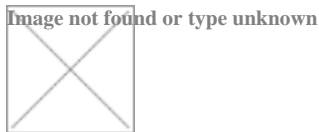


Chris Hobbs, PhD Shares Cardiovascular Herb Tips



April 10, 2019

Liz Sutherland, ND, Editor-in-Chief of the Journal of Restorative Medicine interviewed Chris Hobbs PhD. Dr. Hobbs is a faculty member of the [Restorative Medicine Herbal Certification Program](#).

LS (Liz Sutherland): Dr. Hobbs, would you start us off by telling us a little about your background and experience?

CH (Chris Hobbs): I started out as a lay herbalist. My dad and his father were both professors of botany. On my mom's side, my grandmother and great-grandmother were herbalists. I got it on both sides and became interested in herbal medicine and then went to school for it. I went to Five Branches Institute in Santa Cruz and eventually got my acupuncture license. I practiced herbal medicine and acupuncture for a number of years, and was writing books and articles the whole time. I was on the board of the American Botanical Council and also one of the co-founders of the only professional herbal organization in the country, the American Herbalist Guild. After practicing a number of years I got more and more interested in science and herbalism, so I went to UC Berkeley and got a PhD in evolutionary biology, ecology, and integrative biology with an emphasis on medicinal plants. Once you have strong science training like that, you tend to go more towards okay, show me the evidence, but I don't just get stuck on clinical trials, I also look back on the historical record to see how these herbal medicines have been used. I try to put it all together in that sense, science and the historical practice.

LS: Well, that's a terrifically extensive and impressive background. When you're in a practice setting, how does the interplay work in your thinking between the heritage of traditional wisdom you received from your family, and the scientific evidence base that you accrued?

CH: I think several things in that regard. One certainly is safety. When you look at a lot of pharmaceutical drugs, the safety record is not that extensive. Of course, the FDA wants to see evidence that a drug is not mutagenic or hepatotoxic and so forth, as well as evidence on efficacy. It turns out that about 20% of pharmaceutical drugs are pulled off the market before five years, because of safety concerns. Regarding safety of herbs, the traditional record is really a gold mine for safety, because if you look at traditional Chinese medicine, which goes back 2000 years at least, they're very specific about how to use herbs, what the proper dose is, how long you would give it, and, when necessary, what other herbs you would add to ameliorate any potential toxicity from the main herb that has the most activity.

LS: Is the same true in the Western herbal tradition in your opinion?

CH: Yes, for example, milk thistle seed was known for protecting the liver 2000 years ago. It was written about by Dioscorides in the first century CE. St. John's wort was also written about almost 2000 years ago. Great herbalists like Culpepper, Gerard, and Parkinson compiled Western herbal knowledge in the 1500s and 1600s.

LS: At the Miami conference you will be covering cardiovascular conditions. I know in treating cardiovascular

conditions, highly-potent herbs like Rauwolfia are sometimes used. Can you offer any advice to a practitioner who already has an extensive clinical background, but is starting out learning about plant-based medicine, on what kind of relationship to have with these types of botanicals?

CH: Yes, as you say [Rauwolfia](#) and for instance, [Convallaria](#) are very potent and effective herbs for hypertension and congestive heart failure. I think of two major guidelines: one is always start with the lowest recommended dose for a week or so to see how the patient responds. Secondly, it's always very important, if you're using something like Rauwolfia, to blend it with other herbs and not just give a whole bottle of Rauwolfia tincture. Use it in conjunction with other herbs that are known to be very, very safe. For instance, it's almost always the case that practitioners in Europe or India will add [Crataegus](#) (Hawthorn), which is a very safe remedy and has beneficial effects: It's positively inotropic and chronotropic, so it steadies and strengthens the heartbeat. I would probably add 10% Rauwolfia and 90% Crataegus and then make a recommended dose that's on the low end of the scale for Rauwolfia. The patient should take that for a week or 10 days and see how they do with it. In that way, I think it's very unlikely to get into trouble until you gain more experience. One doctor that I read about in India has used Rauwolfia for 25 years. That experience is invaluable, but it takes time to gain it.

LS: I've heard you say inflammation is the basis for so many of the chronic health conditions that plague people today. Do you prescribe anti-inflammatory herbs by health condition, or are there certain herbs that you would recommend to anyone to heal an inflammatory process?

CH: That's a big topic. There are a number of herbs that can be added to formulas just to address the inflammatory component, such as of course, turmeric. It can be added to formulas, or be a standalone herb. I typically use a program of anthocyanidin-rich foods like berries to help manage chronic inflammation, along with a number of specific herbs which are strongly anti-inflammatory.

LS: I imagine that many of the patients you see with cardiovascular disease or metabolic syndrome are already taking pharmaceutical drugs. Do you find there's any issues about interactions between herbs and drugs in these instances?

CH: It's important to pay attention to any pharmaceutical drugs that a patient might be taking, and only use herbs that are known not to affect liver enzyme function in a strong way. The main example here is St. John's wort, which is well known to affect liver enzymes and change metabolism.

There are several texts that are very important to have on your shelf if you're using herbs and the patient is also taking pharmaceutical drugs at the same time. Herb, Nutrient, and Drug Interactions by Stargrove is probably the most extensive and highly referenced and just a fabulous book. Also, the Botanical Safety Handbook from the American Herbal Products Association. They update all the information on their website regularly. The other book that I commonly use is the Essential Guide to Herbal Safety by Simon Mills and Carrie Vaughn. Those are the three books that I have on hand all the time.

Having said that, I'll add one more thing, and that is that most herb-drug interactions that have been written about are theoretical. When you actually look at how many clinical trials and how many clinical reports there are on actual clinically relevant interactions, it's not that much.

It's estimated that 20 million people in the United States take herbs and drugs together frequently. Of those 20 million, there are very few actual case reports or clinical trials to demonstrate that this is a concern that you would have to really pay attention to. However, it's important to do the work to make sure that there aren't interactions that are possible or likely.

LS: How frequently do you see patients having allergic reactions to herbs?

CH: Not very often, but I'm very keen on knowing the source of the herbs I use. The most likely reason for allergic reactions in my opinion, is herb quality and purity. The most common actual side effects of taking herbs

are digestive upset and headaches. Allergic reactions are third. I have seen very few cases of frank allergic reactions where a person might get a rash.

LS: Can you give us an example of a patient you have treated for say hypertension or congestive heart failure, and speak to how long it would take for the herbs you use to take effect and for the patient to feel benefit?

CH: It's very patient dependent, of course. The treatment program, the herbs should be tailored to the individual and not just be generic. Generally speaking, if a person comes in and they are not on medications and they do not have blood sugar problems, then there are a number of herbal remedies that I would recommend to begin with. In this case it will typically be two or three weeks before a patient responds. Herbal medicine is more gentle typically than pharmaceuticals. If it's a chronic condition, you have to expect to be on an herbal regime or a holistic program with diet and everything for at least three or four weeks. I think that it takes about six weeks for a patient to really feel secure and to really get a sense of improvement.

LS: What form of herbs do you use to increase patient adherence to a treatment. I would imagine that it's easier for people to take encapsulated herbs, but do you vary what you use? Tinctures and teas as well?

CH: I use everything. In my clinic I've got bulk herbs, I've got tinctures, I've got oils and also water-based tea extracts, which are often used in Chinese medicine. I don't like to give alcohol extracts long-term particularly to patients, and especially for younger people. Tea extracts are very, very useful, because they only use water and you can extract almost everything out of the herbs by boiling them and then you just concentrate them down. Then patients can take them in powder form or in capsule form if they don't like the taste. In powder form they would just take a half teaspoon or a scoop, and they would put it in warm water, perhaps ginger tea or chamomile tea depending on their symptoms.

I would also predicate it on the patient's pocketbook. If they'll be taking an herbal formula for many months, which is often the case for chronic conditions, I want it to be as cost-effective as possible for the patient.

LS: Have you ever had a beneficial outcome with a patient that surprised even you?

CH: Well one herb is really a polypharmacy. St. John's wort, for example also contains flavonoids. We talk about the main active ingredients of herbs, but herbs are complex mixtures of many different types of compounds. Most herbalists use formulations to address symptoms or a long-term condition from different angles. You might want to support liver and digestive function, or immune function, or to have a calming effect. I'm not really surprised, even if I get a serendipitous result that I'm not actually looking for. I might use a particular herb, for instance, a laxative like rhubarb root for improving the symptoms of diarrhea. It's odd to think of using a laxative to cure a case of diarrhea, but it does work, because it's working with the body. I'm not really super surprised by anything, because it's just very complex and herbs are complex, formulas are complex, patients are complex.

LS: I want to thank you so much for your time today, Dr. Hobbs. It was wonderful to chat with you.

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