

2. Separate the scientific agenda from the political one. Without disinterested attention to the results of our therapies, we have only a weak claim to being an ethical health care profession. Research is a long term proposition and very different from short and middle term political goals. The purpose is not to prove that naturopathy "works" but to examine and improve its practice. A negative result in an effectiveness study is as valuable as a positive one, though it may not be as useful in a political context.

The good news is that a great deal of work has taken place over the last few years to transform the profession's few small efforts at research into a genuine research establishment devoted to natural medicine research. These efforts have had more luck being supported by the research interests of industry or government, but the capacities that have been developed can be tuned to answer the questions of greatest interest for NDs and their patients. Most notable among recent activities is a consortium of researchers at Canadian, Southwest, and National Colleges of Naturopathic Medicine and Bastyr University. They are developing preliminary studies around the question "What is the health impact of six months of naturopathic care?" Health is defined as health status as measured by the MOS-36 as well as a newly developing proximal measure of future health. The studies will at a minimum provide descriptive information on academically-based naturopathic medicine (demographics of patient populations, distribution of presenting diagnoses, distribution of applied therapies) and develop the infrastructure for the collection of data for effectiveness studies at the schools' clinics. Happily, it has attracted the interest and support of the administration at each institution, especially at Canadian and Southwest. It warrants the active support of all naturopathic professional agencies.

It could be that 100 years is the age of majority for a health care profession. If so, perhaps we can soon congratulate ourselves on the self-directed responsibility that necessarily attends that milestone of maturity.

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APPENDICITIS

I'd like to present a case of integrated care for ruptured appendix. Henry Lindlahr, MD, a Nature Cure doctor of the early 1900s, is reported to have had "a continuous record of more than 20 years successful treatment of appendicitis without surgery and without a death" (1). Two of my deceased mentors, Opal Jensen, ND, DC and Leland Jensen, ND, DC related similar successes. But, in my clinical training at the National College of Naturopathic Medicine, from 1978-1980, no cases of appendicitis were observed or discussed.

I have, however, managed two cases of acute appendicitis in my practice. First was a male, 23, with mild fever, nausea, pain in the lower right quadrant (worse on motion, better on flexion), with tenderness and guarding—possible symptoms and signs of early appendicitis. Unfortunately, this case was not confirmed by laboratory testing nor a second medical opinion. The symptoms resolved completely in 24 hours with fasting, herbal *Echinacea* tincture (30 to 40 drops every 2-4 hours), reflexology, polarity therapy and the homeopathic remedies *Echinacea* (6x) and *Colocynthis* (30C).

The other case, in 1995, involved a 13 year old male. He presented with severe nausea and vomiting followed by fever and generalized abdominal pain. His mother thought these symptoms were due to gastroenteritis and fasted him on clear liquids only, including water, diluted grape and apple juice and vegetable broth. She also gave her son *Echinacea* and vitamin C liberally for 4 days at home before bringing him to me for physical examination. Examination of his abdomen revealed localized right lower quadrant (RLQ) tenderness and guarding, positive Psoas sign and a palpable mass suggesting an abscess. Both laboratory tests and examination by a second naturopathic physician a few hours later confirmed my diagnosis of an abscessed appendix. White Blood Count (WBC) showed leukocytosis of 16.8 Th/cmm with 76% neutrophils. Sedimentation rate was 35 mm/hr. The patient's parents, upon learning of their son's diagnosis, decided to use naturopathic treatments in hopes of avoiding surgery.

Treatment consisted of continued fasting on water, vegetable broth and diluted fruit juices, and ice or unheated castor oil packs applied over RLQ of the abdomen. *Echinacea* tincture 20 drops every hour was given from a one ounce bottle with two drops of *Bryonia* and *Belladonna* tincture each added and succussed (shaken vigorously) to produce a low potency homeopathic-like remedy. This step was taken based on the Eclectic botanical medical indications of visceral spasm, congestion and pain for *Belladonna* and of inflammation of serous membranes worse motion for *Bryonia* (2) in addition to their homeopathic indications (3).

Vitamin C, 500 mg every hour, and a series of homeopathic medicines were also used. The rubric, Intestines, Appendicitis, from Murphy's Repertory (4) was used to choose *Belladonna* based on fever, inflammation and abscess; *Bryonia* due to fever, inflammation, worse with motion, and irritability; *Colocynthis* based on cramping, better lying on abdomen (patient did not exhibit usual flexure position of *Colocynthis* but paradoxically stretched in extension, a *Colocynthis* symptom found in Murphy's Repertory under Intestines, Pain, better lying, abdomen, on); *Echinacea* and *Iris Tenax* for general reputation in appendicitis. All potencies given were 30C usually repeated every 1-2 hours in the above order. Homeopathic *Belladonna* and *Echinacea* were first used in alternation, then prescription was changed to *Bryonia* and *Colocynthis* in alternation as they were most effective in ameliorating the patient.

Five days after onset the patient improved with increased energy, decreased pain and fever. He became more ambulatory and was examined by a surgeon. His WBC count decreased to 15.5 and sedimentation rate had declined to 32. The surgeon upon palpation of a deep, tender abdominal mass diagnosed that the appendix had perforated, but the abscess was localized without generalized peritonitis. The surgeon judged the patient to be recovering. He advised delaying surgery until infection was resolved to avoid spread of infection and future adhesions. The surgeon prescribed Cipro™ 500mg, a broad spectrum antibiotic, two times daily, which was taken for seven days and endorsed with continued naturopathic measures.

Patient recovered fully without surgery. Abdomen became asymptomatic and non-tender, and he was able to participate in basketball and physical education classes at school by the twelfth day after onset.

Ten weeks later, symptoms of appendicitis returned with less intensity. Holiday diet indulgences may have contributed. The family elected to proceed with an appendectomy to prevent further recurrences.

This case demonstrates that naturopathic therapies and conventional medicine, especially antibiotics, can be integrated for effective management of appendicitis. It also raises the question whether appendectomy for the recurrence was necessary, or with additional naturopathic treatments, might have been avoided.

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COMMENTS ON LAST ISSUE

Congratulations to you and everyone involved with the production of Volume 7, Number 1 of the *Journal of Naturopathic Medicine*. For me, it is chock full of useful clinical information that will be of great benefit to my female patients.

The study by Hudson, Standish, Breed, Bettenberg, et al. on the "Clinical Endocrinological Effects of a Menopausal Botanical Formula" confirms my experience with this formula that the majority of my menopausal patients have used in the past several years. However, I am disappointed that such a small cohort

was actually enrolled in what could have been a more meaningful result if, at least, a group of 20 women meeting inclusion criteria were followed. The authors admit that the sample size does not warrant firm conclusions and that use of the more stringent two-sided Z test did not reveal a significant difference between the placebo and the verum groups. Also, they state that the data suggest the formula can be effective for hot flashes, mood changes and insomnia, but do not present any compilation of symptom diaries or physician symptom recording to substantiate these results.

As the chief authors of this study are dear friends of mine, I commend them for their work and look forward to a future study with a larger population which they admit is needed.

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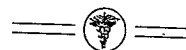
BREAST CANCER

Norene Wedam contacted us several months ago, excited to tell her story of success with breast cancer under naturopathic care. She wrote: "I realize that many outstanding naturopaths routinely perform miracles. However, someone needs to write up case studies so others can learn and more patients benefit." And from that comment were born these dual letters from both a physician and her client. The first expresses the patient's viewpoint; the second is the case as described by her naturopathic doctor. Please note the patient's strong hand in taking responsibility, and how both natural and conventional therapies were used concurrently.

I first heard about naturopathy about eight years ago when I was referred to the Portland naturopathic college by an allopathic practitioner. Acute problems were promptly relieved and I developed respect for the natural healing process and patient-centered approach. Confidence in this system of medicine prompted me to seek naturopathic care when I was later diagnosed with breast cancer. The experiences of dying patients convinced me I would have a poor prognosis with standard care alone. I observed that the patients who made dramatic recoveries relied on natural therapies and nutrition. I achieved full remission through an eclectic approach.

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A 40 year old Caucasian woman detected a lump in her breast during her routine self breast exam. After visiting with her MD in December of 1993, the mass was biopsied and diagnosed as an aggressive 7 cm x 7 cm moderately differentiated, infiltrating

ductal carcinoma of the left breast. The tumor was weakly positive for estrogen receptors and moderately to strongly positive for progesterone receptors while pathological exam indicated no notable axillary involvement. Generalized fatigue preceded the discovery of the lump.

Upon visiting with me, the patient's medical history revealed lower limb malalignment syndrome at birth, mononucleosis at age 20 and Epstein-Barr viral infection at age 36; the patient later developed endometriosis at age 43. A tendency towards mass formation was evidenced by the excision of a dermatafibroma from her right thigh at age 40, and the gradual elimination of uterine fibroids through natural therapies a few years earlier.

A diagnosis of locally advanced breast cancer was accompanied by a poor prognosis for this patient. According to her oncologist's notes: "...this (type of breast cancer) is not at all a good prognostic finding in and of itself and ... eventually we may have to talk to her about a bone marrow transplant or stem cell transplant." Because of a large and rapidly evolving lesion, it was prudent to pursue an all inclusive approach to presurgical treatment in an effort to reduce the risk of obtaining positive margins at the time of mastectomy, a concern shared by the patient's oncologist. According to Booser and Hortobagyi (1), "...it is appropriate to proceed with surgery as soon as clear margins can be reasonably expected at segmental resection or mastectomy." For this reason, presurgical preparation of the patient included both naturopathic medicine and conventional treatment.

Three cycles of neo-adjuvant cytoxan, adriamycin, 5-fluorouracil (CAF) were initiated within one week of diagnosis. This patient also visited with me for complementary naturopathic treatment. The below therapies were chosen for either their traditional or documented effects as general immune modulators and/or anti-cancer agents.

Venus Fly Trap (35 drops 6x/day)

Hoxsey-like formula (*Glycyrrhiza glabra*, *Trifolium pratense*, *Arctium lappa*, *Berberis aquifolium*, *Echinacea spp.*, *Phytolacca decandra*, *Stillingia sylvatica*, *Rhamnus purshiana*, *Zanthoxylum clavaherculis*, *Baptisia tinctoria*, *Picraena excelsa*) (30 drops qid)

shark cartilage (5 capsules qid)

vitamin C (2000 mg qd in divided doses)

vitamin E (800 iu)

beta carotene (50, 000 iu qd)

flax seed oil (2 Tbsp qd)

Oxyquench™ (3 capsules tid)

In addition, the patient walked three to five miles daily in preparation for surgery and recovery. She strictly observed the Michio Kushi macrobiotic diet, except for a regular beverage of chilled green tea with red clover blossom and rose hips added.

To this recommended regimen, the patient included 1 cup each day of a tea (*Ganoderma lucidum*, *Lentinula edodes*, *Grifola frondosa*, *Grifola umbellata*, Pau D'Arco, *Echinacea*), blue violet leaf (1 cap tid) and 1 tablet daily of a multiple vitamin/mineral supplement.

In March, 1994, more than two months after diagnosis, the radiological oncologist reported that the tumor measured 2 cm by 3 cm.

A simple mastectomy was performed 113 days after diagnosis and biopsy; axillary dissection was refused. Examination of the tissue revealed a "minute microscopic area of residual tumor...1.9 mm in greatest dimensions at the site of the original primary tumor." A single sentinel lymph node found embedded in the breast tissue tested negative for metastatic carcinoma.

Post surgical chemotherapy consisted of four cycles of CAF chemotherapy; further therapy, including radiation and tamoxifen, were refused by the patient. The patient did, however, continue to follow a naturopathic maintenance protocol. Four years later she remains clear of carcinoma as indicated by a recent normal chest X-ray and CA levels. The patient's anti-malignin antibody (AMA) net tag score has steadily declined until it reached zero on January 8, 1997. Routine mammography was refused by the patient.

The question that remains in this case is how this patient's early naturopathic treatment altered her outcome. The uniqueness of this case lies with the patient herself and the relationship she developed with her body, her caregivers, and the radical lifestyle changes she willingly embraced. She said 'no' to treatments and protocols recommended by experts with a clear and strong voice; instead she chose to exercise her responsibility in health care and lifestyle while still keeping in touch with her fear and pain. She was told by the physician who administered her chemotherapy that an oncologist might see only one dramatic recovery such as hers each decade of his career. Perhaps because of the integrative approach she took for her breast cancer, she continues to maintain her good health as she devotes her time to helping others.

We don't know if utilizing the same chemotherapy protocol and natural therapies in other patients would produce the same desirable results; this is an area that requires further investigation.

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