Essiac: An historical perspective

By Laureen LeMoine

Abstract

It is believed that over one-half of people diagnosed with cancer will at some point use an unconventional therapy (Hopkins & Brigden, 1991). In light of this, nurses have a professional responsibility to learn about unconventional therapies (Fletcher, 1992) so they can help their patients make informed choices. This article focuses on Essiac, an unconventional therapy that has historically and is presently being used by some cancer patients. While reasons patients might choose unconventional therapies are identified, the majority of this article focuses on the history of Essiac, where it stands today, and the need for sound scientific research.

Currently it is estimated that 130,800 Canadians will be diagnosed with some type of cancer (Canadian Cancer Statistics, 1997). It is believed that more than half of these patients will at some point use an unconventional treatment in place of, or together with, conventional treatments (Hopkins & Brigden, 1991). Unfortunately, cancer patients who choose these unconventional treatments often base their decisions on limited and biased information (Montbriand, 1994). This may result in the use of alternative therapies that are harmful (Hopkins & Brigden, 1991). Therefore, nurses have a professional responsibility to learn about unconventional therapies and their potential risks (Fletcher, 1992) as well as benefits. This knowledge will enable nurses to provide accurate information to their patients (Loeb, 1992) ensuring the patients' choices to be informed ones.

One type of unconventional treatment that has historically and is presently being used by patients with cancer is Essiac, an herbal mixture consisting of arctium lappa (burdock), ulmus fulva (slippery elm), rheum palmatum (Indian rhubarb) and rumex acetosa (sheep sorrell) (Respirin Corporation, 1986, cited in Yamamoto, 1988). Although many nurses may have heard of Essiac, very few are familiar with its history. The purpose of this article is to provide information to nurses on what is known about Essiac, enabling them to provide information for patients considering Essiac as a treatment for cancer.

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Reasons people living with cancer choose unconventional therapies

There are various reasons why people diagnosed with cancer turn to unconventional therapies or use them together with conventional therapies. These include: the need to have an active role in their own treatment; the need to have a sense of control over their own lives; the possibility of improving quality and/or quantity of life, especially when told "nothing further can be done"; the appeal of "natural" remedies as opposed to radiation, surgery or chemotherapy; pressure from family and friends; and mistrust of the conventional medical establishment and its treatments (Cassileth & Brown, 1988; Danielson, Stewart & Lippert, as cited in Hopkins & Brigden, 1991).

For whatever reason(s) patients may decide to use an unconventional treatment, nurses need to respect their decisions and increase their knowledge base on the treatment in question (Fletcher, 1992). In so doing, nurses will help protect their patients from exploitation, deception (Holleb, 1982) and physical harm (Fletcher, 1992).

Rene Caisse and the history of Essiac

Various authors have written about the history of Essiac (Glum, 1988; Robinson, 1992; Snow, 1991; Thomas, 1994 & Walters, 1993). The following is a summary of an article written by Sheila Snow-Fraser, an author who interviewed Rene Caisse over a two-and-a-half year period, and Carroll Allen, an investigative reporter (1977):

In 1922, Rene Caisse was a nurse working in a hospital in Haileybury, Ontario. When questioning an elderly patient about her scarred breast tissue, the patient informed her that she had been diagnosed several years earlier with breast cancer. Because the patient had known a friend who had died after a mastectomy and because she was financially unable to afford such surgery, this patient treated her cancer with an herbal tea offered by an Ojibwa Indian. When Caisse realized that this patient had survived 20 years since her diagnosis with no medical treatment, she asked for the formula of the tea.

In 1924, Caisse's aunt, Mireza Potvin, was diagnosed with advanced cancer of the stomach and a prognosis of six months to live. Since there was no medical intervention for her cancer, Caisse treated her with the formula from the Ojibwa Indian. Her aunt lived for another 21 years. Dr. Fisher, Potvin's doctor, was impressed with her recovery and worked with Caisse treating cancer patients whose diagnoses did not qualify for medical treatment. Some patients were administered the formula as an oral liquid and some had it injected into the tumour site. Dr. Fisher and Caisse also spent time experimenting on mice inoculated with human cancer cells while modifying the combination of herbs (which she named Essiac, her surname spelled backwards) to maximize its efficacy.

Over the next couple of years, Caisse gained positive recognition for her work with Essiac from both the public and medical doctors. In 1926, nine doctors petitioned the Canadian federal health department requesting permission for Caisse to test her remedy on a large scale. These doctors testified that Essiac "reduced tumour size, prolonged life in hopeless cases, and showed 'remarkable beneficial results', even where 'everything else had been tried without effect' (Snow-Fraser & Allen, 1977, p.4)". The department of health responded by taking legal action against Caisse for practising medicine without a licence. However, once it was clarified that she was treating only terminal cancer patients, she was permitted to continue her nursing practice.

In 1935, Dr. Bastedo, a medical doctor who was impressed with

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the recovery of a cancer patient he had referred to Caisse, convinced the town council of Bracebridge, Ontario to make the British Lion Hotel available as a cancer clinic for the terminally ill. It was here that Caisse was allowed to treat cancer patients with Essiac under the condition that she had written diagnoses from her patients' doctors stating their prognoses were terminal.

In 1937, Dr. Emma Carson, a Los Angeles physician, spent 24 days inspecting the Bracebridge clinic. She reviewed the clinical records, examined over 400 patients, and reported:

"The vast majority of Miss Caisse's patients were brought to her after surgery, radium, x-rays, emplastrums, etc., had failed to be helpful and the patients were pronounced incurable or hopeless cases. The progress obtainable [sic] and the actual results from Essiac treatments, and the rapidity of repair were absolutely marvellous, and must be seen to be believed" (Snow-Fraser & Allen, 1977, p.8).

That same year, Dr. John Wolfer, the director of the tumour clinic at the Northwestern University Medical School, arranged for Caisse to treat 30 terminal cancer patients under the direction of five doctors. One-and-a-half years later, the Chicago doctors concluded that Essiac prolonged life, broke down nodular masses to a more normal tissue, and relieved pain.

Dr. Benjamin Guyatt, a curator and anatomy professor of the University of Toronto, repeatedly inspected Caisse's clinic throughout the 1930s and reported:

"In most cases, distorted countenances became normal, and pain reduced as treatment proceeded. The relief from pain is a notable feature, as pain in these cases is very difficult to control. On checking authentic cancer cases, it was found that hemorrhage was rapidly brought under control in many difficult cases; open lesions of lip and breast responded to treatment; cancers of the cervix, rectum and bladder have been caused to disappear, and patients with cancer of the stomach diagnosed by reputable physicians and surgeons have returned to normal activity. I do know that I have witnessed in this clinic a treatment which brings about restoration through destroying the tumour tissues and supplying that something which improves the mental outlook on life and facilitates re-establishment of physiological function" (Snow-Fraser & Allen, 1977, p.9).

In 1938, supporters of Caisse petitioned the Ontario parliament to allow her to treat cancer patients at all stages with Essiac. However, the Private Bills Committee rejected the bill because to pass it would mean they would be endorsing an unproven product as a cure. At this time, Health Minister Kirby established the Cancer Commission, which consisted of physicians, to investigate unproven cancer treatments. Fines would be issued to anyone administering unproven therapies to patients. Since Caisse refused to submit a sample and the formula to the commission, Caisse was forced to close her clinic. However, due to enormous pressure by the public, Premier Hepburn and Health Minister Kirby asked Caisse to reopen her clinic and ensured she would not be charged. In 1939, the commission concluded that some benefits were noted with Essiac, however there wasn't strong enough evidence to approve it as a remedy for cancer. Fearing imprisonment, Caisse closed her clinic in 1942.

In 1959, Caisse was invited to work at the Brusch Medical Center in Massachusetts, treating terminal patients and laboratory mice with Essiac. After three months, Dr. Charles Brusch and his research director, Dr. Charles McClure concluded that:

"... on mice it has been shown to cause a decided recession of the mass, and a definite change in cell formation. Clinically, on patients suffering from pathologically proven cancer, it reduces pain and causes a recession in the growth; patients have gained weight and shown an improvement in their general health. This, after only three months of tests and the proof Miss Caisse has of the many patients she has benefited in the past 25 years, has convinced the doctors at

the Brusch Medical Center that Essiac has merit in the treatment of cancer. The doctors do not say that Essiac is a cure, but they do say it is of benefit. It is non-toxic, and is administered both orally and by intramuscular injection" (Snow-Fraser & Allen, 1977, pp.14-15).

Dr. Philip Merker of Sloan-Kettering Institute for Cancer Research (SKICR) and the National Cancer Institute also wanted to test Essiac. Caisse would have to give them her formula for testing to occur. However, Caisse had always feared that the product would be exploited for profit so she always prepared the mixture herself when researchers wanted to test it.

From 1973-1976, the SKICR tested one of the herbs in Essiac. Caisse collected and sent the herbs to the institute with instructions on its preparation. However, once Caisse discovered that they were freezing instead of boiling the mixture as she requested, she refused to supply more herbs.

In 1977, a year prior to her death, Caisse sold her original formula to the Resperin Corporation for one dollar (Thomas, 1994). This corporation was headed by David Fingard, a chemist, and Dr. Matthew Dymond, a former Ontario Minister of Health, and had several physicians on its board of directors. Caisse's intention had been to convince the Canadian government to set up trial studies with terminal cancer patients across the country. These studies were to be properly documented with diagnoses and detailed reports about the progress of the patients.

Conflicting claims and results

Overall, conflicting data on Essiac testing still remain, making it impossible to conclude what relationship exists between Essiac and cancer. For example, in 1978 the Health Protection Branch of the Canadian Health and Welfare Department (HPBCHW) approved Resperin's request to have Essiac trialled as a new drug (Health Canada's Health Protection Branch, 1989). The intention was to have Essiac tested on cancer patients at the Princess Margaret and the Toronto General Hospitals. When both hospitals refused to treat their cancer patients with Essiac alone, the HPBCHW decided to allow family practitioners to supervise Essiac treatments for terminal cancer patients. From the family practitioner study, Health Canada concluded, "no clinical evidence exists to support claims that Essiac is an effective treatment for cancer". The written documentation made available to the press and public in the HPBCHW publication is titled **Essiac - An ineffective cancer treatment** (1989). It also states that Essiac is not harmful to a person's health as long as it does not replace other proven forms of cancer therapy. Believing that there may be positive psychological effects, Health Canada will authorize emergency release of Essiac to medical doctors on compassionate grounds.

One other study Health Canada refers to in the HPBCHW publication, **Issues** (1989), was done in 1983 by the National Cancer Institute in Bethesda, Maryland. Unfortunately, no details are provided on the study.

Richard Thomas, a writer who claims to have extensively researched Essiac and has written a book entitled, **The Essiac report: Canada's remarkable unknown cancer remedy** (1994) explains why the study done by Health and Welfare Canada with the family practitioners is inconclusive. Thomas (1994) reports that these doctors were unable to obtain Essiac from Resperin Corporation when needed, the composition of Essiac was uncontrolled and differed in concentration from week to week, few records of a patient's progress were kept, none of the doctors conducting the clinical trials were closely monitored by Resperin Corporation, and not all the doctors participating in the protocol sent in their results. Health and Welfare Canada recognize the study's limitations, stating that their clinical study was "poorly conceived and executed, yielding uninterpretable results" (Thomas, 1994, p.51). One might question the government's rationale in rendering a conclusion on Essiac's relationship with cancer as ineffective when it is based on faulty research.

Essiac and current realities

While the relationship between Essiac and cancer remains uncertain, the reality is that cancer patients are finding out about the product and are using it in hope of a cure. In 1991, Essiac's rights were assigned from the Resperin Corporation to Mankind Research Foundation of Maryland, USA. In May 1995, Essiac Products Incorporated, located in Campbellton, New Brunswick, purchased the rights to Essiac and currently manufactures and distributes it worldwide (Personal communication, May 1995).

In 1994, the Canadian Breast Cancer Research Initiative (CBCRI) set up a task force to focus on 10 biologically-based alternative therapies, one of which was Essiac. The aim of the task force was to collect both anecdotal and scientific evidence about the selected alternative therapies. It was hoped this information would stimulate physicians and scientists to further research the relationship of these therapies and cancer.

In 1996, the CBCRI published an information package which reviewed all available information regarding Essiac. As a result of their work, the CBCRI concluded the information showed weak evidence of effectiveness against cancer, little evidence of harm to the consumer, and an incompletely studied therapy. They strongly encourage anyone intending to use this therapy to inform his physician of Essiac use due to the possibility of unexpected side effects in people with a serious illness and/or those taking conventional therapies. The information package includes an extensive bibliography of both scientific and lay literature. A copy of this package and information about other unconventional therapies can be obtained by calling the Cancer Information Service at 1-888-939-3333.

Future directions

It is not difficult to argue that Essiac's future clearly lies in the field of scientific research. Research must include testing the formula Caisse sold to the Resperin Corporation, administering it according to her specific directions as outlined for the Sloan-Kettering Institute, and executing controlled, well-documented studies. It is hoped that Essiac will have this opportunity! ♦

About the author

Laureen LeMoine, RN, BN, originally wrote this paper as a student assignment while in nursing baccalaureate program at University of New Brunswick. Since completing her degree in 1996 she has been employed as a staff nurse at the Dr. Everett Chalmers Hospital in Fredericton, N.B.

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