

# The British Naturopathic Journal

The quarterly journal for Naturopaths

## *Original article*

*“As the several case studies illustrate, TOA-Free Cat’s Claw has proven in our clinic to be a safe natural remedy with a wide range of therapeutic efficacy. To date our patients continue to show remarkable clinical improvement”*— John Kule MD.

## TOA-Free Cat’s Claw in the Primary Care Setting

*John Kule MD reports that 98 per cent of patients being treated with a rare Peruvian medicinal plant show clinical improvement*

### **Introduction**

RECENT advances in the chemical analysis of Cat’s Claw have shed new light on its use as a natural therapeutic agent. Specifically, it has been found that the clinical efficacy increases as the pentacyclic oxindole alkaloid (POA) fraction increases and as the tetracyclic oxindole alkaloid (TOA) content decreases respectively. TOA-Free Cat’s Claw (*Uncaria tomentosa*) is a rare form of Cat’s Claw that has been found to be 100 per cent TOA free. It is a wild-crafted product of a unique Peruvian rain forest microclimate that so far has been found to be most effective in its most minimally processed form. At a TOA-Free Cat’s Claw Conference, held May 10, 2002 in Florida, Brian Lamb, a medical herbalist from Scotland, reported that 100 percent of the terminally ill patients he is treating with TOA-Free Cat’s Claw are showing remarkable clinical improvement; an historical review of the scientific literature on *Uncaria tomentosa* was presented by Jerry Schlessor ND, DC, CNS; and Professor Henk Oswald MD, PhD, expounded on his experience of the use of TOA-Free Cat’s Claw in the treatment of cancer. Michael Coyle demonstrated TOA-Free Cat’s Claw’s use as an antimicrobial agent. This paper explores the use of TOA-Free Cat’s Claw in the primary care setting.

### **Integrative health care**

All patients were seen and treated at the East Aiken Health Center in Aiken, South Carolina. The background of the patient population is diverse. Aiken is located in rural South Carolina, but has long been a winter training centre for thoroughbred and standard bred racehorses. Fall, winter, and spring also see an influx of hunter/jumpers, three-day eventers and polo players, and golfers. Local industry includes the Savannah River Nuclear Site, so the town has an unusually large engineering and managerial class. The East Aiken Health Center is an integrative health care clinic. General and family medicine are practiced, as well as several modalities of alternative medicine. The local hospital supplies most of our standard diagnostic testing with more specialized testing available at the Medical College of Georgia located in Augusta, Georgia, about 30 miles distance. In-house, we use an extended history and physical, scalar technology, applied kinesiology, and live cell microscopy. In the future we would like to add on heart rate variability and biological ionization testing.

### **Dosing**

The dosing schedule used in all cases, unless otherwise stated, was three 600mg per oral capsules of TOA-Free Cat’s Claw twice a day for 10 days. Thereafter dosage was decreased to two 600mg capsules twice a day. TOA-Free Cat’s Claw was taken on an empty stomach, by itself. Other supplementation (vitamins/minerals) was taken with meals.

Concurrent usage of other herbs was discouraged as it was felt that other herbs might contain alkaloids with a blocking effect similar to the tetracyclic oxindole alkaloids (TOAs). Beginning in March, 2002, and continuing to date, more than 60 patients have been treated with TOA-Free Cat's Claw.

Conditions treated include:

*.Chronic Fatigue*

*.Fibromyalgia*

*.Status Post Cerebrovascular Accident*

*.Chronic Back Pain*

*.Status Post Breast Cancer*

*.Diabetes*

*.Hypertension*

*.Irritable Bowel*

*.Candidiasis*

*.Hypothyroid*

*.Menopausal Syndrome*

*.Pre Menstrual Syndrome*

*.Peptic Ulcer Disease*

*.Gastritis*

*.Rheumatoid Arthritis*

*.Arthritis*

*.Schizophrenia*

*.Asthma*

*.Lyme's Disease*

*.Benign Prostatic Hypertrophy*

### Cases

Of the total of 60 patients, only one has so far failed to show clinical improvement. Several case studies have been selected, and are presented, hopefully to illustrate the amazing scope of illnesses that are being successfully treated with TOA-Free Cat's Claw at our clinic.

*Case #1.* BK, 48-year-old white male, recently diagnosed with incipient cirrhosis of the liver. Patient has a history of light alcoholic consumption but at time of exam was under much personal and professional stress and was experiencing acute flare up of Epstein Barr, herpes simplex, and systemic yeast. Physical findings were significant for fatigue, weight loss, pale appearance, decreased urinary stream, and moderately tender liver of normal size. This patient began TOA-Free Cat's Claw one capsule twice a day and then moved up to two capsules twice a day. He was also placed on a yeast-free diet, and AA supplementation: severe nocturnal cramping was alleviated with calcium supplementation and a multivitamin/mineral supplement. The patient experienced almost immediate increase energy, increased sense of well-being, and increased mental clarity. A mild diuretic effect was well tolerated as the urinary stream normalized within three to five days. The patient also experienced several healing crises which included liver tenderness, bowel inflammation at several sites haemorrhoidal and fissure inflammation followed by normalisation. The patient continues to improve on one per oral twice a day.

*Case #2.* PE, 53-year-old white female diabetic education nurse. The patient has a long history of rheumatoid arthritis as well as insulin dependent diabetes mellitus, and also hormone replacement therapy with synthetic estrogen alone since hysterectomy in 1979. The patient expressed a desire for more natural treatment alternatives at first her visit. Other medications included Celebrex, Claritin D, Nasonex, and prednisone as needed in acute arthritic flare-ups. The patient was changed to Natural TriEstPro. The Celebrex, Claritin, and Nasonex were discontinued and TOA-Free Cat's Claw begun at three capsules twice a day. Despite the patient's initial scepticism, she has been well with no acute flare-ups. A mild decrease in fasting blood sugars has also been noted. The patient continues to do well on two capsules twice a day.

*Case #3.* KW, 33-year-old white female with a history of severe asthma beginning after a bout of pneumonia as a seven-year-old. The patient has had multiple hospital admissions, with increasing severity and frequency of asthma attacks occurring the last few years. Her last hospitalisation also almost required the use of intubation/respirator, and did require intravenous corticosteroid. The patient is taking Depoprovera IM every month, Proventil inhaler every day, Flovent inhaler twice a day, and Serovent inhaler twice a day. On physical exam, there was marked SOB and abundant wheezing in all lung fields. Live cell microscopy revealed severe rouleaux. The patient was begun on TOA-Free Cat's Claw three capsules twice a day with marked improvement noted within three days. There have been no further hospital admissions to date, and the patient is back to work.

*Case #4.* AS, 56 year-old-white female with a history of schizophrenia, cholecystitis/cholelithiasis (surgery has been recommended on several occasions), renal lithiasis, and poorly controlled hypertension. Surgeries included hysterectomy and bladder tuck. The patient had been noncompliant with medications (anti-hypertension and anti-psychotic), noncompliant with dietary restrictions (a hot fudge sundae occasioned her last gall bladder colic), and is obese. The patient was voluntarily restricted to home. On at least one occasion in the past, the patient had to be admitted for psychiatric care. Live cell testing revealed marked spicules, liver congestion, and marked lymphatic congestion. Prior to beginning TOA-Free Cat's Claw, the patient's mental condition was deteriorating with auditory and visual hallucinations, and increasing threats of physical harm directed toward her husband (actually directed

toward “Raymond”, but her husband’s name is “Bill.”). Within one week of beginning TOA-Free Cat’s Claw the patient’s mental condition remarkably stabilised. The patient was able to leave home and shop for the first time in three years, and also became more compliant with taking medications. It was felt that IM B<sub>2</sub> would further improve the patient’s condition but she would not tolerate the injections. The patient remains stable on TOA-Free Cat’s Claw and anti-hypertension (Diovan) medication alone.

*Case #5.* PK, 56-year-old white female, who since 1998 has suffered neuralgia-like pain and burning sensations in the oral mucosa. Also night sweats, chronic muscle and joint pain, fatigue, short-term memory loss, and visual blurring (“seems my eyeglasses are dirty when they are clean.”) Occult dental infection was corrected with oral surgery and a combination of oral penicillin and clindamycin. Symptomatic relief lasted several weeks after which the dental/oral facial neuralgia returned. The patient subsequently was diagnosed with Lyme’s disease by fluorescing antibody. Colloidal silver (MSP) was initiated along with homoeopathic Ledum, resulting in partial relief of symptoms. TOA-Free Cat’s Claw was added to the above regimen and increased the patient’s symptomatic relief to approximately 95 per cent.

*Case #6.* FC, 75-year-old white male, with a long history of chronic fatigue syndrome and fibromyalgia, and depression. Chronic worsening symptoms of fatigue, muscle soreness, and cognitive loss (“I just can’t think clearly”) had rendered the patient almost housebound. Domestic support is minimal as the patient is married to a sedentary chain smoker little interested in her own health problems and who ridicules the patient’s search for health in the alternative medical field. The patient also suffers insomnia, which could more rightly be described as a loss of circadian rhythm as the patient is unable to fall asleep at night, then chronically is unable to awaken in the mornings. The patient takes Xanax, cytomel, Allegra, Humulin R and N. Treatment with Nutri-Spec diphasic supplementation designed to help restore a more normal diurnal rhythm met with limited success. The addition of TOA-Free Cat’s Claw resulted in a marked improvement in the patient’s energy level, sense of well-being, increased daily activity, and improved cognitive functioning.

*Case #7.* JM, 75-year-old white male, with a long-standing history of anaemia. The patient was successfully treated with whole food combinations of iron and chlorophyll (Standard Process Ferrofood and Chlorophyll Complex). The patient then began to experience gastrointestinal distress and then had several episodes of rectal bleeding, determined on physical exam not to be of haemorrhoidal origin. The patient was scheduled for upper and lower gastrointestinal endoscopy which was delayed for one month due to hospital backlog. TOA-Free Cat’s Claw was begun one 600mg capsule twice a day then increased to two per oral twice a day. The patient experienced one more episode of gastrointestinal bleeding while taking TOA-Free Cat’s Claw, then a cessation of symptoms. At the time of endoscopy, no upper or lower gastrointestinal lesion could be identified. The patient continues to show clinical improvement.

### Summary

In these cases and others, what we have consistently noted so far can be summarised as the following: positive clinical findings:

- *Increased energy.* This in particular has been gratifying when used with chronic fatigue syndrome, fibromyalgia, and depression.
- *Sense of wellbeing/lifting of brain fog.* Current studies are underway but this finding appears to be related to the anticoagulant properties of TOA-Free Cat’s Claw. Those patients suffering from chronic cold hand and feet seem to make the most gain here. Also to be explored would be a positive effect on infertility, especially when coupled with Peruvian Maca.
- *Decreased inflammation.* Here there might be a transient exacerbation of symptoms, then a marked improvement. The only patient in our clinic who has not shown improvement was one who stopped the TOA-Free Cat’s Claw when her symptoms worsened. There was no way to get this patient to understand the concept of a healing crisis.
- *Decreasing blood pressure.* Almost all of our hypertension patients have been able to lower their dosage of anti-hypertension medication. None has been able to discontinue the antihypertension medication altogether, at least at this point in time.
- *Decreasing blood sugar.* All our diabetic patients have had mild lowering of fasting blood sugars (about 10 to 20 points.)
- *Increased diuresis.* All of the patients have experienced a mild diuretic effect.

### **Adverse clinical findings**

These include:

- \_ Lower extremity cramping. This is easily alleviated when present by either/or calcium supplementation and a good multivitamin/mineral combination.
- \_ Several patients have experienced healing crises. In fact, individual patients have experienced multiple “mini-crises” with continued use of TOA-Free Cat’s Claw. No patient has required hospitalisation while on TOA-Free Cat’s Claw.
- \_ One patient experienced a severe immediate gastritis. The dose was lowered to 250mg each day instead of a normal starting dose of 1800mg twice a day. Within two weeks the maximum dose was tolerated. Gastrointestinal complaints have resolved. This patient’s presenting complaint was chronic migraine headache. No change has been noted yet in the severity or frequency of the headaches.
- \_ Skin rash. Several of the patients experienced transient photosensitive skin rashes, none requiring any treatment other than time. In our clinic, 12 patients have had adverse effects of one or all of the above.

### **Conclusion**

As the several case studies illustrate, TOA-Free Cat’s Claw has proven in our clinic to be a safe natural remedy with a wide range of therapeutic efficacy. To date our patients continue to show remarkable clinical improvement. As our experience and confidence with the use of TOA-Free Cat’s Claw grows, we are applying TOA-Free Cat’s Claw to an expanding list of clinical illnesses.

*Dr John Kule MD is Director of the East Aiken Health Center in Aiken, South Carolina. He is a graduate of La Pontificia Universidad Javeriana in Bogotá, Columbia and did specialty training in Family Medicine at the Medical University of South Carolina in Charleston. Prior to medical school Dr Kule did masters and postmasters studies in Biomedicine/Biology of Aging at Drexel University in Philadelphia. Dr Kule is also a craniosacral therapist having trained at the Upledger Brain and Spinal Cord Center.*