



For a cold or the flu, you can probably send your client off with your favorite remedies and your job is done. But when you have a client with a chronic illness, your work is more complicated. The constitution of the client becomes a more important part of your herb choice, and the herbs are only part of the story. Chronic illness demands changes in diet and lifestyle, even in the way the client moves through their day. This class will focus on creating a whole protocol for clients with chronic illness, with specific information about how to choose the herbs, how to succeed with dietary recommendations, and how to get your client moving/ exercising in appropriate ways for their level of health.

chronic illness

different from acute illness

acute illnesses are fast-moving – the onset of the illness and the body's reaction time are much faster: usually a person knows what made them sick because it happened in quick succession. additionally, the symptoms are severe enough that you change your behaviors fairly quickly and drastically – stop working and go to bed, for example. this quick change often means quickly resolving a constitutional imbalance involved in the illness.

chronic illness develops slowly over time – as a result, healing takes more time. because it emerged over time, it must be resolved by reversing back through how it developed. often people don't know what the original trigger was that kicked off the illness, because it came on over a long period of time and wasn't immediately debilitating.

acute healing reactions are general – in acute illness, the body has a set of defenses, and although there is certainly variation from person to person, a fever is, more or less, a fever. constitution plays a larger role in whether or not a person will be able to make use of all their defenses than in what those defenses are, but the defenses are more or less generalized.

healing protocols for chronic illness are individual – often people don't recognize what parts of their current behaviors could be contributing or causal factors in their illness. each person's cancer, diabetes, or MS is different from another's, and each needs a personalized plan of change

foundational questions

let's start with an example:

grad student. third born in her family. eating cheap, sleeping poorly, stress level high, which is a continuation of the pattern she had in college. in the middle of the second year of study, she had a bronchial infection that wouldn't resolve. she stayed home for a day or two, but the bronchial infection lingered 2-3 months. at the end of the second year of study, she is diagnosed with chronic fatigue syndrome.

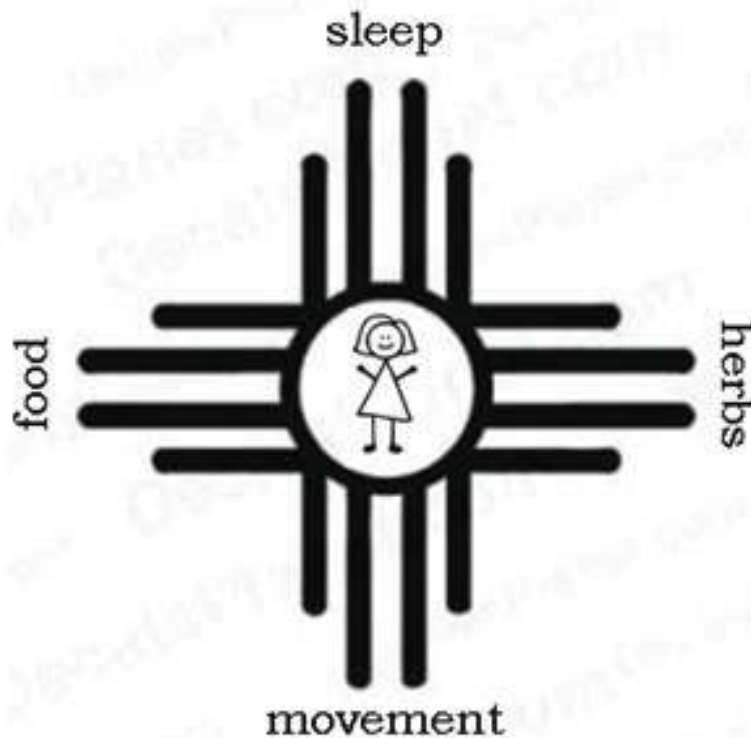


fix the symptoms? – presented with this case, we might ask: *what herb can we give this person to give her more energy and allow her to maintain her schedule?*
the answer is, that's the wrong question. that might be the question she wants to ask, but it's not the right question – the answer to this question would push her further out of balance, further into chronic illness.

find the cause. – the real question is, *what in her life got her to this point, and how can she reverse that? what factors in her life combined to create the current state?*
foundationally, fundamentally, chronic illness is a result of constitutional imbalance. some of that you can control, and some of it you can't, but you can always make changes to help correct for it.

the chronic compass

a compass, or a medicine wheel, is a great visual tool for working holistically – working “in the round”. on this one, we plot four major factors that can contribute to the development—or the resolution—of chronic illness.





the center

constitution and personality – at the center of the compass is the person you're working with. what is their constitution? what does that mean for how you will work with them?

keep in mind that a person often feels comfortable in their place of imbalance – for example, a person with a dry constitution may prefer a dry climate, because it's familiar and comfortable, even though they might actually benefit from some added moisture!

a moving target – we don't just look at their “native” constitution from the perspective of therapeutic energetics. we also look at the person in their current state: you might think of this as the macro, whole-body version of tissue state. for example: although i generally can easily carry more weight than most of my friends because of the build of my body, during a series of back injuries, i was very timid and fearful to carry any weight at all. even though that's not a permanent part of my constitution, in that timespace, it was a fundamental part of the center.

also, at the center of the compass is this person's own center, in its own balance. moving in towards the center is the impact all these things will have on the person's lifestyle/stress/etc – which means, the impact on their chronic illness – which is that changeable current state.

the compass points

herbs, food, movement, and sleep—each of these alone can effect change in a client's condition. put them all together and radical improvement is almost guaranteed. let's visit each in turn, always thinking about how these points are influenced by the center.

herbs

herbs can be food, nourishing factors in our return to wellness. herbs can be motivating factors – ie, helping to deal with depression so that a person can be able to focus on change. herbs can be physical potentiators, delivering specific actions in specific places to get things moving. all these uses have their place in a protocol for chronic disease.

foundational formulas – in our practice, we have some foundational herbs and herb formulas that apply to many, even a majority, of our clients. in most cases, these formulas are nutritional, vulnerary, or gently relaxant, because malnutrition, impaired digestion, and tension preventing the flow of vital force are so common in chronic disease states.



these are some of the common formulas that we come back to again and again in our practice, that are foundationally building across a wide range of people:

- *nettle & friends* – nettle, dandelion, red clover, licorice
- *gut-heal* – plantain, calendula, chamomile, peppermint/ginger
- *build-up broth* – burdock, dandelion, codonopsis, astragalus, maitake, shiitake, digitata, dulce in bone broth
- *heart's ease* – hawthorn, linden, tulsi
- *still, here* – tulsi, betony, rose petals, violet, spearmint
- *add apt aid* – licorice, ashwagandha, eleuthero

adapting the general – for a person who needs a constitutional push in one direction or another, the formulas are easily adapted according to constitution. an individual herb can be added or removed, or its concentration in the formula increased or decreased. for example, the gut heal tea gets either peppermint or ginger (or sometimes both) depending on the person. nettle & friends may get extra licorice if the person is particularly dry, or have marshmallow leaf substituted if they don't tolerate licorice.

selecting the specific – after the right foundational formulas are given, then we work on choosing herbs and formulas that are useful for the current state. these choices are also made with an eye on the person's underlying constitution, to prevent over-correction. [we'll see some specific examples in the case studies.]

food

you are what you eat – the quality of the food you eat determines the quality of your you. that's what you're made of. when there are chronic problems we have to look and see: what are your building materials?

so eat real food – foods have their own energetic qualities, just as herbs do—and those may be worth talking about with your client. but before we even get to that level, we have to ask questions like: are the things they're eating actually food? are they allergenic? are they contributing to inflammation and insulin resistance? are they providing sufficient macro- and micro-nutrients?

more broadly: what foods are appropriate for the person that you're working with? what foods are not appropriate? how are the foods that they're eating contributing to their current state?

even if we choose to remain agnostic about which Diet™ is best, we can discern some foundational principles: eat whole foods. avoid processed, packaged food-products. avoid added sugars. eat meat from healthy animals, and vegetables from healthy soil. eat with the seasons. eat with intent, and gratitude, and enjoyment!



eliminations – although we could talk about food for hours, most folks with chronic illness in our clinic end up with an elimination list that looks something like this: gluten, casein, sugars, soy, industrial seed oils (soy/corn/canola/“vegetable”), refined carbohydrates, caffeine, and sometimes corn, legumes, nightshades, or other personal allergens.

additions – we generally give an addition/emphasize list that looks something like this: high quality fats (olive, avocado, coconut, and fat from healthy animals), high quality animal proteins, many vegetables in many colors, seaweeds, bone broth with roots and shiitake/maitake, and some low-glycemic berries & fruits.

movement

the sedentary lifestyle is a major instigator of chronic illness; the active lifestyle, a major guard against it!

movement habits vs exercise – these are not the same! thirty minutes at the gym is not appropriate compensation for eight hours at a desk. the human body needs to have movement throughout the day, not in a short compensatory burst. additionally, the exercise we get at a gym is often contracting the same muscles that we are contracting all day long when we sit in chairs (e.g., the elliptical contracting the psoas), which further exacerbates the problems of sitting.

walking – the sloth body is uniquely adapted to hang from trees, even when it's sleeping. the flying squirrel body is uniquely adapted to soar through the air from tree to tree. the bat body is uniquely adapted to navigate using sound.

the human body is uniquely adapted to walk, efficiently, and for long periods of time. walking not only provides us with “exercise” to make our muscles toned (which is the priority for most folks today, but probably not the priority for our bodies), but it also is essential in the moving of lymph throughout the body, the moving of blood throughout the body (why use only one muscle – the heart – when you have 600 other muscles that can help do the job?), and the flow of electrical current through the body.

in other words, walking helps our body be fed, take out the trash, and communicate effectively. walking “properly” also maintains structural alignment, a particular issue for chronic illness with musculo-skeletal pain components.

i feel strongly that all bodies should be walking every day. but while some bodies can handle 6-10 miles a day and long hikes on the weekends, other bodies can only manage a few times around the block. how much of this is constitution, and how much of this is the chronic illness? watch for people's abilities in this area to change as they improve!



efficient exercise – some bodies might want more movement: i’ve worked with clients who need significant movement in their day to prevent moodiness or depression.

occasional sprints and resistance exercises can be very helpful in boosting metabolism and immunity, improving blood sugar control, restoring healthy weight, and improving sense of well-being. you can teach your client some simple bodyweight exercises to start with, or point them at online resources to learn them. they might also be interested in pursuing dance, yoga, circus arts, tai chi, or any of a thousand other creative movement styles – help them find one they enjoy!

do be aware though, not all movement is created equal. walking is good, but running isn’t necessarily better! “chronic cardio”, a five-times-a-week CrossFit habit, intensive martial arts training – these are all stressful on the body. lots of people are addicted to “exercise” for the endorphin release, and other people just simply enjoy it. if you have a person who runs (or who does other sorts of extreme sports), make sure that you’re helping them compensate for that additional stress.

alignment – alignment impacts every movement in your day, from standing and walking, to breathing, to [the \[not-so-\]basic squat](#). learning alignment points and working to correct culturally common but physically detrimental alignment habits can help relieve undue pressures on the muscles, joints, and organs, improve circulation, and increase mobility, flexibility, and strength.

sleep

everyone needs plenty – during sleep, the body recovers from and builds resistance to infection and illness, repairs damaged and worn-out tissues, detoxifies endogenous and exogenous substances, and even burns fat! but, it can only do all of those things well if you get enough sleep.

most people don’t get enough – sleep debt’s contribution to poor health can’t be overstated. in 1906, the average American adult slept 9 hours a night in summer, and 10-12 hours a night in winter. modern Americans sleep an average of 6-7 hours a night Sunday – Thursday, and 8 hours a night on the weekends.

endocrine disruptions – the body must recover from daily wear and tear. even though society says it’s normal to go, go, go!, it’s not actually functionally possible – without a price. if you’re not sleeping, how is your body compensating? one way involves a release of extra cortisol, giving you a “second wind” when you’re pulling an all-nighter. the result is stress on the endocrine system, as well as a reduced ability for your body to address other stress in the body because the cortisol is being used to keep you up past your bedtime.



sleeping less than 8 hours a night will cause insulin/leptin resistance, a pathology which is at the root of several manifestations of chronic disease—including cardiovascular disease, diabetes, cancers, and others. studies show that after four nights of four hours of sleep a night, the subject will have induced a diabetic state (much like gestational diabetes).

variation within reason – i’ve never met anyone who can honestly “get away with” less than 8 hours for a prolonged period of time. although sleep needs do vary from person to person, two particular sleep habits are widely prevalent in our culture: being a night owl, shifting sleeping patterns late into the night and sleeping late in the morning, and habituating the body to less sleep, such that even if the client goes to bed early, they simply wake up super early in the morning because their body is trained to X hours of sleep. don’t mistake these habits for constitution! these habits the body learns with training over time. they can be unlearned and modified in the same way.

sleep hygiene – a basic sleep hygiene protocol includes having a hard-set bedtime, leaving three hours between dinner (or snacks) and bedtime, dimming lights and turning off all media screens an hour before bed, pulse-dosing sedative herbs, and maintaining absolute darkness in the bedroom. eating a high-protein, low-carb breakfast and getting plenty of exposure to sunlight during your day are also helpful in restoring circadian rhythms.

plan and protocol

so you’ve taken all of these factors into account and come up with a great plan – now what? so often when we’re working with people we can see a complete protocol that would have them in a drastically different place just one month from now – if only they could comply!

it might be that your initial plan is actually your architectural blueprint, which will be put into place over the course of a year or more! again, the center will influence how fast and in what order you can do this work – both the person’s constitution and their current state. even though you can see the whole picture of what you would like them to become, *they might not share your goal and it might not be achievable in one big bite.*

triage your protocols! take the parts of your plan which address their biggest complaints first, even if it’s not what you’d like to see them do first. this will allow them to gain confidence in your work, and confidence in their own ability to do the work.

motivational speaking

if you feel something in particular needs a higher priority than the client does, you may need to sell your point. use the person’s personality and their own priorities to explain to them how a particular thing (going gluten free, perhaps) is so important.



motivation is also constitutional, and it's a part of all the directions as well – you might use ashwagandha to help restore circadian rhythms of sleep and activity/movement, or linden to help the person relax. or you might use creative food choices as motivation. or you might...

there's another word besides motivation which might be conviction or convince-tion, which is the way in which you deliver the message – and this is constitutional. some respond well to a gung-ho cold-turkey challenge; others need a hand-holding baby-steps approach; most are somewhere in between.

it is very important to help them understand that their work is a transition. while this is not an excuse to cheat every day, it does mean that they shouldn't guilt themselves (again: check the constitution for your guidance!). if they succeed at a week gluten free, and then have a piece of pie, a lot of work still happened there! they did succeed for a week, and probably they also noticed some negative reaction to the pie – that experience is worth much more than all the words you can use to convince them.

the effects of your work

changing bodies, changing goals – as you work with someone through their chronic illness, your protocol will need adjustment to accommodate the changes they are making. as they get stronger, they can walk more. as they overcome depression, they can start working on finding a better job. as they become more comfortable gluten free, they can move on to reducing their sugar intake. the effects of your work (their work!) are influencing the center, bringing it closer to balance (actual center!).

stretching outward, strengthening inward – stress management / lifestyle change / getting in touch with your body *is* "finding your way back to your center".

while it feels like extending yourself to make those changes – like reaching outward toward one of those points – there's a reciprocal ripple, an equal-and-opposite movement, that washes back toward the center and strengthens it.

these are virtuous cycles:

- when we focus on sleep, we teach habits designed to improve a client's ability to relax and rest, so they can fall asleep easily and sleep soundly through the night. that rest gives them more reserve to draw on the next day, so they're less likely to get as tense, and are better able to relax . . .
- when we focus on food, we improve the quality of nourishment a person gets, which diminishes cravings and disordered thinking, so it's easier for them to make healthy choices about what to eat next . . .
- when we focus on movement, we help a client find comfort with and joy in their physicality. the more they feel at home in their body, the more they take pleasure in what they can do with it, the more they're likely to seek out movement in daily life . . .



case studies

case 1 & 2 – both endometriosis; clients born within five months of each other.
case 3, PCOS or endometriosis.

case 1

female, 22y at first appointment. firstborn, 5'8, 140lbs, irish and lebanese descent. café manager, works 70+ hours/week. eats standard American diet, hippie style: soy milk, tofu, some chicken, lots of vegetables. loves bread, sugar, cheese. uses coffee to work more. sleeps 5-6 hours/night. family history of severe reproductive diseases, mitochondrial disease in mother and sisters.

diagnosed with endometriosis ~17y. after various lesser treatments, had laparoscopic surgery, which drastically increased pain. took vicodin for 6 months and felt she was becoming addicted, withdrew (difficult). continues to vomit 2-3+ times daily from pain. intercourse is not possible without pain that induces vomiting. currently uses tramadol and motrin, as rarely as possible. has many cysts, a couple burst every month.

this client has been with our practice for three years, and is now finishing her second year of our professional program. she has had a near complete recovery, and can even have enjoyable sex without pain. she still works 80+ hours a week though!

initial protocol: gluten free, nettle/dandelion/red clover/licorice root tea, consider meditation.

indian pipe tincture for pain management; this was very successful, though she did not want to use it except on “bad days” due to a carried over fear of dependence.

over the following six months, adjustments included: casein free, soy free, caffeine free, very limited sugar. add more animal protein, more fat, seaweed. added kombucha. tulsi instead of caffeine, as well as ashwagandha / eleuthero / licorice. sleep increased to 6-7 hours/night. skullcap and passionflower before bed.

over the next year, her work focused on refining her understanding of how food directly affects her symptoms, which ultimately strengthened her commitment to complete avoidance of gluten, casein, soy, caffeine, and extremely limited sugar. she also worked on refining her understanding of how particular herbs affected her state – which ones needed to be taken daily (in particular nettle and ashwagandha), and how to best use them to compensate for the other factors (most notably sleep). she added rose into her protocol for pain management.

more recently, she's working more on trying to deal with the issues of being a workaholic, as well as trying to manage her stress level.

we added tulsi-betony-rose-violet as tea, and added codonopsis to the ashwagandha / eleuthero / licorice tincture.

we began to incorporate flower essences into her work: motherwort, lilac, golden amaranthus, indian pipe.



case 2

although this case has progressed considerably beyond the diagnosis of endometriosis, the comparison is still apt. it's particularly interesting to see the reversal of symptoms that were not being effectively controlled even with extreme medications.

transgendered FTM, 25y at first appointment. firstborn, 5'5, 160lbs, "generic european" descent. disabled since 16, unemployed. eats standard hippie/student diet. family history of endometriosis, migraine, various auto-immune diseases.

diagnosed with migraines in fourth grade and started on narcotics. sinus surgery. missed more school than not from this point on, dropped out at 16 from pain. diagnosed with endometriosis at 15. 7 laparoscopies over 3 years, full hysterectomy and oophorectomy at 18. several sinus surgeries also interspersed in this time, as well as many hospitalizations for migraine pain. has taken IV imitrex up through thorazine, DHE and other extreme and experimental IV meds in inpatient pain clinics, none helped.

insomnia due to pain. chronic fatigue and fibromyalgia diagnoses were made at some point in the last 8 years.

currently taking trazadone, levothyroxine, prozac, testosterone IV. top surgery last year. marijuana daily for pain management. some days can't even shower. many significant digestive issues, daily nausea. this is a person in constant, full-body pain.

initial protocol: he had heard about the GAPS diet and liked the idea of all that bone broth. we modified the diet to be completely casein free (it's already gluten free), and skipped the juice. we added extra herbal teas. suggested D3 and B12, magnesium. he was very motivated to change.

initial herbal protocol: ashwagandha/licorice, tulsi, nettle/dandelion/red clover/licorice. goji.

for migraines, play with feverfew, linden, betony. st. john's wort oil with lavender, lion's mane, turmeric. (the idea with these last was tying the migraines and the fibromyalgia together, and approaching it from that direction.)

for anxiety, passionflower and skullcap

initial reports, after 3 weeks: loves feverfew, tulsi, and linden. is able to choose between those three for migraine support based on type of pain. (pain is not gone, but manageable) drinks nettle and friends daily. loves the modified GAPS diet. meat and vegetables from local CSAs, local eggs.

nausea is almost gone. migraines still happen but has much more energy. can still cook, shower, and dress even on a "bad day". was able to travel out of state to a friend's wedding. sleeping is better (still with trazadone). is able to be active in the day and go out in the evenings with friends. loves passionflower and skullcap.

follow up after another month: laid down on the floor for appointment. crashed from over-doing – had been going out every day. felt "i feel good so i better cram everything in because i might feel bad tomorrow" – recognizes need to adjust that kind of thinking to fit into a new kind of life as illness abates. still feeling positive because he's clear on what happened. had gotten lax with diet, will return to modified GAPS induction diet (all bone broth, all the time). fibromyalgia pain had drastically increased. emphasized planning downtime into each day – even if he's feeling great. had incorporated new herbs and loves them: ashwagandha from the original suggestion, often with hibiscus, and schisandra.



prefers feverfew over betony, or both together, but not betony alone.
reports grandfather recently diagnosed with celiac disease, and mom is also considering gluten free.

follow up after another month: reports body pain and exhaustion back under control. pacing self, better food. he noted that it's only been three months. he had incorporated D3 and B12 this month and noticed a big difference.
a new headache pattern set in towards the end of the month, possibly due to barometric pressure, or possibly as an indicator of getting too close to his exertion limits: new pain is in left eye. suggested bilberry and to closely monitor activity levels, as well as codonopsis.
still drinking nettle and friends, as well as "burdock and friends" (burdock, dandelion, ashwagandha). has made tincture of feverfew in white wine, likes this a lot, not as harsh as store-bought and very effective.

nausea is nearly under control again – currently ~2x/week.
sleeping is better than ever. employing some new sleep habits, asleep by 10:45, wakes 8/8:30. would like to consider tapering off trazadone if the sleep continues to improve.

planning a vacation with mother: she will say, "why won't you have a drink with me". he is preparing to deal with that, says with conviction: "i will make sure there is the time and space for me to make my food". will be moving to a new apartment in september with current roommate and two friends.

case 3

female, 42. middle of three children; next oldest is 11 years older. 5'2, 200lbs, jewish & african american descent. currently unemployed and following an online curriculum. eats compulsively without realizing it. ranges from vegetarian diet (which makes her feel bad) and standard american diet. dairy allergy, eats yogurt, ice cream, cream in coffee. strong family history of diabetes and complications of diabetes.

client had been told she had an ovarian cyst when she complained of severe abdominal pain over the summer. she was seen by several doctors and given several different hypotheses (one cyst, PCOS, endometriosis). doctors said the ovary would have to be removed and aggressively pressured her for a hysterectomy, which she was against. she moved from GA to Boston in this time, doctors here also pushed for hysterectomy. after oophorectomy and recovery, the pain was the same. there was no CAT/ultrasound after the surgery to ensure the supposed cyst was gone.

current pain level is such that she cannot walk even to the end of the block. doctors told her the pain was "structural", and to take an advil. she notes that pain is worse with cycle, as is her emotional state, "i'm completely insane, i'm psycho".
client has had two abortions, neither with any complications. in addition, she presents with eczema, tends towards edema, and has a history of sexual abuse/assault.

currently takes oxycontin, ibuprophen, tylenol. previously took concerta for ADD, but it affected her heart and vision, so she drinks 8 hour energy drinks instead. has taken diuretics for high blood pressure.
currently takes vitex, 800mg 3x/daily "for pain management", looked it up online.

initial protocol: we discussed whether her condition was due to the originally diagnosed cyst, or from PCOS (multiple cysts of which perhaps only one or some were removed), or



endometriosis. in any of the three scenarios, multiple causal factors are the same, so we agreed on a protocol that would cover all of them.

strive to eat three discrete meals per day, without any snacking in between, as well as carb reduction wherever possible and strict sugar reduction, for insulin regulation. strict gluten and casein (milk products) avoidance. add vitamin D and magnesium, chromium.

initial herbal protocol: discontinue vitex.

nettle/dandelion/red clover tea (no licorice, no demulcents), milk thistle capsules (2, 3x/day), and turmeric capsules (2, 2x/day).

she discussed cannabis for pain, however, i suggested she avoid it as long as possible so that she can get good feedback about the dietary changes she's making.

follow up after two months: "i think the pain is gone for the most part."

she did everything except the turmeric, and is still working on gluten-free adherence.

she wanted a stricter diet plan: liked Atkins best, in particular with the very strict induction phase. the construct feels easier to comply with.

tries walking every day: "i can walk a lot now!"

now, if pain comes, she lays down for 10 minutes and it goes away. if it's bad, she lays down with a hot water bottle or an ice pack.

is looking for work as a social service aid. "trying to establish myself here now that i'm off my sick bed."

wants to work on depression issues, started with motherwort, linden, peppermint, as issues were related to stress and boundary issues with "difficult mother". feels having work and getting established will resolve depression.

we did hear later that she got the job she'd been trying for, and have not seen her since.