stimulant in hepatic congestion with hypertrophy, especially when the portal circulation is engorged; liquefies the bile; prevents formation of calculi. Indicated by fullness, weight and dull steady pain the liver; especially indicated by severe acute pain from obstruction of the gall ducts. Gallstones (combine with celandine and dioscorea).	Acts mildly upon the liver, especially when the spleen is involved; overcomes biliary catarrh and jaundice from obstruction, indicated by throbbing tense pain the right side, which extends backward beneath the right scapula; useful for gall bladder spasms. Excessive use may cause hepatitis.	Tropho-restorative to the liver, also mildly stimulates hepatic and gall bladder activity; works well with milk thistle for liver damage including cirrhosis, fatty liver, hepatitis and hepatomegaly. Used with celandine for biliary dyskinesia.

Actions and Indications	Milk thistle Seed <i>Silybum marianum</i>	Culver's root <i>Leptandra virginica</i>	Blue Flag <i>Iris versicolor</i>	Fringe Tree <i>Chionanthus virginicus</i>	Celandine <i>Chelidonium majus</i>	Turmeric <i>Curcuma longa</i>
On Stomach and Other Viscera	May exacerbate Damp Spleen conditions. Useful with chionanthus and ceanothus for acute pancreatitis.	Mild stomach tonic; restores appetite; improves digestion, especially of fats; corrects persistent nausea when due to atonicity.	Soothes GI irritation; controls mild vomiting and regurgitation of stomach acid; inhibits secretion of acids; beneficial in hyperchlorhydria, and in the consequent sick headache. Useful in splenomegaly.	In overdoses, induces nausea and vomiting, sometimes violent; in proper doses, a mild bitter tonic. Useful with silybum and ceanothus in acute pancreatitis	Bitter digestive tonic, improving digestion. No specific action on the stomach.	Whole herb and whole herb extract protects gastric mucosa from irritants and damage. Standardized cucumin product may irritate gastric mucosa when taken in large amounts.
	For dry hard stool - increases lubrication and mildly stimulates intestinal activity; hemorrhoids with pronounced venous congestion (slow acting - use with collinsonia and scrophularia).	Induces mild cathartic action without debility; a sure tonic to intestinal glandular action, improving the function of all intestinal glands; acts freely upon the small intestine; in proper doses produces no irritation.	Increases intestinal glandular action; soothes intestinal irritation; relieves colic in the region of the umbilicus; relieves hyperperistalsis; valuable in clay colored stools. Large doses act as an irritative cathartic.	Produces but little if any intestinal irritation, influences the normal functional action of the mucous glands of the intestinal tract. Indicated in constipation with hard stools; some colic, or when the feces are grayish or clay colored, and will float upon water; in choleraic diarrhea with green discharges.	Indicated in intestinal disorders with marked atonicity, where there is a tendency to passive venous engorgement. Beneficial in mild constipation, with chronic glandular inactivity, especially if there is edema of the ankles. White or gray stools.	Reduces intestinal inflammation and leaky gut syndrome, useful for irritable bowel syndrome and food allergies

Actions and Indications	Milk thistle Seed <i>Silybum marianum</i>	Culver's root Leptandra <i>Veronicastrum virginica</i>	Blue Flag <i>Iris versicolor</i>	Fringe Tree <i>Chionanthus virginicus</i>	Celandine <i>Chelidonium majus</i>	Turmeric <i>Curcuma longa</i>
Tongue Indications	Tongue body yellow, with brown mucous coating.	Tongue pale, coated, uniformly white, or grayish-white and moist; bitter taste in the mouth.	Is indicated when the tongue is narrow, pointed, somewhat red, with thin edges, especially if coated in the center with a yellowish coat; increases salivary secretion.	Tongue flabby, broad, coated white or yellowish, edges indented.	Tongue flabby, full and broad, pale, irregularly coated, mucous membrane pale, free mucous secretion.	Tongue dark red with brown or yellow mucous.
Nervous System Indications	Liver headaches with nausea; despondency; irritability associated with hepatic or splenic pain; lethargy.	Frontal headache from disordered stomach; general dull headache with confusion of ideas; mental depression; gloominess; foreboding, lassitude; some restlessness; and sleeplessness.	Exceedingly valuable in sick headache from gastric acidity; relieves vertigo with above indications.	Patient dull or fretful, inclined to sleep often, especially after eating; sleep heavy and not restful, with troubled dreams.	Vaso-dilative headaches from liver faults (Liver Fire Rising headaches); in bilious headaches, migraine; and headaches depending upon gastric disorders, also in supra-orbital neuralgia.	Vasodilative headache with pressure pushing up or from behind the eyes; also bilious headache.

Actions and Indications	Milk thistle Seed <i>Silybum marianum</i>	Culver's root <i>Leptandra virginica</i>	Blue Flag <i>Iris versicolor</i>	Fringe Tree <i>Chionanthus virginicus</i>	Celandine <i>Chelidonium majus</i>	Turmeric <i>Curcuma longa</i>
Circulatory Indications	Sluggish portal congestion causing varicose and venous stasis (veins enlarged and prominent).	Improves circulation in the mucous membranes; relieves palpitation and irregular heart action, when due to stomach and liver disorders.	Relieves functional heart irregularity, and palpitation from gastric and intestinal disorders, or if they depend upon liver faults; valuable in heart disorders, accompanying goiter or exophthalmic goiter, relieves bilious headaches.	Acts directly upon the venous circulation; indicated where there is slight excess of temperature for some days, with hectic flushes and mild jaundice.	Impeded capillary circulation of the mucous membranes, depending upon general plethora. Slow pulse.	Anti-inflammatory; used for arthritic pain; high flavonoid content, strengthens capillaries.
Skin Indications	Dry, flaky, scaly skin condition, skin itching, face sallow	Indicated when the skin is dry and hot, but when the extremities are cool or cold. Skin yellowish or dingy, but warm; conjunctiva with many red, broken blood vessels, and yellow sclera.	Stimulates elimination; improves secretion, improves rough, greasy skin, or abnormal pigmentation; relieves skin troubles depending on gastrointestinal disorders.	Skin dingy, yellowish, but warm, with cool extremities; jaundice and itching; capillary circulation of the skin irregular; conjunctiva dingy.	Skin pallid, or sallow, flabby, cool, occasionally tinged yellowish green; valuable in skin disorders caused by imperfect elimination.	Yellowing of skin from jaundice; inflammatory skin conditions.

Traditional Medicine

Herbal pairing with Black Cohosh

By Paul Bergner

A characteristic of the Physiomedicalist herbal tradition in North America and England (1809-present) is the use of simple herbal combinations. In contrast, the Eclectic school physicians usually prescribed single

herbs (though they did make limited use of paired herbs). Practitioners of traditional Chinese medicine and the traditional Greek-Arabic system use complicated formulas containing many herbs. In Chinese and Greek-Arabic herbalism, however, a typical materia medica listing will describe the properties of a single herb, and then show how it may appear in combinations with one or two other herbs to obtain a particular desired effect. Ultimately, the complex formulas of Chinese and Greek-Arabic medicine are composed of clusters of 2-3 herbal combinations, with further herbs added to modify the formula. A study of such combin-

Continued on back page

Some herbal pairs with Black Cohosh in the Physiomedicalist tradition

Single herbs are paired with black cohosh; formulas include black cohosh and show proportions

Female

Dysmenorrhea

Caulophyllum	Priest
Caulophyllum and Leonurus	Priest
Anemone	Clymer
Dioscorea and Valeriana	Priest
Cimicifuga 1-10 drops, Actea alba 1-5 , Caulophyllum 2-5, Viburnum 5-10, Senecio aureus 3-5	Clymer

Amenorrhea

Cimicifuga 1-10 drops, Actea alba 1-5 Caulophyllum 2-5 Viburnum 5-10 Senecio aureus 3-5 gt	Clymer
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Emmenagogue

Capsicum	Cook
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Leucorrhea

Caulophyllum and Leonurus	Priest
---------------------------	--------

Ovarian neuralgia

Caulophyllum and Leonurus	Priest
---------------------------	--------

Pelvic congestion and irritation

Cimicifuga 1-10 drops, Actea alba 1-5, Caulophyllum 2-5, Viburnum 5-10, Senecio aureus 3-5	Clymer
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Uterine atony

Caulophyllum and Leonurus	Priest
---------------------------	--------

Neurological

Tinnitus

Zanthoxylum	Priest
-------------	--------

Chorea

Scutellaria	Priest
-------------	--------

Convulsions

Scutellaria	Cook, Priest
-------------	--------------

Headache

Anemone	Clymer
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Headache, ischemic

Betonica off	Priest
--------------	--------

Neuralgia

Zanthoxylum	Priest
Zanthoxylum with Phytolacca	Priest

Sciatica

Zanthoxylum	Priest
Betonica off	Priest

Musculoskeletal

Antispasmodic

Caulophyllum	Cook
--------------	------

Rheumatism

Betonica off	Priest
Phytolacca	Priest
Zanthoxylum	Priest
Phytolacca and Zanthoxylum	Cook

Rheumatism in the joints

Cimicifuga 2-15 drops, Arctium 10-40, Leonurus 10-20, Dioscorea 20-40	Clymer
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Respiratory

Cough (dry)

Inula, Lobelia, Glycyrrhiza	Cook
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Mental/emotional

Agitation

Scutellaria	Priest
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Hysteria

Scutellaria	Priest
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Nervous complaints, female

Anemone	Clymer
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Black cohosh *continued from page*

ing methods with Western herbs may form a “missing link” in the development of formulation skills for Western herbalists today.

A study of pairing reveals the full potential of an individual herb, as the table on page seventeen shows. Black cohosh (*Actea racemosa*, *Cimicifuga racemosa*) has been recently reduced in the public view to the status of a “menopause herb” following clinical trials and widespread marketing. This is a far fall from its former glory as remedy with the ability to provide relief in a wide variety of conditions of the female reproductive, nervous, and musculoskeletal systems. It has been traditionally used as an anodyne and antispasmodic in uterine pain, arthritis, and cough, as a relaxant to the nervous and circulatory systems, and an antiinflammatory for the serous and mucous membranes. These various uses are reinforced by combination with appropriate herbs, as in the table on page seventeen.

The value of numerous articles can be greatly enhanced by giving them in suitable company.

Let any man ring the arithmetical changes that may be made on 200 simples, and multiply these by 10 as a rational figure to express the diversities made by combination, and it will be seen that the extent of the instrumentalities possessed by Physio-Medicalism is somewhat astounding.

The sophistication of combination has increased in Physiomedicalism with the passage of time. Thomsonian herbalism contained a few classic pairs and formulas which persist today. In the 1860s, William Cook greatly expanded the materia medica and

the use of combinations. R. Swinburne Clymer added more sophistication to the formulas during the twentieth century in the United States, and formal study of pairing reached its culmination in *Herbal Medication* by Priest and Priest in England in 1982.

In coming issues, we will feature a column on simple combinations with common medicinal herbs.

Wm Cook,

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