



Mills and Bone Academy

Educational Article

Herbs are a Credible Third Option for Discomfort and Pain – Kerry Bone

Our nervous system is what makes us special. But our greatest strength also makes us vulnerable: witness the growing incidence of chronic addictions, anxiety, depression, sleep disorders and pain syndromes. Many people suffering these problems feel the need to resort to pharmaceutical drugs, but the side effects often outweigh the benefits.

When it comes to needing support from a chemical treatment, should it just be a choice of a heavy drug or nothing at all? What if there was a credible third option, one based on either clinical evidence or long traditional use: one that doesn't impair performance and allows us to work through our adversity?

This might sound too good to be true. Aren't herbs too gentle to address effectively these serious challenges? In this article, I would like to explore the surprising strength of herbs as a credible third option for pain and discomfort from a variety of health problems. They may not always work, but in my view are certainly worth trying.

Can herbs play a role in the management of pain? Historically, they always have: opium, cannabis and aconite are examples. These are powerful and dangerous herbs and their therapeutic use is generally highly controlled. But recent research and traditional use suggests that milder herbs can also play a valuable role. It must be remembered that control of pain is only one aspect of any treatment. The goal of good herbal intervention is to treat and alleviate the cause wherever possible.

From a functional perspective, rather than a strict medical classification, there are four key sources of pain:

1. Inflammatory pain largely associated with tissue injury, often involving prostaglandin generation, eg osteoarthritis, sports injuries.
2. Inflammatory pain generated by autoimmunity and auto-inflammation, eg rheumatoid arthritis, lupus.

3. Pain due to muscular tension and/or spasm, eg dysmenorrhoea, tension headaches.
4. Pain due to nerve interference (pressure, impingement), neuralgia, or nervous debility including central effects such as “wind-up syndrome”, eg sciatica, cancer pain, fibromyalgia syndrome (FMS).

In terms of the conventional drugs used for each of these categories, they are largely as follows:

1. Non-steroidal anti-inflammatory drugs (NSAIDs).
2. Corticosteroid drugs.
3. Antispasmodic drugs.
4. A variety of drugs including opiates, anticonvulsants and even tricyclic antidepressants.

There are a number of herbs corresponding to these pain/discomfort categories. This does not mean that these herbs act in identical or even similar ways to the drugs listed in the categories above, although sometimes they do, for example the antispasmodic herbs such as corydalis and cramp bark. Here are the key examples:

1. Boswellia, Willow Bark, Ginger, Turmeric, Celery.
2. Rehmannia, Turmeric, Bupleurum, Feverfew.
3. Kava, Corydalis, Cramp Bark, Wild Yam, Californian Poppy.
4. St John’s Wort, Californian Poppy, Corydalis, Jamaica Dogwood.

Several of these herbs have been featured in my previous writings, so in this article I wish to focus on the herbs listed in category 4. For all these herbs, we need largely to draw on traditional information. *Eschscholtzia californica* (Californian Poppy) is a member of the poppy family and contains some typical alkaloids of this family. But the main alkaloids californidine and eschscholtzine are fairly unique to this species. According to Davis (of Parke-Davis), in the 1890s it was: “an excellent soporific and analgesic, above all harmless” and “the effect produced . . . is the same as morphine . . .” The Eclectic physicians regarded Californian poppy as a “valuable” analgesic and mild sedative for “quieting pain and producing calm sleep”.¹ It was applied for these activities in patients when the use of a strong narcotic was inadvisable,² and “without the dangers attending opiates”.¹ Regular and prolonged use was reported not to be addictive or to impair mental functioning.²

Corydalis tuber (*Corydalis ambigua*) is commonly used in Chinese medicine for pain relief, especially organ pain. It contains around 20 alkaloids, but the most potent analgesic is tetrahydropalmatine (THP). The analgesic potency of the herb is 1 to 10% of opium, depending on the study. THP does not interact with opioid receptors and appears to interact with the dopaminergic system. Clinical studies on THP have demonstrated analgesic effects in neuralgia, dysmenorrhea and headaches.³ THP at 120 mg/day reduced withdrawal symptoms in a trial involving 120 heroin addicts.⁴ Use of extracts of the whole *Corydalis tuber* does require repeated and high doses for analgesic effects.

The bark of Jamaica dogwood (*Piscidia piscipula*) has been used traditionally in Western herbalism as an analgesic, sedative and antispasmodic. Traditional indications include:^{5,6,7,8}

- insomnia, particularly when due to neuralgia or nervous tension, or when prolonged.
- restlessness.
- neuralgia, particularly sciatica; neuralgia associated with the kidneys, abdomen, ovaries, trigeminal nerve and eyes.
- migraine; dysmenorrhoea.
- mild relief of abdominal, renal or gall bladder pain.
- muscle spasm, rheumatism, toothache, earache, painful affections of the eye, pain associated with fracture.
- whooping cough, to relieve spasm of asthma.

In addition to its well-known use for depression, St John's wort (*Hypericum perforatum*) is traditionally used for neuralgia. I have found in my clinical experience that it can work well in higher doses in certain patients with, for example, sciatica or trigeminal neuralgia. There is not a lot to go on here from clinical studies. A randomised, double blind, placebo-controlled trial in 54 patients reported no significant overall effect on the pain of polyneuropathy. There was, however, a good trend towards a lower total pain score with the group receiving St John's wort, and the dose was not very high at 900 mg of 6:1 dried extract per day (for neuralgic pain I tend to recommend 1200 to 1500 mg/day dried extract, corresponding to about 7 to 10 g/day of original herb). Also complete to moderate pain relief was experienced by 9

patients taking St John's wort, compared to just 2 on placebo (p=0.07).⁹

These herbs can be a useful third option for the types of pain described under category 4 above. They may need to be used in high or repeated doses, but in my clinical experience they are safe and sometimes surprisingly effective. I have observed beneficial effects in pain relief in cases of recurrent tension headache, trigeminal neuralgia, sciatica, interstitial cystitis and fibromyalgia, to name a few examples.

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