

Natural Approach *to* Gastroenterology

— SECOND EDITION —

Volume I



Eric Yarnell, ND

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to
Gastroenterology

Second Edition

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by
Eric Yarnell, ND

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Come, come, whoever you are.
Wanderer, worshipper, lover of leaving.
It doesn't matter.
Ours is not a caravan of despair.
Come, even if you have broken your vow
A hundred times.
Come, yet again, come, come.

—Jalal al-Din Rumi (1207–1273)

One of the essential qualities of the clinician is interest in humanity, for the secret of the care of the patient is in caring for the patient.

—Francis Peabody, *JAMA* 1927;88:876–82

Introduction

“Let life happen to you. Believe me: life is in the right, always.”

—*Rainer Maria Rilke*

This textbook intends to document the solid foundation of natural gastroenterology, both scientifically and empirically. For centuries natural methods have been employed to safely and successfully treat patients with gastrointestinal conditions. Documentation of these methods has been spotty, a situation this textbook hopes to help eliminate. Scientific advances from more recent work are also incorporated, both where they support traditional practice and where they contradict it. The text is primarily directed at students and practitioners of natural medicine, though it is also hoped that it can serve as a useful reference for conventional gastroenterologists and help improve communication and understanding between conventional gastroenterologists and natural medicine practitioners.

Modern naturopathic medicine attempts to combine the best elements of many forms of medicine with the central goal of supporting patients’ self-healing. Though the profession named “naturopathic medicine” has existed for just over 100 years, its historical roots stretch back to the dawn of human existence because it incorporates ancient treatment modalities and philosophy. Some of the basic principles of naturopathic medicine are discussed below.

This text is organized in several clinically-relevant chapters. The first chapters cover general, important concepts in naturopathic gastroenterology. These are followed by chapters on naturopathic diagnosis and treatment, then chapters on specific diseases interspersed with separate chapters discussing some therapies that are relevant to multiple conditions.

Chapters discussing discrete diseases or conditions are arranged in a standardized format. A basic introduction is followed by information on epidemiology, etiology and pathogenesis, risk factors, diagnosis (including signs and symptoms, physical examination, and tests), differential diagnosis, therapeutics, complications and prognosis. It should be emphasized that not every patient fits into a neat diagnostic category. Even when the information is presented in such a way as to suggest this might be the case, the practitioner is faced with the more daunting process of determining the individual features of each patient’s case and tailoring therapy to them. If the material given here were applied as if every patient with a certain diagnosis was identical to every

other patient with that same diagnosis, then the practitioner would be doing a disservice to themselves and their patient, not to mention failing to utilize the full therapeutic scope of naturopathic medicine. The real strength of naturopathic medicine is not the therapeutic agents that are applied but the philosophy of the medicine itself.

Principles of Natural Medicine

The six precepts discussed below generally summarize important guiding principles of naturopathic medicine. Most branches of natural medicine share these same principles, though they may be stated in different forms or emphasized differently.

The Healing Power of Nature

With regards to the ancient debate concerning the proper focus of medical therapeutics, natural medicine practitioners generally subscribe to the view that each human being has a unique ability to heal themselves and that such healing is only aided, not accomplished, by a physician. The incredible biomolecular complexity of the numerous cyclic and cybernetic processes of the organism, at best poorly understood at this point, is believed to account for this capacity. This is exemplified by advances in psychoneuroendocrinimmunology. Since the nonlinear, autopoietic dynamic that defines this self-healing capability of the human body has yet to be fully articulated, it is simply referred to in naturopathic medicine as the *vis medicatrix naturae*—the healing power of nature.

First Do No Harm

Natural medicine practitioners, when given a choice of nearly equally effective agents, will generally choose the one that is safest. A more exact translation of this Hippocratic concept would be that sometimes harmful therapies are necessary but they should be used only as a last resort, and avoided if at all possible. This principle does not mean harmful therapies should never be used, but they should only be employed when absolutely necessary. This concept is still part of the official oath in most conventional medical settings, but sadly it is often only paid lip service.

Doctor as Teacher

One of a natural practitioner's primary roles is to educate the patient. This means the patient should be allowed to choose for him or herself the course of their therapy and that the healer should trust and listen to the patient. This also implies that the patient has a responsibility to assist in their healing (also implicit in the "healing power of nature" principle), and that one of the naturopathic physician's key jobs is to empower the patient to accept this responsibility.

Prevention and Wellness

Whenever possible, natural medicine practitioners work to prevent illness rather than to wait until invasive treatment is required. They also strive to maintain all aspects wellness rather than simply helping to prevent and treat illness. This principle implies that naturopathic medicine acknowledges the social and cultural antecedents of disease, since besides the well-established mental, emotional and physical causes of illness, economic, cultural, and political factors also play a major role in determining one's state of health.

Treat the Cause

Natural health providers typically strive to determine the underlying causes of illness and to address these to the extent that it is feasible to do so. The guiding principle of treating the cause is often overlooked in conventional medicine, and is one that helps to define natural medicine both in the field of research and in general patient care. Natural practitioners also work to relieve suffering and palliate disease, and sometimes this may be all that is possible if the causes of illness cannot be identified in an individual patient. Often, the cause can be treated while suffering is simultaneously alleviated. However, as illustrated in the therapeutic order (see below), in most cases it is imperative to avoid suppressing symptoms without addressing the cause, as doing so may create the potential for even greater pathology.

The importance of this principle is frequently overlooked, and renewing focus on it will help reform medical nosology (disease classification). The present system is a hodge-podge of syndrome descriptions named after people who described them, pathological entities, symptoms and signs, or are inappropriate holdover names from times past. The entire system is complicated by the fact that disease is something an individual person has.

In natural medicine, disease must be recognized as a state of an individual. Limited generalization is possible; but the disease state is basically unique to this one person. No two people present with identical symptoms. Often, the differences are clinically irrelevant and the same treatments will work for each person. But this is not always the case, and the failure of mainstream medicine to take this into account has become a growing problem.

Additionally, chronic diseases with multifactorial causes are poorly understood and addressed in mainstream medicine. More and more complex technology is developed to enable the patient to continue to function despite their disease processes, and often this involves symptom suppression. For example, increasingly powerful drugs are created to simultaneously suppress inflammation in, and the immune systems of, people with ulcerative colitis. Because these drugs have serious adverse effects, they often substitute one disease state for another, e.g. bloody diarrhea is gone but it has been replaced by recurrent infections due to immune suppression. If one considers cost factors to be serious adverse effect, then one could say that such factors impact almost every patient.

Some work is done to treat the causes of a given disease, but no attempt is usually made to address the cause(s) of the disease state in the individual patient.

Finding the proximal cause of a disease is often as far as conventional medicine goes to determine the source of a problem. Tumor necrosis factor (TNF)- α does not cause ulcerative colitis. What causes TNF α levels to be elevated? Obviously it is an immune reaction to something else. Many theories exist to help explain what causes elevated TNF α and leads to the various manifestations of ulcerative colitis. For example, food allergies and abnormal gut flora are potential triggers of this immune process; these are treatable causes. If offending foods are removed and gut flora improved, the disease state can be resolved, not by suppressing symptoms but by removing the causes. To some extent it is likely that the cause of many complex, multifactorial diseases such as ulcerative colitis is genetic and therefore possibly unchangeable. However, the evidence demonstrates that expression of genetic factors is very frequently mediated by environmental factors. Often, genetic traits only create a susceptibility to a condition, but an environmental change is necessary to create the disease.

There is a background problem when dealing with the causes of disease in an individual. Everyone in this society starts out life polluted (?). Lead levels in the bones of the average person today are at least 1,000 times higher than those of people living in the Andes tens of thousands of years ago, and there is ongoing widespread pollution of other tissues (?). Pollution from pesticides and the innumerable synthetic chemicals we have released into the environment is rampant. Thus people have an enormous toxic burden that practitioners must consider when approaching any individual patient. Additionally new pollutants are appearing constantly and the challenges these present must be considered.

Treat the Whole Person

In the provision of patient care, natural practitioners strive to consider the totality of the human individual. Thus, even a relatively minor physical ailment affecting one organ system may actually be a clue to larger processes. The mind and body form a synergistic whole (i.e. “mindbody”) necessitating that they be considered together as the practitioner assesses health and disease. Additionally, patients should also be considered in their social, economic and political context when applicable, as these factors generally also affect health.

TABLE 1: The Naturopathic Therapeutic Order According to Zeff

1. Identify and remove causes of disease, establishing a regimen that promotes health. This often involves changes in diet, lifestyle, and reduction of exposure to toxic compounds.
 2. Stimulate the innate healing powers of nature. This involves use of such non-toxic interventions as hydrotherapy, tonic botanicals, acupuncture, and homeopathy. These therapies do not aim to remove any specific disease agent or interfere with any specific pathologic process, but instead to generally strengthen the patient's healing processes.
 3. Support systems that require it. Similar therapeutics to those from step 2 (above), but here they are employed to support specific organ systems. Again, support is being given with sensitivity to the organism's direction of healing, rather than in the strictly formal, dogmatic direction the physician thinks it should go or what logic (based on a present, incomplete understanding of health in the moment) might dictate. This is especially true when psychoemotional issues are a significant contributor to the patient's morbidity. For example, diarrhea is a natural purging symptom during GI infections, and though it may need to be moderated or water and electrolytes repleted when it is severe, employing potent anti-diarrheal drugs (on the theory that diarrhea is "bad") to stop the flow of stool completely often worsens the disease and can precipitate potentially deadly megacolon.
 4. Correct structural disturbances. This may require physical therapies such as osseous adjustments, massage, or similar interventions. The focus of these interventions is not to alter specific disease processes but to re-align structures required for proper functioning.
 5. Treat pathology. Only after all the above steps are undertaken should specific disease processes, pathologic manifestations, and biochemical pathways be addressed. If they are altered too early, then suppression of symptoms is likely, with potential for greater long-term harm and failure of therapeutic interventions.
-

Therapeutic Order

The therapeutic order is another important concept in naturopathic therapeutics, and is based on the work of Jared Zeff ND (?). Medical students are often taught a disease picture, risk factors, and diagnosis, and then given a list of interventions willy-nilly. The therapeutic order helps to clarify when and how one should intervene with individual patients, and to apply the interventions known to be helpful in a more rational way.

To conventional medical practitioners, the therapeutic order will appear strange, as the conventional medical paradigm often only considers the fifth step (treat pathology). Natural medicine focuses on supporting health and the innate healing powers of the mindbody first, only intervening against a disease process if absolutely necessary. In natural medicine, the tendency to suppress symptoms is also avoided except where absolutely necessary. Natural medicine generally views symptoms as manifestations of healing processes rather than disease processes.

It could be argued that one aspect of health that this order fails to fully incorporate is the idea of the **pathophysiologic downward spiral**. In many instances, diseases allowed to progress for too long can establish pathologic processes that become self-fulfilling; independent of the original cause. For example, in any inflammatory disease, pro-inflammatory cells and the inflammatory mediators they secrete can stimulate one another, maintaining inflammation even if the cause of the inflammation is removed. In this case, removing or treating the cause may not resolve the disease. Instead, some degree of anti-inflammatory and seemingly suppressive intervention may be required to break the cycle.

The therapeutic order may not place quite enough emphasis on the idea of **palliation**.

A patient's suffering must be alleviated while addressing the causes and bolstering the innate self-healing dynamic. Instead of considering the therapeutic order as a strict hierarchy, one might view it as a holistic framework with multiple components that should be addressed simultaneously. It provides guidance with regard to how one might consider each component and how much emphasis should be placed on each component.

The hierarchical or algorithmic nature of the therapeutic order has also been questioned. At the Southwest College of Naturopathic Medicine and Health Sciences, it has been proposed that the therapeutic order is better represented as a star such that all five steps may be applied simultaneously or in the order most appropriate for treating each individual patient. However it is presented, the core importance of the therapeutic order is unmistakable. It reminds us that our first, most significant priority is to support the mindbody's tendency to heal itself and only to use more invasive and suppressive therapies as a last resort.

Conventional Gastroenterology

Throughout this text, conventional and natural gastroenterology and medicine are juxtaposed. These are terms of convenience and not necessarily the ideal descriptors but they seem superior to the alternatives. The term allopathic is not used to label conventional medicine in this text because natural medicine includes an aspect of allopathy (meaning treatment of disease by opposites). The term allopathy was invented by homeopathy, a system of treatment by similars. Most natural medicine around the world is not homeopathic.

Take for example traditional Chinese medicine (TCM); no one would argue that TCM represents conventional medicine in the developed world (though it is conventional in China and other parts of Asia). Allopathic treatment is a fundamental aspect of TCM—if someone has a “hot” syndrome, they are treated with “cooling” herbs. The treatment principle is described as balancing different energies, not necessarily as addressing disease by employing its opposite, but the concept may ultimately be the same. Similarly, in naturopathic medicine, if someone is in pain, then pain-relieving herbs or other treatments are given. Therefore, the term allopathic medicine is unclear at best, pejorative at the worst. Conventional medicine is a better term and will be used in this text.

The term complementary and alternative medicine is not used in this text. This also has pejorative connotations, as it sets conventional medicine as the standard and all others as alternatives to it or, at best, its complement. Given the many problems with conventional medicine, it is not acceptable to consider it the standard. Neither will conventional medicine be referred to as mainstream medicine, in part because of this problem and also because numerous surveys have shown that natural medicine is used just as widely, if not more so (??).

Integrative medicine might be a useful term for what is described in this textbook, because it strives to incorporate the best of both conventional and natural medicine. It has been argued that gastroenterologists should become familiar with the tools of natural medicine, as their patients often already are (?). However, the term integrative medicine implies something of a watering down of some of the core principles of natural medicine, and thus it will not be used here. Also, just incorporating a few additional therapeutic tools is not the same thing as integrating the philosophy of natural medicine into conventional medicine, which is far more important. The term natural medicine constantly reinforces the need to work in harmony with nature and natural healing processes, something the very medicine-based (instead of patient-based) term integrative medicine fails to include.

The Natural Medicine Imperative

There are many reasons why it is imperative that a natural approach be integrated into the medical care provided to the larger population. For one, pharmaceuticals, even those prescribed for non-GI conditions, frequently produce gastrointestinal toxicity, particularly in the elderly (?). This is a frequently underappreciated yet significant issue. As such, reduction in overprescription of pharmaceuticals would have gastrointestinal benefits.

Conflict-of-Interest Statement

The author is part owner of Heron Botanicals (formerly Élan Botanicals and Botanical Pharmaceuticals) in Seattle, WA, a small company that produces tinctures and other Galenic extracts exclusively for health care professionals. The author completed an informal residency with Silena Heron, ND in Sedona, AZ and refers often to various treatment protocols she has developed throughout this text, and she was the founder and owner of Heron Botanicals during the time she developed these protocols. Dr. Heron had over 25 years experience in the botanical medicine and natural medicine field, including over ten as a practicing naturopathic physician. These protocols were used with her permission.

At various points in the text, Heron Botanical products are recommended. Clearly the author now has a financial stake in recommending these products. The author has strong beliefs about how herbal products should be created, and there are no other companies in existence to the author's knowledge that produce herbal products to the exacting specifications required for optimal medicine (as opposed to optimal personal profit making) in the author's view. Therefore the author must either choose to create such a company or to use inferior medicines. The author has chosen to take the proprietary route, but sees it as attempting to put the theory and cumulated mass of experience of research (such as contained in this text) into practice, as opposed to creating a product then trying to develop materials to hype or market the product. Nevertheless, it is perhaps inevitable that some degree of pecuniary interest creeps into

the writing, and the reader should consider this fact when reading anything written where such a potential conflict of interest exists.

Occasional other specific brand names have been recommended in this text for hard-to-find items. The author gains no profit from sales of the products of these companies.

Quality control is a major issue in the natural products industry. Though there is regulation of this industry, it is not presently sufficient to keep many companies from offering substandard, low quality, or even adulterated or misbranded products. Brand names are recommended only when they are the ones known by the author to provide a quality product. Many of these products are not available from any other sources or of the same quality, making their acquisition difficult. It is crucial to obtain all natural treatment agents from reputable sources that provide high-quality ingredients until the regulatory framework is improved. One general way to check the integrity of a botanical medicine company is to find out if they belong to the American Herbal Products Association, as members of this voluntary professional association must adhere to certain quality standards. Too often natural medicines appear to fail because of poor quality products and under-dosing.

References

Please visit <http://www.healingmtn.com/gastro/> for the bibliographic references for this chapter.