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FILE: ■ Oregon Grape (*Mahonia aquifolium*)

■ Psoriasis

■ Eclectic Medicine

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RE: Oregon Grape – A Historical Success in Psoriasis Treatment

Brinker F. Eclectic case histories: Psoriasis treatment with Oregon grape extracts. *J Am Herbalists Guild*. 2005;6(1):36-39.

The state flower of Oregon is the Oregon grape (*Mahonia aquifolium*). It is also known as the holly grape because the leaves look like holly leaves. The shrub has waxy blue berries. Oregon grape plants can also be found in Washington and California and are widely cultivated as an ornamental.

The Eclectic physician, Dr. JH Bundy of Colusa, California, first introduced Oregon grape to the medical practice as *Berberis aquifolium*. It was initially supplied to the medical profession in 1877 as a treatment for syphilis. In 1900 it was first reported to cure an extreme case of psoriasis. Several case reports published in the early 1900s describe patients with severe chronic psoriasis taking Oregon grape root extract orally. The patients had almost 100% improvement in external signs of psoriasis (patches of dry, scaling, red skin). In addition, other treatments were more effective when taken with Oregon grape. Today Oregon grape tincture is taken orally to treat psoriasis, eczema, acne, and herpes. Persistent use is necessary to treat these dermatological conditions. It is sometimes combined with yellow dock (*Rumex crispus*) or burdock (*Arctium lappa*) tinctures to be used topically and internally.

Psoriasis is caused by chronic hyperproliferation (abnormally high rate of cell division) of the epidermis (outer layer of skin) with inflammation mediated by lipooxygenase-derived products of arachidonic acid. In vitro, Oregon grape extract inhibited growth of keratinocytes (a type of epidermal cell) by 50%. It also inhibited 5-lipoxygenase, an important enzyme in the inflammation process, by 50%. It is not conclusively known which compounds in Oregon grape are responsible for these actions, though the alkaloids oxyacanthine and berbamine appear to be more responsible for these activities than berberine.

Recent clinical studies have tested the efficacy of Oregon grape for psoriasis. In one randomized placebo-controlled study, patients with bilaterally symmetrical lesions applied placebo to one side of the body and 10% Oregon grape ointment to the other side. According to physician assessment, 36% of the patients' lesions improved or disappeared with Oregon grape treatment, and 23% improved with placebo. Five percent of the patients experienced local adverse events (allergic sensitivity, burning, itching). Another randomized study compared Oregon grape ointment (3 times daily) with the pharmaceutical anthralin (also known as dithranol). Anthralin is considered to be one of the most effective treatments for psoriasis. Biopsies of the skin lesions were taken from 49 patients with psoriasis before and after treatment. Both treatments effectively reduced hyperproliferation and immune reactions. Anthralin was more effective in reducing some antibody markers. Adverse effects associated with the common pharmaceuticals used to treat psoriasis range from 3% to 72% (72% was associated with anthralin use).

The two modern clinical studies evaluated topical application, while the original case reports describe oral application. The alkaloids in Oregon grape extract are extremely bitter tasting. There are no solid extract preparations currently available. The author believes that using a combination of oral and topical Oregon grape would be best because the scaling thick psoriasis skin is difficult for topical treatments to penetrate at adequate concentrations. The author recommends mixing the Oregon grape tincture with equal parts tincture of yerba santa leaves (*Eriodictyon californicum*). He states that this formerly official pharmaceutical preparation is effective in neutralizing the bitterness of alkaloidal compounds and can make the preparation more palatable for liquid oral administration. Based on these preliminary safety and efficacy reports, Oregon grape appears to be a valuable option for people with this skin condition.

—Heather S. Oliff, PhD

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