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**Monitor**  
**OF NATUROPATHY**

Spring 2026

# Monitor

## OF NATUROPATHY



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## FROM BARBER SHOP TO CANCER TREATMENT?

People increasingly ask me about essential oils and there are a small number of them that we learned in school, far fewer than used by those who are really “into” oils. So I can’t speak authoritatively about a lot of them. But something came to my attention and I think it’s interesting.

One of the best parts of getting a haircut, back when you could find a real barber in a real barbershop, was having your neck shaved at the end. Warm lather on the back of your neck gave you goose bumps as he trimmed your neck with a straight razor, then applied an astringent. And lastly, he dusted you off with a brush dipped in lightly perfumed talcum powder. This was responsible for you having that “barbershop smell” for the rest of the day. In all the shops I ever frequented, it was Pinaud Clubman talc that was THE barbershop fragrance.

I never knew what the chemical responsible for that scent was, but it was as identifiable as a “new car smell”, or “new shoes smell”. I guess you might call it “newly groomed smell”. Recently I got curious enough to investigate. It is a chemical found in several essential oils,

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called linalool. And now I find that linalool increases the sensitivity of cancer cells to chemotherapy, as reported in an oncology journal (<http://www.ncbi.nlm.nih.gov/pubmed/18695915>). Looking further, it turns out that linalool may be promising as an agent in treating leukemia and lymphoma (<http://www.ncbi.nlm.nih.gov/pubmed/12723753>). My assumption is that if linalool makes cancer cells more sensitive to antineoplastic agents, it would do so just as well for natural medicines. So, ongoing research is showing the naysayers who think essential oils are just “cosmetics”—smelly nothings—that science is showing otherwise.



### **KENNEDY PUSHES TO FORCE FDA TO ACCEPT PEPTIDES**

Robert F. Kennedy, Jr. pledged to end the FDA's war on supplements when he became Secretary of the US Department of Health and Human Services. One type of product in the spotlight is peptides. While many natural medicine clinics have been using them in injectable form, some supplements manufacturers have been making oral versions. Since the FDA's viewpoint is that supplements have to come from food, such products are a violation since they are not derived from food. Amino acid chains known as peptides have been used to enhance healing and have a fan in the person of RFK Jr. His administration seeks to “get rid of red tape” in having such beneficial products approved as supplement ingredients.



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## Heritage

### **BRING DR. LINDLAHR HOME!**

CP Negri, OMD, ND

In serving as President of the ANA, it has been my pleasure to meet people in and out of the naturopathic field whom I would not otherwise encounter. I have been in contact with a remarkable woman named Lori Thibeau, who has done some masterly detective work regarding one of the founding fathers of our profession, Dr. Henry Lindlahr. In fact, she feels she has a spiritual connection with him.

She wrote: "I am a mother of seven and a grandmother of thirteen. I've been in the Elmhurst (Illinois) area since 1984.... although I've never heard of the Nature Cure Sanitarium until now. By profession I am a Spiritual Director, Pastoral Counselor, Teacher, and Retreat Facilitator. I firmly believe healing must be holistic."

She saw a YouTube video about Lindlahr's Elmhurst Sanitarium. She says, "As a genealogist, I began some research. If it didn't sound crazy, I would say he was constantly poking me because he needed me to know something. The more I searched the more intense it became."

"I live not far from where the sanitarium was and drove the area hoping for some clarity. Elmhurst Historical Foundation was simultaneously holding a lecture on Dr. Lindlahr and the Sanitarium as well as displaying "The History of Medicine in

Elmhurst" in the museum. It started to become obvious something was here.

"I received a copy of his death certificate and his will, as they are matters of public record. It showed he was sent to Oak Woods Cemetery in Chicago. I drove to the cemetery and went to the office to inquire about his burial location. I intended to visit the site and say a few prayers. Hoping that would soothe whatever he was going through. When I asked at the desk the woman pulled out a very old ledger. It's been 102 years since his death and the cemetery is very old. I'm actually grateful they were not on computers as we might have missed something very important.

"The woman's face dropped and she excused herself to talk to her supervisor. I became very concerned as well. I just wanted to visit his grave. She came back and said he was cremated and his son Victor Lindlahr never claimed his remains; that his remains were sent to "storage." It hit me in the face why I felt Dr. Henry Lindlahr poking me! Oak Woods Cemetery was bought out long ago by Dignity Memorial, which has centralized storage in another state. She asked if I was family, which I am not. She couldn't begin searching for his remains without family approval. At this point I knew there were no descendants of his children or his 2 sisters. I would have to search his brothers' line. Fortunately I located the only remaining family member and involved them. After the proper paperwork it was obvious this was not going to be easy—102 years. They began the search without knowing what they would find, or if they would find anything."

Ultimately, his ashes were found and his descendants had to demonstrate proof of relationship through birth and death records before the remains were allowed to be released after a century.

The family had his remains returned to Elmhurst and were planning to have him interred at Oak Woods Cemetery in Chicago. Moreover, they wanted to erect a monument to his memory as the major natural medicine figure that he was. They started a GoFundMe account to raise funds for the project.

I looked over the information Lori sent me, including his last will and testament, and noticed something in opposition to this plan. Dr. Lindlahr said very clearly that...

"I do by this, my Will, dispose of my earthly body... fully and completely cremated, and my ashes cast to the winds or such other disposition thereof made as my Executors may direct. I direct that such disposition of my remains shall in no wise or on no account be neglected..."

I wondered about the discrepancy between his wishes and the family's plans but didn't feel entitled to speak up about it. Then Lori Thibeau broached the subject with the descendants Tara and Jeffrey Lindlahr, with the end result that they have decided to honor the great doctor's wishes. They wrote:

"To be completely transparent with all of you: we initially struggled with this. As the family members now responsible for claiming this pioneer of natural medicine after he was forgotten on a shelf for 102 years, we felt a deep responsibility to give him the grand, permanent historical monument we believed he deserved. We

wanted to right a century-old wrong by cementing his legacy in stone.

"However, as our campaign progressed and we hit a lull in fundraising, it gave us a moment to pause and deeply reflect. Lori and I discussed at length how it started to feel like Henry himself was putting up roadblocks to keep us from "burying" his ashes.

"We realized that by trying to build him a traditional monument, we were fighting his own final wishes. He was a man who dedicated his life to Nature Cure. He didn't want a towering headstone in a Chicago cemetery; he wanted to return to the earth and the winds."

They will be working with the Elmhurst Historical Society to place a permanent



Henry Lindlahr, M.D.

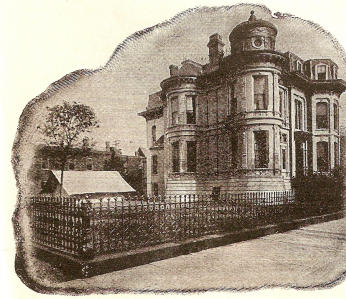
plaque honoring Dr. Lindlahr at the site of the former Elmhurst Sanitarium. The decision to scatter his ashes likewise relieved everyone of meeting the large \$10,000 internment fee. The costs have been reduced to \$2500 and donations are still needed. All naturopaths out there who value their heritage are encouraged to pledge something. The link to the GoFundMe page is:

<https://www.gofundme.com/f/burying-dr-h-lindlahr-after-102-years>

Thanks to those who have already donated, and massive thanks to Lori Thibeau, whose curiosity and spiritual insight made it possible to rescue one of our founding fathers. To render such a gift from outside the profession is most amazing. All of us at ANA are incredibly grateful.



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## Docere

### ANTIOXIDANT HYPE

CP Negri, ND

For some time now, a growing segment of the nutritional supplement industry has been the production of antioxidants. The theory is that foreign substances and toxic byproducts within the body (from the cells' burning of fuel) release free radicals, which come along and steal electrons off the surface of cells and cause cell damage (by the process of oxidation). The tissues then age prematurely. Taking large doses of antioxidant nutrients is supposed to stave off this process, allowing the body to resist this attack by oxygen. This is a popular concept among the Baby Boomers, for whom the idea of maintaining a more youthful state is especially appealing. Let's examine these ideas.

This theory has been discredited by orthodox medicine[1]. This is nothing new, but in this case, some attention needs to be paid to the research, or at the very least, common sense. In the rush to contradict what orthodox medicine has to say, it is important that alternative doctors not fall into a belief system that suppliers have fostered.

First of all, free radicals, being a product of the cells' metabolism, are there for a purpose. Far from being deadly, they are part of a working immune system and are one way your body eliminates toxins. They are also needed for hormone production. The idea that problems occur from too much oxygen in the body runs contrary to all the research that

show insufficient oxygenation is behind many degenerative diseases. For example, some of the most effective treatments for cancer are the bio-oxidative therapies, where forms of oxygen are infused into the body. Cancer cells thrive in an anaerobic environment. It is amazing how many people don't stop to think about the importance of oxygen to the body, and the fact that "antioxidant" means "against oxygen".

In people who are sick, oxygen levels are typically reduced—sometimes all the way down to the cellular level. Poor air quality, poor breathing habits, lack of physical activity, and poor nutrition all contribute to low oxygenation.

Yes, antioxidant substances do occur naturally in many plants and foods. The reason they are there is that they protect the vitamin, mineral, and enzyme content in that food. Preventing the nutrients and co-factors within from being oxidized keeps the fruits and vegetables fresh and potent. The peel protects the orange from losing its nutrients. What you are being told is to eat the peel instead of the orange to get the protective benefits.

The problem in understanding all this is that the protective portion of Vitamin E, for example, is alpha tocopherol. It is not Vitamin E, it is in Vitamin E. When that one part, plucked out of the vitamin complex, is referred to as Vitamin E, it misleads you into thinking that taking alpha tocopherol will give you the benefits of Vitamin E. This mistake in logic is what an industry is counting on when it tells you to take the antioxidant within the vitamin complex instead of the complex itself as it exists in the food.

Ascorbic acid is within the Vitamin C complex, which is composed of two dozen plant substances and serves to preserve the plant containing it. High-quality Vitamin C never occurs naturally in doses as high as the typical dose of ascorbic acid. Only when the fractionated nutrient is taken in isolation does it become necessary to have such a high dose to have a therapeutic effect. Taking 8-10,000 mg of ascorbic acid does, in fact, have a positive effect on infections and other conditions, but it moves through our system quickly and repeat doses are needed. It is excreted in your urine. When you have had enough, it gives you diarrhea. Why do you think your body is so anxious to get rid of an essential nutrient? It isn't Vitamin C. The label may say it is, or maybe they added some low-potency rose hips to the ascorbic acid in order to make the claim that it is "natural Vitamin C", but it is deceptive. Alpha-, beta-, and gamma-carotene are all converted in the body into Vitamin A, but these precursors cannot be truly said to be Vitamin A.

Producing mass quantities of these antioxidant extracts of real vitamin complexes is extremely profitable for nutritional manufacturers. And other nutritional preservatives have been touted as antioxidants, and prescribed by countless natural doctors, just in case someone considers eating some fruit to get those antioxidants instead of taking the pills. The average person doesn't know how to get alpha-lipoic acid or N-acetyl cysteine from food. So these items are enjoying brisk sales. Moreover, they can be made for pennies while the supposedly life-saving supplements containing them are often expensive.

Real antioxidants are contained in food. Either the food, or supplements made from it, will deliver the health benefits of the nutritional complexes intact in them. The antioxidant is of value because it protects those nutrients in the food. Synthetic vitamins, or isolates like cholecalciferol (from the Vitamin D complex), do not deliver the health benefits.

The "free radicals are the cause of disease" indoctrination has affected both alternative practitioners and conventional physicians alike. In an effort to avoid taking synthetic drugs, millions of people have followed nutritional industry hype and begun taking antioxidant supplements, only to be depriving themselves of the real hedge against cellular breakdown—quality nutrition.

I have seen over the years that patients I gave antioxidant supplements would not score much better on lipid peroxidation tests[2] after taking them, but would later improve when taking natural, food-based vitamins, containing the whole complexes. I was forced by the evidence to re-think the whole matter. Since the antioxidant supplements I had been dispensing were somewhat costly, this proved to be a double benefit. Patients did not have to swallow as many pills, did not spend as much money, and were happier. I saw better patient outcomes, and was supporting companies that produced high-quality products and were not owned or supported by any pharmaceutical companies.

Pronouncing the antioxidant theory as "hype" marks me as an outsider even in my own field of natural medicine, but it is one instance where I side with conventional medicine. People are

paying lots of money for no real benefit. I can only assume that, at some higher echelon, the nutritional manufacturers have made a decision similar to drug companies: Sell a fear concept, produce a costly answer, and reap more rewards when the people are no healthier, and require other products—for life.

[1] Journal of the American Medical Association, March 1, 2007

[2] The Oxidata™ test is a urine lipid peroxidation test (free radical test) that measures traces of malondialdehyde, a marker for toxicity, inflammation, and tissue breakdown. It is considered to be more sensitive than similar tests performed on blood samples.



**Heritage**

**DR. JENSEN**

Bernard Jensen, DC, ND was not only an ANA member of high regard, but today he is remembered as a major figure in the history of Naturopathy in America. By raising the science of Iridology to a higher standard, his many lectures and training courses, and the countless healing miracles achieved at his Hidden Vally Health Ranch, he is remembered by the American Naturopathic Association with special fondness. His daughter-in-law Dr. Ellen Tart Jensen, carries on his work and is also a staunch ANA supporter.

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## Humor

*The following was written some years ago to parody the pseudo-medical naturopathic community's posturing in creating the most (seemingly) scientific presentation that mimics the allopathic literature. Presuming that a dozen references from peer-reviewed journals make something true, they have gone on to publish reams of articles that steer the practitioner toward the latest products from the nutraceutical companies who endow their schools. While they are corrupt, there is humor to be found in their style. This little story was written from the perspective that they might have in reporting such an encounter, on a sunny day.*

### A SUNNY DAY

Dr. Murray Michaels stepped out his front door one sunny morning. He felt the warm rays on his face and smiled, knowing that the activation of Vitamin D would potentiate the effects of his cholecalciferol supplements. As he made his way to the sidewalk, he spotted his old colleague, Dr. Lust. He knew this because light bouncing off the good doctor passed through his lens and fixed the image onto his retina[1]. Then Dr. Michaels' brain adjusted[2] that image, and through a complex set of neurochemical responses, matched the picture of Dr. Lust with specific memories held in the brain[3]. Already engaging his speech centers, Dr. Michaels began hailing Dr. Lust with a hearty "Good morning!"

Using a low volume and even tone, coupled with a raise of the eyebrows,

he addressed the other man in a manner that has been shown in many studies to psychologically put people at ease and gain their confidence[4].

Reaching out his hand, he grasped Dr. Lust's and noted the warmth and strength of the man's hand. After shaking hands, he discarded the data as having no diagnostic value. Then, as the other man passed, Dr. Michaels stabbed him in the back, precisely where it would do the most critical damage—between the fifth and sixth ribs just two inches to the left of the spinal column[5].

Turning on his heel, he walked off toward the sun. It was a beautiful morning.

---

[1] Orbitt, I.I., *Optical Anatomy*, 1983 ABC Pub. Co.;

Lookee, O.O., *Eyes and Eyeology*, 1992 XYZ Pub. Co.

[2] Not to be confused with a chiropractic adjustment, which has not yet been verified to have an effect on the autonomic nervous system.

[3] Dendrite, Spindle T., *Neurology Made Complicated*, 1980 University Pub. Co.;

Negri, C.P., *Brain Chemistry and Cocktail Recipes*, 2006 Kazu Books

[4] Mann, Con, *The Psychology of the Sucker*, 2001 Lynch Press,

Kookie, I.M., *Counseling Technics for the Truly Odd Therapist*, 1972 Nutcase Lecture Series

[5] Inback, Stiletto, *A Study of Surgical Anatomy*, 1964 Black Hand Pub. Co.;

Shakespeare, William, *Julius Caesar*, Act IV



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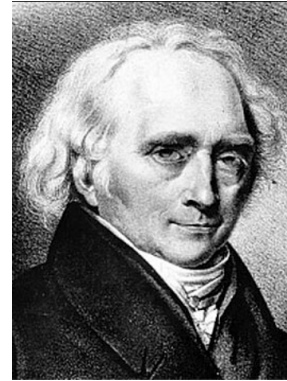
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## Physiotherapy

### RED LIGHT THERAPY IN NATUROPATHIC PRACTICE

Supporting Energy, Pain and Inflammation Reduction, and Emotional Well-Being

Charles Rice, ND, PhD

In my own practice, I have used red light therapy for several years, almost always in combination with other modalities like hypnosis, Braintap, herbal medicine, or auriculotherapy. Most often, I have used it for patients with chronic pain and low mood, though in a pinch, my red light wand has been called into service to assist with stubborn ear infections where antibiotics were not working, trigger points causing migraines, and minor skin conditions. It is an affordable, portable (depending on what you purchase), and effective multi-purpose piece of equipment that no general naturopathic clinic should be without.



Red light therapy—often referred to in the scientific literature as photobiomodulation (PBM)—has attracted growing interest in integrative and naturopathic settings. While popular discussions often focus on cosmetic uses such as skin rejuvenation or hair growth, the deeper clinical relevance of photobiomodulation lies in its effects on cellular energy metabolism,

inflammation regulation, tissue repair, and neurological function.

Red and near-infrared light therapy typically uses wavelengths between about 600 and 900 nanometers, delivered at relatively low power levels. Unlike thermal devices, photobiomodulation does not significantly heat tissues. Instead, light energy interacts with cellular structures in ways that influence biological signaling and metabolism.

For naturopathic doctors seeking non-invasive supportive therapies, red light therapy offers an intriguing modality that aligns with the principle of stimulating the body's inherent capacity for repair and regulation.

#### Understanding Photobiomodulation

The term photobiomodulation reflects the idea that light energy can influence cellular activity. A key target of red and near-infrared wavelengths appears to be the mitochondrial enzyme cytochrome c oxidase, a component of the cellular respiratory chain responsible for energy production.

When these wavelengths are absorbed by mitochondria, several physiological responses may occur:

- increased production of ATP, the cell's primary energy molecule
- release of nitric oxide, influencing blood flow
- activation of cellular signaling pathways
- modulation of oxidative stress responses

These changes may improve cellular metabolism and support tissue recovery

processes.

From a naturopathic perspective, this mechanism is noteworthy because the therapy does not impose a strong pharmacological effect. Instead, it appears to enhance normal biological processes already present within the cell.

### **Effects on Inflammation**

Inflammation plays a central role in many chronic health concerns. While it is an essential protective response, excessive or persistent inflammation may contribute to discomfort, reduced mobility, and delayed tissue repair.

Photobiomodulation appears to influence several pathways associated with inflammatory signaling. Research suggests that light exposure may alter the production of inflammatory mediators and support more balanced immune activity.

Experimental models have demonstrated reductions in inflammatory markers as well as improved tissue repair following red or near-infrared light exposure. These findings have led researchers to investigate photobiomodulation in a variety of inflammatory conditions.

Although more standardized clinical trials are needed, the available evidence suggests that PBM may support the body's ability to resolve inflammation and restore physiological balance.

### **Pain and Musculoskeletal Support**

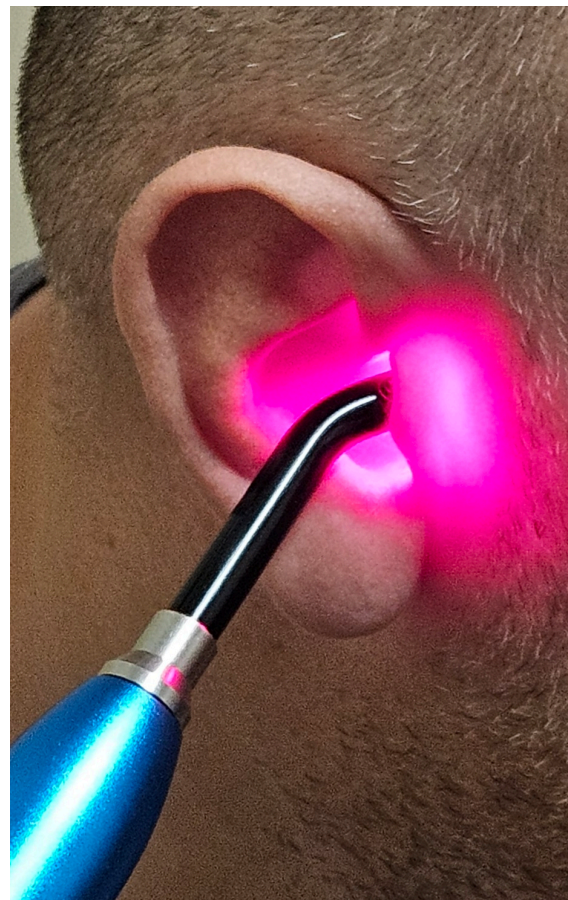
Pain management is one of the most widely studied applications of photobiomodulation. Red and near-infrared light therapy has been

investigated in several musculoskeletal conditions, including:

- joint pain
- muscle strain
- neck and back discomfort
- fibromyalgia
- temporomandibular joint disorders

Research suggests that pain reduction may occur through multiple mechanisms, including decreased inflammatory signaling, improved tissue repair, and possible modulation of nerve activity.

In clinical settings, photobiomodulation is often used alongside other conservative therapies such as manual therapy, therapeutic exercise, and nutritional support.



For naturopathic practitioners, red light therapy may therefore serve as an adjunct modality that complements holistic treatment strategies rather than replacing them.

### **Tissue Recovery and Cellular Repair**

Another important area of interest involves the role of photobiomodulation in tissue repair.

When cellular energy production increases, tissues may have greater metabolic capacity to repair damage and regenerate. Increased ATP availability can support processes such as protein synthesis, cell migration, and collagen production.

Improved circulation may also contribute to healing by increasing oxygen delivery and nutrient transport to affected tissues. These physiological changes have led researchers to investigate photobiomodulation in contexts such as:

- wound healing
- tendon and ligament recovery
- postoperative healing
- nerve regeneration

While protocols vary widely, the overall research trend suggests that red light therapy may help support cellular resilience and recovery.

### **Photobiomodulation and Mood**

An emerging area of research explores the influence of red and near-infrared light therapy on mood, emotional regulation, and brain function.

In many studies, light is applied to the scalp in a technique known as

transcranial photobiomodulation (tPBM). These wavelengths can penetrate several centimeters into biological tissue and reach cortical brain regions involved in emotional regulation.

Clinical trials and pilot studies have reported reductions in depressive symptoms following near-infrared photobiomodulation treatments. One randomized controlled pilot study found that transcranial PBM produced antidepressant effects with moderate to large effect sizes in individuals with major depressive disorder.

Systematic reviews of randomized trials have similarly concluded that photobiomodulation shows potential for reducing depressive symptoms, although researchers emphasize that the number of studies remains relatively small.

Several biological mechanisms may explain these mood-related effects.

### **Improved Brain Energy Metabolism**

Red and near-infrared light appear to enhance mitochondrial function in neurons by stimulating cytochrome c oxidase and increasing ATP production.

-Because brain tissue has exceptionally high energy demands, improved mitochondrial efficiency may support neuronal function and signaling.

### **Increased Cerebral Blood Flow**

Research suggests that photobiomodulation may increase blood flow to regions of the brain involved in emotional regulation, particularly the frontal cortex. Improved circulation may enhance oxygen and nutrient delivery to these areas.

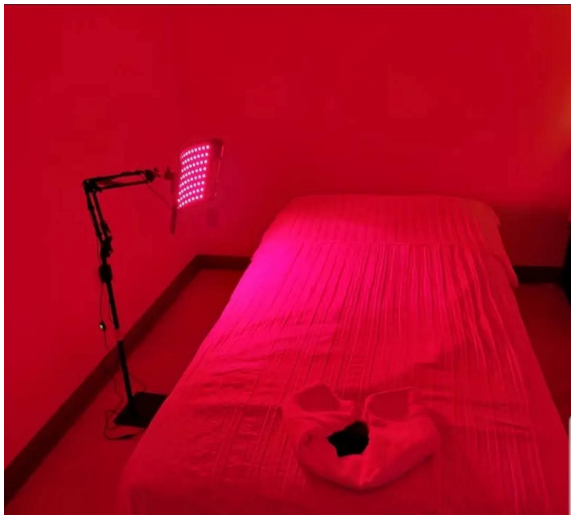
## **Anti-Inflammatory and Neuroprotective Effects**

Chronic neuroinflammation has been associated with mood disturbances. Photobiomodulation may influence inflammatory signaling and oxidative stress in neural tissue, which could contribute to improved neurological resilience.

Some studies have also reported improvements in anxiety, cognitive function, and sleep quality following PBM interventions.

## **Whole-Body Applications**

More recently, whole-body red light therapy systems have become available in clinical and wellness environments. These devices expose large areas of the body to therapeutic wavelengths simultaneously.



Some researchers suggest that systemic effects may occur through improved mitochondrial activity, circulation, and inflammatory regulation.

Whole-body photobiomodulation has been explored in contexts such as fatigue, fibromyalgia, and stress-related conditions. While early findings are encouraging, research in this area remains in its early stages.

## **Practical Considerations for Naturopathic Practice**

Red light therapy is appealing in clinical practice because it is non-invasive and generally well tolerated.

Typical therapeutic wavelengths include:

- 630–660 nm (visible red light)
- 800–880 nm (near-infrared light)

Treatment sessions commonly last between 5 and 20 minutes, depending on the device and treatment goal.

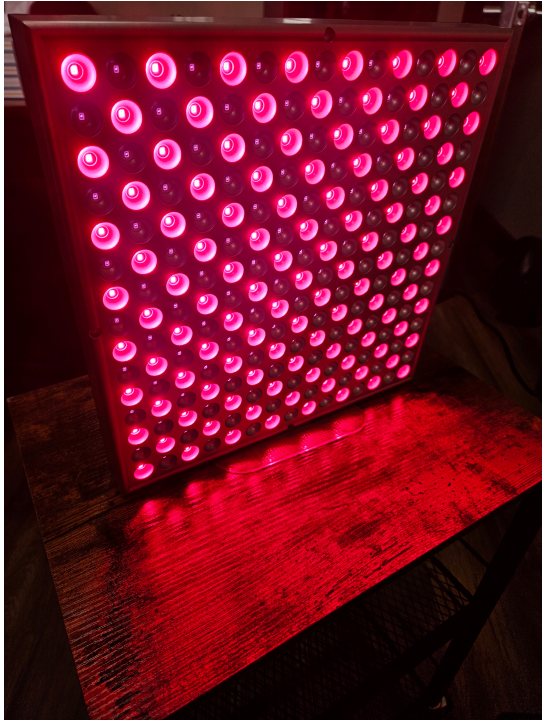
As with many integrative modalities, outcomes often depend on several variables:

- wavelength
- treatment duration
- energy dose
- treatment frequency
- individual physiology

For this reason, photobiomodulation is best integrated into a comprehensive wellness plan that may include nutrition, movement, stress management, and herbal support.

## **Safety and Limitations**

Photobiomodulation is generally considered safe when used appropriately. Because it does not involve ionizing



radiation and produces minimal heat, adverse effects are uncommon.

However, practitioners should observe appropriate precautions:

- use eye protection when recommended
- follow manufacturer guidelines
- avoid excessive exposure

Another important consideration is the variability in research protocols. Studies differ widely in wavelength, dosing, and treatment duration, making comparisons difficult. For this reason, responsible clinical practice involves maintaining realistic expectations while monitoring individual responses.

### **A Naturopathic Perspective**

Red light therapy resonates with several core naturopathic principles. Rather than forcing biochemical changes, photobiomodulation appears to stimulate

physiological processes already present within the body.

By supporting cellular energy metabolism, circulation, inflammation balance, and neurological function, red light therapy may complement other naturopathic strategies that aim to restore balance and resilience.

In this way, photobiomodulation represents a modern technology that echoes a longstanding naturopathic insight: when the body is supported appropriately, it often moves toward restoration on its own.

### **Key References**

Hamblin MR. Mechanisms and applications of photobiomodulation in medicine. *AIMS Biophysics*.

Dompe C. et al. Photobiomodulation—Underlying mechanisms and clinical applications. *International Journal of Molecular Sciences*.

Cassano P. et al. Transcranial photobiomodulation for major depressive disorder. *Neurophotonics*.

Salehpour F. et al. Brain photobiomodulation therapy: A narrative review. *Journal of Neuroscience Research*.



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## Phytotherapy

### **PASSIONFLOWER (*Passiflora incarnata*): A FORGOTTEN REMEDY?**

Historical, phytochemical, and clinical perspectives for modern naturopathic practice

By Dr. Charles Rice, ND, PhD, CMHIMP

*Passiflora incarnata* (purple passionflower, maypop) is a perennial North American vine long used by Indigenous peoples and later adopted into Western herbal medicine. Spanish missionaries famously used the flower's morphology as an allegory for the Passion of Christ, and the plant entered European and U.S. materia medica in the 19th century (often attributed to early practitioners such as "Dr. L. Phares" in southern U.S. accounts). Modern pharmacology identifies flavonoids and alkaloids with putative GABAergic and neuroactive effects. Clinical evidence supports anxiolytic and sleep-promoting uses, and smaller trials suggest a role as an adjuvant in opioid withdrawal. Anecdotal and practitioner reports also describe benefit for restless legs and ruminative ("circular") thinking; Important contraindications include pregnancy and concurrent use with sedatives or drugs that prolong QT interval. This article summarizes the history, chemistry, mechanisms, evidence, clinical applications, and safety considerations of *P. incarnata* for a professional audience.

#### **Botany and common names:**

*Passiflora incarnata* L. (Passifloraceae)  
— commonly called purple passionflower,



maypop, or wild apricot — is a twining perennial vine native to the southeastern and some mid-Atlantic and midwestern U.S. It produces ornate, radial flowers (commonly purple and white) and an edible, pulpy fruit (the "maypop"). The species is the most commonly used medicinal *Passiflora* in North America and is the species usually referenced in clinical studies.

#### **Historical and ethnobotanical overview:**

##### **Indigenous and colonial use in North America**

Early colonial records and later ethnobotanical surveys report Indigenous cultivation and use of passionflower fruits and parts. Captain John Smith described abundant passion fruits in early Virginia settlements (early 17th century), and later ethnographers recorded edible and medicinal uses among southeastern tribes: the fruits and young shoots were eaten; decoctions of roots or leaves were used topically or internally for a variety of complaints. The USDA plant guide and regional ethnobotanical summaries document this long presence in American food and folk medicine.

## **Missionaries and the “Passion” allegory:**

The common name “passionflower” (from Latin *passio*, suffering) originates with 16th–17th century Spanish missionaries in South America. Missionaries used the flower’s distinctive parts—the corona filaments, five petals plus five sepals, three styles and five stamens, tendrils, and bracts—to illustrate elements of the crucifixion and the “Passion of Christ,” and the allegory became part of the plant’s cultural story that spread to Europe and colonial North America. Modern botanical and museum sources recount this missionary symbolism.

## **Introduction into Western medicine:**

Passionflower appears in 19th-century eclectic and botanical materia medica. Several historical herbal references credit a practitioner named Dr. L Phares in Mississippi with introducing or popularizing medical uses of the plant in the 1840s, especially for nervous complaints and insomnia; later eclectic and homeopathic writers recorded these uses. These historical notes appear in digitized herbals and eclectic materia medica collections.

## **Phytochemistry and putative mechanisms:**

*P. incarnata* is chemically complex: major classes of constituents relevant to CNS effects include C-glycosyl flavonoids (e.g., vitexin, isovitexin, orientin, homoorientin, chrysin), small amounts of beta-carboline alkaloids in some species/plant parts, free  $\gamma$ -aminobutyric acid (GABA) in tissues, and various phenolic compounds. Phytochemical reviews and in vitro/in vivo pharmacology suggest

several mechanisms relevant to anxiety, sleep, and nervous system hyperexcitability:

**GABAergic modulation.** Extracts show actions on GABA-A receptors and promote GABA currents in neuronal preparations; flavonoids such as chrysin and others can bind or modulate benzodiazepine/GABA receptor sites in preclinical models. This is the leading mechanistic hypothesis for anxiolytic and sedative effects.

**Multi-target neuromodulation.** Emerging reviews show *Passiflora* extracts may act across multiple systems (GABA, possibly GABA-B, serotonin modulation, antioxidant and HPA-axis effects), which could explain broad calming and neuroprotective signals seen in animal studies.

For clinical application, the key takeaway is that *P. incarnata* acts as a centrally-active, primarily GABA-modulating botanical rather than a simple nutritive herb. This pharmacology underpins both clinical benefits and safety interactions (see below).

## **Modern clinical evidence — anxiety, sleep, and drug withdrawal:**

Several randomized controlled trials and systematic reviews support *P. incarnata*’s anxiolytic and sleep-promoting properties. Trials in preoperative and dental settings found reductions in state anxiety comparable to short-acting benzodiazepines with fewer cognitive side effects in some studies; more recent randomized, double-blind, placebo-controlled trials (including a 2024 clinical trial) found *Passiflora* extract improved

stress and sleep quality outcomes in adults. Systematic reviews conclude the evidence is promising but call for larger, standardized studies because extract preparations and dosing vary widely. For clinicians, standardized extracts (quality-assured) and attention to timing/dose are important.

**Representative doses used in trials:**

Published studies have used a range of preparations and amounts (examples include single doses of ~260–700 mg standardized extract for acute procedural anxiety; daily capsules/extracts or tea in longer insomnia trials).

**Substance-use withdrawal (opioid withdrawal):**

A double-blind randomized trial in opiate detoxification found that *P. incarnata* extract plus clonidine was superior to clonidine alone for some mental/psychological symptoms of withdrawal (though both protocols were equally effective for many physical withdrawal signs). The study suggested passiflora may be a useful adjuvant for the affective/psychological components of opioid withdrawal, but authors recommended larger confirmatory trials. This is among the stronger clinical signals for a role in addiction medicine as an adjunctive anxiolytic.

**Clinical observations used in naturopathic practice:**

Formal clinical trial evidence for *P. incarnata* in restless legs syndrome (RLS) is lacking, however there are many anecdotal reports of its effectiveness. Because RLS often has both sensorimotor and hyperarousal

components (and because passionflower can reduce arousal and improve sleep quality), many herbalists and some clinicians include passionflower in multi-agent protocols for RLS (often combined with iron repletion, magnesium, and other nervines). Patents and practitioner texts have described *Passiflora* in RLS formulations, and herbalist case series report benefit over weeks to months. For naturopathic application, view passionflower as a supportive nervine that may improve sleep and nocturnal restlessness in selected patients.

**“Circular thinking” (rumination, repetitive anxious thought):**

Ruminative, circular thinking commonly accompanies anxiety and insomnia. Many practitioners have reported decrease in rumination with *P. incarnata*. Because clinical trials show anxiolytic effects and improved subjective sleep and stress scores, it is biologically plausible that *P. incarnata* helps reduce mental hypervigilance and rumination through GABAergic and HPA-axis effects. Direct trials targeting rumination are sparse; clinicians should frame expectations to patients as “may reduce the anxious activation that fuels rumination,” and incorporate psychotherapeutic or counseling approaches concurrently.

**Formulations, product selection, and practical dosing considerations:**

Common preparations:

Tea (infusion of aerial parts), liquid extracts/tinctures (1:5 or 1:3, sometimes glycerites), standardized dry extracts and capsules, and fresh-plant tinctures where available.

Dosing guidance (practical, non-prescriptive): acute anxiolysis studies used 260–700 mg single doses of standardized extracts for procedural anxiety; typical herbal tea dosing is 1–2 g dried herb infused in 200–250 mL water; tincture dosing commonly falls in the range of 1–4 mL (30%–70% alcohol extracts) two to three times daily in practice. Match dose to product potency and patient sensitivity.

### **Contraindications, interactions, and safety considerations:**

Pregnancy and lactation.

*P. incarnata* is contraindicated in pregnancy; animal and in-vitro data indicate uterotonic activity of some alkaloids and related constituents, and clinical safety data in pregnancy and lactation are insufficient. Avoid use in pregnant patients.

CNS depression and peri-operative use

Because *P. incarnata* has sedative and GABA-modulating properties, combine cautiously with benzodiazepines, barbiturates, opioids, sedating antihistamines, and other CNS depressants—co-administration can cause additive CNS depression. Advise patients to stop passionflower at least 1–2 weeks prior to major surgery or anesthesia unless coordinated with an anesthesiologist.

### **Cardiac rhythm (QT) and other cautions**

Laboratory analyses suggest passionflower—particularly large doses—may influence cardiac electrophysiology

(QT interval) in some models. In patients taking QT-prolonging medications or with congenital long QT, use caution or avoid. Also consider caution in severe hepatic impairment, even though liver-toxicity signals are rare in published studies.

### **Drug interactions and monitoring**

Clinical interaction databases and monographs list moderate interactions between passionflower and many sedatives and psychotropics (including enhanced effect of benzodiazepines, phenobarbital, dexmedetomidine, antihistamines, and others). Use clinical judgment to reduce doses when appropriate and monitor for excessive drowsiness, fall risk, or respiratory depression. Also review antidepressants and other psychotropic regimens for additive effects.

### **Adverse effects and toxicity**

Adverse effects reported in clinical trials are generally mild and include drowsiness, dizziness, and gastrointestinal upset. Serious adverse events are rare in controlled trial literature.

Monitoring: watch for excessive sedation, worsening mood or cognition (rare), interactions with CNS depressants, and pregnancy risk.

### **Conclusion — practical summary for practice**

*Passiflora incarnata* is a historically rich, phytochemically active nervine with plausible GABAergic mechanisms and a modest but growing body of clinical evidence for anxiety and sleep, plus promising but preliminary data as an

adjuvant in opioid withdrawal. Its history (from Indigenous food/medicine to missionary symbolism and 19th-century eclectic adoption) is part of the herb's identity in North American practice. For naturopathic clinicians, passionflower can be a useful tool in the therapeutic armamentarium for anxiety-related insomnia, ruminative cognitive states, and as part of complex protocols for nocturnal restlessness, provided clinicians screen for pregnancy and interacting medications, and monitor sedation and cardiac risks.

**Selected references and suggested reading:**

USDA NRCS Plant Guide: *Passiflora incarnata* (USDA plant guide; ethnobotany and distribution).

Kew Gardens: "A passion for passion flowers" (missionary symbolism and cultural history).

Fonseca LR et al., Herbal Medicinal Products from *Passiflora* for Anxiety — review of clinical evidence and challenges in standardization.

Elsas SM et al., *Passiflora* extracts elicit GABA currents in hippocampal neurons (mechanistic preclinical work).

Akhondzadeh S. et al., "Passionflower in the treatment of opiates withdrawal" (double-blind randomized trial).

Harit MK et al., 2024 randomized, double-blind, placebo-controlled clinical trial of *P. incarnata* for stress/sleep outcomes.

NCCIH and MSKCC monographs (safety, pregnancy, peri-operative cautions).



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