HERBAL FORMULARIES FOR HEALTH PROFESSIONALS

VOLUME 5

IMMUNOLOGY, ORTHOPEDICS, AND OTOLARYNGOLOGY

INCLUDING ALLERGIES, THE IMMUNE SYSTEM, THE MUSCULOSKELETAL SYSTEM, AND THE EYES, EARS, NOSE, MOUTH, AND THROAT

DR. JILL STANSBURY, ND

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— INTRODUCTION —

Suppression of Natural Medicine

The five volumes of *Herbal Formularies for Health Professionals* explore a wide range of folkloric traditions regarding herbal medicines and cite thousands of modern molecular research studies, cell culture studies, and clinical trials on the effects of herbs on neurotransmitters, hormone receptors, gene regulation, and inflammatory enzymes. Research studies can provide valuable information, but they can also be problematic. In the introduction to Volume 3, I focused on issues that impact research investigations into natural products, including bias, barriers to publishing, and "spin"—all of which occur in even the most respected mainstream scientific medical journals. I feel compelled to return to this subject because of the recent alarming increase in the suppression of natural medicine. In 2009, Marcia Angell, a US physician and the first female editor-in-chief of *The New England Journal of Medicine*, reported on corruption in medical research, writing, "It is simply no longer possible to believe much of the clinical research that is published, or to rely on the judgment of trusted physicians or authoritative medical guidelines. I take no pleasure in this conclusion, which I reached slowly and reluctantly over my two decades as an editor of *The New England Journal of Medicine*."[1] Richard Smith, a 25-year staffer at the *British Medical Journal*, concurs with this view, writing that "most of what appears in peer-reviewed journals is scientifically weak."[2] Although authoritative voices are speaking out, I contend that, more than 10 years after Angell's dramatic statement, medical research is still subject to corruption. In addition, there appear to be structured efforts underway to suppress, if not throttle, the practice of natural medicine both within and outside of the research arena.

Although I have long known that suppression of natural medicine is a real issue both historic and current, never have I experienced the tacit suppression of my profession so personally as in recent years. In the late fall of 2019, I attempted to run a Google ad to announce holiday specials and events in my apothecary. To my astonishment, the ad was denied for violating Google's "community standards." When I questioned this, I was referred to rules against content involving terrorism, sexual exploitation, profanity, the sale of counterfeit goods, and . . . "unapproved substances." I experienced a moment of outrage upon learning that the beloved selection of herbs and medicines listed on my website had triggered a process that grouped me with terrorists and other nefarious bedfellows. Grocers and department stores sell herbal and nutritional supplements, too, and yet their ads can be seen on Google. I learned that colleagues had had experiences similar to mine; it appeared that Google was blocking only natural medicine businesses from running announcements. I advertised elsewhere. A month later, I alerted my property insurer that I had made some updates and improvements to my business property. Long story short, I ended up being dropped by the insurer because they "didn't have an appetite for alternative medicine." Upon seeking out another insurer, I quickly learned that all of them had a line of questioning that eventually led to: "Do you practice homeopathy?" I seriously doubted whether the inquirers even knew what homeopathy was, but I learned that responding "yes" would lead to my dismissal. Every single insurer appeared to have been instructed to reject people in my line of work; it seemed I might have had an easier time insuring my business if I sold pesticides, chainsaws, or firearms rather than natural medicines.

In all the chaos of the 2020 pandemic year, the censorship deepened. Clinicians' merchant accounts were cancelled for offering "immune support," which was suddenly purported to be a violation of Federal Trade Commission (FTC) rules. The American Association of Naturopathic Physicians alerted its members in 2020 that the FTC was presently issuing "warning letters" to alternative medicine practitioners and informed us that offering information on "supporting the immune

system" could "trigger a cascade of negative consequences." Some of the negative outcomes include negative press when one's professional business is shut down by Facebook for offering information purported to be false or making claims about health deemed unscientific. Indeed, throughout 2020 Google and Facebook removed posts offering encouragement for keeping one's immune system healthy that were from small independent alternative practitioners but allowed such posts to stand when put forth from hospitals or large medical establishments. A private physician could cite the same studies on vitamin C or zinc as public health agencies and be flagged for posting potentially false information. The public was instructed to listen only to the Centers for Disease Control and Prevention (CDC), but that institution's weekly reversals and gyrations, distribution of faulty test kits, miscounting of test results, and other confusing statements and actions hardly instilled confidence. Those who advised sensible food choices and nutrition to support good health were censored for spreading fake news, and health practitioners who espoused basic tenets of healthy living were called out as being anti-science; some were outright punished. Eventually, a variety of entities sued Facebook for government-sponsored censorship.

A Historical Record of Suppression

Censorship of valid health information—and on the flip side, the advancement of research favorable to the pharmaceutical industry—is hardly new, although the veil obscuring the money trail behind the suppressive efforts is becoming so thin that it is nearly nonexistent. According to a *New York Times* article about Dr. Angell, during her time as editor of *The New England Journal of Medicine*, "she vetted manuscripts that omitted any mention of a drug's side effects, and studies that were weighted to make a drug look good; she repeatedly heard about studies never submitted for publication because they made a drug look bad."[3] Furthermore, researchers are allowed to conduct and publish studies even when they have financial stakes in the drug under study. The National Institutes of Health (NIH) is allowed to recommend therapies for which it and its individual employees hold patents. The CDC is able to use taxpayer funding to develop vaccines and therapies, which it then charges taxpayers fees—sometimes very high fees—to access. When governmental agencies are stakeholders who stand to profit from the very policies they implement, flagrant conflicts of interest necessitate that we question the agencies' priorities: Are they focused on policies to protect public health or to promote their own profit?

Excessive regulation of historically safe and effective natural medicines similarly calls into question the motives of public health agencies. Natural medicine professionals in the United States have struggled to mature their various disciplines for well over a century despite such regulations and interventions. In his book *Divided Legacy*, medical historian Harris Coulter explores how the American Medical Association (AMA) was first organized to oppose herbal medicine, hydrotherapy, homeopathy, and other alternative medical disciplines, which were so popular among the general public that some allopathic physicians saw clinicians working in these disciplines as a threat to their livelihood.[4] The American Institute for Homeopathy was the first professional medical association that arose in the United States. Established in 1844, it was a robust organization with a large membership and many thriving, well-established hospitals. Not to be outdone, the AMA, which organized in 1847, almost immediately positioned themselves in a moral high tower and began to question the ethics of other medical practitioners. In an era characterized by a glut of medical practitioners, with no one profession being particularly more scientific than another, the AMA claimed that it was the most scientific and that those practicing homeopathy, traditional medicine, midwifery, or physical medicine were less scientific and, therefore, charlatans.

Some writers point to the efforts of John D. Rockefeller, the United States' first billionaire oil baron, as furthering the AMA's anti-traditional-medicine stance by promoting and funding the use of petrochemical-derived medicines by member physicians. Perhaps, though, the intent was less about crippling other types of medicine and more about promoting the new pharmaceuticals as a promising cutting edge therapy. Rockefeller may have viewed it as both a business opportunity and a philanthropic endeavor. Rockefeller invested heavily in pharmaceutical manufacturing and had a vested interest in physicians' use of such medicines over natural medicines. He effectively enticed, pressured, and swayed the health care profession to embrace pharmaceuticals, despite the distrust with which they were greeted when they first became available. These petrochemical medicines, such as the first synthetic version of beeswax (acquired when Standard Oil purchased the first company to make petroleum jelly), were often intended to mimic the action of traditional herbal medicines. Scientists

identified the active compounds in the herbal medicines and revealed their chemical structures through the emerging discipline of organic chemistry. The naturally occurring plant compounds could not be patented, but synthetic petrochemicals could be, ushering in the era of petrochemical-based pharmaceuticals. The drug industry has since grown into the most powerful industry in the world, earning its moniker of Big Pharma.

One arm of the AMA, the Council on Medical Education, at its very first meeting (1904) defined educational criteria that favored white males and made it difficult for women or people of color to be admitted to medical school. The criteria also sought to mandate that only graduates of the Council's favored educational programs would be entitled to legally practice. In 1905 the Council (funded by Rockefeller and another oil and steel magnate, Andrew Carnegie) financed the Flexner Report, a project often referred to as leading to the demise of alternative medicine in the United States.

The Carnegie Foundation hired Abraham Flexner, assisted by the secretary of the AMA, to evaluate the state of medical education in the United States. Education of medical students was poorly regulated and organized at the time; there were no clear standards, and curricula differed greatly among institutions. Medical training programs varied from extended apprenticeships to two-year and four-year programs. Flexner issued his report to the Council in 1910, which then mandated that all medical schools use Johns Hopkins' medical curricula as the gold standard and required that schools remove courses in traditional healing methods under threat of losing their accreditation. When a few successful alternative medicine hospitals and training programs resisted, the Council established ever more rigorous obstacles, rules, and regulations. Meeting the requirements was difficult and expensive, and over time the practices of herbalism, homeopathy, naturopathy, midwifery, physiomedicalism, and electromagnetic therapies were effectively suppressed as the smaller institutions lacked the resources to oppose the mandates. Rockefeller also founded a General Education Board (GEB), which dispersed millions of dollars in support, ostensibly to help with the transition of medical schools' curricula, but which effectively bought the schools' allegiance to the pharmaceutical model of medicine. Those willing to accept the pharmaceutical model and teach a pharmaceutical-based curriculum received funding for faculty salaries, shaping the landscape of medical education up to the present time.

In this manner, the once-broad diversity of medical disciplines collapsed, and the survivors were primarily institutions that taught pharmaceutical and surgical therapies exclusively. The number of medical schools and accredited doctors in the United States were both drastically reduced, and the income of the average physician increased dramatically. Older practitioners who used natural therapies were regarded as "quacks," a term derived from the Dutch "kwakzalver," originally used to refer to physicians who used mercury compounds as therapeutic agents.

In the early 1900s, there were more than a dozen naturopathic medical schools in the United States. By 1950, there was just one left, hanging by a financial thread. By the 1970s, its students resorted to building their own clinic in the evenings and on weekends! During this transition, historically Black medical schools were closed as well. Only two survived, and the expectation was that their graduates would treat only Black patients and that their programs would be held in less esteem. The Flexner Report also advised that Black physicians should treat only Black patient populations and raised the benefit that health promotion in Black communities would better protect white people from common diseases such as hookworm and tuberculosis. Rising up from near extinction, many traditional medical disciplines saw a resurgence in both professional applicants and in public demand for their services in the 1980s. Interest remained so robust that allopathic schools embraced the demand and added complementary and alternative medicine (CAM) programs and functional medicine branches to their school coursework and to their clinical offerings. Naturopathic and chiropractic schools and midwifery programs are also once again accredited, but the effort to limit the growth and maturation of such professions is ever present.

Pharmaceutical Giants in Control

In the 1960s, there was a resurgence of interest in health food, organic gardening, and the health benefits of herbs and supplements. Since then, many of the mom-and-pop health food and supplement companies founded in the garages or kitchens of hippies have grown into highly successful and lucrative businesses that have been bought by corporate conglomerates such as Proctor & Gamble, Nestlé, and Amazon. Scientific research into natural products exploded in the aftermath of this resurgence. And as popular nutritional or herbal supplements have become multimillion-dollar commodities

backed by molecular research and clinical trials, natural products have attracted the interest of governmental regulatory entities, which are swooping in to restrict use and control versions of the products or isolated molecules for themselves. Big Pharma has also moved to own natural products and to shift control of them to the government entities it prefers—those that have financial ties to the pharmaceutical industry. In a few short decades, alternative medicine practitioners have witnessed an astounding shift. Where once their medicines were criticized as unscientific and worthless quackery, those same medicines are now considered too powerful to be administered freely by practitioners.

At the time of this writing, the FDA is removing numerous natural substances from the hands of private practitioners and restricting the compounding of such medicines by individual physicians and compounding pharmacists alike via a series of hearings to evaluate the safety of individual natural substances. These hearings arose out of new FDA efforts aimed at regulating over-the-counter (OTC, or nonprescription) medications, initiated in 1980.[5] Via the OTC Drug Review, the FDA began to methodically evaluate the safety and efficacy of thousands of OTC drug products—from toothpaste, to skin products for acne, to herbal and nutritional supplements—and produced formal documents to categorize and legislate such products; now one of the largest and most complex regulatory undertakings ever at the FDA. Included in this quagmire of rulemaking processes was the formation of a federal committee that solicited "nominations" of natural substances to review in establishing a list of bulk drug substances for compounding. This bulk substances list is intended to comprise substances that are neither equipped with a US Pharmacopeia or National Formulary monograph, nor "components of FDA-approved drug products."[6] In other words, those substances that are not already approved for use by the FDA are now up for review.

The FDA's "Interim Policy on Compounding Using Bulk Drug Substances Under Section 503A of the Federal Food, Drug, and Cosmetic Act" outlines the three categories into which nominated substances are placed. Category 1 comprises substances that are eligible for evaluation, category 2 are those that "raise significant safety concerns" and therefore will immediately become illegal to compound, and category 3 are those that the FDA has determined were "nominated without adequate support," and therefore will not receive a hearing unless they are resubmitted[7] and will fall immediately under the control of the FDA. All of these substances presently under review are still legal to compound until the FDA completes its hearings. However, if the FDA adopts the decisions made during the hearings into a legal ruling, all the substances that were not approved will become illegal to compound by compounding pharmacists and physicians.

Of the 310 substances that were nominated as part of this hearing process, the FDA decreed that 242 did not warrant a hearing or require any expert testimony.[8] These substances were immediately relegated to category 3. These 242 substances include acidophilus, alfalfa, asparagus, peppermint oil, papaya enzymes, *Ginkgo*, and numerous nutrients (vitamins, enzymes, and minerals). The remaining category 1 substances under review are hardly in a better position: The hearings typically lead to the herbs in question being deemed unsafe to compound or sell without restriction. Already declared unsafe from the category 1 list are numerous plants and substances named throughout the five volumes of *Herbal Formularies*, including glutamine, *Boswellia*, artemisinin, curcumin, and glycyrrhizin.[9]

This does not necessarily mean that the substances won't be available at all; it does portend a new layer of restriction regarding in-office compounding of such agents, such that even the simple process of blending herbs into a tea or tincture could violate compounding laws. Unless a substance under review can be verified as the *only* therapy available for a certain medical condition, the FDA representatives advise the committee that the substance should not be approved as safe or suitable for herbalists to handle in their offices.[10] And who will be able to compound and sell these substances? Only those entities, such as the pharmaceutical giants, licensed to compound drugs would escape FDA prosecution; *not* naturopathic physicians, herbalists, or compounding pharmacists, even though these are the entities who have the most clinical experience with these substances.

The surprising fact that the regulatory agencies are reviewing substances such as nettles and *Aloe vera* for public safety provides a deeper and darker context to the censorship of my Google ad and cancellation of my property insurance. There are pharmaceutical companies producing patentable synthetic versions of some of the same natural compounds the FDA committee is presently restricting. In my mind, this raises the question of whether natural compounds such as curcumin are being reviewed and possibly restricted precisely so they won't compete with synthetic commercial products. The

process is shrouded in the illusion of public safety, but reeks of the profit motive.

Naturopathic physician Dr. Paul Anderson of the Anderson Medical Specialty Associates in Seattle, Washington, was one of the subject matter experts appointed to testify at the US FDA review hearings. According to Dr. Anderson, those who testify against the safety profile and approval are allotted the lion's share of the time in the hearings. Those who provide authentic clinical experience with an herb and offer testimony sharing current published research are given just a few minutes to rebut. The individuals who advise the committee to restrict access to natural substances are typically pharmaceutical company allies or others who have clear conflicts of interest, "but the FDA waives these conflicts," says Dr. Anderson—an admission that is recorded in the public records.[11]

Dr. Anderson's testimony makes it clear that no amount of research, experience, or cogent arguments can assuage the committee's bias against the safety of the substances under review in the hands of skilled herbalists. According to Dr. Anderson, the "experts" who argue to restrict natural substances cite outdated research or claim that there is no research to support the safety of a substance. When shown evidence to the contrary, the committee members blatantly and willfully choose to ignore it. For example, Dr. Anderson recounts, "There was [a] natural substance where the FDA material stated that there is no modern evidence supporting its use, but we had 15 citations in peer-reviewed journals just in the last 5 years. I showed these to them, and the response was, 'That might be true, but we don't have to consider any of these references.' It's possible to rebut what the FDA expert says with up-to-date evidence, but if the FDA doesn't want to take it into account, they don't have to."[12]

In this manner, the hearings are theater. They may provide the illusion of a platform of serious review, but in fact they are a mechanism created to gain control of our most important herbal medicines. Based on Dr. Anderson's accounts, I cannot believe that the committee is genuinely interested in learning about the safety, efficacy, or therapeutic application of the substances under review.

The history of modern synthetic pharmaceuticals includes many examples of products that have caused deleterious side effects and even toxicities. The existence of alternative options is a threat to pharmaceutical drugs and the industry's creation of proprietary versions of herbal products. We are witnessing the enactment of governmental policies that restrict our access to safe and gentle herbal medicines and shift control of their use to the auspices of giant companies. This trend also reflects a disturbing underlying philosophy: If a natural medicine is really *that* effective and valuable, then it shouldn't be left in the hands of alternative medicine clinicians, who are viewed as inferior and with suspicion. Instead, it should be moved into the capable hands of a drug company that, incidentally, has the capacity to develop the substance into a patentable drug that serves as a valuable adjuvant to the primary, essential pharmaceutical therapy. Herbalists are keenly interested in maintaining organically grown, high-quality, unadulterated herbal products, but pharmaceutical companies do not concern themselves with such purity issues. The goal of the drug companies is to create patentable compounds: manipulated molecules inspired by the natural plant constituents or entirely synthetic versions. Such molecules can be made into proprietary, branded, and patented products. We have seen some such molecules reach the market already, reporting enhanced bioavailability or targeted tissue delivery and sold at great cost compared to the whole crude herbs from which they are derived. Clinical studies are carried out using these molecules to support their medical applications, while research on whole herbs continues to be suppressed or fails to secure funding. Large pharmaceutical and regulatory entities can claim that the proprietary molecules have evidence of safety and efficacy and that the same level of research does not exist for the whole crude herbs. The whole herb products that herbalists and naturopathic physicians favor can be said to be inferior or not backed by research, even though centuries-old traditional usage inspired the research on the isolated compounds. Naturopathic physicians and herbalists are highly concerned that pharmaceutical versions of herbal products will not have the same safety profile or efficacy as traditional whole herbs. As such, they face the double dilemma of potentially being restricted from compounding formulas using high-quality, organic, whole herbs that they prefer. Many herbalists feel that, while the "active" compounds in herbs are certainly important, every other compound, enzyme, trace mineral, and nutrient in the plants are synergistic and that the removal of a single isolated compound robs the medicine of its nutrient base, delivery system, and energetic signature. Big Pharma is presently shaping the landscape of herbal medicine, and herbalists feel it is a detriment to the integrity and quality of the medicine.

It may be hyperbole to say, "*Learn about plants now, while it's still legal!*", but there is cause for concern. The evidence keeps accumulating that natural medicine is being suppressed. How can we protect ourselves? By supporting our valued professional organizations: Together, we are better able to fight for our traditions and our rights.

About This Book

This text is the last in a set of five comprehensive volumes aimed at sharing my own clinical experience and formulas to assist herbalists, physicians, nurses, and allied health professionals in creating effective herbal formulas. The information in this book is based on the folkloric indications of individual herbs, fused with modern research and my own clinical experience.

I have organized this set of volumes by organ systems. Volume 1 features the organs of elimination—the gastrointestinal system, the liver and biliary system, the urinary system, and the skin. Herbalists know these organs are foundational to the health of the entire body. The treatment of many inflammatory, infectious, hormonal, and other complaints will be improved by optimizing digestion and elimination. Volume 2 covers respiratory, pulmonary, and vascular issues, including both cardiovascular and peripheral vascular complaints. Volume 3 focuses on metabolic and reproductive endocrinology: adrenal and thyroid disorders, diabetes and metabolic dysfunction, and male and female reproductive disorders. Volume 4 addresses headaches and pain management in a variety of organ systems, neurologic conditions ranging from neuropathy to Parkinson's disease and Alzheimer's disease, and psychologic issues from mood disorders to hyperactivity to addictions. In this volume, we explore herbal medicines and natural compounds to reduce allergic and autoimmune reactivity; share effective formulas and protocols to address infectious and inflammatory conditions of the eyes, ears, nose, mouth, and throat; and review traditional medicines for the most common musculoskeletal complaints.

Each volume in this set offers specific herbal formulas for treating common health issues and diagnoses within the selected organ system, creating a text that serves as a user-friendly reference manual as well as a guide for budding herbalists in the high art of fine-tuning an herbal formula for the person, not just for the diagnosis. Each chapter includes a range of formulas to treat common conditions as well as formulas to address specific energetic or symptomatic presentations. I introduce each formula with brief notes that help to explain how the selected herbs address the specific condition. At the end of each chapter, I have provided a compendium of the herbs most commonly indicated for a specific niche, a concept from folklore simply referred to as *specific indications*. These sections include most herbs mentioned in the corresponding chapter and highlight unique, precise, or exacting symptoms for which they are most indicated. Please note that these listings do not encompass *all* the symptoms or indications covered by the various herbs, but rather only those symptoms that relate to that chapter—the indications for autoimmune or allergic conditions, for conditions of the musculoskeletal system, or for issues of the ears, eyes, nose, mouth, and throat. You'll find certain herbs repeated in the specific indications section of more than one chapter of this book, but in each instance, the description will feature slightly different comments. Readers are encouraged to refer back and forth among the chapters to best compare and contrast the information offered.

The Goals of This Book

My first goal in offering such extensive and thorough listings of possible herbal therapies is to demonstrate and model how to craft herbal formulas that are precise for the patient, not for the diagnosis. It is my hope that after studying the formulas in this book and other volumes in the set and following my guidelines for crafting a formula, readers will assimilate this basic philosophic approach to devising a clinical formula. As readers gain experience and confidence, I believe they will find that they rely less and less on these volumes and more and more on their own knowledge and insight. That's what happened to me over the years as I read the research and folkloric herb books and familiarized myself with the specific niche-indication details of a wide range of healing plants. I now have this knowledge in my head, and devising an herbal formula for a patient's needs has become second nature and somewhat intuitive. But from talking with my herbal students over several decades of teaching, I have come to understand that creating herbal formulas is one of the most challenging leaps between simply absorbing information and using it to treat real, live patients. Students often feel inept as they try to sift through all their books, notes, and knowledge and struggle to use "information" to devise a single formula that best addresses a human being's complexities. Thus, I felt that it was high time that I created a user-friendly guide to help students refine their formulation skills

and to help all readers develop their abilities to create sophisticated, well-thought-out formulas.

Another goal I aim to achieve through this set of herbal formularies is to create an easy-to-use reference that practitioners can rely on in the midst of a busy patient day. In this "information age," it is not hard to track down volumes of information about an herb, a medical condition, or even a single molecule isolated from a plant. The difficulty lies in remembering and synthesizing it all. While this text doesn't pretend to synthesize the "art" of medicine in one source, I believe it will help health professionals quickly recall and make use of herbal therapies they already know or have read about by organizing them in a fashion that is easy to access quickly.

Naturopathic physicians are a varied lot. Add in other physicians and allied health professionals, and the skill sets are varied indeed. I rely on my naturopathic colleagues to inform me about the latest lab tests, my allopathic colleagues to inform me about new pharmaceutical options, and my acupuncture colleagues to inform me as to which conditions they are seeing good results in treating. This text allows me to share my own area of expertise. I have included a large number of sidebars that feature some of the in-depth research on the herbs and individual molecular constituents, helping to provide an evidence-based foundation for the present era of medical herbalism.

I realize that not all clinicians, not even all naturopathic physicians, specialize in herbal medicine. I hope that this formulary will serve as a handy reference manual for those who can benefit from my personal experience, formulas, and supportive discussions.

Creating Energetically Fine-Tuned Formulas

Much like a homeopathic *materia medica*, this set of formularies aims to demonstrate to clinicians how to choose herbs based on *specific indications* and clinical *symptoms* and *presentations*, rather than on diagnoses alone. For example, this volume does not offer one-size-fits-all arthritis formulas, but rather details distinct approaches to creating herbal formulas for arthritis with digestive contribution, arthritis with poor connective tissue repair, arthritis with systemic inflammatory symptoms, and arthritis with immune activation. I include supportive research on herbs that helps to explain why a particular herb is chosen for a particular formula, as well as endnote citations that provide details of specific studies for those interested. I also provide findings from research on individual herbs that are essential to the treatment of the various conditions featured in a chapter. To make the text as useful as possible for physicians and other clinicians, I also offer clinical pearls and special guidance from my own experience and that of my colleagues—the tips and techniques that grab attention at medical conferences year after year.

The Information Sourced in This Book

The source of the information in these volumes is based on classic herbal folklore, the writings of the Eclectic physicians, modern research, and my own clinical experience. Because this book is designed as a guide for students and a quick reference for the busy clinician, the sources and research are not cited rigorously, but enough so as to make the case for evidence-based approaches. When I offer a formula based on my own experience, I say so. I also make note of formulas I've created that are more experimental, either because of lack of research on herbs for that condition or my lack of clinical experience with it.

My emphasis is on Western herbs, but I also discuss and use some of the traditional Asian herbs that are readily available in the United States. In some cases, formulas based on Traditional Chinese Medicine (TCM) are featured because of a significant amount of research on the formula's usage in certain conditions. I readily admit that TCM creates formulas *not* for specific diagnoses, but rather for specific energetic and clinical situations. However, I have included such formulas, perhaps out of context but with the overall goal of including evidence-based formulas, with the expectation that readers and clinicians can seek out further guidance from TCM literature or experienced clinicians where possible. In reality, TCM is a sophisticated system that addresses specific presentations, and I have borrowed from this system where I thought such formulas might be of interest or an inspiration to readers. I admit that listing just one formula for a certain condition based on the fact that there have been numerous studies on it is somewhat of a corruption of the integrity of the TCM system, which is aimed at precise patterns and energetic specificity. Nonetheless, I chose to do so with the goal of creating a textbook to help busy clinicians find information quickly, while still encouraging individualized formulas for specific presentations.

How to Use This Book

Each chapter in this book details herbal remedies to consider for specific symptoms and common presentations

of various diagnoses. Don't feel that you must be a slave to following the recipes exactly. When good cooks use a food recipe, they are always at liberty to alter the recipe to create the flavor that best suits the intended meal—the big picture. A formula listed should not be thought of as *the* formula to make, but rather as a guide and an example, inviting the clinician to tailor a formula for each individual patient.

To create an herbal formula unique to a specific person, the clinician should first generate a list of actions that the formula should perform (respiratory antimicrobial, expectorant, bronchodilator, mast cell stabilizer, and so on) and then generate a list of possible herbal *materia medica* choices that perform the desired actions. If these ideas are new to you, you may want to begin by reading chapter 1, "The Art of Herbal Formulation," before you start generating lists.

Unity of Disease (Totality of Symptoms)

The concept that any health issues a person may experience are actually one disease, as opposed to a number of disparate diagnoses to be treated individually, is a core tenet of naturopathic medicine and the philosophical underpinning of holistic medicine in general. Any one symptom does not provide the full story, and just because you can label the symptoms with a Western diagnosis and offer the established therapy for that diagnosis does not mean you are really helping a person to *heal*. A careful consideration of the totality of all symptoms is important to reveal underlying patterns of organ strength or weakness, excess or deficiency states, nervous origins versus nutritional origins, and, of course, a complex overlap of all such issues. The most effective therapies will address *all* issues in their entirety and involve an understanding of the entire energetic, mental, emotional, nutritional, hereditary, situational, and other processes, creating a complex web of cause and effect—the unity of any given individual's "dis-ease."

Look to the formulas in chapters 2 through 4 that address specific symptoms for guidance and inspiration. (These formulas are grouped within the chapter by a general diagnosis, such as "Formulas for Lupus" or "Formulas for Macular Degeneration.") Regard the lists and formulas I have provided as starting points and build from there. In my commentary on the individual formulas and in sidebars that focus on specific herbs, I offer further guidance as to whether the formula or individual herbs are safe in all people, possibly toxic in large doses, intended for topical use only, or indicated only in certain cases of that particular symptom. Once herb and formula possibilities have been identified, the reader should then review "Specific Indications" at the end of the chapter to focus on which herbs would be *most* appropriate to select and to learn more about how those herbs might be used. Herbalists can narrow down long lists of herbal possibilities to just a few *materia medica* choices that will best serve the individual. In many cases, the reader/clinician will be drawing upon herbal possibilities from a number of chapters and organ systems as the clinical presentation of the patient dictates. Thus, you are not making a formula by throwing together all the herbs listed as covering that symptom or symptoms, but you are studying further and narrowing down the list of possibilities to consider, based on the totality of the symptoms. In some cases, you will rule out herbs on the list for a particular symptom after reading the specific descriptions of those herbs at the end of the chapter. In some cases, you might decide to put one herb in a tea and another in a tincture because of flavor considerations. In other cases, you might decide that you will prepare only a topical remedy. And in other urgent situations, you might come up with a topical, a pill, an herbal tea, *and* a tincture to address the situation as aggressively as possible. Aim to select the best choices and avoid using too many herbs in one formula. Larger doses of just a few herbs tend to work better than smaller doses of many herbs, which can confuse the body with a myriad of compounds all at once. The use of three, four, or five herbs in a formula is a good place to start; this approach also makes it simpler to evaluate what works when the formula is effective as well as what is poorly tolerated, should a formula cause digestive upset or other side effects.

Learning from the Formulas in This Book

In reviewing the formulas in this book, notice how specific herbs are combined with foundational herbs to

create different formulas that address a variety of energetic presentations. There are a handful of all-purpose immunomodulators, all-purpose alterative herbs, and all-purpose anti-inflammatories that can be foundational herbs in many kinds of formulas. Such foundational herbs can be made more specific for various situations by combining them with complementary herbs that are energetically precise. Notice how the herbs are formulated to be somewhat exacting to address specific symptoms and make a formula that is warming, drying, cooling, or moistening and so on. Also, note how acute formulas may have aggressive dosages and include some strong herbs intended for short-term use, while formulas attempting to shift chronic tendencies are dosed two or three times a day and typically include nourishing and restorative herbs intended for long-term use. Also notice how some potentially toxic herbs are used as just a few milliliters or even a few drops in the entire 2-ounce (60 ml) formula. These dosages should not be exceeded, and if this is a clinician's first introduction to potentially toxic herbs, further study and due diligence are required to fully understand the medicines and how they are safely used. Don't go down the poison path without a good deal of education and preparation. I am able to prepare all the formulas in these texts upon request, but I can offer those containing the "toxic" or low-dose herbs (*Atropa belladonna*, *Aconitum*, *Convallaria*, and so on) only to licensed physicians.

It is my sincere hope that this book helps you in your clinical work and efforts to heal people.

DR. JILL STANSBURY