

# Medical Herbalism

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## Epstein Barr Virus Case Study

Kathy Plache, C.H.

### Patient

Female, 40 years old, 5' 8", 140 lbs., presented on 9/16/03 with a sore throat, no voice, dry cough, painful and swollen lymph nodes in her neck (scheduled for removal on 9/18/03), recent dull, intermittent headaches, worse in the afternoon, exhaustion and fatigue. She "wants more energy and less sluggishness" and desires to improve "crappy" diet. She feels agitated, irritated, and nervous with anxiety and depression.

In April, patient was diagnosed with mononucleosis. The onset of swollen glands in neck and fatigue occurred in May. In September, she had a blood test where the practitioner had difficulty finding a vein; patient fainted and experienced a mild seizure (she reported that she often feels light-headed when rising from sitting). She had a CAT scan at this time to rule out cancer. Medical Doctor advised surgical removal of glands in her neck. On the day of the scheduled surgery, she became ill with a sore throat and cough and cancelled the surgery. After receiving the test results, which showed positive for Epstein-Barr virus, M.D. determined surgical removal of glands is not required after all.

### Health History

Patient's tonsils were removed as a child due to recurrent swelling and sore throat. She had chicken pox as a child and recent mononucleosis diagnosis, nothing else remarkable. Client has a known allergy to penicillin.

### Family Medical History

Her brother has cardiovascular problems; grandfather died of stroke; mother and grandmother have arthritis.

### Diet and Lifestyle

Diet includes meat, nuts, salads, vegetables, patient feels confident that she gets enough protein. Diet also

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## Breast Cancer Case Studies

Chanchal Cabrera, M.N.I.M.H., AHG, MSc.

### Ms. H.

Aged 28 and in her last trimester of her first pregnancy when she felt a suspicious lump which was found to be ductal carcinoma in situ grade II / III with spread beyond the tumor capsule into surrounding tissue. There was intra-mammary lymphatic invasion with micro-metastases in one of two sentinel lymph nodes biopsied. A CAT scan and a PET scan were negative. The tumor tested positive for estrogen and progesterone receptors, 3 + for Her2/neu (a gene associated with increased risk of cancer spreading) and low positive for KI-67 (when a tumor cell tests positive for KI-67, the tumor is actively growing). Genetic screening was negative for the BRCA I and II (gene markers that indicate genetic risk of developing cancer).

The baby was induced (a healthy girl) and the mother was told she would be undergoing a mastectomy and chemotherapy (doxorubicin and cyclophosphamide with taxotere). She was advised not to breast feed due to the expected drugs. She was not told that the low KI-67 indicated a likely poor response to chemotherapy nor was she offered Herceptin.

Ms. H's medical history revealed general good health. She had experienced eczema on her face and hands intermittently for years, suspected that she had a low thyroid function because of chronic low body temperature and she had chronic symptoms of hiatal hernia and GERD for which she used Gavescon almost nightly. Her diet was the standard American diet with lots of fast foods, processed and packaged foods and little fresh fruit or vegetables. Immediately after the diagnosis she became a vegan, but was not balancing the diet well, and continued to eat poorly.

She was very committed to avoiding allopathic interventions until she understood her choices and op-

**Continued on page five**

## **Epstein-Barr from page one**

includes junk food, sweets, two-five cups of coffee daily and lattes four times weekly. Patient sleeps an average of seven hours per night; sleep is sound without restlessness. She works odd shifts including some early mornings and late nights, which disrupts her normal eating and sleeping patterns; she naps when possible. When she is not working, she spends time with her husband and two daughters (ages 7 and 17). She reported that motivation and awareness of her physical body prevent her from eating ideally. Reading and obtaining information helps her get motivated to improve her diet and exercise. She exercises four to five days per week for 30 minutes (running). She appears very positive, with a great outlook on life.

### **System Review**

**Skin:** Appears normal to dry.

**Head:** Dull, intermittent, frontal headaches; recent fainting spell.

**Eyes:** Eye infections about twice a year.

**Ears:** N/A

**Mouth/Throat:** Frequent sore throats; tonsils removed as a child.

**Upper Respiratory:** Non-smoker; seasonal allergies; has excess mucus, sinus pain, occasional nosebleeds, sore throat.

**Lower Respiratory:** N/A

**Cardiovascular:** N/A

**Gastrointestinal:** Regular bowel movements, patient feels her digestion is fine; drinks alcohol once weekly and 2-5 cups of coffee and one soft drink daily.

**Urinary System:** N/A

**Reproductive:** Last gyn exam 1/03; fibrocystic breasts monthly with cycle, sometimes very painful and hard, not her primary concern at this time but caffeine connection was discussed (providing another reason for her to decrease consumption). Regular menses without discomfort or pain; two children.

**Musculoskeletal:** Pain in left hip (commented that she should stretch more before running).

**Nervous System:** Agitation, irritability, nervousness, anxiety, depression, and fatigue; feels lightheaded when rising from sitting.

## **Epstein Barr Virus/Chronic Fatigue Syndrome**

The typical symptoms of Epstein Barr Virus (also called Chronic Fatigue Syndrome or CFS) include debilitating fatigue, neurological abnormalities, and persistent symptoms of mononucleosis (fever, sore throat, swollen lymph nodes). The virus impairs liver function and increases immune cell counts; it occurs most commonly in women under the age of 45. The Epstein Barr Virus is the same virus that causes infectious mononucleosis; it is in the same family as the herpes virus (which can be dormant for a lifetime with symptoms reoccurring whenever the immune system is not functioning strongly enough to keep the virus count down). Current research indicates no direct cause for CFS; however, high levels of Epstein-Barr antibodies are commonly found. The disease is associated with complex factors such as gender, age, genetics, number of prior illnesses, stress, and environment influences. The Centers for Disease Control list the following symptom criteria for CFS.

### **Symptom criteria include 8 out of 11 symptoms listed below**

- Persistent fatigue (bed rest does not resolve it)
- Impairs average daily activity by 50% for 6 months
- Low-grade fever
- Recurrent sore throat
- Painful lymph nodes
- Muscle weakness
- Muscle discomfort or pain
- Prolonged fatigue after exercise
- Sleep disturbances (either too much sleep or insomnia)
- Recurrent headaches of a new type, severity or pattern
- Migratory joint pain without joint swelling or redness
- Neurological effects: sensitivity to light, forgetfulness, irritability, confusion, depression, difficulty thinking, and/or inability to concentrate

### **Physical criteria include two of three signs listed below**

- Low-grade fever (usually about one degree)
- Pharyngitis (inflammation of the mucus membranes and lymphoid tissue of the pharynx)
- Tender, swollen lymph nodes

**Endocrine/Immune System:** Night sweats, recent fainting, swollen lymph nodes, persistent fatigue (cancer and AIDS have been ruled out by her M.D.). She tested positive for Epstein-Barr, which has a connection with Chronic Fatigue Syndrome. Deficient diet.

**Psychological:** N/A

**Energetics:** Dry, Cold (cold hands and feet). Vatta provoked – fast, irregular paced life with caffeine overuse.

### Nutritional Deficiency Worksheet

She has more than five indications for the following nutrients: Calcium, magnesium, iron, niacin, thiamine, vitamins B-12 and B-6.

## Recommendations

### Supplements

Multivitamin once a day, 800 mg magnesium two times daily, 400 mg calcium two times daily, fish oil capsules as directed on bottle, 2000 mg vitamin C daily.

### Diet and Lifestyle

Eat a whole foods diet and avoid potential toxins

Increase water intake to at least three quarts daily.

Decrease caffeine consumption to two cups daily, or eliminate completely.

Take recommended nutritional supplements.

Avoid over-exercising. A gentle, consistent walking program five times per week for 30 minutes will stimulate immune function; however, exercising or running in excess of 30 min can depress the immune system by up to 50 percent. This is especially true in acute illness when rest is the key to restoration.

Continue to nap and relax until symptoms ease.

### Therapeutics

The immune system is overworked and compromised; nutritional deficiencies could contribute to her inability to heal.

The lymphatic system is stagnant with recurring low level infection; her acute symptoms are getting worse (loss of voice, cough, sore throat).

Her core energy is low and her ability to resist the recurrent symptoms of the virus need strengthening. Sleep therapy, hydrotherapy and aromatherapy as well as restorative herbs may aid in long-term recovery. My first priority is to assist her with easing the acute symptoms that are causing discomfort.

### Herbal tincture (for acute symptoms)

Take 1 dropperful three to four times daily.

1 pt	<i>Ligusticum porteri</i> (osha)
1 pt	<i>E. angustifolia</i> (echinacea)
1 pt	<i>Ceanothus virginicus</i> (red root)
1 pt	<i>Eupatorium perfoliatum</i> (boneset)
.25 pt	<i>Zingiber officinalis</i> (ginger root)

### Formula actions

Alterative:	Echinacea, red root
Antipyretic:	Osha, boneset
Antiviral:	Osha, echinacea
Diaphoretic:	Osha, boneset, ginger
Expectorant:	Osha, ginger, boneset
Liver stimulant:	Red root, boneset
Lymphatic:	Echinacea, red root
Stimulant:	Boneset, ginger

### Aromatherapy Bath Formula

Bath salts for headache relief and relaxation. Salts draw toxins from the body and ease the tightness felt throughout the body during acute infection and long-term chronic disease. The formula is relaxing enough to use before bed, but not so sedative that it cannot be used anytime throughout the day.

Add two scoops into neutral bath; lavender, rosemary, sage, lemon, epsom salts, dead sea salts.

### Bath formula actions

Analgesic:	Rosemary
Anti-depressant:	Lavender
Anti-inflammatory:	Sage
Anti-viral:	Lavender, lemon, rosemary, sage
Circulatory stimulant:	Rosemary
Diaphoretic:	Lemon, rosemary
Nervine:	Lavender, rosemary
Sedative:	Lavender

## Follow-up

**9/23/03** Patient began taking the tincture formula and supplements.

**9/30/03** One week later, glands were reduced to 1/3 the size they have been for six months. I recommended one more week of the tincture formula at a lower dose to see if the swollen glands continue to decrease in size.

**10/6/03** Visit to oncologist/hematologist. M.D. is amazed at her progress and encouraged her to continue alternative treatments.

**10/7/03** Follow-up conversation. She complied with the recommendations within a few days of the initial consultation. She reduced caffeine intake to one-two cups daily. She is more aware of dietary choices and believes she is eating better. She reported increased energy. Acute symptoms have resolved; the glandular swelling in her neck is completely resolved.

**Kathy Plache is a founding member of the North American Institute of Medical Herbalism.**

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## Breast Cancer Cases from page one

tions better. She had a professional background in research and wanted to feel in control of her situation. I advised her that she should wait three months while focusing on using herbs, supplements, and proper diet to build, nourish, and strengthen her body before commencing allopathic treatment. In some women with latent breast cancer, pregnancy can trigger the growth and it is possible that development will slow or cease after delivery. I suggested that if the tumor continued to grow or blood markers rose, then she could start on Herceptin and hold the Adriamycin and Cytoxan for later if needed. Due to the low KI-67 marker, she would likely not respond well to chemotherapy such as AC, and with the 3+ Her2/neu score, she was a poor candidate for Tamoxifen, despite being estrogen positive. I advised that if hormonal manipulation was required beyond the scope of the herbs then aromatase inhibitors, such as Femara, would be best.

I advised her to change her diet. The blood work showed low protein so I suggested fish and organic, free range chicken and eggs to promote immune function and energy. The blood work also showed low blood sugar, indicating a need to eat smaller and more frequent meals, and to manage her carbohydrate intake and glycemic balance.

She and her husband later wrote to me with their justification for declining all chemotherapy and radiation options. They had calculated that her chances of a recurrence were 30% with no further treatment, or 20% with chemotherapy. In addition, not all cancer responds to chemo despite its extreme toxicity. Thus for every ten women, who received chemo and had cancer like hers, seven would have remained healthy without it, two would have had a recurrence anyway and one would be spared a recurrence because of the chemo. This patient has not had allopathic interventions to date, except for detailed pathology work-ups.

Blood work taken after our first consultation revealed an interesting picture.

**Normal:** CBC, blood chemistry panel, progesterone, estradiol, prolactin, DHEA, SHBG, Melatonin, IGF1, ceruloplasmin, thyrobobulin antibodies, free T3, T3 uptake, T4 and free T4.

**Elevated:** Highly sensitive TSH, thyroglobulin and the thyro-peroxidase (TPO) antibodies were elevated indicting an early stage auto-immune inflammatory response in the thyroid gland.

**Deficient:** Glucose and protein were low, indicating poor nutrition and reactive blood sugar instability. Glucose and protein levels in the blood normalized within a month of commencing a whole foods, organic diet and have remained normal on subsequent tests. After a few weeks she reported almost complete cessation of the symptoms of hiatal hernia and GERD.

### Follow-up visits

Thyroglobulin fell from 251 ng/mL in October 2002, to 124 ng/mL in February 2003. TPO antibodies persisted in being elevated. I later recommended that she eliminate all soy foods (a known anti-thyroid agent) from her diet for three months and then re-test the whole thyroid panel.

### Cancer markers over time

	CA 27-29 (U/mol)	CA 15-3 (U/mol)	CEA ng/mol
11/02	14.6	13	1.7
12/02	14	11	1.9
02/03	12	10	2
03/03	11	10	1.5
06/03	17.9	10.5	1.6
08/03	20.3	12.2	1.5
	N<38.6	N<22	N<5

The most recent blood work displayed a CEA of 1.2, CA 27-29 of 4.7 and CA 15-3 of 8.7. It is my evaluation that her body has finally resolved the residual inflammation after the cancer was excised, and now more antibodies need to be made.

### Recommendations

#### Tea formula

Take one ounce of each herb and mix well together. Pour three cups of boiling water over six teaspoons of the mix in a teapot and steep overnight. Strain off in the morning and drink hot or cold through the day:

- Gotu kola (*Centella asiatica*)
- Nettle (*Urtica spp*)
- Lemon grass (*Cymbopogon citratus*)
- Ginger (*Zingiber officinalis*)

## Breast cancer and herbal medicine

**Chanchal Cabrera, M.N.I.M.H.**

Based on documented criteria and generations of the use of herbs and plants for healing, it is reasonable to assert that there may be many opportunities for herbal medicine as preventative and therapeutic interventions for patients with cancer. An extensive body of literature exists documenting the in vitro and in vivo effects of isolated chemical constituents and single botanical entities. Little research is being done, however, in clinical herbal medicine and the practice of phytotherapy, and even less in herbal medicine and cancer. Extrapolation from in vitro research and from animal studies is often unreliable. Scientific studies into breast cancer and phyto-estrogens are legion (COT 2002) but there is little research or useful data in the area of clinical practices and medical outcomes. Many CAM practitioners, mindful of their dubious legal position in the USA, don't treat cancer at all, and others that do tend to fulfill a supportive, adjunctive role rather than becoming the primary care practitioner. As a consequence, their medical records are inaccessible or inadequate. In reviewing the efficacy of herbal medicine in treating breast cancer there is a dearth of reliable, reproducible evidence.

#### Adaptogen and anti-oxidant, tonic herbs

- Bupleurum chinensis* (bei chai hua)
  - Camellia sinensis* (green tea)
  - Cordyceps sinensis* (cordyceps fungus)
  - Curcuma longo* (turmeric)
  - Eleutherococcus senticosus* (Siberian ginseng)
  - Ganoderma lucidum* (reishi mushroom)
  - Glycyrrhiza glabra* (licorice)
  - Hydrocotyl asiatica* (Gotu kola)
  - Nigella sativa* (black cumin)
  - Panax ginseng* (Asian ginseng)
  - Panax quinequefolium* (American ginseng)
  - Poria cocos* (fu ling)
  - Rehmannia glutinosa* (Chinese foxglove)
  - Rhodiola rosea* (arctic rose)
  - Rosmarinus officinalis* (rosemary)
- (continued in box on next page)

Oats (*Avena sativa*)  
Red root (*Ceanothus spp.*)  
Orange peel (*Citrus spp.*)  
Cats claw (*Uncaria tomentosa*)

### **Tea formula: therapeutic intention**

The therapeutic intention was mostly as a tonic and nourishing agent. Gotu kola provides some structural integrity to connective tissue which is postulated to reduce angiogenesis and hence metastases. Nettle is a nutritive tonic and oats are a tonic nervine. Red root was used for its nourishing and tonic effect on the blood and cats claw was included for its immune supportive qualities. The lemon grass and orange peel are excellent sources of limonene, a known anti-cancer agent. Ginger was used as a warming stimulating tonic and as an adjuvant to aid in the absorption of other ingredients.

### **Tincture formula**

120 mL total (105 mL / week). Take 1.5 teaspoons (7.5 mL) twice daily in hot water, ideally ten minutes before a meal.

15 mL *Withania somnifera* (ashwagandha)  
10 *Rhodiola rosea* (arctic rose)  
10 *Cordyceps sinensis*  
10 *Glycyrrhiza glabra* (licorice)  
10 *Viola odorata* (sweet violet)  
10 *Curcuma longa* (turmeric)  
10 *Trifolium pratense* (red clover)  
10 *Schizandra chinensis* (seed)  
10 *Vitex agnus-castus* (chaste berry)  
10 *Salvia off.* (sage)  
10 *Chelidonium majalis* (celandine)  
5 *Phytolacca dec.* (poke)  
1 drop Basil essential oil  
1 drop Bergamot essential oil

### **Tincture formula: therapeutic intention**

The therapeutic intention was to support her innate immune function and healing capacity. *Withania*, *Rhodiola*, *Glycyrrhiza* and *Schizandra* all have known adaptogenic and tonic qualities. *Cordyceps* and *Phytolacca* support the immune and lymphatic systems respectively. *Glycyrrhiza*, *Trifolium*, *Salvia* and *Vitex* were included for post-partum hormone balancing. *Chelidonium* and *Viola* were included for their direct anti-cancer activity. Additionally, *Withania*, *Rhodiola*, *Glycyrrhiza*, *Curcuma*, *Trifolium* and

(from previous page -- see box)  
*Schisandra chinensis* (seed)  
*Scutalleria baicalensis* (baical scullcap)  
*Uncaria tomentosa* (cat's claw)  
*Verbena officinalis* (vervain)  
*Vitis vinifera* (grape)  
*Withania somnifera* (ashwagandha)

### **Alteratives**

*Arctium lappa* (burdock)  
*Baptisia tinctoria* (wild indigo)  
*Corydalis ambigua* (Yan Hu Suo)  
*Crocus sativa* (meadow saffron)  
*Iris versicolor* (blue flag)  
*Phytolacca spp.* (poke)  
*Podophyllum peltatum* (may apple)  
*Rumex crispus* (yellow dock)  
*Scrophularia nodosa* (figwort)  
*Tabebuia avellanedae* (taheebo)  
*Thuja occidentalis* (arbor vitae)  
*Trifolium pratense* (red clover)  
*Uncaria tomentosa* (cat's claw)  
*Urtica dioica root & seed* (nettle)  
*Zanthoxylum americanum* (prickly ash)

### **Anti-tumorigenic herbs**

*Calendula off.* (calendula)  
*Camellia sinensis* (green tea)  
*Chelidonium majalis* (celandine)  
*Cordyceps sinensis* (cordyceps fungus)  
*Curcuma longo* (turmeric)  
*Eleutherococcus senticosus* (Siberian ginseng)  
*Ganoderma lucidum* (reishi)  
*Glycyrrhiza glabra* (licorice)  
*Juglans nigra* (black walnut)  
*Rosmarinus officinalis* (rosemary)  
*Schisandra chinensis* (seed)  
*Thuja occidentalis* (arbor vitae)  
*Viola odorata* (sweet violet)  
*Vitis vinifera* (grape)

### **Immune tonics**

*Ceanothus americanum* (red root)  
*Cordyceps sinensis* (cordyceps fungus)  
*Coriolus versicolor* (coriolus mushroom)  
(continued in box on next page)

Schizandra all have demonstrated anti-cancer activity. The volatile oils were included for their tonic and stimulating qualities. Bergamot is reputed to aid in balancing the appetite as well as depression and anxiety.

### **Poke oil plus**

This is a complex formula made by Donnie Yance including *Phytolacca decandra radix* infused in olive oil, *Hypericum perforatum* flowers infused in olive oil, *Arnica montana* infused in olive oil, Vitamin E, Squalene, essential oils of lavender, rose geranium, frankincense, rosemary, and DMSO. It is used to reduce congestion in tissues and promote healing.

### **Supplements**

Total daily doses to be divided through the day

#### **In a smoothie**

- 5 drops      Beta plex (mixed carotenoids by Scientific Botanicals)
- 10 drops     Selenium (42 mg per drop by Scientific Botanicals)
- 8 drops      Zinc Plus (5 mg per drop by Scientific Botanicals)
- 4 drops      Hydroxyfolate (folic acid and B12 by Scientific Botanicals)
- 1 Tbsp       Modified citrus pectin
- 1 Tbsp       PaleoMeal (protein and whey fractions by Designs for Health Institute)

#### **Before meals (15 minutes)**

- 2 g            Quercetin
- 3 tablets     Serrafazyme (serrapeptidase) (proteolytic enzymes by Cardiovascular Research)
- 6 caps       Immune Builder (medicinal mushrooms by JHS)

- 200 mg       Bromelain

#### **With meals**

- 900 mg       Lipoic acid
- 400 iu       Vitamin E succinate
- 1350 mg      Evening primrose oil
- 1000 iu       Vitamin D
- 200 mcg      Coenzyme Q10
- 2 caps       Zyflamend (anti-oxidant formula by New Chapter)
- 2 caps       Cyto-redoxin (anti-oxidant formula by Tyler)

(from previous page -- see box)

*Eleutherococcus senticosus* (Siberian ginseng)

*Galium aparine* (cleavers)

*Ganoderma lucidum* (reishi)

*Glycyrrhiza glabra* (licorice)

*Griffolia fronderosa*

*Lentinus edodes* (shiitake)

*Phytolacca spp.* (poke)

#### **Connective tissue astringents**

*Hydrocotyl asiatica* (gotu kola)

*Aesculus hippocastanum* (horse chestnut)

*Ruscus aculeatus* (butcher's broom)

*Vaccinium spp.* (bilberry)

*Rhodiola rosea* (arctic rose)

- 1 tsp          Deep Immune Defence AM (herbal formula by Natura)
- 4 caps        Harmonizer (female balancer)
- 6 caps        Cellapro (limonene, lycopene and green tea by Metagenics)

#### **Before bed**

- 2 caps        Night Rest (melatonin and herbs by Source Naturals)
- 500 mg       Indolplex (DIM)
- 500 mg       Calcium D glucarate
- 1/2 tsp       Coral powder
- 3 caps        Super milk thistle (liver tonic by Phytopharmica)
- 1 g            NAC
- 1 tsp          Deep Immune Defense PM (herbal formula by Natura)

#### **Supplements: therapeutic intention**

The Beta plex, selenium, zinc, lipoic acid, vitamin E succinate, Zyflamend (*Curcuma*, *Rosmarinus*, etc), Cellapro and Cyto-redoxin are anti-oxidant formulas. Research indicates that combinations of multiple anti-oxidants provides greater efficacy than single agents. The modified citrus pectin inhibits metastasis by reducing the binding of cancer cells to each other and to healthy cells. The PaleoMeal provides immune supporting whey fractions as well as easily digested protein. Serrafazyme is the brand name for a serratio-peptidase enzyme with particular activity against cancer. It is used in conjunction with bromelain which also demonstrates potential anti-cancer activity. Indolplex (DIM) and Calcium D

glucarate are used to promote estrogen clearance through the liver and bowel. NAC and milk thistle support this function. These are given at night because that is when the liver is most active. The Night Rest product contains herbs to aid sleep, very important where there is compromised immune function, and especially relevant in this case where she has a small baby. It also contains melatonin, which may have some anti-cancer activity.

### Follow-up visits

Ms. H had a clear MRI in December 2002 and I adjusted the herbal formula:

120 mL total (105 mL / week). Take 1 teaspoon (5 mL) twice daily in hot water, ideally 10 minutes before a meal.

### Formula

- 15 *Withania somnifera* (ashwagandha)
- 10 *Rhodiola rosea* (arctic rose)
- 10 *Cordyceps sinensis* (cordyceps)
- 10 *Glycyrrhiza glabra* (licorice)
- 10 *Viola odorata* (sweet violet)
- 10 *Trifolium pratense* (red clover)
- 10 *Schisandra chinensis* (seed)
- 10 *Chelidonium majalis* (celandine)
- 10 *Tabebuia impetiginosa* (taheebo)
- 10 *Verbena officinalis* (blue vervain)
- 5 *Camellia sinensis* (green tea)
- 5 *Vitex agnus-castus* (chaste berry)
- 5 *Phytolacca dec.* (poke)

### Therapeutic intention

The therapeutic intention of the formula adjustment was to add more tonic herbs such as Verbena and Camellia. The Sage was removed because she was now almost 9 months post-partum and her menses were normal indicating more normal hormone balance. To ensure this hormone balance persists I decided to leave in the Vitex for a few more months.

### Outcome

In May 2003, she remained stable and well in all respects. There were some minor abnormalities apparent in the blood work. Platelets were low but they had been low in October and November last year too and then they came back in range. She was advised to increase the Hydroxyfolate to 15 drops for three months and to eat lots of chlorophyll (i.e., dark green leafy vegetables, vegetable juice and KyoGreens or Greens Plus to

add to a smoothie). I added Red root to the tincture to strengthen and nourish the bone marrow where platelets are made.

Her thyroid panel was slightly abnormal over many months. Both the Thyroperoxidase antibody (TPO) and the thyroglobulin were elevated indicating early stage, pre-clinical auto-immune Hashimoto's thyroiditis. Her endocrinologist advised no treatment but I suggested she completely eliminate all soy and wheat from her diet for a period of three months then retest thyroid function. It is currently abnormal, but stable and asymptomatic. She was recently advised to increase her selenium to 400 mcg and to add sterols and sterolins to around 300 mg daily.

In July 2003 had another completely clear MRI. And she remains stable and well to date (October 2003).

### Case Two: Ms. L

53 years old at the time of first presentation in the clinic in June 2002 with a recent diagnosis of lobular carcinoma in situ. Her mammograms revealed diffuse scattered micro-calcifications. Her history was remarkable for a familial propensity to form deposits of calcium in the soft tissues. In her case she had them in the jaw and floor of the mouth. The pathology report revealed fibrocystic changes including fibrosis, apocrine metaplasia and ductal hyperplasia. Additionally, she had suffered from severe headaches since early childhood. Headaches are usually a classic unilateral migraine headache with photophobia and nausea. Headaches typically occurred pre-menstrually and were accompanied by marked pre-menstrual syndrome. She also complained of long standing inter-menstrual spotting (metrorrhagia). She was prone to constipation, moving the bowels usually four times weekly, and occasionally using natural laxatives. She had suffered many years of chronic neck and shoulder stiffness and pain.

This patient had the diagnosis by stereotactic guide needle biopsy and declined all further treatment. She has taken no chemotherapy or radiation to date. Due to the small sample size she has been unable to obtain information regarding hormone receptivity or Her2/neu status.

I counseled her regarding the dietary treatment of migraines and avoiding specific food triggers and I encouraged her to do regular exercise.

**Continued on page twelve**



Later blood work revealed normal ceruloplasmin, zinc, estrone, estradiol, and progesterone. Testosterone, CBC, TSH, free T4, T4, T3 uptake, insulin, glucose, blood chemistry panel. There was a high normal copper level for which she was prescribed molybdenum as a specific oral chelation therapy.

## Recommendations

### Tea formula

Take one ounce of each herb and mix well together. Pour cups of boiling water over six teaspoons of the mix in a teapot and steep overnight. Strain off in the morning and drink hot or cold through the day.

- Gotu kola (*Centella asiatica*)
- Nettle (*Urtica spp.*)
- Peppermint (*Mentha piperita*)
- Ginger (*Zingiber officinale*)
- Marshmallow (*Althea officinalis*)
- St. John's wort (*Hypericum perforatum*)
- Oats (*Avena sativa*)
- Chamomile (*Matricaria recutita*)
- Orange peel (*Citrus spp*)
- Cardamom

### Tea formula: therapeutic intention

The therapeutic intention was mostly as a tonic and nourishing agent. Gotu kola provides some structural integrity to connective tissue which is postulated to reduce angiogenesis and hence metastases. Nettle is a nutritive tonic and oats, St. Johnswort and chamomile are tonic nervines. The orange peel provides limonene. Ginger was used as a warming stimulating tonic and as an adjuvant to aid in the absorption of other ingredients. The marshmallow, peppermint and cardamom were included as digestive agents, warming, stimulating and soothing the entire digestive tract.

### Tincture formula

Take 1.5 teaspoons (7.5 mL) twice daily in hot water, ideally ten minutes before a meal.

- 15 mL *Glycyrrhiza glabra* (licorice)
- 15 *Trifolium pratense* (red clover)
- 10 *Silybum marianum* (milk thistle)
- 10 *Cordyceps sinensis* (cordyceps)
- 10 *Rosmarinus off.* (rosemary)
- 10 *Ganoderma lucidum* (reishi)
- 10 *Eleutherococcus* (Siberian ginseng)
- 10 *Uncaria tomentosa* (cats claw)

- 10 *Calendula off.* (marigold)
- 5 *Withania somnifera* (ashwagandha)
- 5 *Rumex crispus* (yellow dock)
- 5 *Phytolacca dec.* (poke)
- 5 *Thuja occidentalis* (arbor vitae)
- 1 drop Rose geranium essential oil
- 1 drop Lavender essential oil

### Tincture formula: therapeutic intention

The therapeutic intention was essentially to support her innate immune function and healing capacity. Withania, glycyrrhiza, ganoderma and eleutherococcus all have known adaptogenic and tonic qualities. Cordyceps, calendula and phytolacca support the immune and lymphatic systems respectively while calendula also provides anti-oxidant activity and stimulates liver function. Additionally, withania, glycyrrhiza, trifolium, ganoderma and uncaria all have demonstrated anti-cancer activity. Rumex was included for its liver and bowel stimulating effect and to enhance detoxification and toxin clearance. The volatile oil of rose geranium was included for its ability to aid in times of transition, specifically at menopause and during hormonal fluctuations. The volatile oil of lavender is a bitter digestive and liver tonic as well as an anti-depressant and thymoleptic (mood enhancer).

### Supplements

Daily doses to be divided through the day

#### In a smoothie

- 3 drops Beta plex (mixed carotenoids by Scientific Botanicals)
- 4 drops Hydroxyfolate (folic acid and B12 by Scientific Botanicals)
- 1 Tbsp Fermented soy essence (powder by Jarrow)
- 1 Tbsp Glutamine
- 1 Tbsp Modified citrus pectin
- 1 Tbsp Flax seed (soaked overnight or fresh ground)

#### Before meals

- 1,000 mcg Sodium Selenite
- 2g Quercetin
- 4 caps Cellapro (limonene, lycopene and green tea by Metagenics)

#### With meals

- 400 iu Vitamin E succinate
- 1,000 iu Vitamin D

30 mg	Zinc chelate
75 mg	Resveratrol
200 mg	Co Q 10
300 mg	Lipoic acid
1,500 mg	Turmeric
1 g	Vitamin C
4 caps	Molybdenum (molybdenum picolinate by Thorne)
1,500 mg	Glucosamine sulphate
2 caps	Petadolex (anti-migraine Butterbur extract by Webber)
3 g	MSM

### Supplements: therapeutic intention

Glutamine was included in her smoothie as a nutritive agent for improved gut health and also as a precursor to glutathione peroxidase in the liver. Fermented Soy essence was used to provide both a high source of protein and also isoflavones without the 'negative nutrients' of un-fermented soy products. Flax seeds aid on the removal of estrogen from the body and promote a favorable 2 : 16 alpha hydroxyestrone. Molybdenum was used to remove copper excess in the body which can promote angiogenesis. MSM serves the dual purpose of aiding arthritic joints as well as providing some anti-angiogenic activity due to its connective tissue tonic action.

### Outcome

After three months on the protocol she was feeling markedly improved. Her periods were much easier and the inter-menstrual bleeding had completely stopped. Her energy was good and she was exercising more and eating better. She did not drink the tea; it made her gag. Her migraines were still present, but reduced in severity.

Eight months after commencing treatment she was not experiencing migraines. She had a complete exam by her physician who could feel no breast lump at all. A regular exercise program had all but eliminated the neck and shoulder stiffness and she lost almost ten lbs. At this time she sold her home, and she and her husband set off in a camper van to drive all over the U.S. for a year before retiring to Hawaii.

### Discussion

The herbs and supplements were chosen based on individual needs and evaluation, but the general intent was to promote immune function, to activate and enhance lymphatic and hepatic detoxification pathways,

to enhance overall resistance to stress, to balance blood sugar, to reduce oxidative damage, to inhibit angiogenesis, and to interrupt abnormal cell replication.

Just as there is controversy around the use of soy and isoflavones in breast cancer, so there is controversy around the use of phyto-estrogen containing herbs, and for much the same reasons. I do use herbs rich in phyto-estrogens such as *Trifolium pratense* and *Glycyrrhiza glabra* in pre-menopausal women with estrogen sensitive breast cancers; in the understanding that the slight receptor stimulation from the herb is preferable to the stronger stimulation from the endogenous estrogen. In post-menopausal women I am less likely to use these herbs because in the absence of estrogen from the ovaries the influence of the herb may be more marked and hence undesirable. The use of *chrysin* (an extract from chrysanthemum and passionflower) may act as an aromatase inhibitor in peripheral tissues and reduce the levels of circulating endogenous adrenal-derived estrogen.

One of these patients had ductal carcinoma in situ with extra capsular invasions (DCIS grade II / III) and the other had lobular carcinoma in situ with no apparent spread (LCIS). Neither of them underwent chemotherapy or radiation. They are both now getting clean bills of health from their oncologists. Other similarities are that they followed the prescribed protocols dil-

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igently for many months, and both had loving and supportive husbands and family all around them.

There is some suggestion now that LCIS may not technically be an actual cancer but rather is atypical cells that are predictors for cancer in much the same way as an abnormal Pap smear can be a predictor of cervical cancer. In a similar way, LCIS may progress to actual cancer, or if left alone may spontaneously resolve, just as a large number of class I Pap smears are clear three months later. However, this does not preclude the validity of holistic interventions. They are important to support the body's immune capabilities and enhance the adaptive capacity of the individual. They can aid bone marrow function, natural killer cell activity, inflammation, mood, pain, tissue healing, lymphatic drainage, liver function, DNA replication and cell reproduction.

It is early days with both of these patients, but we are hopeful that an on-going maintenance program of key herbs and nutritional supplements, coupled with optimal diet and regular exercise can help to keep them both cancer free forever. I have recommended that they obtain blood work every three months for two years and have some sort of scan (CT, MRI) annually. I have advised them not to have mammograms. If they want any breast lumps examined they should request an ultrasound or thermogram. I continue to talk with them every two to three months just to review their situation.

## **Holistic Approach to Cancer Treatment**

**Chanchal Cabrera, M.N.I.M.H**

In most cases, the actual cause of cancer is unknown; environmental pollution, poor nutritional status and various psychogenic factors may all contribute. Certain types of cancer are familial, and it has been suggested that all sufferers have a genetic predisposition. The development of cancer can be likened to the growth of a mushroom, where the actual plant is underground and invisible, and the part seen is only the fruiting body. Picking the visible part in no way inhibits the growth of the plant, which will flourish when the terrain is exactly correct. Similarly, in most types of cancer, the tumor will only grow if the internal (bodily) terrain is suitable; cutting out the tumor is not a cure but a symptomatic treatment. By the laws of chance, it has been estimated that all people produce about 10,000 potentially mutagenic cells daily. These cells are normally identified as defective by the immune system and removed. In carcinogenesis, however, some of these "rogue" cells escape detection and form tumors. A strong healthy body in a good nutritional state will be more adept at identifying mutagenic cells and dealing with them compared to a body with an immune system weakened by a poor diet and other physiological stresses. In the development of cancer, it is usually not the availability of pathogens that is significant, but the condition of the body. If a body is sub-standard to its optimum level of functioning, then nature tends to remove that body through disease and death. This is also true of the mental attitude; if a person has a positive mental outlook, they are less likely to develop cancer, and more likely to overcome it. Despite the billions of dollars spent on research attempting to find "the cure" for cancer, it remains the second leading cause of death in children and adults in North America. Although the incidence or the mortality rate of certain cancers have been improved over the years, this is almost exclusively due to better and earlier diagnostic techniques and rarely is it due to successful treatment protocols.

### **Diet and cancer treatment**

The nutritional/dietary management of cancer is of supreme importance and great emphasis should be given to it. The general aims are to cleanse the body of any toxins it is harboring that can 'feed' the cancer and to create an environment in the body that is hostile to the tumor development, while at the same time enhancing the overall health and well-being of the patient. Ba-

sically, a return to the most natural diet possible is recommended. Our primitive ancestors had a diet of almost exclusively raw fruits and vegetables, some fish, occasional eggs, and meat when they could catch or scavenge it. They did not consume grains or dairy products. Their foods were gathered from the wild and were totally unadulterated. The agricultural revolution was only 10,000 years ago and the few thousand years that have passed between then and now are but the blink of an eye in evolutionary terms and our 20th century bodies have not yet adapted to the situation in which we live. Today, the water we drink and the air we breathe has been contaminated by agricultural and industrial practices; all the foods we eat have been genetically engineered or sprayed with up to 1,000 different chemicals (i.e., fertilizers, pesticides, fungicides, preservatives, colorants, etc.). Additionally, most people in the western world eat a considerable amount of meat, cook nearly all vegetables consumed, and eat upwards of 100 lbs. of sugar per person per year. It is not so surprising that we become ill. The dietary recommendations outlined below are specific to the cancer sufferer; however, their general thesis will be familiar to anyone who takes even half an interest in what they eat. Even the most orthodox nutritionists today recognize that ideally we should reduce our meat, sugar, and dairy food intake and boost our intake of fresh fruit and vegetables.

HES 1/2 page

### **Acceptable foods to eat**

- Organic, free-range birds (e.g. chicken, turkey), organic, grass fed beef or buffalo venison one to two times weekly.
- North sea or cold-water fish such as salmon, sardines, herring, halibut, and mackerel. Other fish are

acceptable, but they are not as beneficial as the oily ones. Avoid farmed fish.

- Small amounts of organically grown grains especially brown rice, buckwheat, millet, quinoa, barley, amaranth, spelt, and oats. The whole grain is best, soaked for four hours then slow cooked. For flour products, it is best to grind your own flour from the whole grain to prevent rancidity. Store grains in a refrigerator for maximum freshness.

- Lentils, peas, beans, nuts, seeds, free-range eggs, and organic yogurt. Eat soybeans and soy products regularly, preferably the fermented products like miso, natto, and tempeh. Avoid or minimize processed soy products (i.e., tofu, soymilk, fake meats and fake cheeses). To improve digestibility, soak beans overnight in water, rinse well, cook slowly (a crock pot is ideal) with a piece of kombu seaweed and rinse again well after cooking, then add to recipe.
- Cold-pressed vegetable oils especially olive, sesame, and the balanced blends of omega 3 and 6 (i.e., 'Udo's Choice' by Flora or 'Essential Balance' by Omega). Olive oil is the best cooking oil since it oxidizes the least when heated. Some butter is acceptable, as long as it is organic, and from grass fed cows. Butter contains conjugated linoleic acid, which is anabolic and helps to manage cachexia or wasting. Coconut oil is acceptable. Add tablespoons of flaxseeds (either freshly ground daily or soaked overnight in water) to cereals or smoothies or use in baking. Do not buy pre-ground flax meal, since it will be rancid.
- All organically grown fruit and vegetables, with exceptions noted below. Emphasize orange, red and purple fruits, citrus fruits, berries, garlic, leeks, and onions. Broccoli, cauliflower, brussel sprouts, cabbage, kale, and other Cruciferae family members should be eaten cooked to neutralize the anti-thyroid effect.
- Seaweeds and miso (fermented soy bean paste) supply certain vitamins and minerals that most people normally obtain from meat, especially vitamin B12. Avoid the Japanese seaweeds since they may be contaminated with mercury; choose Maine coast or Pacific Northwest sources.
- Shiitake, oyster, crimini and portobello mushrooms; these are best lightly cooked.
- Save the washed rind of organic citrus, chop it up into small pieces, and dry it. Add to teas for an extra anti-oxidant effect.
- Green tea, herbal teas, pure water, and fresh squeezed juices are the best things to drink. (i.e., carrot, beet, kale, apple juice one to three glasses daily).

- Wheat grass, chlorella, barley grass or blue green algae provide amino acids, vitamins, minerals, and are very high in chlorophyll, which is a natural cleanser, anti-oxidant, and blood builder.
- A little organic yogurt, cultured cheeses, and butter is acceptable. Goat or sheep milk products are also acceptable in small amounts.
- Avocado and cilantro increase glutathione, a major liver anti-oxidant.
- Figs and almonds contain benzaldehydes that convert to cyanide. Cancer cells cannot excrete this and it acts as a natural chemotherapy agent.
- Globe artichokes and Jerusalem artichokes are particularly helpful as is Burdock root and Daikon.

***Continued on back page***

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## Cancer from page sixteen

### Foods to avoid

- All preserved and processed meats (i.e., sausages, salamis, corned beef, meat loaf, hamburgers).
- All refined grains and flour products (even brown) are best avoided; eat the whole grain soaked, rinsed and slow cooked
- Commercial white button mushrooms.
- All commercial cow's milk products (i.e., milk, butter, hard and soft cheese, cream, etc.).
- Sugar in all forms, especially all refined and processed sugars.
- Peanuts and peanut butter since they contain lectins that cause blood clotting.
- Caffeinated drinks, soft drinks, and alcohol.

### Special notes

Choose organically grown foods when possible. Food should be eaten as fresh as possible to derive the maximum benefit. Avoid canned foods and foods packaged in plastic. Do not store food in plastic containers and avoid using cling wrap. Don't use the microwave, and if you must use it, don't put plastic in it.

### Additional items for maximum coverage

Inositol hexaphosphate (IP6)

Active Hexose Correlated Complex (AHCC) from medicinal mushrooms

Maitake D fraction and 1, 3- beta glucans

Whey protein

1 Tbsp Fermented Soy essence (powder by Jarrow)

1 Tbsp Modified citrus pectin

4 caps Molybdenum

1 – 3 g MSM

### Liver detox supplements to take before bed

1 g. Calcium D Glucarate

50 mg. Chrysin

600 mg. Di-indolylmethane

400 IU Folic acid

200 mg Glycine

500 mg Magnesium

0.5 mg. Melatonin

600 mg NAC

200 mg. Resveratrol

300 mcg. Selenium

500 mg Taurine

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