Abstract: *Sarracenia purpurea* (pitcher plant) was discovered in the 1800s as a remedy for small pox (Chalmers 1862). Since this time, however, it has received no accolades as a treatment for viral or any other condition, being thought of as medically "obsolete" (LaGow 2004). A compounded formulation of the pitcher plant liquid extract in an aloe vera derived gel (the "Gowey Protocol") was applied topically to various patient lesions known to be "therapeutic challenges" (Bacelieri and Johnson 2005): squamous cell carcinoma, Kaposi's sarcoma, cervical dysplasia, herpes simplex virus, methicillin-resistant staphylococcus aureus (MRSA), and plantar warts. All patients receiving treatment of this compounded formulation showed rapid benefit and a complete resolution of symptoms (as presented clinically or via pre and post lab results).

Introduction: According to Colgan et al (2003) "viral infections are among the formidable conditions in the primary care setting, carrying a wide range of illnesses that are difficult to treat". Viruses plus diseases such as MRSA or dysplastic cells, create challenges for any practitioner and are aggravated by high stress levels, compromised immune systems, nutrient deficiency, and low socioeconomic statuses (Bower, Palmieri, and Dhillon 2006).

A compounded formulation, termed the "Gowey Protocol", of the pitcher plant was made for the author by Professional Compounding Centers of America (PCCA) in a base derived from aloe vera. The Gowey Protocol was applied directly to patient lesions, with appropriate follow-up. The primary constituent of these pitchers is anthocyanins such as delphinidin or cyanidin (Sheridan and Griesbach 2001) which are known for their anti-oxidant, apoptosis, and anti-viral properties (Williams et al 2004).

Methods: Patients were given the Gowey Protocol, and applied the formulation topically to lesions every 3-4 hours, and in the cervical dysplasia case, nightly 2-3 times per week (inserted via a vaginal applicator). Patients were followed up with daily or weekly, per informed consent, from 2009-2011.

Results: **MRSA**: A five year-old male with a history of repeat MRSA lesions, presented to the office with recent outbreaks diagnosed via lab cultures. MRSA was on the lateral aspects of the patient’s hands and feet bilaterally. Within 24 hours of using the Gowey Protocol lesions were clearing up, and by two days were completely gone upon objective inspection. No post culture was obtained, per patient preference.

**Plantar warts**: Patient presented with a plantar wart located on the heel of her left foot. She was given the Gowey Protocol and instructed to cover the wart with a bandage. Warts scabbed over within four weeks, and were gone by six weeks. Pre and post
biopsy was not obtained, per patient preference.

**Kaposi's sarcoma**: Patient experiences Kaposi's sarcoma as ulcerations on lower extremities that are very painful. Gowey Protocol was applied around and on top of current legions that were newly erupting. Pain dissipated immediately and over the course of a few days, prevented ulcerations from deepening to the bone (clinical observation).

**Herpes simplex**: Patient presented with new, 10/10 painful herpes vesicles (5), located on the labia majora bilaterally; diagnosis was confirmed with positive blood titer for HSV II by another physician. Gowey Protocol was applied directly to the vesicles every 3-4 hours; lesions were healed (clinical observation) within 3 days.

**Cervical dysplasia**: Patient with low-grade squamous cell carcinoma intraepithelial lesion of the cervical epithelium presented to the clinic requesting alternative treatment. Author applied the Gowey Protocol to the cervix bimonthly and instructed the patient to insert 4 grams 2-3 nights per week with a vaginal applicator. Patient received a follow-up pap within six months and results were within normal limits.

**Squamous cell carcinoma**: Patient presented with a new lesion that was not healing on the left lateral aspect of her nose. Biopsy results revealed squamous cell carcinoma; patient scheduled for Moh's but requested treatment regardless. She was prescribed the Gowey Protocol to be applied every 3-4 hours. Lesions began to heal within one week; Moh's was cancelled due to normal biopsy on follow-up visit one month later.

**Discussion**: These case series demonstrate the possible effectiveness of the pitcher plant in treating a variety of conditions. Further clinical trials, with pre and post labs, skin cultures or biopsies need to be done to confirm efficacy of *S. purpurea* when treating topical skin conditions, and the Gowey Protocol base needs to be studied so as to remove chance that the base itself is contributing to the mechanism of healing. It is possible that because of the action of anthocyanins within the pitcher plant, apoptosis of damaged cells is the contributory factor in healing.

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