



COLLEGE OF
INTEGRATIVE MEDICINE™

PHONE: 877-841-7241; FAX: 443-327-4763
Info@CollegeofIntegrativeMedicine.org
www.CollegeofIntegrativeMedicine.org
Mail: CIM/Integrative Medicine Health Services, LLC
P.O. Box 407 - Hampstead, MD 21074



Herbal Medicine Approach to Urinary and Renal System Dysfunction

(Part V in a series on Herbal Medicine) - (Adapted from The College of Integrative Medicine Module 30 – Clinical Botanical Medicine)

Dr. Wayne L. Sodano DC, DABCI, DACBN, CFMP, CICP, BCTN



Indications

Urinary infections, urinary stones, prostatitis, interstitial cystitis



Contraindications

Kidney disease, renal failure, pregnancy



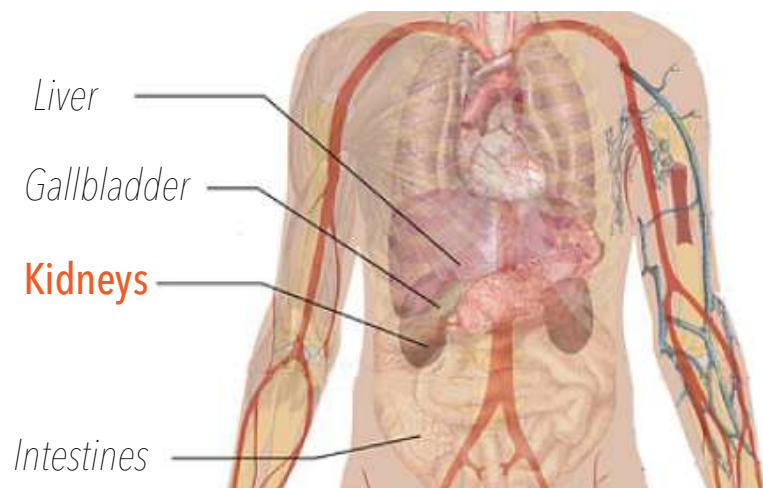
Applications

Best taken before or with meals;
short to medium term

Urinary Antiseptics

In general, herbal medicine can be used for the treatment and management of the following urinary and renal conditions:

- *Urinary tract infections; functional disturbances of micturition; interstitial cystitis, urinary stones, edema with renal involvement, benign prostatic hypertrophy, and moderate autoimmune kidney disease.*
- *The primary precautions to prescribing herbal involve cases of renal failure, urinary obstruction and severe glomerulonephritis.*



Herbal Medicine Approach to Urinary and Renal System Dysfunction

(Part V in a series on Herbal Medicine) - (Adapted from The College of Integrative Medicine Module 30 - Clinical Botanical Medicine)

Dr. Wayne Sodano DC, DABCI, DACBN, CFMP, BCTN

Primary Herbal Medicine(s)

- o Arctostaphylos uva-ursi (Bearberry)
- o Barosma betulina (Buchu)
- o Juniperus communis (Juniper)
- o Berberis vulgaris (Barberry)
- o Hydrastis canadensis (Goldenseal)
- o Piper cubeda (Cubeb)

Adult Dosage Consideration

- o Bearberry > 30 to 40 mL/week (1:2 liquid) or 1.5 to 2.0 g/day (Tablet)
- o Barberry > 20 to 40 mL/week (1:2 liquid)
- o Buchu > 15 to 30 mL/week (1:2 liquid) or 36 to 48 mg/day (Essential oil)
- o Juniper > 10 to 20 mL/week (1:2 liquid)

Urinary Demulcents (Soothing Mucous Membranes of the Urinary Tract)



Indications

Urinary tract infection, urinary stones, prostatitis, interstitial cystitis



Contraindications

Renal failure; specific to herb



Applications

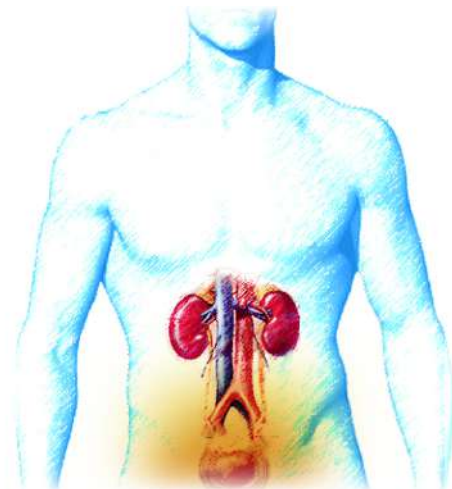
Best taken with meals

Primary Herbal Medicine(s)

- o Agropyron repens (Couch grass)
- o Alchemilla vulgaris (Ladies mantle)
- o Althea officinalis folia and radix (Marshmallow leaf and root)
- o Zea mays (Corn silk)

Adult Dosage Consideration

- o Corn silk > 15 to 40 mL/week (1:1 liquid)
- o Couch grass 20 to 40 mL/week (1:1 liquid)
- o Ladies mantle > 25 to 50 mL/week (1:2 liquid) or 2.0 to 2.6 g/day (tablet)
- o Marshmallow root > 20 to 40 mL/week (1:5 liquid)



Urinary Tract Anti - Lithics

The rationale of using herbal remedies is based the alkalizing capacity and urinary antiseptic effects.



Indications

Kidney stones



Contraindications

Renal failure/disease; pregnancy; specific to herb



Applications

Best taken before or with meals; medium to long term use

Herbal Medicine Approach to Urinary and Renal System Dysfunction

(Part V in a series on Herbal Medicine) - (Adapted from The College of Integrative Medicine Module 30 – Clinical Botanical Medicine)

Dr. Wayne Sodano DC, DABCI, DACBN, CFMP, BCTN



Primary Herbal Medicine(s)

- o Crataeva nurvala (Crataeva)
- o Equisetum arvense (Horsetail)
- o Hydrangea arborescens (Hydrangea)
- o Eupatorium purpureum (Gravel root)

Adult Dosage Consideration

- o Crataeva > 40 to 100 mL/week (1:2 liquid) or 3 to 6 g/day (tablet)
- o Gravel root > 15 to 30 mL/week (1:2 liquid)
- o Hydrangea > 15 to 50 mL/week (1:2 liquid) horsetail > 15 to 40 mL/week (1:2 liquid)

Renal Tonics/Protectives (Supports Renal Tone and Function)



Indications

Any condition affecting the renal system



Contraindications

Specific to herb; assess renal function prior to prescribing



Applications

Best taken with meals; long-term

Primary Herbal Medicine(s)

- o Astragalus membranaceus (Astragalus)
- o Bupleurum falcatum (Bupleurum)
- o Rehmannia glutinosa (Rehmannia)
- o Schisandra chinensis (Schisandra)

Adult Dosage Consideration

- o Astragalus > 30 to 60 mL/week (1:2 liquid) or 2.5 to 3.4 g/day (tablet)
- o Bupleurum > 25 to 60 mL/week (1:2 liquid) or 1.2 to 2.8 g/day (tablet)
- o Rehmannia > 30 to 60 mL/week (1:2 liquid) or 1.1 to 1.8 g/day (tablet)
- o Schisandra > 25 to 60 mL/week (1:2 liquid) or 3.0 to 5.0 g/day (tablet)



Astragalus



Rehmannia



Schisandra

Herbal Medicine Approach to Urinary and Renal System Dysfunction

(Part V in a series on Herbal Medicine) - (Adapted from The College of Integrative Medicine Module 30 - Clinical Botanical Medicine)

Dr. Wayne Sodano DC, DABCI, DACBN, CFMP, BCTN

Urinary Tract Anti-inflammatory



Indications

Mild to moderate infection, inflammation or irritation of the urinary tract; prostatitis, cystitis



Contraindications

Renal failure/severe renal disease; pregnancy



Applications

Best taken before or with meals

Primary Herbal Medicine(s)

- o Agropyron repens (Couch grass)
- o Althaea officinalis (Marshmallow root and leaf)
- o Crataeva nurvala (Crataeva)
- o Plantago lanceolata (Ribwort)
- o Solidago virgaurea (Goldenrod)
- o Zea mays (Corn silk)

Adult Dosage Consideration

- o Couch grass > 20 to 40 mL/week (1:1 liquid)
- o Crataeva > 40 to 100 mL/week (1:2 liquid) or 3 to 6 g/day (tablet)
- o Golden rod > 20 to 40 mL/week (1:2 liquid) or 2.0 to 2.6 g/day (tablet)
- o Marshmallow root > 20 to 40 mL/week (1:5 liquid)
- o Corn silk > 15 to 40 mL/week (1:1 liquid)



References

1. Mills S, Bone K. *Principles and Practice of Phytotherapy; Modern Herbal Medicine*. Edinburgh: Churchill Livingstone
2. Heinrich M, Barnes J, Gibbons S, Williamson EM. *Fundamentals of Pharmacology and Phytotherapy*. 2nd Ed. Edinburgh: Churchill Livingstone
3. Bone K. *The Ultimate Herbal Compendium: A Desktop Guide for Herbal Prescribers*. 1st Ed. Queensland: Creed & Lang; 2007.



LIMITS OF LIABILITY & DISCLAIMER OF WARRANTY. The material provided herein is provided for the purpose of education through research of reputable sources within the healthcare industry. The author(s) do not hold liability for any misconception or misuse of the information provided. The material is not meant to be a comprehensive source for the topic covered, and is not intended as a substitute for medical diagnosis, treatment, or medical counseling. Information contained herein should not be construed as a claim or representation that any treatment, process or interpretation mentioned constitutes a cure, palliative, or ameliorative, nor is it intended to supplement the practitioner's knowledge of their patient, and should be considered as adjunctive and support to other diagnostic medical procedures. This material contains elements protected under International and Federal Copyright laws and treaties. Any unauthorized reprint or use of this material is prohibited.