

Dr. Lindrooth's Autoimmune Disease Case Study

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Liz Sutherland, ND, Editor-in-Chief of the Journal of Restorative Medicine interviewed Charis Lindrooth, DC. Dr. Lindrooth is a faculty member of the [Restorative Medicine Herbal Certification Program](#) and is speaking at the [Miami Seminar](#).

LS (Liz Sutherland): Dr. Lindrooth, I know you are a doctor of chiropractic by training, so could you tell us a bit about how your path led you to herbal medicine?

CL (Charis Lindrooth): I majored in political science, and, like many college seniors, had no plans for afterwards. I decided to take a teaching job at an elementary school. I had actually minored in Education, so I jumped into teaching fourth grade, knowing very little and loved the experience, but I got sick. Every single month I got strep throat that went into bronchitis, and I would get a round of antibiotics, and then the next month the same thing would start. Over and over and over again. They say all first year teachers always get sick like this, and it's just a matter of getting through your first year. Well, the second year and the third year were the same.

By the third year, I started thinking there's got to be a better solution than antibiotics. I had been on so many rounds of antibiotics, and, like many people, I don't feel well when I'm on them. It was actually a chiropractor who introduced me to my first herb, which was Echinacea. I started using Echinacea and thought it tasted terrible. It's got tongue numbing properties and it tastes a little bit like the bottom of the compost pile. But, lo and behold, I stopped getting sick. And it worked so well for me, I don't think I got another cold for five years after I started using it. I fell in love with that plant!

Through this whole process, I started to look at what I really wanted to do with my life now that I was getting a little more mature, and it was through working with this chiropractor that I came to the conclusion that I wanted to work more with natural medicine and continued my education in that direction.

LS: So, Echinacea was your gateway herb! What kinds of health conditions do you commonly treat in your practice?

CL: I think many natural health practitioners find they get a similar kind of patient. And that is the patient who has been through the route of conventional medicine and they haven't gotten answers. So, they're kind of mystery patients. My personal theory about them is that they have some sort of autoimmune dysregulation.

I see a lot of people who are inflamed and chronically ill, or simply not feeling well. I also see a lot of people with cognitive issues because that is one area that I particularly focus on. And I see a lot of families. A lot of mothers who want to approach their children's health with natural medicine before turning to conventional medicine, whenever possible. I'm kind of their path to deciding whether something is of greater concern and needs to go to a regular medical doctor.

LS: Give us an example of how you'd go about treating a patient who has some kind of autoimmune dysregulation.

CL: One of my patients that I have actually been working with for my entire twenty-five years of practice,

was diagnosed about thirty years ago with systemic lupus. She was extremely ill when she started coming to me, suffering from a wide range of symptoms, particularly debilitating migraines; she would pass out suddenly. She would sometimes spend the entire night throwing up and vomiting from the pain that she was enduring. Later she had a lupus hepatitis, not a lupoid, but a lupus hepatitis, which is a very rare condition, with the autoimmune reaction actually happening in her liver. She was hospitalized for that, and for multiple things.

Basically, I have been her support for coping, not just through the extreme emergencies where she was hospitalized and on steroids and significant pharmaceuticals, but mostly, I've been helping her recover and deal with her condition drug free, and only with natural medicines. And, now, she's a yoga instructor! She also has Hashimoto's so she is on a small amount of thyroid, but otherwise she relies entirely on plants for her well being, and sometimes I look at her and I think she's healthier than I am! it's been a real journey together and such a rewarding one.

While there are certain plants that have been her real allies for helping her cope with her autoimmune condition, I would also say it's been important for us to rotate her protocol because a lot of people with autoimmune conditions, particularly I've noticed with lupus, get sensitive to the plants. They get sensitive and they have sort of an allergic, or sensitivity, response to foods, to substances, and that includes botanicals. Rotating her protocol has been really important for her to maintain the trajectory of wellness.

LS: That's very interesting. Please give us a sense of your protocol. What herbs have you used with her?

CL: One of the first herbs we used with her in the early stage of her illness, when her migraines were so debilitating, was [milk thistle](#). And she took A LOT of milk thistle. And that effectively eliminated her migraines. She no longer gets them. She gets some headaches now, but not much. And I think supporting her liver function was really, really important. Of course, we were also using the milk thistle for that lupus reaction in her liver, but that was a huge flare that milk thistle wasn't going to stop. As far as addressing some of the immune dysregulation, we work a lot with [Baikal Skullcap](#) or Chinese Skullcap, otherwise known as Huang Qin. That is probably one of her standard of care herbs. I rotate the use of the Skullcap with Red Sage, which is also known as Danshen, or *Salvia miltiorrhiza*. Those two plants have been a big part of her protocol, as well as Gotu Kola. Gotu Kola is one of my favorite plants for a huge range of conditions. But, I like it particularly for patients with lupus because it does address connective tissue disorders, as well as immune dysregulation and inflammation in general.

This patient also had cognitive dysfunction, she had a lot of brain fog, trouble computing numbers, and felt sluggish and fatigued when working on the computer. Gotu Kola is a fabulous plant to remedy that.

LS: Do you find that you dose those patients with botanical medicines differently than you would patients for whom an autoimmune dysregulation is not their primary concern?

CL: I do because these patients tend to be much more sensitive. They also can be extremely responsive to the plants that we're using with them. I tend to start with lower doses and then see how they're doing. Are they reacting to it in a negative sort of way, or are they responding in a positive way? Can we up their dose to see if we get a better response? So we start gradually. And sometimes I do need to use a lot of a plant. You know if it's a plant that is very safe, what I call a food-grade, food-safety plant, a plant that you could interchange with your meal, then I might be more inclined to use more of it. But I always approach it with concern with patients who have immune dysregulation because they can be much more reactive to any substance, especially botanicals.

LS: By using something like a food-grade plant, are you thinking of, for example, garlic, ginger, and turmeric?

CL: Yes. For somebody who is just starting out in the world of either using or prescribing herbs, I'd say just turn to the kitchen, and you can find so many medicinal herbs right there, and you can feel confident that you can use these with relative safety.

LS: On many conventional medical websites, like the one for the Johns Hopkins Lupus Center, they advise that patients with autoimmune conditions should avoid Echinacea. They also actually recommend avoiding garlic and alfalfa sprouts because of constituents that might stimulate the immune system. What have you noticed regarding these herbs in your practice?

CL: Specifically regarding Echinacea, even though it is debated quite a bit whether it's actually of concern for people with autoimmune disease, I have noticed that mostly it does aggravate my patients. So, I just don't use it at all with people with autoimmune disease. It's not necessary because there are so many other immune herbs that you can use. In the case of the patient I mentioned, she was more immune stimulated early in her disease. She is more immune depleted now, but I still wouldn't use Echinacea with her. Instead I might use medicinal mushrooms like reishi, which I might not have used in the beginning to avoid any exacerbation of her inflammation.

I have not seen any problem with any autoimmune patients using garlic. Now, I don't use a lot of garlic though, and I usually use fresh garlic as an acute, short-term remedy. I've used it in the short-term with this lupus patient. Sometimes she does get pleurisy. She's had pneumonia, so she gets a lot of respiratory complaints as well. She will turn to garlic in those times, and you know, theoretically, she's avoided greater complications, like pneumonia, by using it. And she's never experienced any inflammatory exacerbation. Regarding alfalfa sprouts, she cannot eat them, and I avoid them with my other autoimmune patients as well.

LS: Do you use mushrooms later on in your treatment protocol?

CL: Reishi is definitely one of the first fungi that I think of. It is one of the first tools in my tool kit for autoimmune disease. I would think of that pretty quickly, but I still might be very observant when using it with a patient to make sure that it's not causing an inflammatory response. Theoretically, reishi is an amphoteric; it's going to be a balancer. It's going to help support the immune system if it's running low, and it's going to bring balance to it if it's running too high. It's a beautiful option for people with autoimmune disease, particularly if you're using the fruiting body. When you're using encapsulated reishi, you really have to know what's in that capsule. It's really important to make sure that you actually have beta-glucans. If you have fruiting body, you'll also have the triterpenoids, which will help regulate the immune response. So, the brand that you use, or the source of the reishi can make a huge difference. I might just be a little more hesitant to use other mushrooms. But it isn't the same as Echinacea. I think Echinacea is much more directly stimulating to the immune system.

LS: What botanicals do you use to help modulate the Th1/Th2 balance?

CL: I use both [reishi](#) and Baical Skullcap as modulators of Th1 and Th2. However there are a lot of other great botanicals that can influence Th1 or Th2, and they can be used (or avoided) if you have an idea where the imbalance is. For example, curcumin promotes Th2 activity and so can quell an overactive Th1 response commonly found in Hashimoto's. That means it can also aggravate someone with seasonal allergies – even though it's found in so many allergy protocols!

LS: Are you concerned about the alcohol content in tinctures with your autoimmune patients?

CL: No, because they're taking really minute amounts, and mostly they dilute it in water. One of my herbal teachers, David Winston, said there in a tincture as in a very ripe banana. Of course, if you have somebody who is abstaining from alcohol, for whatever reason, certainly you cannot use alcohol tinctures. But there are other

tinctures too, like glycerites, or vinegar, or other options as well.

But mostly I use alcohol because it's such an incredible medium for extracting the medicinal components of the plants.

LS: What's a healing story that surprised you?

CL: I had one patient who came to me with pretty significant Crohn's disease. She was in despair. Honestly, Crohn's disease is not easy to treat. And, a lot of people really go down a rabbit hole of uncomfortable conventional treatment when they can't get relief from it. I wouldn't say she was non-compliant, but she was afraid of tastes, so it was very difficult to come up with a complex program for her. I wasn't super hopeful that I could help her because she was so unable to do the full protocol that I would have wanted her to do. I just decided to keep her protocol very simple, and I gave her one plant, Wild Yam, which is now on the at-risk list. Wild Yam is incredibly antispasmodic to the intestinal tract. It's also very bitter, and that flavor of bitter is extremely supportive of proper digestion. I suspect it has anti-microbial properties as well. I use it for cases of infectious diarrhea and vomiting. Even small children will take it.

It happens to not taste great, but when you're not feeling well in your belly, it soothes you so quickly. The results are SO instantaneous. But what was surprising about this patient was not just that she got some relief from her pain, she also actually reversed her diagnosis. I got a letter from her gastroenterologist about it. It was a really great moment in my practice. A really happy day. It's been about fifteen years and she's still Crohn's free.

LS: That's an amazing story. Would you like to leave us with one more clinical pearl that could be helpful to integrative medicine practitioners who are starting out on this path?

CL: Rosemary Gladstar says "When in doubt, use nettles." It is such a wholesome plant. It's so mineral rich. It's good for allergies, and when somebody is feeling vaguely unwell, it can turn their symptoms right around. I used it when I was hiking at a high altitude because I am vulnerable to altitude sickness. Drinking really strong nettles tea three times a day, along with chlorella tablets did the trick for me.

LS: Thank you so much, Dr. Lindrooth for all of your clinical insights.

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