

Treatment strategies for patients diagnosed with Multiple Sclerosis

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Multiple Sclerosis (MS) is an autoimmune disease of unknown etiology defined by the development of sclerotic lesions on the brain and/or spinal cord formed by the immune system's breakdown of the myelin sheaths which protect the nerves. Specific symptoms vary depending on the location of the lesions, but underlying patterns tend to stay the same as symptoms wax, wane and progress. While western medicine has found no cure for MS, several drug therapies are employed varying from disease modifying drugs to therapies for symptomatic amelioration.

There are several types of diagnosable MS including the following, though several more may be possible. Each type may be mild, moderate or severe.

Relapsing Remitting: Symptoms come and go. In times of remission no or very few symptoms are present. About 85% of those diagnosed with MS are diagnosed with RRMS*.

Secondary Progressive: many people initially diagnosed with RRMS will be eventually diagnosed with SPMS characterized by a slow progression of symptoms with no remissions.

Primary Progressive: Symptoms worsen over time from the beginning of diagnosis with no times of remission.

Progressive Relapsing: Symptoms worsen over time from the beginning of diagnoses with times of exacerbation but no times of complete remission. About 10% of MS is PRMS.

*these percentages are from the national MS society website.

Medications are used in multiple sclerosis (MS) to modify the disease course, treat relapses — also called attacks or exacerbations — and manage symptoms. Along with the other essential components of comprehensive MS care, these medications help people manage their MS and enhance their comfort and quality of life.

Aubagio (teriflunomide), Avonex (interferon beta-1a), Betaseron (interferon beta-1b), Copaxone (glatiramer acetate), Extavia (interferon beta-1b), Gilenya (fingolimod), Lemtrada (alemtuzumab), Novantrone (mitoxantrone), Plegridy (peginterferon beta-1a), Rebif (interferon beta-1a), Tecfidera (dimethyl fumarate), Tysabri (natalizumab)

MS relapses are caused by inflammation in the central nervous system that damages the myelin coating around nerve fibers. This damage slows or disrupts the transmission of nerve impulses and causes the symptoms of MS. Most relapses will gradually resolve

without treatment. For severe relapses (involving loss of vision, severe weakness or poor balance, for example), which interfere with a person's mobility, safety or overall ability to function, most neurologists recommend treatment with corticosteroids. The most common treatment regimen is a three-to-five-day course of high-dose, intravenous corticosteroids to reduce inflammation and end the relapse more quickly. This regimen may or may not be followed with a slow taper of oral prednisone. Corticosteroids are not believed to have any long-term benefit on the disease. Medication options include High-dose intravenous methylprednisolone and High-dose oral prednisone.

Many other pharmaceutical drugs are prescribed in addition for the presenting or remaining symptoms including constipation, depression, bladder weakness, diarrhea, constipation, pain, tremors, sexual dysfunction and more.

If herbal medicine can ameliorate any of the symptoms of MS, whether they are directly due to the lesions present or due to the lifestyle led by the person diagnosed, it is likely they will have a shorter list of prescriptions and therefore a shorter list of medication side effects to deal with. This leads to a greatly increased quality of life.

As MS is an autoimmune disease, it can often cluster with other autoimmune diseases such as: Diabetes, Raynaud's, Synovitis, hashimoto's, ankylosing spondylitis, etc. Many times patients are on multiple drug therapies for multiple diagnoses.

Patients who have been diagnosed with MS tend to have very complex patterns. The diagnosis of MS itself can be complex to receive, often involving several MRIs, spinal taps, and several concurrent symptoms. This means, that usually, by the time a client get to you with an MS diagnosis, patterns are generally very progressed and many symptoms have been "chalked up" to MS and many have been allowed to progress beyond what many holistic providers would consider acceptable. It can be difficult to differentiate, for example, sciatica that is neurologically based due to an MS lesion, and sciatica that is muscularly based due to a sedentary lifestyle and therefore muscle tension that is often led by people with muscle spasm and weakness. It may be that the sciatica is most helped by focusing on the neurology, and it may be that the sciatica is most helped by focusing on the muscle groups involved. It is therefore always important to ask yourself and your patient if a symptom may have many etiologies, rather than simply assuming that it is a direct symptom of the lesions of the brain and/or spinal cord. Luckily, herbal therapy treats many levels at once, and there is often no wrong answer to these questions when we come to treatment. However, it is very important when it comes to prognosis. If a patient asks you if they can expect their "MS Symptoms" to subside with herbs, you must tease out what is a primary symptom of MS, neurologically, and

what is a secondary symptoms of MS that is seen because of a lack of mobility. I have found that secondary symptoms are much more treatable than primary symptoms, and can lead to a significant change in the quality of life for a person with a diagnosis that results in unpredictable symptoms.

Likely Primary symptoms: Drop foot, eye pain, changes in vision, difficulty speaking, sensitivity to heat, difficulty with coordination, etc

Possible primary OR secondary symptoms: Sciatica, constipation, headaches, numbness/tingling, constipation, fatigue, depression/anxiety, insomnia, muscle weakness, etc Another KEY secondary “symptom” of MS is a poor diet--either quality or regularity. Depression coupled with mobility issues often leads to dietary decisions which are easy, and not necessarily healthy. A low nutrient diet leads to furthering of primary neurological symptoms as the body does not have the raw materials to produce or repair the myelin surrounding the nerves, as well as a whole host of secondary or perhaps tertiary symptoms due to a lack of nutrients in the diet and a low work required of the digestive energies such as constipation, worsening depression, insomnia, fatigue, etc.

Remember that B vitamins--especially 6 and 12 are essential for neurological function, so a poor diet and poor digestive symptoms can easily lead to primary non MS related neurological symptoms.

There are several diets proposed for MS. The oldest currently popular diet is the Swank diet, which is very low in fat. A newer diet currently being researched is the Wahls Protocol which recommends 9 cups of fruits and vegetables a day with offal, fish and other healthy fats. The paleo based AIP, or autoimmune protocol is also popular. Despite their differences, they all have a high quantity of fruits and vegetables and either include or exclude from there.

Common TCM Diagnoses Seen:

Kidney Deficiency: Bladder/Bowel incontinence, urgency, hesitancy or constipation, low back pain, joint pain, drop foot, fatigue and weakness, weak pulse

Liver/ Gallbladder Qi Stagnation: Anxiety, Depression, Insomnia, Pain, Sciatica, Headaches, Dizziness, constipation, diarrhea, "IBS", wiry or thready pulse

Dai Mai/Belt channel Stagnation, tension or weakness: Often in conjunction with Ki Xu and GB/LR Qi Stag-MS “Hug”, SI joint pain, low back pain, sciatica, squeezing sensations

Blood Deficiency: History of poor eating habits, poor digestion can lead Blood deficiency, sometimes metabolic disturbances, thinning hair, depression, anxiety, insomnia, rashes, pale complexion and tongue

Chong Mai disturbance: Hx of hysterectomy, hormone changes, dysregulation of menses, lack of self care.

Spleen and Stomach Deficiency: Poor digestion, poor bowel function, poor absorption, “verbal diarrhea”, blood deficiency, poor appetite, poor diet, pale swollen tongue, soft or weak pulse.

After getting a clear symptom picture, determining diagnoses, and preferably defining a pathogenesis, develop a clear strategy.

For example:

- nourish the blood with tonifying herbs
- regulate and strengthen the digestion
- harmonize the liver
- stop pain

Herbs and formulas to use for nourishing

Rehmannia/Shu di huang or Sheng di huang

Dang gui/angelica

He Shou Wu/fo ti

Dang shen

Liu wei di huang wan

Tian wan bu xin dan

Herbs and formulas to use for secondary strategies:

Da huang: constipation

Chai hu/ bupleurum

Bai shao/ peony root

Gan cao/licorice

Zhi shi/immature citrus

Jiang huang/tumeric

Si ni san

Da cheng qi tang

Herbs for symptom relief:

Yan hu suo:pain

Chuan lian zi: pain

Ghost pipe: pain

A possible formula for initial onset of symptoms and new lesions is Ban Xia Bai Zhu Tian Ma Tang.

Case Studies

MW, 35 y.o. Female, diagnosed August 2015

Symptoms began with a severe migraine type headache leading to numbness on the left side of the face starting on the cheek and extending to the forehead, eye, mouth and tongue. It was speculated that the trigeminal nerve was affected. Some weakness of the left lower leg was also present as well as slight pain in a sciatic nerve pattern. While the headache subsided after 2 days, the other symptoms remained. Diagnosis was made after a cranial MRI, spinal tap and finally a spinal MRI. She self describes as high energy and busy, with an 'absent minded professor' personality. She has recently finished her dissertation for her PhD and began a new

job as a principal of a school for special needs teenagers. Her meal time varies and she describes herself as a 'cheating vegan'. She is thin and pale with a thready pulse and a pale thin dry tongue.

Diagnosis: Spleen and stomach deficiency, invisible phlegm, blood deficiency and liver qi stagnation

Pathogenesis: Though we have not yet found a possible holistic etiology, it is probably that the pathogenesis stems from recent times of high stress coupled with low nutrient intake and digestive deficiency stemming from improper eating habits.

Treatment strategy: Move liver qi, dissolve phlegm, tonify blood, nourish spleen and stomach

Initial formula: Ban Xia Bai Zhu Tian Ma Tang, granules (5:1) 6g BID

Bai zhu-24

Ban xia-12

Dan nan xing-12

Fu ling-6

Gan cao-3

Da zao-6

Ju hong-6

Man jing zi-6

Sheng jiang-6

Tian ma-6

MW took this formula for one week, after which her initial symptoms subsided. She then stopped herbal treatment and subsequently has had another exacerbation and a new lesion has been found with a subsequent MRI of the brain. She was given another course of oral prednisone and is currently receiving acupuncture only and no herbal therapy. She has changed her diet to the AIP and is consuming many more fruits, vegetables and high quality animal protein which seems to help her symptoms.

SC, 44 yo female

SC was diagnosed at age 25 and has a primary progressive and moderate disease course. She has moderate drop foot in both legs and uses braces as well as a walker or cane. She also has some cognitive impairment, severe intermittent low back and sciatic pain, constipation, depression and anxiety. She presents as a happy and talkative person, and is overall pleasant. Her tongue is pale and swollen and her pulse is thready. She is currently taking copaxone.

Diagnosis: Based on the length of time she has experienced MS symptoms as well as her current presentation her primary patterns are of kidney/liver deficiency and liver qi stagnation. She also exhibits some Dai Mai pathology with the low back and sciatic pain.

She takes a tinctured formula including:

Da Huang-5ml

Ghost pipe-15ml
Liu Wei Di Huang Wan-20 ml
Si Ni San-10ml
Yan Hu Suo-10ml
3ml tid

JM, 57 yo female

JM has been diagnosed with secondary progressive MS for about a decade. She is currently in a wheelchair and has little strength to stand or walk without assistance. Her primary symptoms are muscle weakness, rigidity and spasticity which worsens with heat, fatigue or infection. She also has severe depression and anxiety, bladder incontinence and frequently recurrent urinary tract infections. She has recently changed her diet to the Wahls protocol but has a difficult time eating the quantity of food suggested. Her primary caretakers are her parents who are in their 80s. She has 6 children and is married, living with her husband who does not care take much for her. Her pulse is very fine and thready, her tongue is small and pale.

Diagnosis: kidney deficiency, heart blood deficiency, spleen deficiency, blood xu, qi xu, liver qi stagnation.

Formulas: Tian Wan Bu Xin Dan, Xiao Yao San in equal parts, tinctured, 3ml tid but taken PRN.

The primary goal with JM is to relieve depression, anxiety and pain through a strategy of tonification and harmonization of her heart, kidneys, and liver.