

LESSON TEN QUIZ

#1

SEE: HERBS-Plant Images (*Leonurus* and *Lycopus*) for images and photos

SEE: HERBS-Distribution Maps as well

1. Although unpredictable, *Leonurus* is good for _____, _____ and other stress-induced _____ symptoms.
2. Although unpredictable, *Leonurus* is frequently an aid in symptoms of general _____ derangement, with nervousness and agitation.
3. *Leonurus* can sometimes induce _____ flooding
4. *Leonurus* is sometimes useful in treating shingles (herpes zoster) when carefully combined with _____
5. Shingles is usually considered an adult form or elaboration of _____
6. Main criteria for use of *Lycopus* are rapid _____ and rapid GI _____
7. Although more experimental, _____ may be useful for thyroid excess as well as hypothalamic excess
8. Michael feels that a good cup of _____ can sometimes reverse thyroid depression.
9. Thyroid depression also depresses _____ metabolism. A good herb for increasing it is _____
10. We recommend a combination of _____ and _____ tinctures for initial treatment of thyroid depression, maybe some _____ if appropriate
11. _____ is especially useful in the typical poor skin and connective tissue of thyroid depressed folks.
12. Skin deficiency results from _____ stress or _____ depression
13. Surplus fluids are being shunted to the _____, leaving less fluid to cleanse the _____, _____ and _____

14. If one excretory surface area secretes excessively, others compensate by secreting

SKIN DEFICIENCY results from adrenalin stress or thyroid depression. The excreting fluids are going excessively out the kidneys (kidney deficiency), leaving a diminished volume available to cleanse in the skin, mucosa and usually the lungs.

Treat for kidney deficiency and the specific stress type.

MUCOSA DEFICIENCY is most noticeable as upper and lower GI deficiency, with surplus fluids going out the kidneys. The skin is usually dry as well, although the lungs' fluid energetics are variable.

The best approach is to stimulate the GI and the liver bile secretions.

KIDNEY EXCESS is found in adrenocortical stress people, with the surplus fluids cleansing the skin, mucosa and lungs but being held back by the kidney excess. This needs to be dealt with by treating the kidney excess with sodium/water leeching diuretics, cooling the liver and using the herbs that relax the hypothalamus. The person usually needs to increase dietary minerals (especially calcium) and decrease dietary animal fats and proteins.

LUNG DEFICIENCY is almost always the result of adrenalin stress and the increase in respiration and dehydration caused by a brittle cardiopulmonary adrenergic stimulus. This is best approached by treating for kidney deficiency and adrenalin stress, perhaps adding some *Asclepias tuberosa* as well.

ALL MEMBRANES OVER-SECRETING is the result of thyroid stress and usually is helped by treating that imbalance alone. If the person is adrenocortical stressed but with seeming kidney deficiency, this is often the sign of the anabolic excess burnout with early symptoms of adult-onset insulin-resistant diabetes...so be sure to run a full glucose test first. It isn't the casual hyperglycemia that is important, but the REACTIVE profile.

ALL MEMBRANES UNDER-SECRETING is usually found in thyroid stress depression and treating that is the best approach. If it is found in an adrenalin stress person with diminished urine production (and some recent edema) have kidney function tests performed; it may be early warning symptoms of renal failure or iatrogenic responses to prescription drugs.

FINAL NOTE on SECTION 3

Although I am listing this constitutional model last, and although it is somewhat simple in

design (and the shortest and perhaps, therefore, Least Worthy), it is often the easiest one to deal with AND the quickest to show results. It may result in changes and metabolic rebalancing of shorter, even trivial duration, but **IT GETS THINGS STARTED.**

Getting the chronic disease patient to honestly perceive beneficial results, even trivial ones, creates a subtle but supremely important shift in self-perception. Since the only long-term non-procedural stability or actual improvement to be found in chronic disease is through fundamental changes in metabolism, nine times out of ten the PERCEPTION of improvement in symptoms can help the person TRUST in their body.

Whether you wish to use the physiologic explanations offered by psychoneuro-immunology, or whether you wish to accept the innate spiritual magic of the Human Predicament, a person having a long-standing chronic disease rooted in their own genetics AND self-manipulations needs to follow a different set of values that define SELF. Most folks are, at heart, aware and realistic. Show them some perceptible changes and THEY WILL BELIEVE.

Further, you, the therapist MUST BELIEVE, so getting some improvement with a previously unresponsive patient will help you trust this sometimes peculiar method of evaluation and supportive treatment. Treating fluid imbalances is the quickest way to begin viewing folks as, however subtly you do it, more than a Bag-o'-Symptoms.

FLUID ENERGETICS

GENERAL DEFICIENCY see ADRENALIN STRESS, THYROID DEPRESSION

SKIN DEFICIENCY: See KIDNEY and LOWER GI DEFICIENCY, LIVER DEFICIENCY

MUCOSA DEFICIENCY: see UPPER GI DEFICIENCY

KIDNEY EXCESS: See KIDNEY EXCESS, ADRENOCORTICAL STRESS

LUNG DEFICIENCY: see KIDNEY DEFICIENCY, ADRENALIN STRESS, add Asclepias tuberosa, Lobelia, Polygala, Stillingia

LUNG, GI DEFICIENCY W/KIDNEY EXCESS - Glycyrrhiza

Organ System Patterns	UPPERGI.	LOWERGI.	HEPATIC	RENAL	LMR. URINARY	REPRODUCTIVE	RESPIRATORY	CARDIO/VASCUL.	LYMPH SYSTEM	IMMUNOLOGIC	SKIN	MUCOSA	MUSC/SKELETAL	CENTRAL NERVOUS
STRESS TYPES														
Adrenergic Stress	-	-	-	-							-	-	+	+
Anabolic Stress			+	+		+		+			+	+		
Thyroid Stress +	+	+	+	-				+	+	+	+	+	-	
Thyroid Stress -	-	-	-						-	-	-	-	-	-
FLUID TRANSPORT ENERGETICS														
SKIN DEFICIENCY (from Adrenergic Stress or Thyroid deficiency)				-							-	-		
MUCOSA DEFICIENCY	-	-									-	-		
KIDNEY EXCESS	+		+	+			+				+			
LUNG DEFICIENCY				-			-	-						
ALL MEMBRANES OVER-SECRETING	Thyroid Up													
ALL MEMBRANES UNDER-SECRETING	Thyroid Down													

#2

PATIENT 2

see photocopies of intake forms

#3

PATIENT 2 continued

PRIMARY TREATMENT PROTOCOLS

Cancer Prevention and Cancer Support

Prepare a tonic, with emphasis on tea herbs when possible.

FOR DETOXIFYING - ANTIOXIDANT THERAPY.

Mineral tea, to be taken 2-3 times a day, prepared fresh each time, using available combinations of Alfalfa, Red Clover, Nettle Leaf, Mormon Tea, Oat Herb or Dandelion Leaf.

Hoxsey Formula

- Glycyrrhiza, 12 g.
- Trifolium pratense, 12 g.
- Arctium, 6 g.
- Stillingia, 6 g.
- Mahonia, 6 g.
- Phytolacca americana, 6 g.
- Rhamnus purshiana, 3 g. (Properly, Picramnia spp.- Cascara Amarga or Sweetia panamensis - Billy Web Bark)
- Rhamnus frangula, 3 g.
- Zanthoxylum americanum, 3 g.

Combine the dry herbs, place in 3 cups of water and simmer for 10-15 minutes. Cool, strain and store in a dark glass jar.

sig: use 2-4 tbsp. tea in a third cup water adding 1-2 drops of saturated potassium iodide and 5-11 drops strong iodine (Lugol's) solution. Take q.i.d., p.c. and before bed. (NCNM Pharmacy)

Compound Fluidextract of Trifolium

- Trifolium 215 Gm
- Glycyrrhiza 215 Gm
- Mahonia 108 Gm
- Cascara Amarga 108 Gm

- Arctium 108 Gm
- Phytolacca 108 Gm
- Stillingia 108 Gm
- Zanthoxylum 30 Gm

All should be coarsely ground.

Prepare a fluidextract, using 50% alcohol for the first percolate, 30% alcohol for the balance. Dose, 1 teaspoon 2-3 times a day.

SUPPLEMENTS:

- Vitamin C (1-2 grams daily).
- Vitamin E (between 400 and 800 i.u .daily).
- Magnesium (usually 500 mg daily).
- Selenium (around 50 mcg daily).
- Chromium chloride or picolinate (100-200 mcgs daily).
- Zinc (25-50 mgs daily...not to used concurrent with NSAIDs).
- Lipoic Acid (400-600 mg daily)
- Co-Q10 - ubiquinone (100-400 mg daily)

ANTI-OXIDANTS and ANTI-INFLAMMATORIES

- Chaparral (*Larrea*) as a tincture, 30-60 drops a day.
- Turmeric (*Curcuma*), 4-8 capsules a day, Curcumin 95%, 2-3 capsules a day.
- Licorice Root (*Glycyrrhiza*), 4-6 capsules a day, 20% Glycyrrhizin, 1-2 a day.
- Green Tea 1-3 cups a day
- *Coleus forskohlii* as a tincture, 60-90 drops a day, 2-4% forskohlin, 2-4 capsules day (except with low blood pressure or with beta blockers)
- *Boswellia serrata*, 60% boswellic acid, 2-3 capsules a day

FLAVONOIDS

Blueberries or Huckleberries, Prickly Pear fruit, Cactus Flowers, Penstemon Flowers, Ocotillo Flowers, Desert Willow Flowers, Service Berries, Salal Berries, Rose Hips, Elder Berries, Aralia Berries, Cherries, Mulberries.

RADIATION-CHEMO SUPPORTIVES

- Tincture of Myrrh, 30 drops, Echinacea Tincture, 90 drops, 2-3 times a day
- Mild Thistle (*Silybum*), 5-10 capsules a day, 20% Silymarin, 2 a day.
- Maitake (*Grifola frondosus*) - ad libitum
- Cordyceps (*Cordyceps sinensis*) - ad libitum
- Reishi (*Ganoderma lucidum*) - ad libitum

LONG-TERM ANTI-METASTATIC THERAPEUTICS

- Maitake (*Grifola frondosus*) - ad libitum
- Reishi (*Ganoderma lucidum*) - ad libitum
- Shiitake (*Lentinus edodes*)
- Birch Bark tea (*Betula* spp.)

SPECIFICS

- Maitake (*Grifola frondosus*) - Breast and lung cancer
- Saw Palmetto (*Serenoa repens*) - Prostate cancer
- *Andrographis paniculata* - Skin cancer, including melanoma, Breast and Prostate cancer (not for use in pregnancy)

#4

MUCOPOLYSACCHARIDE-AMPLIFIED TINCTURE OF ECHINACEA ANGUSTIFOLIA

Since this is a special plant, with active constituents that have differing solvents, here is an Echinacea-only method of making the most impeccable extract possible.

Percolate as if for a 1:3 tincture, using 80% alcohol, and macerate in the percolator for 48 hours, instead of the usual 12-24 hours. Draw the 1:3 strong tincture and put it aside; this is Extract #1. Remove the marc, add 5 parts of hot water to it in the top of a double boiler, steep over boiling water for two hours, remove from heat, cool down, and squeeze the fluid from the marc, which is then discarded; this is Extract #2. Evaporate this second extract over the boiling water until 2 parts in volume. Combine both extracts to form a 1:5 tincture in which both the aromatics and the mucopolysaccharides are in maximum solvency.

Hypothetical Example. You have 5 ounces of dried root and seedheads; you break it apart, grind it down, press the powder into a measuring cup, and find that it takes up 10 ounces of volume. It will therefore hold 10 ounces of menstruum in the percolator and, as you need to draw 15 ounces of finished strong tincture (1:3) and will lose 10 ounces to the herb in the percolator, you need to make 25 ounces of menstruum. At 80%, that means mixing 20 ounces of pure alcohol with 5 ounces of water. You moisten the powder, wait an hour, pack it carefully in the percolator, set it (covered) aside for two whole days, pour the remainder over the column, and draw 15 ounces of over-strength tincture. Then you remove the marc from the cone (which is passively holding 10 oz. menstruum), add the 25 ounces of hot water (5 parts), and mix them in the top of the double boiler. Boil the water in the lower section, steep the muddy grey gmel for two hours over the steam bath, remove, cool, and squeeze through a cloth. You throw away the tired old herb. You now have in front of you one bottle holding 15 ounces of evil-looking reddish brown Echinacea tincture (1:3), and another volume of approximately 2 1/2 cups of grey, milky, slightly alcoholic soup. Put the soup back over the double boiler and evaporate it over the steam for several hours until the 2 1/2 cups is reduced to 10 ounces in volume (2 parts). Combine the 10 ounces and the 15 ounces, and you now have a mucopolysaccharide-amplified tincture (1:5) of Echinacea angustifolia. The five ounces of dried herb is now digested into 25 ounces of really wicked-looking tincture. This all may seem complicated (and it is), but the good Echinacea you gathered is so damned useful that it warrants this labor and respect. (from Medicinal Plants of the Desert and Canyon West)

BAD FORMULA COMBINATIONS

PLANTS HIGH IN TANNINS

Abies (Spruce)
Agrimonia (Agrimony)
Alnus (Alder)
Arbutus (Madrone)
Arctostaphylos (Manzanita, Uva - Ursi)
Betula (Birch)
Ceanothus Red Root)
Cinnamomum (Cinnamon)
Cola nitida (Cola Nuts)
Ephedra (Ma Huang or Mormon Tea)
Fraxinus (Ash)
Geranium (Cranesbill, Alum Root)
Granatum (Punica, Pomegranate)
Guaiacum (Lignum Vitæ)
Hamamelis (Witch Hazel)
Heuchera (American Alum Root)
Jatropha cineria (Sangre de Drago)
Juglans (Walnut, Butternut)
Krameria (Rhatany)
Ligustrum (Privet)
Myrica (Bayberry)
Orobancha (Broomrape)
Paullinia (Guarana)
Polygonum bistorta (Bistort Root)
Potentillas
Prunus (Wild or Choke Cherry)
Quercus (Oak)
Rheum (Rhubarb)
Rhus (all) (Sumach)
Rosa (Rose)
Rubus (Blackberry, Raspberry)
Rumex hymenosepalus (Canaigre)
Trillium (dry)
Vaccinium (Blue,Huckle,Bil,Grouseberry)
Xanthium (Cocklebur)

PLANTS HIGH IN ALKALOIDS

Aconitum (Aconite)

Argemone (Prickly Poppy)
 Berberis vulgaris (Barberry)
 Cineraria (Dusty Miller)
 Coptis (Goldthread)
 Corydalis
 Datura (Jimson Weed)
 Dicentra (Turkey Corn, Bleeding Heart)
 Ephedra vulgaris (Ma Huang)
 Eschscholtzia (California Poppy)
 Garrya (Silk Tassel)
 Gelsemium (Yellow Jasmine)
 Hydrastis (Golde Seal)
 Hyocymus niger (Henbane)
 Jeffersonia (Twin Leaf)
 Lobelia (all)
 Lophophora (Peyote)
 Lycium (Wolf Berry)
 Mahonia (Oregon Grape)
 Nicotiana (Tobacco)
 Nuphar (Yellow Pond Lily)
 Passiflora (Passion Flower)
 Peganum harmala (Syrian Rue)
 Petasites (Western Coltsfoot)
 Pilocarpus (Jaborandi)
 Ptelea (Wafer Ash, Hop Tree)
 Sanguinaria (Blood Root)
 Scoparius (Cytisus, Broom Tops)
 Senecio aureus (Life Root, Squaw Weed)
 Solanum carolinense (Horse Nettle)
 Solanum dulcamara (Bittersweet)
 Tribulus (Puncture Vine)
 Tussilago (Coltsfoot)
 Ustilago (Corn Smut)
 Vinca Major (Periwinkle)

1. If you mix an alkaloidal plant with a high tannic acid plant you form _____. These become highly _____.
2. Tannins are defense compounds elaborated by many deciduous plants in order to sequester discarded leaf or bark compounds away from an _____ that could also compromise living tissue.
3. Supplying a form of residual resistance in dead plant parts, tannins break down to _____

and finally to _____, all unfermentable, thereby blocking infections of discarded parts that are perhaps capable of infecting the live plant as well.

4. When mixing high alkaloid and high tannin plants in a formula with an intended shelf life, you add _____, usually ____%

Glyconda (Modified)

- Rhubarb Tincture.....80 ml
- Cinnamon Tincture.....64 ml
- Hydrastis Tincture.....40 ml
- Spirit of Peppermint..... 8 ml
- Potassium carbonate.....16 grams
- Glycerine.....350 ml
- Diluted alcohol (50%).....450 ml

Step 1. Dissolve 16 grams of potassium carbonate in 350 ml glycerin

Step 2. Mix the tinctures, spirit and diluted alcohol.

Step 3. Mix both liquids, stirring or blending until KCO_3 is dissolved.

Step 4. Add additional diluted alcohol to the total (if necessary) to bring the total volume to 1000 ml.

Tincture Formula Worksheets

30 drops per dosage

	Botanical	Dose Range	<small>30 drops dosage</small>	Parts	
1		- drops		: 6	X 5 ml
2		- drops		: 6	X 5 ml
3		- drops		: 6	X 5 ml
4		- drops		: 6	X 5 ml
5		- drops		: 6	X 5 ml
6		- drops		: 6	X 5 ml
7		- drops		: 6	X 5 ml
8		- drops		: 6	X 5 ml
					30 ml.

60 drops per dosage

	Botanical	Dose Range	<small>60 drops dosage</small>	Parts	
1		- drops		: 12	X 5 ml
2		- drops		: 12	X 5 ml
3		- drops		: 12	X 5 ml
4		- drops		: 12	X 5 ml
5		- drops		: 12	X 5 ml
6		- drops		: 12	X 5 ml
7		- drops		: 12	X 5 ml
8		- drops		: 12	X 5 ml
					60 ml.

90 drops per dosage

	Botanical	Dose Range	<small>90 drops dosage</small>	Parts	
1		- drops		: 18	X 5 ml
2		- drops		: 18	X 5 ml
3		- drops		: 18	X 5 ml
4		- drops		: 18	X 5 ml
5		- drops		: 18	X 5 ml
6		- drops		: 18	X 5 ml
7		- drops		: 18	X 5 ml
8		- drops		: 18	X 5 ml
					90 ml.