

Sjögren's Syndrome – Can herbal medicine help? A case study

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Background:

My first consultation with Peter was preceded by a visit from his wife in early January 2008, asking if I had heard of "this thing" as she showed me an information leaflet on Sjögren's Syndrome. Although not long qualified as a Medical Herbalist, I had heard of it but never treated it. I explained that many of the auto-immune diseases had a great deal in common including dietary and herbal support. She was satisfied and made an appointment for Peter to see me for a consultation.

Initial story:

Peter runs a family company which hires out marquees and their related furnishings. His job is very physical and in the season, very busy. In 2006 Peter began to experience pains in his forearms. His general practitioner (GP) referred him to the Rheumatology Department of a nearby specialist hospital, where he was diagnosed as having Sjögren's Syndrome. He was told that nothing could be done to help but to come back when the pain became unmanageable. For the following two years he experienced a marked deterioration to the point where he was, at the time of our first meeting seriously considering having to stop work. He was then fifty eight years old and desperate to feel well again and be able to work.

First consultation:

Peter presented with intermittent pain in his forearms but he was also losing significant strength and grip. His hands get very cold and turn blue; the tips of his fingers are often numb. The pain can flare across the top of his chest and his back. When bad it can only be eased by the application of heat e.g. a very hot, hot water bottle. In the mornings he wakes with congestion in his chest and has difficulty breathing through his nose initially. He has a morning cough (white phlegm) which clears quickly. This congestion and cough is not weather dependent.

Peter's mouth is always dry 'as a bone', but sometimes it can be worse than others. He recognises that stress makes it worse. His eyes are not dry but they can be itchy or gritty and they cannot cope with glare – for that he wears sunglasses to prevent profuse watering. His skin gets intensely itchy at times – back, legs and forearms mainly, but there is nothing to be seen. Scratching does not relieve the itch.

His energy levels are now generally low and he struggles to do a days work. This is impacting his mood generally.

Clinical examination:

Peter's skin was clear although slightly dry in places. He had the full range of upper body movement but he had a bi-lateral weakness in his hand grip. There was no evidence of muscle tenderness at the time although he was experiencing some mild



aching across his upper chest and back. Eyes and mouth were unremarkable. His blood pressure was 110/70; pulse 76bpm, regular.

On questioning, Peter's general symptoms first appeared about four years previously when he began to work with the marquees, but he ignored them until they began to impact his work.

Mental/emotional state:

Peter recognises that he is a worrier and is unable to delegate. The work operates to a strict timetable and weather and timing are critical. He describes his work as very stressful and physically demanding. He takes little downtime but relaxes with Blues music and watching motor sports. He is re-building and old fire engine and getting it ready as a show piece, which he admits can be stressful.

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Family history:

Peter's father had a cardio-vascular illness and died in 2006 – the year that the pains in his forearms became severe enough to see his GP. His mother has had cancer twice but remains well. His only sibling is fit and well. He has two sons – both of whom are fit and well. One works with him in the family business.

Medication:

He has taken Omeprazole 20mgs, once a day for a number of years but feels it doesn't do anything. It is generally prescribed for excess stomach acid. He occasionally takes Co-drydamol for pain.

Past medical history:

Peter has never smoked. He was very ill with pneumonia aged nine but was not hospitalised. At twenty-one he had a bad dose of measles. There was nothing else remarkable in his history.

Systems scan:

Although not short of breath, Peter gets an occasional twinge of pain in the right upper chest. He sprayed a lot of paint when younger and seldom wore a respirator. He suffers from palpitations at night in bed; they can leave him feeling very agitated. He relates them to stress/agitation. Peter is not conscious of any pain in his joints and has the full range of movement, although he sometimes has a 'click' in different joints. He occasionally gets severe pain in his right wrist joint, (work related), which wears off within hours. He dislikes sleeping on his back as he feels uncomfortable all over. He feels that his upper body cannot relax when he is in bed. His arms go numb in certain positions. He prefers to sleep upright or in a chair. He gets occasional tension headaches. He does not need to get up to the toilet at night.

Gastro-intestinal system:

Peter had regular dental care with no apparent problems other than a sensation of dryness. His tongue was unremarkable. He does not suffer any swallowing difficulty. He reports that X-rays have shown 'a bit of something' on his liver which shows up in blood tests. He has had irritable bowel symptoms for several years but reports that it has steadily got worse. He used to enjoy curries and spicy food but no longer eats them after experiencing a cold fainting spell following such a meal. Omeprazole can suppress the cramp that he experiences. Every morning he has an urgent bowel movement – stool unformed but no mucus or blood except from haemorrhoids, which can be painful.

Diet:

Peter considered that he had quite a good diet although without much variation. His average day was as follows:

Breakfast – porridge with skimmed milk and sugar plus 3-4 cups of tea with sugar.

Mid am – tea with sugar and biscuits

Lunch – sandwich of white bread with meat plus two teas with sugar

Mid pm – tea with sugar and biscuits

Dinner – Meat, potatoes and vegetables. No pasta, occasional rice.

Meat: at least once a day

Dairy: skimmed milk, minimal cheese and yoghurt, pretend butter!

Fish: once a month from the chippie

Fruit: maybe once a week

Seeds/nuts: never

Wheat – eats nearly a packet of sweet biscuits and bread every day.

Alcohol – can go several weeks without and then have a couple of pints of beer.

Diagnosis and key actions:

I had no reason to disagree with Peter's diagnosis. I discussed with him a strategy which addressed his main symptoms and which gently strengthened his immune system without overwhelming it. The key actions in the overall strategy were:

- Settle inflammation
- Strengthen the digestive system
- Soothe and moisten mucosal tissue
- Strengthen the immune function
- Support and strengthen the liver function
- Calm the nervous system

Advice:

We discussed the likelihood of Peter using strategies to relieve his anxiety/stress and agreed that none were likely. However, he agreed to dietary changes as follows:

- Reduce tea intake (tannin effect on absorption) and replace with water and/or herbal tea
- Reduce sugar intake and take half a lemon squeezed in water, twice a day to reduce internal acidity and improve nutrient absorption.
- Include rapeseed or hempseed oil (10-30mls daily)
- Increase intake of oily fish

Herbal prescription:

Peter had a herbal combination tincture which was warming and strengthening for the circulation, while being soothing and restorative for mucosal membrane. I also included Milkthistle as a support for his liver. His herbal tea was calming for the digestion and nervous (Chamomile and Passiflora) system and included Fenugreek and Marshmallow as internal demulcents.

Reviews:

At the first review appointment two weeks later, Peter reported significant improvements in all areas. He has taken on board all the dietary recommendations and implemented them. His muscle pains have gone; the circulation to his hands has improved and the numbness has ceased. He now sleeps deeper and longer and can lie easily in any position including on his back. His mouth continues to feel dry but he finds the herbal tea infusion (with honey) to be very effective in controlling this. His digestion is greatly improved – he no longer has cramps and he has a normal formed stool every day. He has now stopped taking his Omeprazole. He has had no further chest pains or palpitations. He feels and looks well and is delighted with his progress.

For the following few months Peter continued to do well. He reported feeling 80% fitter and healthier than before. As the summer progressed Peter became busier at work. His stress levels went up and some of his symptoms crept back. If he is able to rest well after a heavy manual day he can shake off any pains. His sleep continued to be good. His eyes were occasionally itchy and his mouth was intermittently dry.

By October Peter was again worn out after a long demanding summer. Advice about doing less and pacing himself fell on deaf ears. Peter's dietary changes had also slipped back. I had made small changes to Peter's herbal mix over the summer and continued to alter it to protect him from upper respiratory tract infection over the winter.

Throughout the following three years I saw Peter for reviews (generally every six – eight months when he could spare the time). His symptom pattern has deteriorated over the years but he remains physically very active and no better able to manage his stress now than when we first met. As dietary changes remain difficult for Peter to sustain I have recommended a

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number of supplements including a good quality multivitamin/mineral and CoQ10 to help his energy levels. Last winter Peter experienced a severe inflammatory pain in his right big toe. While awaiting tests with his general practitioner, I suggested that he try concentrated sour cherry juice which had a very good record of helping to lower uric acid levels. This seemed to help greatly and also improved his sleep pattern which had recently become problematic again. Last week Peter had a review appointment at the hospital.

Discussion:

Since meeting Peter I have gained a great deal more experience as a herbalist and have treated a number of patients with a range of auto-immune diseases. I have given thought to what I might have done differently to give Peter an even better quality of life.

Poor digestion can point to one or more food intolerances – often wheat but can be dairy produce. In Peter's case the key feature of his diet was the heavy reliance on foods which create acid in the tissues i.e. sugar and red meat and his low intake of alkalising foods. This imbalance was sufficient to mask any intolerance. I used several herbs which were bitter to improve digestion and increase the production of stomach acid. Peter's symptoms suggested an inefficient digestive process due to insufficient stomach acid. Peter struggled at times with dietary changes and it was evident from his digestive symptoms which waxed and waned.

Peter's diet was high in omega six foods but was very low in omega three foods. This imbalance will result in the body producing an inflammatory response, hence the aching muscles, itchy skin and general dryness associated with Sjögrens Syndrome. Dietary changes which Peter made during the first six months of 2008 were very successful in addressing his omega 3/6 imbalance and his inflammatory responses settled very well. These changes were not sustained and the balance has altered back towards omega 6.

His tiredness was a significant symptom for Peter. This was improved by a better quality of sleep and for longer. It was helped further by a number of different herbs from a category called adaptogens. Herbs in this category include Ginseng, Liquorice and Milk vetch. I used Milk vetch for Peter as it works at a deep level to strengthen the immune system and can be safely used with a compromised immune system. I also used Liquorice in all of his prescriptions to help support the adrenal glands. Using adaptogenic herbs over a long period of time helps to support organs and tissue under stress.

Peter's greatest challenge was to manage his stress levels. He is a self acknowledged perfectionist who cannot delegate. After his 60th birthday I asked him if was going to retire or slow down a bit. The answer was a very strong negative. He drives himself nearly to the point of destruction every summer and then pays the price. I have used a number of different relaxing nervine herbs including Chamomile and Skullcap to calm his anxiety. They are effective but Peter remains a worrier.

The dryness that Peter experiences also fluctuates with stress and tiredness levels. Several different demulcent herbs including Marshmallow root and Fenugreek seem to have helped to ease the discomfort at times. Although the research is not yet conclusive, increasing Omega 7 levels in the body appears to be helpful to reduce the dryness of mucosal tissue. While it is normally part of a well balanced diet it is found in supplement form in Sea Buckthorn oil.

Conclusion:

Caring for Peter has been a privilege and a learning experience. However much I may believe that lifestyle and dietary changes are key to managing an auto-immune disease such as Sjögrens, it remains a choice that each patient must make for themselves. The herbs are invaluable as a support for symptomatic relief and for maintaining a healthy immune system in auto-immune diseases. I remain in hope that retirement will beckon for Peter before he burns himself out entirely as the herbs can only go so far to maintain health in the face of adversity.

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