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Monitor

OF NATUROPATHY

Spring 2025

Monitor

OF NATUROPATHY



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Monitor of Naturopathy is
published quarterly by the
American Naturopathic Association



MAINSTREAM SCIENCE IS ACKNOWLEDGING THE POTENTIAL POWER OF FASTING IN ALZHEIMER'S DISEASE

Neuroscience News.com reports:

"Ketone bodies, known for their role in energy metabolism during fasting, have been shown to directly interact with damaged proteins in the brain, aiding their clearance through autophagy. Researchers discovered that the ketone body β -hydroxybutyrate alters the solubility of misfolded proteins, facilitating their removal and reducing pathological aggregation."

The article goes on to say that the ketone bodies formed when fasting have the ability to bind to misfolded proteins in the brain and enhance their being eliminated by autophagy.

Autophagy, the current term for *autolysis* that naturopaths have been talking about for a hundred-plus years, refers to the body's instinct to burn waste products and abnormal tissue as fuel, in the absence of nutrition.

Mouse studies have shown a reduction of these insoluble brain proteins, which has heretofore been unachieved, by treating them with ketone esters.

While inducing ketones with a chemical would likely form the basis of a mainstream therapy, the truth is clear that when naturopathic doctors have been advocating for years is a low-tech, low-cost, and safe way to potentially accomplish the same effects. Long before there was an Alzheimer's, there was the healing power of Nature.

Read:

<https://neurosciencenews.com/ketone-bodies-autophagy-28154>



Naturopaths and Bullies

If you have never known a bully, you must have led a very sheltered existence. But if that is the case, I am going to share with you what all the rest of us know about bullies. The conventional wisdom says that behind all the bully's bluster and bravado is a coward. And in fact, if you have been in enough schoolyard scrapes, you will recognize the fact that the bully who terrorized all the other kids would finally shrink in terror when the first kid stood up to him and bloodied his nose.

I encountered the various typical childhood bullies early in life, but one unexpected source of this personality disorder was actually an adult. His name was Frank, and he was the father of a few of my friends. Even though I was a young child and no challenge to him, Frank puffed himself up and threw his weight around. He didn't walk; he swaggered. He moved through a room with his chest thrust out and his head cocked back, and looked down his nose at you. When he talked, it was in a loud, blustery sort of voice. When his daughters misbehaved (he had four), he subjected them to vicious beatings, often leaving bruises and scabs across their backs. I didn't like him.

My mother had known him most of her life, and when I was older, she explained to me that Frank was abandoned by his father, and left home at a very early age and was virtually orphaned. After roaming around, he was taken in by another family who raised him as their own. But he always knew he was not their flesh and blood. Back in those days, being an orphan or having a different last name than your siblings certainly must have provoked a lot of schoolboy taunts and fistfights, and I'm sure Frank had his share. His early experiences may have made him very bitter and the only way to achieve any self-esteem was to overcompensate. At least this is the way we made apologies for Frank.

When we used to visit their house, there was a framed photograph of Frank on the living room table. In the picture, he was wearing a suit and tie, sitting at a desk with a pen in his hand, looking every bit the busy executive, looking up and smiling at the camera. He was a fairly handsome man. I knew he worked at a government agency across town, and it wasn't until I was around twenty years old that I found out that Frank was a janitor at that agency. I don't

know the circumstances surrounding the framed photograph, but I'm sure I was not the only one who never suspected that he wasn't a successful executive; especially with the way he carried himself.

The last time I saw Frank, I was in my late twenties. He strutted into a pizza parlor, ordered a slice, and tossed the money over the counter to the man behind it in a nonchalant way, instead of handing it to him. His carriage, his movement, his bearing, was all still the same, and the look of contempt on his face as he hurled the coins at the man said to me: Yes, once a bully, always a bully.

Now bullying doesn't always have to involve fistfights, stolen lunch money, or any of the other things that characterize our childhood conflicts. It is a disappointing realization that having been educated in, and distinguishing oneself in, the noble art of natural medicine does not insulate you from ongoing contact with bullies. We have in our field (as there are in all fields) those who puff themselves up, swagger and strut, loudly proclaim their superiority, and look with disdain on all those who do not have the same pedigree as them.

Professional and academic bullying is a little different, though. The bully can base his attitudes and actions on the "need for academic rigor", which is then necessary in order to "protect the public." Those who advance these arguments know full well that few people would argue *against* scientific advancement, improvement of methods, higher educational standards, etc. Therefore, those who have armored themselves with this philosophy are never suspected of being what I never suspected Frank of being: someone pretending a status that he does not actually possess.

The new breed of naturopathic doctors, with the standard biomedical courses under their belts, and with the allopathic training, residencies, and certification increasingly available to them, are not trying to convince the world that they have gone above and beyond the necessary education and training for their profession. They are saying that it is now universally agreed upon as the standard. So much so, they feel entitled to prescribe synthetic drugs.

This is not a standard that is accepted nor shared by the entire profession. It is as if neurosurgeons with their advanced and highly specialized training convinced everyone that pediatricians should not be allowed to practice because they do

not have the same level of training and are not competent to open people's craniums.

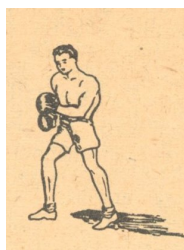
To put it another way: Someone with a Ph.D. in electrical engineering would know enough about electricity to be able to wire his house. This is also something that can be done by a trained and certified electrician with a high school education. In fact, the electrician would probably do it more quickly, efficiently, and safely, simply because he does it all the time.

There is a certain depth of training that is necessary to do a job well. Going beyond it does not guarantee efficacy, nor is it necessarily sensible.

The current situation in naturopathic medicine is that one group with their small number of schools has decided upon a standard that their many-times-more-numerous colleagues did not agree to. Forcing others to comply, or else cease and desist, may look like progress to the outside observer but is in fact *fascism*.

Practitioners who graduated from other schools are not even eligible to take the advanced training or sit for the qualifying exams. Those from outside this group are blocked from even proving that they are equal in education and skill. This is, in fact, the establishment of an elite group rather than the establishment of a higher standard. Senior practitioners who were schooled long before college accreditation and all the other trappings of "progressive" education now find themselves unable to practice in many regions. This is not progress. This is bullying.

This is the situation with Naturopathy in America. Our international affiliates in other countries may not be dealing with this type of problem yet, but it is inevitable. There will always be a bully on the playground, or waiting for you when you walk home from school. He will try to steal your lunch money. Don't let him.



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Dietetics

Is Folic Acid Hazardous to Your Health? What About Food Folate?

Dr. Robert Thiel

Folic acid gets a lot of press coverage. There are many reports that folic acid should be taken by pregnant women and may prevent birth defects. Folic acid has also been claimed to help prevent cardio- and cerebral-vascular diseases. But how many reports have mentioned that folic acid is unnatural, folic acid is synthetic, and that the body cannot properly convert much folic acid into a usable folate forms?

Scientists have declared that, "Folic acid is a synthetic folate form" [1]. Folic acid was not developed until the 20th Century [2].

Should folic acid be used by 21st century naturopaths?

What is Folic Acid?

Folic acid is chemically known as pteroylglutamic acid (PGA) and is a crystalline substance (no food vitamins are naturally crystalline in structure) [2,3]. Folate, once also known as vitamin B9 exists in foods, while crystalline folic acid does not [1-4]. Folate also differ from folic acid "in the extent of the reduction state of the pteroyl group, the nature of the substituents on the pteridine ring and the number of glutamyl residues attached to the pteroyl group" [1].

An Irish study found that the body has trouble converting more than 266 mcg of folic acid into usable folates per day [2]. "(C)onsumption of more than 266 mcg of synthetic folic acid (PGA) results in absorption of unreduced PGA, which may interfere with folate metabolism for a period of years" [2].

A 2004 paper from the *British Medical Journal* confirmed what many natural health professional have known all along: since folic acid is unnatural and the body cannot fully convert large amounts of it into usable folate, this artificial substance can be absorbed and may have unknown negative consequences in the human body [4].

One of the biggest scientific concerns about folic acid is that even in amounts close to official daily recommendations, some of it is absorbed in unreduced form into the bloodstream with

potentially dangerous results [2,4]. Also, "(i)n vitro studies do show that PGA derivatives act to inhibit certain enzymes, including those associated with nucleotide biosynthesis" [4]. In spite of this, the U.S. Food and Drug Administration has required that uncooked cereal grains and flour products be fortified with folic acid [1].

A *JAMA* study concluded that "studies have suggested that folate intake decreases risk of cardiovascular diseases. However...[f]olic acid supplementation has not been shown to reduce risk of cardiovascular diseases" [5]. This is because studies using folate (the natural form) show it works, yet folic acid (the synthetic form) does not. **Food folate is clearly superior.**

Since food folate is natural and is absorbed through a different pathway than folic acid [2], long-term consumption of folate does not result in an accumulation of a foreign substance in the body, but instead has many benefits.

Folates are in Food

Initially, autolyzed yeast, a food high in folates, was given to people with a pregnancy-related anemia; later the synthetic form, folic acid, was developed [2]. **Folic acid, as it exists in most supplements, is not found in foods, folates are** [2].

USDA reports show that broccoli and alfalfa sprouts contain food folates [6,7] and they are considered to be the best food supplement source by some. Furthermore, "folates are ubiquitous in nature, being present in nearly all natural foods... 50 to 95% of folate in food may be destroyed by protracted cooking or other processing" [2]. Yeast, dark green leafy vegetables, and oranges have the highest folate content [1,2].

Folates are important for healthy blood; the absence of any of folates can trigger various forms of anemia (especially pernicious anemia) [2,8]. Subclinical deficiencies of folates may impair cognitive function [9]. Folate deficiency is the most important determinant in high homocysteine levels [9], and supplemental folates are effective in reducing homocysteine [10,11]. (Homocysteine is highly implicated in vascular diseases such as cardiovascular and other vascular disorders.)

(Continued next page)

Folic Acid Fails to Duplicate Folates in Food for Heart Attack Prevention

After having unsatisfactory results with a folic acid, in a late 2006 interview Lydia Bazzano, an assistant professor of epidemiology at Tulane University stated, "I was surprised that supplementation was not working...I've actually looked at folate coming from natural foods, in the past, and we did see some lower risks of heart attacks among people who were eating a lot of folate. Folate from natural foods may be different from folic acid in supplements" [12].

And, of course, it is truly is different. It is different both chemically and structurally; hence it is no surprise that folic acid in supplements cannot duplicate all the positive benefits from folates in food.

Folate is Needed, But Not Folic Acid

Food folates are essential for human health. Insufficient folate can result in fatigue, depression, confusion, anemia, reduced immune function, loss of intestinal villi, and an increase in infections [1,2,8].

Yet, it is not totally clear what dangers long-term consumption of folic acid will cause [2,4]. Certain scientists believe that excessive consumption of folic acid may actually interfere with folate metabolism [2]—this could be expected to worsen conditions that would have otherwise benefited from real food folate. Furthermore, "(v)ery large amounts of folic acid in its pharmacological oxidized (PGA) form may be noxious to the nervous system...and have provoked seizures in patients otherwise under control on anticonvulsant therapy" [2].

In conclusion, it is clear that since folic acid is unnatural, is synthetic, is chemically different than food nutrients, is structurally different than food nutrients, and is not absorbed in the same pathways as folates are, long-term folic acid consumption may be hazardous to human health. Folates in foods are what is safe and are the preferred form of folate for human consumption. And unlike folic acid, humans have been safely consuming food folates for thousands of years. And only food folates should be advised by true naturopaths.

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Phytotherapy

HAVE YOU GONE 'ROUND THE MULBERRY BUSH?

C.P. Negri, OMD, ND

"Here we go 'round the mulberry bush..."
Every kid of my generation knew this song in elementary school.

While I was certainly familiar with elderberry (*Sambucus*), I did not study *Morus rubra* or *Morus nigra* (red and black mulberry) as a natural medicine when I was in naturopathic school. In fact, I don't think I ever saw a mulberry bush in my life (and never understood the song, since it's a *tree*). But tree or bush, *Morus* does have pharmacological uses, and it was brought to my attention recently when I saw a study showing its benefits in treating diabetes¹. Since this is a modern scourge that has grown like crazy in recent years, I figured I better know anything and everything that has been effective for it.



The juice of the mulberry was listed in the British pharmacopeia in 1885. In America, a thorough discussion of it was written by Harvey Wilkes Felter, MD and John Uri Lloyd, Phr. M. in the classic text of natural medicines, *King's American Dispensatory*. Below is an excerpt from that work.

"Action, Medical Uses, and Dosage.—
Mulberries possess very slightly nutritive qualities; they are refrigerant and laxative,

and their juice forms a pleasant and grateful drink for patients suffering under *febrile diseases*, as it checks the thirst, relieves febrile heat, and when taken freely, gently relaxes the bowels. The juice, formed into a syrup and added to water, answers the same purpose, and forms a pleasant adjunct to gargles in *quinsy*. If the berries are eaten to excess, they are apt to induce diarrhea. The bark of the tree is reputed purgative and vermifuge, having expelled *tapeworm*."

This is one of the lesser impressive natural medicines in *King's*. It really doesn't do too much compared to other botanicals. BUT, while I was thinking about writing this, I came across another modern finding for mulberry: It has anti-cancer properties². Now my interest in this common plant was really intensified.

Look at the last line in the quote above. Mulberry kills parasites. Consider the findings of the last few years that ivermectin, also a worm-killer (vermifuge), has been found to be effective in many cancer cases. The same for fenbendazole, which you may have given your cat or dog. And that something I've used for years, wormwood (*Artemisia annua*), which you could say is a natural analogue of ivermectin, does the same. Natural medicine has claimed this for years, but the humble mulberry may be the thing that finally makes everyone else realize that cancer is partly parasitic in nature, and that anti-parasitic remedies have their place in treating it.



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¹ <https://www.herbalgram.org/resources/herbclip/issues/2024/issue-745/mulberry-fruit-extract-glycemic-response/>

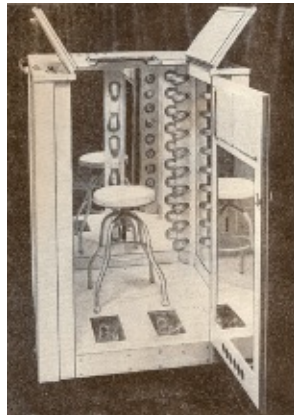
² <https://survival.news/2024-09-20-mulberry-tree-has-anti-inflammatory-anticancer-properties.html>

Physiotherapy

ELECTRIC LIGHT BATHS

Electric light “baths” were a much more common modality in the early 20th Century Naturopathy, but have almost totally disappeared. They likely lost their prestige very early on, as electric bulbs became more commonplace for lighting. But they continued to be featured in many Nature Cure sanitariums and spas in the United States for some time. They can still be seen in naturopathic institutions in India, however, and there is a good reason for their continued use.

Their use was not simply a novelty in the “old days”; they were very effective for a variety of health problems. While the benefits of sunlight have been widely studied, artificial forms of sunlight have likewise been shown to have many benefits, and not just limited to the thermal effects.



Many different types of filaments have been used, from regular incandescent bulbs to carbon arc lights, to light-emitting diodes (LEDs) in the present day. Electric light baths are given in localized applications, with a lamp irradiating the targeted area, or in an enclosed cabinet where the entire body can be exposed.

The electric light cabinet is usually equipped with thirty to fifty bulbs. The cabinet is also lined with mirror or reflective material. In some cabinets, the floor itself is clear, with additional bulbs glowing from underneath. The patient sits on a covered stool and absorbs the rays from every direction through the skin. The head protrudes through an opening in the top, as in a steam cabinet. The head and neck are typically covered with cool moist toweling.

Lighting filaments produce considerable heat. The infrared portion of the spectrum produced by the bulbs is considerable. Wet compresses are applied to the treated areas for 3-5 minutes at intervals during the treatment session, until

enough sweat is produced. During treatment, the pores open, the sweat carries off toxins, and cutaneous vessels adjacent to the treated area dilate to carry off the heat. The vascular response has a number of systemic effects.

There is a curious difference between the electric light bath and the steam (Turkish or Russian) bath or dry air (sauna) bath. In the steam bath and the sauna, the surrounding temperature must be higher than the body's temperature in order to produce profuse perspiration. But in the light cabinet, temperature is below that of the body; from 96F to as low as 85F. Yet, in the electric light bath perspiration appears much more readily than in the other baths. Radiant light and heat must therefore penetrate the tissues more deeply than one would think, and cause effects that go beyond simple heat convection. The other distinctive difference is that there is none of the typical feeling of weakness after an electric light bath as there is from a sauna or steam bath.

Electric light baths are typically followed by a thorough rubbing of the skin with a towel, and further followed by a warm shower or bath. Once the body is warmed by the shower, a cool spray should be used for a few seconds before exiting the shower. If taking a bath, it can be cooled by adding cold water before getting out.



Known effects of the electric light bath are increased metabolism, increased cellular activity, and improved vascular function. Protein wastes, particularly, are excreted at a higher rate under its power, making it a detoxifying agent of great simplicity. While the light bath does not cure diseases directly, it

does aid the body in eliminating waste, boosts immune system response, and can be a good adjunctive agent (along with other treatments) in preventing illness and raising the level of overall health. Since many modern people have limited access to fresh air and sunlight, and tend to lead sedentary lives, the electric light bath could restore the ability to perspire normally, especially when those same people may have been using

agents to try to prevent this essential function. This is an often-overlooked factor in the epidemiology of industrialized nations.

Conditions responding to the Electric Light Bath include abscesses, acute illnesses such as colds and flu, asthma; boils or carbuncles, chronic sinus and allergy symptoms, depression, edema, fatigue, eczema, hypertension, ichthyosis, insomnia, migraine, neuralgia, rheumatoid arthritis, scleroderma, and vascular insufficiency.

The common light bulb may seem an unlikely tool for the modern naturopathic doctor, but its effective use in this manner begs a second look. After all, don't we often walk past "weeds" that we also use for medicines? Perhaps it is time for this natural therapy to make a comeback in the contemporary application of naturopathic therapies.



Alternative Therapies Successful in Cardiac Surgery Recovery

A 2005 Mayo Clinic study found that massage therapy reduced pain levels in patients after heart surgery. A five-month pilot study reviewed 58 patients who had undergone surgery, 30 of whom received massage. Their pain had an average level of 3 on the Visual Analog Scale (VAS) before the course of massage (3 on a scale of 1 to 10, with 10 being the worst). After massage, mean pain levels were reduced to less than 1.

In the control group of 28 patients, pain levels remained the same during the course of the study. As a result of these findings, the Mayo Clinic acquired a full-time massage therapist and a larger, randomized study was scheduled to take place. The clinic established the Healing Enhancement Program combining, as they say, "evidence-based conventional care and evidence-based complementary and alternative medicine (CAM)".

Besides massage, other technics used were guided imagery, stress education, and music therapy. Susanne Cutshall, R.N., lead author of the study, said, "These therapies don't take the place of medications but are seen as an important addition that makes a difference to patients."

The findings were reported in a recent issue of *Complementary Therapies in Clinical Practice*.



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A Look at Our Doctors

Spotlight On... Don Mayfield, DAC, ND

Unfortunately, this profile is also an obituary. Donald Dale Mayfield had a long career in natural medicine in Florida and was a classmate of mine in 1979/1980 when we were learning electrodermal screening. I looked up to him as an older, wiser, and established practitioner who was still learning new things even after establishing his own practice. I was also surprised that he was a member of the American Naturopathic Association, which I believed at the time was long defunct.

Our school, even though it provided a wide range of naturopathic courses, could not award an ND due to the state rescinding the naturopathic licensing law in 1959 (and resisting all attempts to reinstate it). Florida was hostile to naturopaths but welcoming of acupuncture; so Don, like many of us, used the popularity of acupuncture as a springboard to getting patients involved in nutrition and using other natural therapies.

Also like many of my generation, he drew the ire of the mainstream medical community and had regulatory agencies monitoring him. Seminole County sent undercover operators as fake "patients" to his office on two occasions, resulting in his being arrested. He was charged with "diagnosing illnesses", which they considered to be practicing medicine without a license. How was he doing this? By "using medical history forms and computers".

They also said he treated them with "remedies, vitamins, extracts, pills and elixirs."



Dr. Mayfield offered a variety of natural modalities such as nutrition, botanical medicines,

homeopathic medicines, colonic irrigations, acupuncture, massage and joint manipulation. He was a staunch proponent of electromagnetic therapies, which has always been a sore point with the drug-oriented medical orthodoxy.

He boldly proclaimed his facility a "Naturopathic Medical Clinic" on the sign, showing disdain for those who want Naturopathy buried forever in Florida. But the name of his practice, "The FIRST Resort", was a bit of psychological and public relations genius. He recorded dozens of instructional videos on various health subjects that remain on YouTube.

He treated thousands of grateful patients over the years for whom he was the first resort. We should all strive to be the first, not last, resort for the sick.

My regret is that he did not live long enough to see the American Naturopathic Association awake from its slumber and become a force for real naturopaths again.

Honoring Dr. Don Mayfield, a real naturopath.

—C.P. Negri, OMD, ND



Donald Dale Mayfield
October 29, 1937 – May 20, 2015



Phytotherapy

DAPHNETIN:

Protecting Against Fibrosis, High-Glucose ECM Accumulation and Down-regulating ACE2 Expression

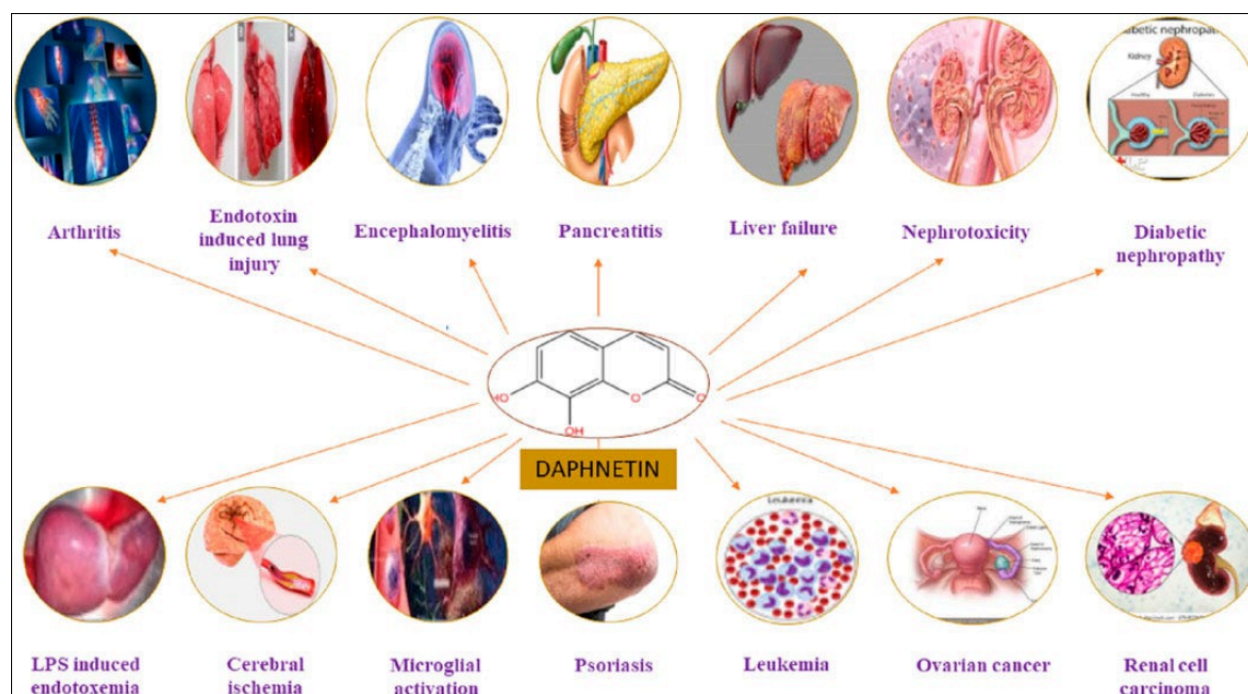
This multifaceted natural therapeutic offers much in treating and protecting from Spike Protein injury and disease.

Walter M. Chestnut

analgesic, anti-pyretic (Singh et al., 2021a), anti-arthritic, anti-inflammatory, anti-oxidant (Qi et al., 2016; Lv et al., 2018), anti-proliferative (Fylaktakidou et al., 2004; Kostova et al., 2011), anti-bacterial (Cottigli et al., 2001), neuroprotective (Qi et al., 2016), cardio-protective, nephroprotective, stroke, coagulation disorders, ischemic brain injury, hepatoprotective and anti-cancer activities (Pinto and Silva, 2017; Zhang et al., 2018; Boulebd and Khodja, 2021) [as mentioned in the illustration below].

Daphnetin: A bioactive natural coumarin with diverse therapeutic potentials

<https://www.frontiersin.org/journals/pharmacology/>



Pharmacological and therapeutic targets of Daphnetin (DAP)

In my continual search for natural therapeutics to prevent and treat Spike Protein injury and disease, I have discovered one which appears to be tailor-made for all pathologies Spike. This is the coumarin Daphnetin.

The list of DAP's pharmacological activities virtually checks all of the boxes when it comes to treating COVID/Spike Protein disease/injuries. It is most impressive.

The DAP has been used to treat coagulation disorders, various skin diseases, rheumatoid arthritis (RA), cancer, lumbago, and fever (Tu et al., 2012; Wang et al., 2013). It exhibited numerous pharmacological activities, including

[articles/10.3389/fphar.2022.993562/full](https://www.frontiersin.org/articles/10.3389/fphar.2022.993562/full)

So, what is Daphnetin?

The DAP is derived from different *Daphne* species. *Daphne* is a genus comprising 70 to 95 species of perennial and evergreen shrubs of Thymelaeaceae family that is indigenous to India, Europe, and North Africa. These plants are renowned for their fragrant flowers and brilliantly colored fruit (Riveiro et al., 2010). DAP-8-glucoside is derived from *D. odora* in which it is formed from DAP-7-glucoside (Ueno and Saito, 1976; Halda et al., 1998). Other sources of DAP include *D. gnidium* (isolated from the leaves and stems), *D. mezereum* (synthesized from shoots), *D. giraldii*, *D. Koreana* Nakai, *D. tangutica* and *D. oleoides*. Seventeen compounds including DAP were isolated from *D. oleoides* (Brown, 1986;

Riaz et al., 2016; Han et al., 2020; Khouchlaa et al., 2021). *D. pedunculata* leaves and stems are also sources of DAP (Moshiashvili et al., 2020) as shown in Figure 1. *E. lathyris* Linnaeus, ethnically known as “*Euphorbia semen*” in East Asia, is also a source of coumarins including DAP.

Daphnetin: A bioactive natural coumarin with diverse therapeutic potentials

<https://www.frontiersin.org/journals/pharmacology/articles/10.3389/fphar.2022.993562/full>

I highly recommend taking the time to thoroughly read the above referenced article, as it goes into much detail about how DAP's therapeutic abilities in treating COVID/Spike disease and injuries. In particular, MS and Lupus effects are discussed as well as its ability to protect kidney, liver and lung. Another important action of DAP is that it assists in denying the Spike Protein access to our bodies. It does this by taking away the “lock” it opens – ACE2.

This study screened approved drugs in China for their ability to downregulate ACE2. Daphnetin (DAP) was found to significantly reduce ACE2 mRNA and protein levels in PC9 cells. DAP exerts its inhibitory effects on ACE2 expression by targeting HIF-1 α and JAK2, thereby impeding the transcription of the ACE2 gene. The SARS-CoV-2 pseudovirus infection assay confirmed that DAP-treated PC9 cells exhibited decreased susceptibility to viral infection. At therapeutic doses, DAP effectively lowers ACE2 expression in the respiratory systems of mice and humans. This suggests that DAP, already approved for other conditions, could be a new preventive measure against SARS-CoV-2, offering a cost-effective and accessible way to reduce SARS-CoV-2 spread.

Daphnetin may protect from SARS-CoV-2 infection by reducing ACE2

<https://pmc.ncbi.nlm.nih.gov/articles/PMC11680907/>

No entry – no game for the Spike, which is exactly how we want it.

Furthermore, as COVID is more dangerous to those with high glucose levels, and it itself induces high glucose levels, DAP inhibits Extracellular Matrix (ECM) accumulation in high glucose states.

Our results demonstrated that daphnetin alleviated cell proliferation induced by high glucose (HG) in human mesangial cells (MCs). Daphnetin strikingly reduced reactive oxygen

species (ROS) and malonaldehyde (MDA) levels, and induced the superoxide dismutase (SOD) activity in HG-stimulated MCs. Besides, the production of TNF- α , IL-1 β , IL-6, fibronectin (FN) and collagen IV (Col IV) was also inhibited by daphnetin in HG-stimulated MCs. In addition, daphnetin enhanced the expression of nuclear factor-erythroid 2-related factor 2 (Nrf2) and inhibited the levels of p-Akt and p-p65 in HG-stimulated MCs. The results indicated that daphnetin inhibited HG-induced oxidative stress, inflammatory response, and ECM accumulation in human MCs.

Daphnetin inhibits high glucose-induced extracellular matrix accumulation, oxidative stress and inflammation in human glomerular mesangial cells

<https://pubmed.ncbi.nlm.nih.gov/30595336/>

Regardless of glucose state, DAP appears to still be protective of ECM homeostasis.

“We examined the effects of daphnetin on splenocytes cultured in Th17 conditions, lung epithelial cells, and a mouse model of bleomycin (BLM)-induced pulmonary fibrosis. We identified that daphnetin inhibited IL-17A production in developing Th17 cells. We also found that daphnetin suppressed epithelial-to-mesenchymal transition (EMT) in TGF- β -treated BEAS2B cells through the regulation of AKT phosphorylation. In BLM-treated mice, the oral administration of daphnetin attenuated lung histopathology and improved lung mechanical functions. Our findings clearly demonstrated that daphnetin inhibited IL-17A and EMT both in vitro and in vivo, thereby protecting against BLM-induced pulmonary fibrosis. Taken together, these results suggest that daphnetin has potent therapeutic effects on lung fibrosis by modulating both Th17 differentiation and the TGF- β signaling pathway, and we thus expect daphnetin to be a drug candidate for the treatment of IPF.”

Daphnetin Alleviates Bleomycin-Induced Pulmonary Fibrosis through Inhibition of Epithelial-to-Mesenchymal Transition and IL-17A

<https://www.mdpi.com/2073-4409/12/24/2795>

Perhaps the most puzzling finding in my research about DAP, is what I didn't find. Other than the above referenced ACE2 article, I was unable to locate any studies, trials or articles about DAP being used to treat Acute COVID, Long COVID or any Spike Protein injury/disease. It is my hope that clinicians and labs will investigate and trial

DAP for treating COVID/Spike Protein injury/disease.

Please remember that this is a work of medical research, and not medical advice. Always consult your Primary Care Provider before using any medication or supplement.

Walter M. Chestnut is an independent researcher on natural healthcare and can be found at wmcresearch.substack.com



Phytotherapy

The Fascinating World of Herbs

(The following appeared in the December 1963 issue of *The Naturopath*. Dr. Sanders was a medicinal plant wholesaler to the naturopathic profession.)

Why Dog Fennel?

Recently there has been considerable discussion about the herb referred to as “Dog Fennel”.

Are we going to be satisfied with the name “Dog Fennel”? (Why dog?). Couldn’t it be classified *Foeniculum officinale*? I don’t believe, furthermore, that it is of the parsley family.

What was it put here for? I believe everything was put here for a purpose. Will any kind of livestock eat “Dog Fennel”? Lo so-called “Bitter-Weed”, it contains a “bitter substance”. What is this bitter substance? Yes, “Dog Fennel” and “Bitter-weed” were put here for a purpose. God never makes a mistake. Haven’t we made a mistake by not analyzing these so-called “weeds” to determine just what their derivatives are?

Let’s Explore

Is it possible that someday we will find in “Dog Fennel” or other so-called “bitter weeds” a valuable alkaloid? We found the cancer cure VLB in the common Periwinkle, you know.

Maybe some old Indian discovered “Dog Fennel” by observing his dog eating this “weed” to induce vomiting to purge himself of some kind of food poison?

Research Needed

We need to set up a research department for not only the established botanical drug plants but the

“new” ones as well. Yes, Nature has given us new hybrid drug plants by cross-pollination, which of course is done by insects / wind / water / plant mechanism. We need open minds and one hundred percent cooperation in our long hard look at the botanical drug plants.

I have spent 39 years of my life in the wholesale botanical drug business furnishing the “established” drug plants to the wholesale drug manufacturer throughout America and England, and fail to find some medicines on the drug shelves for which I didn’t furnish some of the derivatives.

I am not boasting! What I’ve done in my small way doesn’t amount to very much. What I am saying is that we need to take a long, hard look at not only the established botanical drug plants but at the unproven ones as well. Yes, we have new hybrid drug plants.

Greatest Laboratory on Earth

Now, come with me and take a walk through the greatest laboratory on earth—God’s fields and forests. *“The fruit thereof shall be for meat and the leaf for medicine”*—Ezekiel 47:12

Are we making a mistake in trying to destroy some of the weeds that we think are a pest? Remember, everything was put here for a purpose.

Less than fifty years ago, if someone had told us we would have clothes made from wood, *Penicillin* made from mushroom-mold, *insulin* manufactured from the pancreas gland of cattle (these cattle raised in the greatest laboratory on earth), we would have hardly believed them.



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—Editor

Hydrotherapy

Here is a useful hydrotherapy procedure in a form that you can use as a handout in the office.

Salt & Soda Bath

This bath is used when the body has been exposed to ionizing radiation, such as X-rays, etc.

First clean the bathtub, using a natural cleanser if possible. Rinse and wipe thoroughly so that there is no residue left.

Cover the overflow valve so that the water level can reach the neck when reclining in the tub (wedging a piece of cloth into it usually works).

Dissolve ½ lb. of salt (iodized) and ½ lb. baking soda in a hot bath. If you are weak, anemic, or in very poor health: begin with a small amount (¼ lb. of each) and work up to a stronger concentration. **Do not use iodized salt if you have hyperthyroidism (overactive thyroid).** Use natural sea salt instead.

The temperature of the water should ideally be three degrees warmer than body temperature, typically about 102° F. If this temperature is uncomfortable for you, make it a little cooler, get in, and then add more hot water once you have become accustomed to the temperature.

Immerse the body and cover abdomen, knees, or any body parts that stick out of the water with washcloths or towels saturated with the water. You want every part of the body covered with the solution but your head and face. As the towels become cool, re-dip them in the bath and cover again.

It is helpful to first line the tub with some thick layers of towels for padding, since you may be reclining in the tub for some time.

Soak for 10-30 minutes, depending on your strength. The first time should be fairly short duration. As you detoxify, longer times can be used. **Care must be taken when rising from bath not to lose balance.**

Drink 8 ounces of water before, during, and following the bath, as you will become dehydrated from the procedure. The Salt & Soda Bath not only cleanses the skin of many of its impurities but it draws out a large amount of waste products from the subdermal (below the skin) tissues. Carbon dioxide gas in the blood is rapidly reduced, increasing the oxygen concentration in the body. The iodine in the salt stimulates the thyroid gland, which is depressed by the radiation (iodine is the standard treatment for radiation sickness). Carbonic acid and partially oxidized impurities are drawn out of the tissues by osmosis. Because of this, **no soap** (a carbon-based substance) should be allowed in the bath.

Note: Hydrotherapy that uses extreme temperatures is not recommended for pregnant women or for people who have a heart condition, circulation disorder, high blood pressure, or diabetes.



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