Managing Hepatitis C with Western Botanicals and Other Natural Therapies
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A brief overview of a poorly-understood disease

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

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

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

Adverse effects of the top medicinal herbs Part II
by Paul Bergner

(Continued from Volume 12 number 3)

Glycyrrhiza spp. (Licorice)

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

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

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

Capsicum annum (Cayenne)

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

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

Arctium lappa (Burdock)

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

Mentha piperita (Peppermint)

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

Astragalus membranaceus (Astragalus)

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

Ginkgo biloba (Ginkgo leaf)

Ginkgo products may interact with blood-thinning medications (Evans; Izzo and Ernst). It may also induce bleeding when taken without other medications (Benjamin et al). The private reports have been received from two professional herbalist of bleeding in the eye induced by gingko alone. The most common other side effects are gastrointestinal upset and headache. These are occasionally encountered with standardized extracts, but are quite common with the tincture or unrefined powder if taken persistently. The European standardized extracts have toxic constituents (ginkotoxin) removed. I had reports of 30-40 cases seen in 1980s with U.S.-made 4:1 extracts. I’ve also seen headaches in about 10 cases in students or patients taking the tincture after 2-4 weeks of regular use.

Vitex agnus-castus (Chaste berry)

The net effect of vitex on the hormonal system appears to be an increase in hypothalamic dopamine, a reduction in prolactin, and an increase in luteal production of progesterone (Milewicz et al). While most cases of premenstrual syndrome are typically accompanied by excess estrogen, PMS with depression as the dominant symptom (PMS-D) is consistent with depressed estrogen relative to progesterone. In such cases, the progesterone stimulating effects of vitex may produce side effects similar to taking progesterone alone. One such effect is a worsening of depression. I have observed two cases in which PMS-D depressive symptoms were progressively aggravated...
over 2-3 cycles while taking vitex, with the normal milder symptoms returning after withdrawal (Bergner 1999b). I’ve also received one similar case report.

**Chamomilla recutita (Chamomile)**

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

**References**


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