Welcome
American Herbalists Guild
Professional Herbal Training Webinars

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Fibromyalgia
Natural Methods
and Novel Approaches

Karta Purkh Singh Khalsa
August, 2011

Natural Healing Field 40 Years

Dietitian-Nutritionist
Herbalist
President
American Herbalists Guild
Fibromyalgia

Pain is a serious disorder

Many Things We Can Do for Pain

Diet

Bodywork

Natural medicines

Differential diagnosis essential

Pain Disorders

Clinical approaches

Suppress pain (acute or chronic)—analgesics

Treat underlying cause, restore tissue and function

Reduce inflammation, if present

Energetic approaches—pain is energy blockage (Bi syndromes)—Asian approach is energy movers
Compliance- BIG factor (clients used to rapid, effective drugs)

Many Factors in Pain
- Sedentary life stops healing
- Toxicity and Tissue Damage
- Old injuries never heal

Chronic Pain
- Immobility
- "Pain Behaviors"
- Chronic inflammation becomes long term

Pain becomes a lifestyle

The Pain Cycle
- Immobility
- Anxiety
- Depression
- Injury
- Chronic Pain

Holistic Pain Management
- Find cause of pain
- Analgesics, inflammation, spasm
- Treat causes, manage lifestyle

Reduce Stress to Reduce Pain
- Pain
- Trigger points
- Nerve pressure
- Muscle tension
- Reduced Inflammation
- Muscle damage
- Nerve flow
- Increasing Volumes

8/15/2011
Food and Diet

Oligoantigenic (Challenge/elimination) diet
Lamb/Turkey
Pears
Rice
Cabbage
Olive oil

Few Foods Diet

Green vegetables
Bitter melon
Bitter melon juice

Cherry

Ghee

Nuts

Sesame seeds

Sesame Seed
Myrrh Gum

Myrrh (resin) gum
(Commiphora myrrha, syn. C. molmol)
- Anti-inflammatory/analgesic
- Moves congealed blood
- 1-10 grams powder or capsules

Ginger root
Ginger

Warming for cold joints and stiffness
Especially cold (FMS)
Tea, cooking, powder, capsules

Chinese Notopterygium Root

Upward moving, dispersing
Diaphoresis
Pacifying vata
Relieving pain
 Unblock painful obstructed vata

Chinese Notopterygium Root

General vata pain
Cold damp joint pain
Affinity for upper part of body, shoulders
Caution with low ojas
3-12 grams

Ginkgo – circulation, not heating
Acute pain remedies

Salicylates

Aspirin category
NSAIDS
Contained in many plants

White willow

Willow bark

Willow bark (Salix alba, Salix spp.)
Cold, bitter
Source of aspirin (salicylates)
Pain, fever, inflammation
1 oz. as tea

Meadowsweet
Meadowsweet

Meadowsweet leaf (*Filipendula ulmaria*)
Salicylates
Easy on tummy
15-30+ ml as tincture

California poppy

Flower/leaf
Opioids
Pain, sleep, anxiety
Up to 1 oz. as tea
Tincture as needed

Corydalis

Warming
Opioids
Main Chinese medicine for pain
Moves blood and qi
Pain, sleep, anxiety
Up to 1 oz. as tea, capsules
Poppy Seed

- Opioids
- Pain, sleep, anxiety
- Up to 1 oz. as tea

Cayenne

- Slow acting
- Blocks Neurotransmitter
  - Substance P ("P" for Pain) in neurons
- Gradually adjust dose to digestive tolerance

Chinese wild ginger
Asarum (wild ginger)

Asarum sieboldi
Releases exterior
Disperses cold
Vata body, joint pain
Powdered root 1-4 g qd

Mildly warming analgesics
(vata)

Guggul resin
Deep detoxification

Standardized extract
Guggulsterones
Yograj Guggul

Vidanga
Ushir (Vetiveria zizanoides)
Devdaru (Cedrus deodara)
Ajwain
Chavya (Piper chaba)
Cardamom
Gokshura

Coriander
Triphala
Trikatu
Musta
Purified Guggul
Chitrak

Long term

Detoxifies musculoskeletal system

Kaishore Guggul

Main ingredients:
Triphala
Guduchi
Guggul
Trikatu (Ginger, Black pepper, Pippali)
Vaividanga
Jaipal (Croton tiglium root)
Nishotha (Indian turpeth root)
Castor oil

Turmeric root

Curcumin 600 Plus

Anti-inflammatory
Formulated for better bulk
Major Pain Remedies

Feverfew

Cold, bitter
Chronic pain- arthritis, etc.- 2-3 g per day
Begin with 125 mg qd
Titrate to dose that gives best prevention
Acute pain 5 g per day
Caution—digestive distress

Kava

Kava root
Sedating & antispasmodic
Extract, tincture, tea
250 mg total kavalactones per day
(can go much higher)
Kava tincture

Kava Kava Extract

Hops cones
(*Humulus lupulus*)
Proprietary, standardized supercritical extract of hops

Alpha acid fractions
inhibit inflammatory chemicals

Equiv NSAIDs (ibuprofen)

1,000 mg Perluxan = 400 mg ibuprofen
(good GI tolerance)
Inhibits pro-inflammatory markers
prostaglandin E2, COX1 & 2, etc.
Mild carminatives gently increase digestive fire ↓vata in FMS

Avipattikar Churna

Ginger, Pipali, Triphala, Musta, Vid namak (salt), Vidanga, Cardamom, Cinnamon, Nishotra root (Operculina turpethum) (purgative), Rock sugar
3-5 g twice daily with milk or lukewarm water

Nishotra (Trivrit)
Morning glory family

Fibromyalgia

Low ojas (vitality)
High vata disease
Pain hypersensitivity
Cold, dry, aging
Triggering event
Basic approach is warmth, diet, rest
Total lifestyle makeover
Detoxify before rebuilding regime

Fibromyalgia

Condition of widespread muscular pain & fatigue
Diagnostic standard just lists of symptoms
Syndromic diagnosis

Constellation of chronic symptoms
Fibromyalgia

Deep aching in the muscles
Burning
Stabbing
Throbbing pains
Profound, draining fatigue, muscular weakness
All same syndrome

Fibromyalgia
Chronic Fatigue Immune Dysfunction Syndrome (CFIDS, Chronic fatigue)
Myalgic Encephalopathy (Europe)

Fibromyalgia

70% FMS patients
Symptoms consistent with diagnosis of IBS

Fibromyalgia

Bottom line:
History widespread pain
11 of 18 tender point sites—digital palpation
(Not trigger points)

Syndrome

Signs & symptoms consistent between patients
Symptoms list so long, quite possible 2 different people share very few symptoms, yet both have diagnosis
Diagnostic standard just lists of symptoms

Background

3 to 6 million Americans living with FMS
- U.S. government

Background

FMS affects ~2% population in USA
Some sources, including Dr. Andrew Weil, put prevalence at more like 5%
Background

Over 5% of patients in general medical practice

<table>
<thead>
<tr>
<th>Population</th>
<th>Prevalence %</th>
</tr>
</thead>
<tbody>
<tr>
<td>900 randomly selected individuals, 50-70 y.o.</td>
<td>1.0</td>
</tr>
<tr>
<td>Family practice clinic</td>
<td>2.1</td>
</tr>
<tr>
<td>200 consecutive general medical patients</td>
<td>5.0</td>
</tr>
<tr>
<td>General medical clinic</td>
<td>5.7</td>
</tr>
<tr>
<td>Hospitalized patients</td>
<td>7.5</td>
</tr>
<tr>
<td>Rheumatology clinic</td>
<td>14.0</td>
</tr>
<tr>
<td>Rheumatology clinic</td>
<td>20.0</td>
</tr>
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</table>

Background

Prevalence much less every other part of world
1% Britain and Scandinavia
7-10 times more frequent in women than men

10-30% rheumatology consultations N America

Background

Median age at onset 29 to 37 years
Median age at diagnosis 34 to 53 years
(10 year average gap)

History

Mid 1970s
• Term “fibromyalgia” introduced

Mid 1980s
• Diagnostic standards established

1987
• Term “fibromyalgia” appears in medical journal

1992
• WHO includes in ICD-10 diagnostic manual

101
Symptoms

Fatigue
Sleep & energy disturbances ~90% of patients
Restless legs (twitchy, painful, cramping)
Irritable bladder
Nocturnal myoclonus (jerky muscles)
Fibro-fog
  confusion, memory lapse, word mix-ups, concentration difficulties

Signs and Symptoms

<table>
<thead>
<tr>
<th>Symptom</th>
<th>% of Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>widespread pain</td>
<td>97.6</td>
</tr>
<tr>
<td>tenderness in &gt; 11/18 tender points</td>
<td>90.1</td>
</tr>
<tr>
<td>fatigue</td>
<td>81.4</td>
</tr>
<tr>
<td>morning stiffness</td>
<td>77.0</td>
</tr>
<tr>
<td>sleep disturbance</td>
<td>74.6</td>
</tr>
<tr>
<td>paresthesia</td>
<td>62.8</td>
</tr>
<tr>
<td>headache</td>
<td>52.8</td>
</tr>
<tr>
<td>anxiety</td>
<td>47.8</td>
</tr>
<tr>
<td>dysmenorrhea history</td>
<td>40.6</td>
</tr>
<tr>
<td>sicca symptoms</td>
<td>35.8</td>
</tr>
<tr>
<td>prior depression</td>
<td>31.5</td>
</tr>
<tr>
<td>irritable bowel syndrome</td>
<td>29.6</td>
</tr>
<tr>
<td>urinary urgency</td>
<td>26.3</td>
</tr>
<tr>
<td>Raynaud's phenomenon</td>
<td>16.7</td>
</tr>
</tbody>
</table>
Sleep

Sleep disorder (or sleep that is *not refreshing*)
Exhausted, yet insomnia
Awake at 3:00 A.M.

Sleep disturbances

Trouble falling or remaining asleep
Waken unrefreshed
Absence of Delta stage $\Rightarrow$ ↓ healing hormones
Immune dysfunction
Pain
Body does not repair cells

Musculoskeletal

Myoclonus (restless legs)
Morning stiffness (waking up stiff and achy)
Joint aches
Post-exertional malaise and muscle pain
Feeling of joint swelling

Normal Sleep

5 Stages:
1. Alpha (Chatty mind)
2. Unconscious
3. Delta (Restock the shelves)
4. Deep Delta (Take out the trash)
5. Rapid Eye Movement (REM) (Dreams)

Musculoskeletal

Neurological
Neurological

Chronic headaches (tension-type or migraines)
Jaw pain (including TMJ dysfunction)
Numbness & tingling sensations
Dizziness or lightheadedness

Immune

Chemical
Odors
Bright light
Noise
Food
Weather changes
Medicines
Chronic “flu-like” symptoms

Sensitivities

Skin

Skin sensitivities (sensitivity to cold)
Skin color changes

Digestion

Gas!
Digestive

Alternating constipation & diarrhea
“Irritable Bowel”

Genitourinary

Bladder irritability, bladder pain
Urinary frequency with strong urging (strongly comorbid w/ Interstitial Cystitis)
Vulvodynia
Pelvic pain, painful sexual intercourse

Cognitive

Confusion (Brain Fog)
Memory impairment

Emotional
Emotional

Anxiety
Depression
Symptoms, or Effects?

Associated Conditions

No one can agree on which conditions are:
Associated
Comorbid
Part of the syndrome

Associated Conditions

Reflections of underlying factors that cause disease
(etiological characteristics)
Or, might be exacerbating factors

Associated
Sleep disorder
Hypermobility
Hyperventilation
Allergy/chemical sensitivity
Depression
Fatigue
Anxiety
Infections
Irritable bowel syndrome
Thyroid dysfunction and trauma (particularly whiplash)
Tension headaches
Migraine
Premenstrual tension syndrome
Cold intolerance
Restless leg syndrome

More

Raynaud’s
Hyperventilation
Allergy
Chemical Sensitivity
Menstrual cramping
Hypoglycemia
Candida (Yeast overgrowth)
Leaky Gut
Interstitial cystitis

Typical Patient

Conventional
40 year old female, history of insomnia, recent traumatic episode
Ayurveda

Vata constitution
Dry
Thin of frame
Not necessarily underweight
Often overweight, lack of activity
Cold
Lifetime constipation

Alternative Medicine

Usually some underlying pathology, chronic virus, immune system deeply involved, caretakers

Causes

☆ Sleep disorders ☆
Biomechanical Trauma—physical
Structural (hypermobility, postural, trauma)
Functional (overuse hyperventilation)

Precipitating Events

Chronic sleep disturbance (care givers)
Flu-like illness
HIV infection
Lyme disease
Physical trauma (whiplash injury)
Emotional trauma
Medications, steroid withdrawal
Persistent stress

Jacob Teitelbaum, M.D.

Internist
Medical Director of the Fibromyalgia and Fatigue Centers of America
Jacob Teitelbaum, M.D.

Research → mitochondrial, hypothalamic dysfunction common denominators
Marked hypothalamic disruption
  (Hypothalamus as “circuit breaker”)
Energy stores are depleted
Hypothalamic dysfunction occurs early on

Jacob Teitelbaum, M.D.

Inadequate energy stores in muscle →
Muscle shortening (think rigor mortis)
Pain, further ↑ by loss of deep sleep

Resulting in:
  disordered sleep
  autonomic dysfunction
  low body temperatures
  hormonal dysfunctions
Jacob Teitelbaum, M.D.

Restoring adequate energy production, eliminating stresses that over-utilize energy (e.g., infections, situational stresses, etc.).
Restores function in hypothalamic “circuit breaker” allowing muscles to release, allowing pain to resolve.

Placebo controlled study
91% of patients improve
Average 90% improvement in quality of life
3 months, majority no longer qualified as FMS.

Diagnosis

FMS: Classification
American College of Rheumatology: 1990

Both criteria must be satisfied

History (>3 months)
- Widespread pain 2 of 4 quadrants
- Left and right sided
- Above and below waist
- Axial skeletal pain (cervical spine or anterior chest or thoracic spine or low back) must be present
- Pain (not tenderness) on digital (4 kg) palpation in 11 of 18 tender points

Produces no obvious laboratory signs

Physical Exam

Examine using thumb with force that just makes thumbnail blanch (4 kg, 9 lbs.)
What is it like to have fibromyalgia?

"My body feels like it's screaming!"

"Imagine that last night you drink two glasses of wine more than you would have liked, but no water, and eaten no food. You went to bed late, and got up early. You are stiff, achy and tired—all the time."

- Chanchal Cabrera, AHG

Tender Points

Tender Point count/intensity can vary day to day
Degree tender point pain predicts functional limitation
Correlation is very far from perfect
Individuals <11 of 18 may still have severe functional limitations (Chronic Pain Syndrome)
Cut-off between “fibromyalgia” & “chronic pain syndrome” is arbitrary

FMS: How is it treated?

Arthritis Foundation: 2003

Education (understand and manage)
Relaxation (ease tension and anxiety)
Exercise (flexibility and CV fitness)
Drugs (decrease pain and improve sleep)
Antidepressants (tricyclics, SSRIs)
Benzodiazepines

Conditions with overlapping symptoms
**Fibromyalgia/Myofascial Pain Overlap**

- **Fibromyalgia tender points**: 20% 
- **Trigger points**: 50%

**Posttraumatic Stress**

- **PTSD** 
- **FMS**

**Depression, CFS, Fibromyalgia Overlap**

- **CFS**: 50-70% Depressed, 70% Fibromyalgia 
- **Fibromyalgia**: 25% depressed, 40-70% CFS 
- **Depression** 
- **FMS**

**Comparison of CFS and FMS**

<table>
<thead>
<tr>
<th></th>
<th>CFS</th>
<th>FMS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Type of Disorder</strong></td>
<td>Syndrome Illness</td>
<td>Syndrome Illness</td>
</tr>
<tr>
<td><strong>Prevalence</strong></td>
<td>1 million</td>
<td>3-6 million</td>
</tr>
<tr>
<td><strong>Women: Men</strong></td>
<td>4:1</td>
<td>4:1</td>
</tr>
<tr>
<td><strong>Diagnosis</strong></td>
<td>Case Definition, Dx of exclusion</td>
<td>Tender Points, Dx of exclusion</td>
</tr>
</tbody>
</table>

**Mainstream primary care providers**

Help patient reach improved level of functioning
Natural Healing Perspective

Help patient get well and resume a healthy life

Integrated Management

Many people have been cured
Pain does not mean not to move
Get good, long, deep sleep
Holistic lifestyle support
Multidisciplinary therapies- body, mind, spirit
Incremental, gradual pace of improvement and change

Oily therapies

Diet
Oily massage (Abhyanga)
Enema
Massage—limited
short term benefit

Day to Day

Expect Relapses
(Exercise half capacity)
Addressing
“pain behavior”
Psychological support

Khalsa’s THRIVE Approach

T • Touch
H • Herbs & Hormones
R • Rest, Rebalance, Sleep
I • Immunity
V • Vitamins & Nutrition
E • Exercise
Khalsa’s THRIVE Approach

- **T**ouch
- **H**erbs & Hormones
- **R**est, Rebalance, Sleep
- **I**mmunity
- **V**itamins & Nutrition
- **E**xercise

Sleep is the most critical factor in recovery

Sleep

Need to sleep very long and deep, every night

BANK SLEEP (12 hours per night or longer ideal)

1-Theanine

Teitelbaum favorite
Amino acid from green tea
100-400 mg at bedtime

Melatonin

Sublingual
Sustained Release
Commonly 1-2 mg per pellet
1-10 mg bedtime

5-HTP

(5 Hydroxytryptophan)
Tryptophan metabolite
200 to 400 mg at bedtime
l-Tryptophan

Sedating amino acid
500-2000 mg at bedtime

Ye Jiao Teng

Stem of Polygonum multiflorum
(Root is ho shou wu)
Exceptionally effective
Rapid acting
Well tolerated
Tea- 15 grams at bedtime

Nutmeg

Myristica fragans
Dried kernel of seed
1-5 grams at bedtime
Khalsa’s THRIVE Approach

- Touch
- Herbs & Hormones
- Rest, Rebalance, Sleep
- Immunity
- Vitamins & Nutrition
- Exercise

Massage and Bodywork

Most mentioned beneficial therapy by patients
Many fibromites twice per week massage enables normal function
Does not cure FMS
Helps hypoxia
Temporary symptomatic benefit; Expensive

Biofeedback

Decreases the number of tender points, overall pain intensity, and morning stiffness
Benefits last up to six months
Greater effect combined with relaxation training

Reduce Acute Immune Burden

FMS/CFS may be infectious in origin
Some % of cases triggered by immune episode
Opportunistic infections present
Reduce **Acute** Immune Burden

Treat current extant chronic & acute infections
Often history of excessive antibiotic use

Opportunistic infections in CFS/FMS

- Yeast
- Chronic URIs
- Sinusitis
- Bowel infections
- Chronic, low-grade prostatitis
- Fungus

Then, Reduce **Chronic** Immune Burden

- Adaptogens
- Slow acting immune enhancers
- Bowel probiotics
- Empiric trial of antifungal therapy

Khalsa's THRIVE Approach

- **T** • Touch
- **H** • Herbs & Hormones
- **R** • Rest, Rebalance, Sleep
- **I** • Immunity
- **V** • Vitamins & Nutrition
- **E** • Exercise

Nutritional Supplements

- Assess for deficiencies
- Provide broad support as needed

Megapotency multiple vitamin
Vitamin D

Strong association pain syndromes
Northern latitudes 10,000 IU per day +

Vitamin D Functions in Human Health

Is fibromyalgia just a vitamin D deficiency?
Autoimmune connection
Mood connection
Rickets accompanied by muscular weakness

Magnesium

Fibromyalgia preventive
Co-factor over 350 biochemical reactions—
energy production, bone formation, muscle function and relaxation, protein synthesis

Magnesium

Studies- 90-95% of the U.S. population deficient
Most American adults not get RDA 400-500 mg

Inflammation
Just about any form

Very loose stool

Least loose stool

Magnesium
Required by specific enzymes that produce Adenosine Triphosphate (ATP)
Bowel tolerance dose (~1200 mg)

Ribose
Ribose (d-ribose)
Naturally occurring five-carbon sugar
Found in all living cells
Carbohydrate backbone, cells' energy molecules
Ribose

Teitelbaum—senior author very promising ribose study
41 FMS patient feasibility study
Patient age & gender corresponded to FMS population
5 grams ribose orally, tid, average 28 days

Ribose

12 days, 66% significant improvement in energy, sleep, mental clarity, pain intensity, well being
44% average increase energy, 30% increase well-being
Averaged 25% improvement in quality of life

Ribose

3-5 g qd provides muscle cells adequate supply
FMS—10 to 20 grams or more per day

Contemporary protocols (Teitelbaum)
Start 5 grams qd
Titrate dose ↑3-5 g qd →best subjective level

I-Tyrosine

Or, Phenylalanine
Energizing
Use in AM (not late, ad lib)
500-3,000 mg per day
Khalsa’s THRIVE Approach

- **T** • Touch
- **H** • Herbs & Hormones
- **R** • Rest, Rebalance, Sleep
- **I** • Immunity
- **V** • Vitamins & Nutrition
- **E** • Exercise

Supportive Treatment

- Activity is important to quality of life & recovery
- Highly individualized
- Paced
- Avoid overexertion
- Balance—prevent “boom or bust” cycles
- Referral to physical therapist or occupational therapist

Tonic herbs build balanced health

- Amla
- Punarnava root
- Vidarikand
- Bala
- Shatavari
- Ashwaganda
- Brahmi
Ashwaganda, and bitters (such as gentian before each meal) if necessary.
Agastya Rasayanam

Geriatric formula
Dashmula
Shankapushpi
Bala
Pipalimul
Chitrak
Elecampane
Ghee
Pipali
Haritaki
Etc.

Narasimha Rasayanam

Antiaging, especially pitta wasting
Bringraj
Triphala
Milk
Ghee
Shatavari
Etc.
Brahmi Ghritham

Ghee
Brahmi
Trivrit
Shankapushpi
Etc.

Dipsacus

Dipsacus root (*Dipsacus asper*)
(Xu Duan)
Chinese teasel
Pillar TCM joint therapy and traumatic injury
The “arnica of Chinese Medicine”
Broad benefit musculoskeletal, trauma, pain
15 grams per day as powder or tea
Nexrutine

(Proprietary)
Extract Amur cork tree bark
(Phellodendron amurense)
Anti-inflammatory
Effect from berberine?

Nexrutine

Inhibits COX-2 gene expression w/o inhibit COX-1
Broader inhibition pro-inflammatory processes

Amur cork tree

Phellodendron amurense
Huang bai (黄柏)

Amur cork tree
After harvest
**Nexrutine**

Study- faster onset of analgesia than naproxen

370-person open trial
- 91% reported beneficial effects
- pain reduction &/or inflammation
- increase in mobility, flexibility

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**Blood Movers**

Move blood, treat congealed blood, stop pain from blood stasis
- Ligusticum (Szechuan lovage root, Osha)
- Salvia root (Dan shen)
- Motherwort
- Red peony root
- Three edge root (Sparganium)
- Ox knee root (Achyranthis)
- Artemisia (various)

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**Cham Dang Gui**

Korean Giant Angelica (*Angelica gigas* Nakai)
- Similar to dong quai (multipurpose blood mover)
- Active decursinol, decursin (multiple manufacturers)
- Decursin much high yield than dong quai
- Study 70% subjects receiving decursinol
- Significant improvement 14 days visual analog scores (OA, blunt trauma pain)

**Cham Dang Gui**

Decursinol (polyphenol)
- Chronic/blunt trauma pain
- Antinociceptive action CNS
- Possibly essentially anti-inflammatory)
- Decursinol 250-1000 mg per day
Arnica tincture

Arnica flower

Internal much less toxic than often thought
Must be suitable for internal consumption
Tincture 1:10 (traditional pharmacopoeias)
1-100 drops (1:10) as needed
Titrate dose
Overdose
GI warmth, arrhythmia, nervous stimulation

Topical Therapies

Not suitable

Mineral bath therapy

Mineral Bath Therapy

Improvement all variables, short & middle term
Improvements in spa group superior to controls
Fibromyalgia Impact Questionnaire (until 6th month)
Pain (until 1st month)
Tender point count (until 1st month)
Patient's global assessment (end-of-treatment)
Fatigue (end-of-treatment evaluation)
Castor oil

Menthol

Best result in study
Cooling sensation
Spot treatment
“Ice” Ointments

Capsicum

Capsaicin

Cayenne ointment
Caution- HOT
Chronic pain

Effect is pain blockage, not heat
Pea sized amount to affected joint- rub in
Up to two weeks for effect

St. Johnswort oil

Arnica

Arnica flower
Herbal, not homeopathic
Khalsa’s THRIVE Approach

- Touch
- Herbs & Hormones
- Rest, Rebalance, Sleep
- Immunity
- Vitamins & Nutrition
- Exercise

Hormones

1. Assess hormone status
2. Bioidentical hormones

Low dose cortisol
Or natural equivalent

Empiric trial Armour Thyroid
½-3 grains qd, dose feels best

Testosterone
transdermal or sublingual

Questions

Please type your question into the box in your webinar console

Please limit your questions to the webinar topic

We will answer as many questions as possible
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