HISTORY

Natural medicine has always been the base for treatment of many diseases; indeed it has constituted the rationale for the achievement of one of the main discoveries of humankind; through that, thousands of lives have been saved: antibiotics. Thus, as well as being the base of many drugs that help to maintain population’s health, it has been perpetuated as a real alternative for treating many diseases, implying almost complete innocuousness due to its natural origin and giving many therapeutic goodness and easy patients’ tolerance, without severe side reactions frequently observed with common drugs.

Thus, since the time of Maya’s civilization, gifted by great advance and knowledge, some of them not even currently understood, they already used herbal extracts for disease treatment.

The increase in population index, migrations, and economic and social conflicts have generated spreading and emerging of many diseases; those problems involve extreme poverty and limited accessibility to conventional drugs, distributed by big companies, due to price increases. In those scenarios natural medicine continues to be a valid alternative allowing relief, improvement and easy therapy to diseases existing in those populations, becoming an alternative therapeutically equivalent, but at lower cost and better accessibility to those persons.
Between 1960 and 1986, Efrain Contreras, recognized naturopath, discovered the properties of herbal extract from *Iresine celosia (Amaranthacea gomphrenoidea)*, an herb coming from Central America. It demonstrated many therapeutic goodness when administered to patients. It was approved as a natural drug by the Ministry of Health of Nicaragua.

*Iresine celosia* improved health in patients suffering from psychosomatic disorders; it improved depressed conditions and then its efficacy was proven also in patients suffering from tumoral diseases of the digestive system and breast, giving good results in disease stabilization and in some cases, remission of metastatic tumors, on the basis of empiric patient’s follow-up. It is important to quote that although the results did not come from a controlled clinical trial, they were personally corroborated by Dr Efrain Contreras, discoverer of *Iresine celosia*, by means of patients’ follow-up after receiving treatment with the plant.

By 1990, Ms Edda Contreras-Escobar, Dr Efrain Contreras’ daughter, continued his father’s research, trying to improve health of those persons through availability and accessibility of the population to the goodness of *Iresine celosia*; following her own research, she added a new component, vitamin U, to *Iresine celosia* extract. This implied a perfect pharmacologic synergism with *Iresine celosia*, increasing the pharmacologic spectrum of the plant. When used, it was observed that apart from the benefit obtained in patients with neoplastic pathologies, a great improvement and recovery of patients with diseases of the gastro-intestinal tract, such as peptic acid disease, intestinal inflammatory diseases, gastric and duodenal ulcer, colitis and others, was achieved.

Taking into account the history of benefits given by *Iresine celosia Bi-Herbal Extract* plus Vitamin U in individuals suffering from the above pathologies and treated with the product, Dr Contreras began her journey through Europe and Latin America, applying the treatment to persons suffering from neoplastic diseases, and vascular, prostatic, gastrointestinal and depressive disorders, achieving good results, improvement, relief and recovery of those patients listed in personal notes of Dr Contreras and her collaborators.
That effort was carried out in a research framework that began in 1990, in Europe and then it was presented at *Natura Rerum* congress, celebrated in Cannes, France, in 1995 and 1996.

There was a clinical trial that revealed a great innocuousness of the product, as well as therapeutic effects against stress, depression and adrenergic symptoms in many patients.
THERAPEUTIC EXPERIENCE WITH *Iresine celosia* BI-HERBAL EXTRACT

*Iresine celosia* is a natural herbal extract (*Amaranthacea gomphrenoidea*). In chemical terms, it is rich in glucocorticoids, various natural proteins and polysaccharides (Referencia?).

Through the continuous research on a natural and accessible alternative for treating oncological diseases, many extracts of a variety of plants having apparent citostatic and immune stimulatory ability have been used (Referencia?). Those activities are mainly due to structural polysaccharides and natural proteins (Referencia?). Through some mechanisms, those components delay, avoid and inhibit tumoral settling (Referencia?). One of those studies was carried out using a Mexican plant with apparent anti-oncological properties (Referencia?).

Currently, plants constitute the main source for obtaining most of useful drugs for cancer therapy (Referencia?). In the research conducted with the Mexican plant *Argemone mexicana* L, commonly known as “Cardo Santo” (thistle), a mixture of polysaccharides was extracted from plant leaves, collected during flowering time. The effect of that mixture on cellular proliferation in human cellular cultures (lines H125 and U1906) was assessed by the $[^3]$H]thymidine-intake method (Referencia?).

Assessment of direct antitumoral activity of that crude polysaccharide extract, administered alone or combined with two known cytostatic drugs was carried out in mice inoculated with tumoral cells (Lymphocytic Leukemia P-388 and Sarcoma 37). The indirect antitumoral activity was assessed on Ehrlich’s ascitic tumor (Referencia?).
Life-span increase related to positive and negative controls was calculated in all cases. Polysaccharide mixture alone elicited rejection to Ehrlich’s tumor implantation. Combined administration with 5-Fluoruracil (citostatic drug) induced a moderate increase of antitumoral activity in mice carrying Sarcoma 37 tumor. (Referencia?)

Those results could be related with a possible stimulating effect of the mixture on the immune system of animals carrying the tumor.

The hypothesis based on the *Iresine celosia*’s stimulating effect on immunity has been outlined. It would counteract the immunity-depressing effect of neoplastic disease and would partially explain improvement and stabilization of neoplastic disease observed in patients treated with *Iresine celosia*. It would also reinforce mechanisms of cellular and humoral immunity allowing patients a higher protection and resistance to both implantation and development of the tumoral process.

Both citostatic and anti-fungal properties of *Iresine celosia* have also been described. (Referencia?) A previous study carried out on patients suffering from digestive tract and breast tumors can be taken as antecedent. (Referencia?) Pre-surgery doses reduced tumor size in all patients treated with *Iresine celosia*. Neither recidivism nor deaths were observed during early follow-up. In breast cancer, *in situ* and distant metastases remitted 12 to 15 days after treatment. (Referencia?)

Follow-up was carried out only by personal notes. It should be mentioned that control or comparative groups were not included and most of patients were not submitted to medical tests to control disease progression.

It is important to mention that *Iresine celosia* was studied in United States of America at the Bethesda National Cancer Institute and Southern Research Institute in Birmingham, Alabama. (Referencia?) A deep study on *Iresine celosia*’s properties as an antitumoral drug and immunity stimulator was highly recommended.
It is likely that its properties may be based on a mechanism mediated by glucocorticoids and proteins comprised in its chemical composition. So, *Iresine celosia* remains as an evolving and potential alternative treatment for those kind of diseases.

Further, patients suffering from cancer present emotional, psychosomatic, depressive, fear and anxiety disorders as well. *Iresine celosia* has demonstrated its usefulness for treating those disorders. (Referencia?) Theoretically, its effect is given through a mechanism that improves tissular oxygenation and partial adrenergic blockade.

However, those mechanisms have not been confirmed yet, neither physiologically nor biochemically. But it was observed that most of patients treated with *Iresine celosia* showed positive psychoemotional changes, elimination of psychosomatic disorders, changes in their life quality and positive mood responses.

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*Iresine celosia BI-HERBAL EXTRACT*

Vitamin U is rare and non very studied. (Referencia?) It is present in cabbage and was used by Hippocrates on his patients. (Referencia?) It is obtained from tender cabbage (*Coalis lombarda*). (Referencia?) In 1998 Dr Contreras added it to *Iresine celosia* herbal extract, thus creating a new formula: *Iresine celosia Bi-Herbal Extract*. (Referencia?)
Vitamin U is defined as *Anti Ulcus* factor; it exhibits a cytoprotector mechanism to gastric and intestinal mucosa. (Referencia?)

Apparently, its mechanism of action is allowing cellular regeneration and stimulation of gastric and intestinal mucosal lining. It stimulates proliferation of factors protecting mucosa. It is well known that a failure in the production of such factors and the retrograde electron flux is the cause or physiopathology of peptic ulcer. (Referencia?)

Its synergetic effect on patients (mainly in cancer patients) treated with *Iresine celosia* can be understood. Those patients are under intense stress; such stress elicits acid-generated ulcers, gastroesophagic reflux, colitis and other associated symptoms, as well as intestinal hemorrhage. Those patients can be protected from the above disorders by an early preventing treatment using a natural product, highly innocuous and accessible. (Referencia?)

The experience with the use of *Iresine celosia Bi-Herbal Extract* (containing Vitamin U) in Nicaragua, between 2006 and 2007 will be described. That experience was based on observation and follow-up of patients submitted to treatment and personal notes. Those results were excellent and can be confirmed by personal and empiric testimonies.

As mentioned above, the usefulness of Vitamin U as protective factor and even as pharmacologic treatment of gastric diseases and other gastrointestinal disorders has been observed. (Referencia?) Early and rapid improvement and even recovery from acid-peptic diseases, gastric and duodenal ulcers have been observed. Those reasons support the presence of Vitamin U in *Iresine celosia Bi-Herbal Extract*, as a valid, innocuous and accessible pharmacological alternative therapy for the population.

*Iresine celosia Bi-Herbal Extract* was used on a total of 12 patients aged 20 to 45 years old. Dose consisted in five drops three times a day in pre-prandial stage. 8 out of 12
patients had already received pharmacological treatment with anti-acids and H2 antagonists, discontinuously, with low or no symptom improvement.

In 7 out of 12 patients, symptoms remitted at the third day of beginning the use of *Iresine celosia Bi-Herbal Extract*; symptoms improved up to total remission in periods after seven up to ten days.

Symptoms in five remaining patients remitted between fifth and seventh day after beginning of treatment. Symptoms disappeared at the tenth day (average). Acidity, epigastric pain, and digestive disorders improved or remitted completely in all patients. After a treatment cycle with *Iresine celosia Bi-Herbal Extract* recurrence of the disease as well as symptoms were not observed, whenever medical prescriptions and correct medication intake were followed. It should be mentioned that those results correspond to the first observation and follow-up stage of patients to whom follow-up of their evolution and treatment progression with *Iresine celosia Bi-Herbal Extract* will be done.

Endoscopic studies for control were not carried out. Follow-up and partial results were obtained on symptomatic and observational bases. Up to the moment this report is being done, patients continue improving and their symptoms have remitted after three of four weeks of treatment.

Results on pharmacologic synergism between Vitamin U and *Iresine celosia* encouraged us to continue studying this subject, treatment application and observation, and carrying out comparative studies between *Iresine celosia Bi-Herbal Extract* and conventional drugs for the treatment of peptic-acid disease. Those studies aimed to establish and advantageous cost-benefit relationship in favor of the natural product, that shows therapeutical goodness, accessibility, innocuousness and potential to become the standard treatment for a disease that affects a great part of humankind and represents important expenses to the poor economy of a great population groups.
Concerning the experience in management of cancer patients treated with *Iresine celosia Bi-Herbal Extract*, it is important to highlight that all patients suffered from advanced or terminal cancer disease, localized in brain, digestive system or breast. None of them received previous chemo or radiotherapy. It was because some of them rejected those therapies due to their side reactions, or it was not economically accessible to them, or it was rejected because it was not desired to reveal the magnitude of the disease.

First reported case refers to a female patient, aged 43. In October, 2006, she began with severe constipation, pelvic pain irradiated towards the left thigh, and paresthesia; accidentally, a mass was identified in the abdominal zone. Ultrasound test of the abdomen was carried out in October, 2006. It revealed an abdominal tumoral mass. On November 1st, 2006, she was submitted to an urgent surgical exploration. A 20 x 20 cm mass depending on jejunum’s muscular layer was found. It was analyzed at the Pathology laboratory. It reported a Leiomiosarcoma, malignant fusocellular neoplasia.

The case was discussed by the oncological board who recommended six cycles of chemotherapy with doxorubicin plus dacarbazin. They were not carried out by personal decision. A control CAT scan was done a month after surgery. It revealed 8 x 8 cm liver metastases in liver segments VII and VIII and peri-aortic adenitis compatible with liver and ganglionic metastases.

Treatment: Analgesic drugs occasionally.

Post-surgical symptoms: Occasional abdominal pain; epigastric pain and nausea. She began *Iresine celosia Bi-Herbal Extract* treatment on February 3rd, 2007, with a pre-prandial dose of 10 drops, three times a day. Four days after treatment she referred she was fine, free from epigastric pain, nauseas and general pain.

It is important to mention that since the diagnosis of her disease, the patient referred anxiety, hyporexia and severe depression. Those symptoms lasted after post-surgery stage, worsening after chemotherapy recommendation and understanding of its side reactions.
When the patient knew about the alternative therapy for her disease with *Iresine celosia Bi-Herbal Extract* and received it, she changed her mood; anxiety and depression decreased and hyporexia disappeared; then she showed good appetite and stamina.

Sarcomas are not common neoplasias. They constitute about 1% of malignant tumors; although the local removal or enucleation, the recidive incidence is high in 70 to 80% of cases.

Metastases occurs mainly in lungs through hematic transportation. Their initial symptom is pain, before a palpable mass appears. The indicated treatment is an adequate surgical removal, in order to reduce recidive incidence and distant dissemination.

Survival index after 5 years is 76% if a wide local resection is done; 70% for patients presenting a residual microscopic disease; 52% for those presenting a residual macroscopic disease; and 25% when there are distant metastases. On a stage basis, survival index is 75% for stage I; 50% for stage II; 25% for stage III; and 5% for stage IV.

Radical surgery plus chemotherapy is the best therapy; lately, radiotherapy has reduced recurrences to a small extent, with a survival index of 83% after 5 years.

This patient did not receive chemotherapy; six months after surgery she has not showed symptoms, although the latest study revealed liver and ganglionar metastases.

Four months after beginning treatment with *Iresine celosia Bi-Herbal Extract*, no symptoms of disease progression or worsening have been observed. Unfortunately, the patient had not been submitted to a control CAT scan at the moment of the present report, so it was impossible to evaluate the disease response to the therapy with *Iresine celosia Bi-Herbal Extract* from a radiological pint of view.
But it was possible to check in situ patient improvement, taking into account her physical condition, optimism, appetite, normalization of her daily activities, and lack of symptoms indicating disease progression or associated symptoms.

Patient’s tumor was highly malignant, in advanced stage and metastasized to distance. After six months of surgery the patient was found in optimal condition and satisfied with the use of *Iresine celosia Bi-Herbal Extract*. She referred her preference for this therapy instead of that of chemotherapy, with its side reactions.

Another patient suffering from neoplastic disease was submitted to *Iresine celosia Bi-Herbal Extract* therapy. This was a male, aged 31. He also suffered from ataxia, convulsions and right hemiparesis, with lack of sensitivity. In November 2006 he was submitted to a CAT scan that revealed an encysted tumor in the cranial back pit. Craniectomy plus biopsy were carried out. Biopsy revealed a type II astrocytoma with encysted changes.

Post-surgery report described a 4.7 x 3.4 cm tumor that collapsed ventricle IV. Total tumor (capsule included) resection was done. Patient medication at the hospital included corticosteroids, anti-emetics, analgesics and gastric protector drugs.

Patient was discharged 22 days later, presenting 15 Glasgow’s stitches, horizontal nystagmus, tremor and ataxic march with an improvement in his supporting base, and conversation pattern with bad immediate recovering prognosis due to disease sequelae.

CAT scan was carried out on December 6\textsuperscript{th}, 2006. It revealed mass lacking of tumoral recurrence.

He began his *Iresine celosia Bi-Herbal Extract* therapy in March, 2007. At the moment of the present report he has been under therapy for two months, with a pre-prandial dose of 10 drops, three times a day.
The physician in charge prescribed him palliative radiotherapy; it was not accomplished due to personal decisions.

Symptoms before *Iresine celosia Bi-Herbal Extract* therapy included headache, walking difficulties, blurred vision, sleeplessness and hemianopsia.

After a month receiving *Iresine celosia Bi-Herbal Extract* therapy, the patient referred walking improvement; he walked and carried out his routine and job activities as expected, sleeplessness disappeared as well as headache; his life quality had improved notably.

As he felt satisfied with *Iresine celosia Bi-Herbal Extract* therapy, he had not been submitted to control CAT scans. He continued his neurosurgical follow-up.

Another patient receiving *Iresine celosia Bi-Herbal Extract* therapy was a female one, aged 46, suffering from grade II diffuse astrocytoma. CAT scan carried out on March 9th, 2007, revealed a frontal, basal, bilateral, tumoral lesion compatible with a post-surgical residual tumor, with sub-ependymal dissemination and a satellite lesion in the right cerebellar hemisphere.

Her symptoms began in November, 2006, and consisted in headache, anorexia and olfactory disorders. She received urgent surgery in November, 2006, consisting in frontal lobectomy. Post-surgical conditions were bad: depression, anorexia, sleeplessness, equilibrium disorders and general malaise. She began *Iresine celosia Bi-Herbal Extract* therapy a month ago, with a dose of 10 drops, four times a day. In parallel she has been taking conventional drugs (fenitoin, prednisolone).

Short-time prognosis was bad. Currently she has improved in a general manner. Since the beginning with *Iresine celosia Bi-Herbal Extract* therapy her depression has diminished and headaches have occurred occasionally; appetite, equilibrium and her general well-being have improved.
Astrocytoma is a malignant neoplasia. In stages I and II, radical resection surgery gives good long-lasting results, but in stages III and IV its prognosis is bad due to the high index of local recurrence.

Compression of neural tissue and local damage cause a progressive patient deterioration; radiotherapy is used during those advanced stages with bad results in the short-term.

It is very important to observe patients who have received *Iresine celosia Bi-Herbal Extract* therapy to realize they have improved their general condition although the advanced stage of the disease, mainly in a patient with early recurrence and multicentrical progression of the disease.
CONCLUSIONS

For concluding, we can say that the personal experience during the application of *Iresine celosia Bi-Herbal Extract* therapy and patients follow-up was satisfactory although the short term follow-up. Results were extraordinary; some patients have surpassed the conventional average of the medical prognosis.

“*Faith moves mountains*”: Apart of representing an alternative therapy, this product also provides a new hope and option to patients suffering from neoplastic and multisystemic diseases for facing disturbances occurring as a consequence of their diseases.

With the principle “*big works emerge from small things*”, *Iresine celosia Bi-Herbal Extract* emerges as an effective and accessible alternative for many patients.

Results obtained from patients follow-up compiled by the personal experience of Dr Contreras and her coworkers, *Iresine celosia Bi-Herbal Extract* therapy can be recommended to those patients suffering from advanced and terminal neoplasias, as an alternative therapy to palliative chemotherapy, chemotherapy rejection, coadjuvant and symptomatic treatment, depressive disorders caused by the disease, anxiety, acidity and peptic disorders and intestinal inflammation.

*Personal experience has demonstrated that Iresine celosia Bi-Herbal Extract therapy has showed extraordinary results in the management of those diseases.*

Controlled clinical trials on *Iresine celosia Bi-Herbal Extract* therapy are highly recommended in order to demonstrate its benefits and goodness on scientific bases, as it is a naturally originated drug with high therapeutic potential, free from side reactions as demonstrated, well tolerated and accessible.
Up to this point the scientific experience is limited and we are projecting to conduct controlled, double-blinded clinical trials.

*Work dedicated to perpetuate the existence of this product is highly praiseworthy. We hope this product will become a reality for improving patients’ health as soon as possible.*