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Contents

* 1 Introduction

- o 1.1 Contributors
- o 1.2 Wishlist

* 2 Single herbs

- o 2.1 Valeriana
 - + 2.1.1 Valium is not derived from Valerian
- o 2.2 Yohimbe
 - + 2.2.1 Yohimbe is a MAO inhibitor, yohimbine isn't
- o 2.3 Absinthe FAQ pointer
 - + 2.3.1 More on Absinthe
- o 2.4 St. John's Wort (Hypericum)
 - + 2.4.1 SJW and photosensitivity
 - + 2.4.2 SJW and MAO inhibition
 - + 2.4.3 About standardized hypericin content in SJW
- o 2.5 Ginseng
- o 2.6 Stevia Leaf - Too Good To Be Legal?
 - + 2.6.1 Changed legal status of Stevia Leaf
- o 2.7 Poison Ivy / Oak / Sumac
 - + 2.7.1 How to recognize PI/PS/PO
 - + 2.7.2 How to avoid the rash
 - + 2.7.3 Why does it give you a rash? / Spreading the oil about
 - + 2.7.4 What helps
 - + 2.7.5 Jewelweed, Impatiens
 - + 2.7.6 How to get rid of poison ivy in your yard
- o 2.8 Echinacea
 - + 2.8.1 Using Echinacea
 - + 2.8.2 Echinacea - poaching and extinction
- o 2.9 Feverfew and migraine

- o 2.10 Kava kava
- o 2.11 Pau d'arco
- o 2.12 Wild yam and contraception
 - + 2.12.1 Edible vs. true yam
 - + 2.12.2 Wild yam cream and natural progesterone
- o 2.13 Red raspberry and pregnancy
- o 2.14 Green tea and caffeine
- o 2.15 Comfrey hepatotoxicity
 - + 2.15.1 Hepatotoxicity update
- o 2.16 Pennyroyal
- o 2.17 Cat's Claw
- o 2.18 Golden Seal appeal - and Goldthread too
- o 2.19 Ma Huang or Ephedra sinensis
- o 2.20 Skullcap and Teucrium adulteration
- o 2.21 Mellow mallows
- o 2.22 Not an herb, but: Melatonin

* 3 Herbs for specific things

- o 3.1 Herbs for mosquitoes and other bothersome bugs
 - + 3.1.1 Repelling them
 - + 3.1.2 And now you're bitten...
- o 3.2 Herbs for migraines
- o 3.3 Herbs for vivid dreams
- o 3.4 Herbs and weight loss
- o 3.5 Herbs to make you sleep
 - + 3.5.1 Insomnia therapeutics
- o 3.6 Aphrodisiacs
- o 3.7 Herbal Abortives and Birth Control
 - + 3.7.1 Herbal Abortives and Common Sense
- o 3.8 Herbs and female infertility
- o 3.9 Herbs, ADD, and replacing Ritalin
- o 3.10 Herbs for Sunburn
- o 3.11 The gall bladder flush
- o 3.12 Herbs for cough
- o 3.13 Herbs for constipation

* 4 Processing herbs

- o 4.1 Making essential oil
- o 4.2 Pointer to the How-to of Tinctures
- o 4.3 Herbal oils
- o 4.4 Balms and liniments

* 5 General Info

- o 5.1 Introduction to side effects, safety and toxicity of medicinal herbs
 - + 5.1.1 Medicinal plant actions cannot be reduced to the effects of their isolated 'active constituents'

- + 5.1.2 Medicinal herbs act 'multi-systemically'
- + 5.1.3 Herbs act on the healing processes in the body
- + 5.1.4 Herbs act multi-dimensionally
- + 5.1.5 Side effects vs. contraindications
- + 5.1.6 Safety and toxicity of herbal medicines
- + 5.1.7 Pregnancy
- + 5.1.8 Understanding toxicity research - politics and ideology
- + 5.1.9 Further reading
- o 5.2 Wildcrafting Ethics and similar things
 - + 5.2.1 Wildcrafting checklist
 - + 5.2.2 How do I find out about endangered plants (in the USA)?
 - + 5.2.3 What plants shouldn't I pick?
 - + 5.2.4 United Plant Savers
- o 5.3 Different schools of Herbal Healing
 - + 5.3.1 Traditions in Western Herbal Medicine
 - + 5.3.2 Ayurveda - an introduction
 - + 5.3.3 Pointers to homeopathy sites etc.
 - + 5.3.4 What is Traditional Chinese Medicine?
 - + 5.3.5 Flower essences
 - + 5.3.6 Aromatherapy intro
- o 5.4 The Ames Test
- o 5.5 Trying out the placebo effect
- o 5.6 How to find an herbalist / ND
- o 5.7 Politics and herbal medicine

* 6 Information Sources

- o 6.1 Good books on herbal medicine - updated 18Jan05
 - + 6.1.1 Good books to get started with
 - + 6.1.2 Specialty books: women's herbals, men's herbals etc.
 - + 6.1.2.1 Going for broke (and I wish you luck)
 - + 6.1.3 In-depth books, by organ system
 - + 6.1.4 Chinese herbs, or TCM (Traditional Chinese Medicine)
- o 6.2 Good books for further studies
- o 6.3 Good periodicals
 - + 6.3.1 For enthusiasts (emphasis on color pictures)
 - + 6.3.2 For professional herbalists (emphasis on case studies)
 - + 6.3.3 For universities (emphasis on scientific studies)
- o 6.4 Online commercial databases
 - + 6.4.1 Napralert
 - + 6.4.2 Medline
 - + 6.4.3 Ingenta
 - + 6.4.4 IBIDS
- o 6.5 Herb programs
 - + 6.5.3 Demo or shareware herb programs
 - + 6.5.4 Commercial herb programs - updated 18Jan05

- o 6.6 Other online information sources
 - + 6.6.1 FTP
 - + 6.6.2 WWW
- o 6.7 Pointers to related documents
 - + 6.7.1 Plants by Mail FAQ pointer
 - + 6.7.2 Carpal Tunnel Syndrome WWW page pointer
 - + 6.7.3 Hint for Kombucha posters
 - + 6.7.4 Hint for Essiac posters
 - + 6.7.5 Thinking of growing herbs for sale?
 - + 6.7.6 Saw Palmetto and Prostate problems: Newsgroup/FAQ pointer
 - + 6.7.7 Natural high FAQ pointer
 - + 6.7.8 Natural vision FAQ pointer
 - + 6.7.9 Smoking herbs document pointer
 - + 6.7.10 Pointer to herbal-medical glossary
 - + 6.7.11 Menopausal discomforts

* 7 Schools etc.

- o 7.1 Some hands-on schools I know of in the US
- o 7.2 Some hands-on schools in Canada
- o 7.3 Some correspondence courses I know of in the US
- o 7.4 Some schools and correspondence courses elsewhere
- o 7.5 About correspondence schools, and licensing of herbalists
- o 7.6 Accreditation of ND schools and ND licensing in the US

* 8 Related forums

- o 8.1 Mailing lists (= email)
 - + 8.1.1 The Medicinal Herblist
 - + 8.1.2 The Aromatherapy List
 - + 8.1.3 The Kombucha List
 - + 8.1.4 The Paracelsus List
 - + 8.1.5 The Homeopathy List
 - + 8.1.7 The Culinary Herblist
 - + 8.1.9 The Wellpet List
 - + 8.1.10 The Holisticat List
 - + 8.1.12 The Apothecary List
 - + 8.1.13 The HolisticBird List
 - + 8.1.14 The Toiletries List
 - + 8.1.16 The Aboutherbs List
 - + 8.1.17 The UK Herbal List
 - + 8.1.18 The Herbgardening List
 - + 8.1.19 The Forageahead List
 - + 8.1.20 The HolisticPet List
- o 8.2 Newsgroups
- o 8.4 Newsgroup (and mailing list) netiquette
- o 8.5 Dealing with spam and trolls

1 Introduction

Hi all,

This is the (umpth + n) edition of the FAQ / Resource list. (I've lost track).

Feel free to send additions, corrections and comments.

hetta . spamcop.net (no blanks)

1.1 Contributors

FAQ Keeper: Henriette Kress, hetta . spamcop.net (no blanks)

Contributors so far (listed alphabetically): ;)

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1.2 Wishlist

Actually there isn't much important stuff missing anymore. The following topics are currently up for grabs:

Wanted for chapter 2 (Single herbs):

* Ginkgo

Wanted for chapter 3 (Herbs for specific things):

* Herbs for flu

Wanted in addition:

* Anything else you see posted every so often, but that I haven't included in the FAQ or on the wishlist.

If you wish to contribute send me a short note; I'll keep track of who promised to do what, and if you can't find the time to put something together in two months your topic will be up for grabs again.

Your contribution can be as long as you wish to make it; but it should be GOOD (like all the entries in this FAQ - thanks, folks).

Also, if you really know what you are talking about I'd like to hear your comments on any entry in this FAQ.

(Strange - all I ever get is 'Good Show. Keep it up.', but no-one ever tells me if they found any errors.)

2 Single Herbs

2.1 Valeriana

Also see 3.5, Herbs to make you sleep.

> Valeriana - uses? pros? cons? safety? dosage?

>From Todd Caldecott (toddius.net/idea.com):

Valerian is an excellent herb to use, in combination with other herbs, or used alone. The active constituents are the volatile oil (isovalerianic/enic acid) and valepotriates. Valerian depresses the central nervous system, similar to GABA (which occurs naturally in the brain and inhibits nerve impulse transmission.) There are no cons to taking valerian other than if you use it other than in a capsule it can smell up your house as a tea. Or if you have cats they may rub up and down your leg (they like it, similar to catnip) while you are drinking you tea, causing you to stumble and fall, spilling hot liquid all over yourself. For Valerian to be effective you must take it in sufficient quantities to work e.g. 1-2 tsp. of the tincture (alcohol extract) before bed, or 6-10 capsules of the dried plant. Onset is typically 1 hour. You may awaken a little muddleheaded, which is quickly relieved as soon as you move about. For a daily dose, 5 ml (1 tsp.) of the tincture 3 times a day between meals is the standard dose.

About 20% of the population respond to Valerian as a stimulant, so if you take it and have insomnia or buzzed out, try hops, chamomile, passionflower, skullcap or Avena, which are all excellent herbs to relieve stress, anxiety and insomnia.

2.1.1 Valium is not derived from Valerian

>Valerian is the parent of Valium isn't it?

>From Michael Moore (hrbmoore.rt66.com):

There is absolutely NO connection between Valerian and Valium...believe me...just an accident of circumstance...Valeriana is a classic Roman Latin reference...Valium is an invented trade name...a copycat name from a pharmaceutical manufacturer to aid in making a conscious or unconscious connection with "Librium", a successful tranq whose market Valium was originally aimed at.

Valerian HAS had some anecdotal use for ADD...the only problem is that extended use of enough Valerian to have value has ALSO brought about emotional lability in some folks. Using herbs as drug substitutes has value, but with Valerian having SO many different physiologic effects (depressant for CNS, stimulant to gastric, pulmonary and cardiovascular functions) it is a botanical that is best used within a constitutional framework...i.e. evaluating the PERSON metabolically to find out if the profile of effects from Valerian is complementary or antagonistic.

>From Colette Gardiner coletteg.efn.org:

Re the name Valium and its relation to the name Librium. For some weird reason I actually remember reading an article in the newspaper on the new drug Valium. There was a quote from the inventor basically saying he had been trying to invent something similar to Librium only better. He went on for a paragraph or so about comparing the various sensations and effects, and concluded that yes Valium was "nicer".

2.2 Yohimbe

>From _urban shaman_, reached over Carras.aol.com:

If people wanted to obtain a legal hyperalert sexually aroused state, they might find some yohimbe (*Corynanthe yohimbe*, *Pausinystalia yohimbe*) and

brew it up by simmering a quart of water with 1 gm of ascorbic acid to 5 gm yohimbe until there's only 50% of the original water volume left. Add a lot of sugar afterward. Mixes synergistically with sassafras and Pau d'arco if you're adventurous and would like to cure your ills and get a hard-on at the same time. However, most people who have tried yohimbe have been disappointed. They didn't know you need to brew it 20 to 30 minutes at approx. 200x with an organic acid to release the alkaloid components.

The active alkaloid, yohimbine bitartrate, is the component of the only allopathic medicines known to cause erection in impotent males and approaches the concept of an aphrodisiac. Yohimbine bitartrate particularly affects nerves and changes blood flow regulators in the genital area. The medical texts never mention that it does the same thing to women, showing a typical disregard for female erection.

In the best case scenario this decoction will cause many users to get a melting spinal sensation and extreme epidermal sensitivity with high interpersonal perception and melding. It can be extremely sexually arousing...or at least all the signs and signals are there...

And the worst case scenario for yohimbe? - well, you have to remember ethnographic reports documenting cases of some African tribes drinking it in copious quantities in pre-raid rituals to suppress fear and jack up physical aggressiveness. After getting to the point where they were bouncing up and down so much they looked like a mosh pit full of spears, they'd run 10 miles over to the next village and kill off most of the neighboring tribe, stopping only to rape the dogs, cattle, women, children, surviving males, dead bodies, water jugs and tree holes before running back home. I'm not sure this is something we need downtown on Friday night.

Yohimbe Caution: it will keep both partners up all night. In the male of the species this becomes really inconvenient and irritating as after a few hours an erection becomes more of a liability than an asset - especially as this aspect continues long past the point - as long as 8 hours - where you'd like to go to sleep and there's this turgid log attached to you that won't go away and is just beginning to ache.

Note on the Caution: A warm bath can help with the log-on problem, as can gentle massage. However this should be avoided for at least four hours after ingestion because of the effect of raised body temperature on metabolism of the alkaloid - i.e., heat could intensify the stimulant effects.

Females are not exempt from this - it has the same effect on them, although it is easier to sleep on.

A possible downside of this erectile effect in high doses is the danger of

blood vessel damage and gangrene in the penis resulting from the localized poor circulation condition known as penile erection.

More from _urban shaman_ on the subject:

There are a number of caveats re yohimbe - it shouldn't be taken with MAO inhibitors or by persons with high blood pressure, diabetes, glaucoma, or a history of mental disturbance, especially including bipolar disorder.

A good dose prepared using methods as I described can have profound psychological effects - enough so that 'set' and 'setting' can become issues if the concentration/quantity is sufficient. This condition can easily be entered into by simply acquiring relatively recently gathered/dried/imported specimens of the herb and using enough of it. Botanicals are very wiggly in the potency dept. - a primary breakdown in the process occurs when practitioners have never seen a 'good' specimen of the herb in question. There are no low cost analytical methods for determining the active compound density of herbal materials gathered in the wild. It totally depends on recognition by experts - and sometimes even the best of them may have to compromise, as there just may not be any high quality material to be had.

Still more from _urban shaman_ on the subject:

The "approved" alkaloid is yohimbine hydrochloride. Herbal Yohimbe extracts are sold by a number of health food companies including I believe Michaels and Herb Pharm. Yohimbe bark and powder may be available from "...of the Jungle" in Sebastopol CA. Please remember, if you're considering making extracts - Yohimbe is strongly synergized by alcohol. It is also easily extracted in alcohol/water - but the alcohol should be evaporated off after extraction unless you're looking for a real wow-wow effect. There could be high blood pressure complications from ingesting strong concentrations of Yohimbe. Dayton Laboratories sells the prescription preparation Dayto Himbin in tablet and liquid form. The tablets contain about 5.5 mg hydrochloride. The liquid contains phenylalanine as well and should be used with caution. Total daily doses run on average between 20-30 mg of the hydrochloride.

The medical action is to increase penile blood inflow and decrease penile blood outflow. The action is cited as having an erectile function without increase in libido. I have not taken the hydrochloride so don't speak from direct experience.

Although the caveats state that Yohimbine exerts no cardiac stimulation, it is later noted that Yohimbine is an unpredictable CNS stimulant and may cause elevated blood pressure and cardiac rates.

From this information I hazard we are to take it that in the same manner that yohimbine causes erections without raising libido, it also causes cardiac rate increase without stimulating the heart? (I love the guys who write this hype - they're so wise)

Buried deep in the caveats for the Dayto Himbin product is language saying you should not give this to people with a history of mental instability, and that it causes recipients to express a range of curious behaviors at doses lower than those required to cause erection - among which are tremors, irritation, dizziness, flushing (note that niacin causes a body flush at sites almost identical to those of a sexual flush).

Horse breeders administer large doses of niacin to both parties of a horse breeding "to get them in the mood". I would not suggest, however, that taking niacin along with yohimbe would have a parallel effect. If you don't know what a "sexual flush" is - take 200 mg of niacin and stand naked in front of a 3 panel mirror and watch your face, neck, "loins", and chest.

>From Henriette:

If you have problems keeping it up, or are too dry, you might want to start with these:

- * reduce your stress
- * sleep enough and regularly
- * change your contraceptive pills (if applicable)
- * check your medication(s) for side effects (there's often surprises in the fine print)
- * eat your vitamins
- * if your partner's idea of foreplay is "Brace yerself, Sheila!" then you might benefit from some helpful books, imaginative games, or even from some softporn magazines.

If all that is OK, there are some herbs which remedy imbalances or work as aphrodisiacs, that aren't as quirky as yohimbe:

Try muira puama (Ptychopetalum), cotton root bark (Gossypium), or damiana (Turnera).

A nice wine will relax both partners - after you've tried and had problems there's psychological barriers, too, so you do need to relax. A romantic circumstance usually helps, too.

2.2.1 Yohimbe is a MAO inhibitor, yohimbine isn't

>From Michael Moore:

The alkaloid yohimbine is NOT an MAO inhibitor. The herb yohimbe IS.

The whole plant is potentially so evil and insidious BECAUSE it's complex chemistry contains both adrenergics AND cholinergics...with effects that substantially mimic both sympathetic adrenergic, sympathetic cholinergic AND parasympathetic neuroreceptors all at the same time. It contains both yohimbine alkaloid groups (stimulating and hypertensive) and several potent reserpinoid (Rauwolfia) alkaloids (tranquilizing and hypotensive) ...a warlock's brew.

Consistent use will, because of it's wildly opposite effects, find and widen metabolic chinks in almost ANYBODY.

2.3 Absinthe FAQ pointer

If you really are serious about absinthe go get the FAQ from
http://www.erowid.org/chemicals/absinthe/absinthe_faq.shtml

I put this on top of the absinthe entry of this FAQ long ago: "Be warned - thujone IS dangerous, no matter what that FAQ says."

This sparked some debate, which follows.

But first, the La Fee Verte folks have made a very good absinthe FAQ:
<http://www.feeverte.net/faq.html> - they also debunk the thujone danger.

2.3.1 More on Absinthe

Dale Kemery wrote

>I've been puzzled by absinthe for a long time. My recent reading has only intensified my curiosity. Is/was absinthe a true psychedelic beverage? Or what were/are its effects? For a long time I relied on the traditional reports about absinthe turning the brain to mush.

>However, considering the hysterical disinformation campaign of Howard Anslinger aimed against marijuana, I've become very suspicious of any official strictures. What *is* the story about wormwood/absinthe?

>Where can I learn more?

>From christopher.gn.apc.org (Christopher Hedley):

This is from R.F.Weiss, Herbal Medicine. Weiss was an MD who taught herbal medicine in medical schools in Germany, so I suppose he counts as fairly impartial and reliable:

"The plant contains 0.25-0.5% of a volatile oil the main constituent of which is thujone as well as bitters. The bitter action predominates. Wormwood is a typical aromatic bitter. The volatile oil is remarkably effective against worms. It is however toxic, whilst the bitter principle is largely non-toxic. Absinthe is made with wormwood oil, but in Germany its manufacture has been banned since 1923. The usual wormwood preparations contain so little of the oil that there is no risk of toxic effect. In some Mediterranean countries, where absinthe is consumed in large quantities, the seriously damaging effects on the central nervous system which have given the plant its bad name may develop and even lead to seizures. This shows that wormwood also has central stimulant properties that are no doubt of benefit in the small quantities normally used.

Wormwood herb, for tea, 1 teaspoon to a glass of boiling water, leave to infuse for 10 minutes.

Wormwood tincture. 10-20-30 drops three times daily in water."

Comment; so the story is the same one as coffee, i.e. abuse/overuse of a perfectly good and useful herb.

Wormwood is *Artemisia absinthium*, it is used a lot in aperitif wines and spirits in Europe, but only in small amounts or it dominates the taste.

It is mostly used for intestinal parasites, 'weak digestion', liver and gall bladder troubles and as an emmenagogue. I always recommend it as a prophylactic for folk traveling to hot countries, 15 drops of tincture three times daily usually does the trick. The American spp of *Artemisia*, incl. sagebrush and mugwort, have pretty much the same properties.

- No *Artemisias* should be taken during pregnancy.

I trust this is useful info. Christopher Hedley

>From Howie Brounstein <howieb.teleport.com>:

>>Be warned - thujone IS dangerous, no matter what that FAQ says.

The reason this line is attached to the Absinthe Pointer is because the Absinthe FAQ is slanted.

Most sources say that long term use of Absinthe is dangerous and debilitating. I was under the impression that many people became addicted to it and suffered mental and physical deterioration, thus it became outlawed. I would stress that this is long term use. Wormwood, *Artemisia absinthium* is pretty nasty stuff, you would have to drink a lot of tea to feel its narcotic like effects, but by then you'd be retching from its foul taste. Of course, you could try to hide the flavor with other stuff ... thus Absinthe.

Personally, I don't like it, don't feel its worth the havoc on your body for the effect. I like the smell of it, and would keep it around for that. The Absinthe FAQ, however, takes the point that it may be harmless, that the debility was caused by alcohol addiction, or Absinthe impurities, and a marihuana - like political scare tactics. I am not sure what to make of it, but the warning does remain that thujone is dangerous when taken in large enough quantities, and that the Absinthe of history did hurt a generation of people no matter what the specifics.

>If thujone is so dangerous, what are we to make of it as the primary constituent of *Artemisia*? Are we endangering ourselves whenever we inhale it?

Firstly, the chemistries of *Artemisia absinthium* and Mugwort, *Artemisia vulgaris* or douglasiana are different. Some of the contraindications are different; the uses are different; their histories are different. Also, it may be a bit premature to say that one chemical, thujone, is THE active ingredient in either. That would be a bit too reductionist for my tastes. We can't even assume that because a plant contains some small amount of a poison, that the plant is poisonous, or we'd have to give up onions, spinach, mustard. The difference between food and poison is often dosage; the difference between poison and medicine is dosage. So let's focus on thujone. A brief list of plants containing thujone includes:

Salvia officinalis L. - Sage (Leaf)

Salvia triloba L. - Greek Sage (Plant)

Artemisia dracunculus L. - Tarragon (Shoot)

Mentha x rotundifolia (L.) HUDSON - Applemint (Leaf)

Pycnanthemum tenuifolium SCHRAD. - Slenderleaf Mountain Mint (Shoot)

Mentha pulegium L. - European Pennyroyal (Plant)

Thymus orospedanus H. del VILLAR - Orosped Thyme (Plant)

Achillea millefolium L. - Yarrow (Plant)

Capsicum frutescens L. - Cayenne (Fruit)
Carum carvi L. - Caraway (Fruit)
Glycyrrhiza glabra L. - Licorice (Root)
Juniperus sabina L. - Sabine (Plant)
Matricaria recutita L. - Annual Chamomile (Plant)
Mentha arvensis L. - Cornmint (Plant)
Sassafras albidum (NUTT.) NEES - Sassafras (Root)
Satureja hortensis L. - Summer Savory (Plant)

This list, and others like it is available free from the Phytochemical databases - <http://www.ars-grin.gov/duke/> .

So as you can see, many plants that are very safe (in normal dosages) contain this chemical. So smell your Mugwort, drink Mugwort tea, smoke it, smear the juice all over your body on a vision-dream quest, just don't extract pure thujone from it and snort it.

>Someone on another list suggested smoking Artemisia because there's a strong connection with marijuana --both affect the same (or similar) receptors in the brain, and are apparently similar botanically (I don't know what that means technically). Additionally, a book called *Absinthe, History in a Bottle* by Barnaby Conrad III mentions thujone-enol's structural similarity to THC.

Smoking Artemisias? Hmm, for me Mugwort is a flavor, used in small amounts as not to be too overwhelming. Kind of mentholly. Or perhaps for it's dreaming effects. But once again folks are implying a generalization: This one constituent (or group of constituents) is shaped like THC, and perhaps affects the same receptor sites as THC, so it must make you feel like you smoked THC. Oops, flawed logic again. Just because the shape of two molecules are similar doesn't mean that they have similar biological effects.

They might, but its not guaranteed. My take on this: Ingesting Mugwort, or any Artemisia I've tasted, does not make you feel like you've ingested Marihuana.

So enjoy the smells, drown your concerns, and a happy, aromatic holiday season to all you netters out there.

Howie Brounstein

>From Dale Kemery, DalePK.aol.com, to above:

I thought you might be interested in more complete information about

absinthe, wormwood and thujone, after our recent exchange on the subject. I've come across a comprehensive summary about it in Jonathan Ott's superb "Pharmacotheon." (Although using his name with any glowing adjective is redundant because everything I've seen of his is so complete, exhaustive and thoroughly researched and studied.)

"Absinthe was prepared by distilling alcohol over mashed leaves of wormwood, and other common ingredients were Angelica root, Acorus calamus rhizome (which may contain the psychoactive asarones; ...), cinnamon, fennel seed, star anise (both of which contain anethole, another potentially psychoactive compound...) and other plants. The characteristic and much-desired green color of the liqueur, which was supposed to whiten when mixed with water, was sometimes artificially enhanced by addition of indigo and other plants, or toxic metal salts like copper sulfate and antimony chloride...

He chronicles the history of the banning of absinthe and a recent renewal of interest in absinthe, then says:

"It is commonly assumed that the thujones were the neurotoxic principles of absinthe, although alcohol also is a potent neurotoxin (absinthe contained from 68-85% alcohol) and significant quantities of copper and antimony salts used as adulterants (particularly in cheap imitation absinthe for the poorer classes) may have been present and responsible for the neurotoxicity...While large doses of injected thujones are unquestionably toxic, modern toxicological studies of thujones, in the quantities present in absinthe, without the copper and antimony adulterants, are needed before concluding that the neurotoxicity associated with absinthism was a consequence of thujone content. I suspect the copper and antimony salts, as well as the unusually high alcohol content had more to do with absinthe toxicity than the thujone content. Non-thujone essential oils commonly present in absinthe have also been shown to have convulsant properties and are probably neurotoxic."

The obvious inference is that thujone is unlikely the culprit in "absinthism." And even though he acknowledges the toxicity of "large doses of injected thujones," the operative words are "large" and "injected." It may be assumed (without any evidence to support this statement) that swallowing thujone in some form (tea, for example) would subject it to the chemical rigors of digestion, a pathway that is much different from intravenous or even intramuscular injection. Whether the same can be said for, say, smoking a thujone-containing plant is another matter since inhalation effectuates a much more direct transfer into the blood without the intervention of hydrochloric acid, pepsin and other digestive enzymes.

>From christopher.gn.apc.org (Christopher Hedley):

A note.. Sage (*Salvia officinalis*) essential oil is 30% thujone and good sage has up to 2.5% essential oil. Wormwood contains 1% essential oil, I don't have a figure on the % of thujone but if we assume it to be less than half then it is possible to consume more thujone in Sage tea than in Wormwood tea and no one has suggested that long term use of sage is toxic.

Distilling alcohol over Wormwood would extract mostly the volatile oil. Weiss says that the pure volatile oil was also used in the making of absinthe - this is still an ingrained habit in food and drink manufacture and one that should be condemned. Flavouring with volatile oils is NOT the same as flavouring with plants.

Thujone has been given bad press but I still don't think that consuming large amounts of volatile oil for long periods has anything to recommend it. Also the thujone has strong stimulating effects, noticeable when smoking wormwood - which as Howie says is nothing like smoking Mugwort. Presumably absinthe had the same degree of stimulation and thus people were encouraged to drink more and abuse it.

The comparison between thujone and THC is an interesting example of just how far theory can lead people astray. Always try for yourself I say.

>From Howie Brounstein <howieb.teleport.com>:

> Also the thujone has strong stimulating effects, noticeable when smoking wormwood- which as Howie says is nothing like smoking Mugwort. Presumably absinthe had the same degree of stimulation and thus people were encouraged to drink more and abuse it.

Hmmm. Did I say that. Oh yes, so I did. It is hard to put into words. Mugwort can be used like Wormwood for worms, warming, female reproductive system effects, and it has similar contra-indications. Yet wormwood has something else, a more overtly drugged feeling it produces that I have never experienced with other Artemisias. I don't know what chemical is responsible for it, it may be thujone unrelated, for all I know. But I know the feeling.

From: "Rob Miedema" <rm1.qlink.queensu.ca>

Thujone does not in fact act like THC at all. That belief was founded on the observation that they have similar chemical structures, but was proven

incorrect (Hold et al., 2000). Actually, it seems that thujone exerts its effects on GABA-A receptors in the brain. This is the same receptor that alcohol acts on, but the two chemicals have opposite effects. Therefore the balance between thujone and ethanol in the absinthe is critical. Thujone, or rather it's active metabolites (7-hydroxy-alpha-thujone, alpha-thujone), and other products in wormwood that steep into absinthe (e.g. camphor) are actually convulsants. They inhibit the brain's inhibitory system causing overexcitation. Death in animals as large as cats and rabbits results from moderate doses and there are documented cases of death in humans (Burkhard et al., 1999). One person's statement that oral ingestion is not injection so it is probably fine is false, the thujone actually needs to be metabolized by the liver to break it down into its active components.

If you still want to try it here's one how-to, and a vivid description of the experience:

Best of the herbal forums:

<http://www.henriettesherbal.com/archives/best/1996/absinthe.html>

From Stuart Cullen <stuartcullen@hotmail.com>

Just a little extra info from an experienced Absinthe drinker. I have drunk three different types of absinthe (two Portugese [50% and 58% alcohol by volume] and One Czech [55% by volume]) on innumerable occasions -- usually 4+ European shots a night.

In Portugal, to get its most extreme effect I was told to add sugar to the shot, light the absinthe, blow it out, drink it through a straw, cup my hand over the glass and inhale as much of the fumes as I could. I am sure this would be potent with any alcoholic drink. I have drunk stronger vodka [63% by volume] yet it has never had the effect of absinthe.

I have experienced one 'hallucination' -- I was once positively sure that a girl was dancing beside me for several minutes when there was no-one there. I have experienced numerous total blackouts from its usage. I am not an expert on herbs or a student of any related subject but absinth/e is a drug NOT an alcoholic drink (believe me).

An endnote from Henriette:

I'm told the "absinthe" recipes given above are completely off the wall.

I'll believe that, because nobody in their right mind would ever call tincture, tea or even leaf of wormwood straight off the plant palatable.

Some say that wormwood has a nice "floral" scent. Yech, says I, because to me that "floral scent" is a thoroughly nauseating smell, which carries over into the taste if ingested. Urgh.

Wormwood is intensely bitter. Couple that bitterness with the revolting taste and you're set for something fit to give to your worst enemies, but not fit to serve at table.

On that note, I made about half a liter of wormwood tincture (1:5 45 %) years ago. Anybody over 18 (can't have kids getting drunk on this stuff) who drinks 1/2 dl (2 ounces) of that tincture in front of me (outdoors, please, with convenient bushes nearby) can have the whole bottle -- if they still want it after ingesting their half deciliter.

2.4 St. John's Wort (Hypericum) (SJW)

2.4.1 St. John's Wort (Hypericum) and photosensitivity

Here's the question (on the herblist (see 8.1.1 below) in November 1994):

>As to *Hypericum perforatum* (St. John's Wort) causing photosensitivity in humans, I have been unable to find a single study that verifies this in vivo. Lots of research on the effects of hypericin on cattle and insects, but humans? This may be an example of assumptive jumping from mammalian lab results to humans. Anyone know a study that indicates photosensitivity in humans due to *Hypericum*?

The discussion can be found here:

<http://www.henriettesherbal.com/archives/best/1994/sjw-photosens.html>

Two years after above was included in the FAQ:

In recent discussions on a high-quality herbal mailing list the conclusion was that yes, some very few people can have problems with photosensitivity and *Hypericum*; that it might manifest a tad more often with topical application of oil on skin which is exposed to sunlight; but that actually, in very sensitive people, it might be enough to just take sensible amounts of tincture internally for photosensitivity to appear (even without synergy with meds).

2.4.2 St. John's Wort (Hypericum) and MAO inhibition

>>St John's Wort does in fact work like an MAO inhibitor and likewise causes the same dangerous side-effects.

>That's the wrong term. They're not "side effects"; they're food or drug interactions. But if SJW is an MAO-inhibitor then they're certainly "dangerous".

>From smisch.tiac.net (Samson):

Yes, they would be if SJW really were a MAOI. But it's not. That was a theory that was floating around for a while without much support, and it has since been disproven.

See eg.

* Thiede HM; Walper A: Inhibition of MAO and COMT by Hypericum extracts and hypericin. J Geriatr Psychiatry Neurol, 7 Suppl 1:1994 Oct, S54-6

* Bladt S; Wagner H: Inhibition of MAO by fractions and constituents of Hypericum extract. J Geriatr Psychiatry Neurol, 7 Suppl 1:1994 Oct, S57-9

"Using pure hypericin as well as in all ex vivo experiments, no relevant inhibiting effects could be shown. From the results it can be concluded that the clinically proven anti-depressive effect of Hypericum extract cannot be explained in terms of MAO inhibition."

Hypericin does show some MAO-inhibition in vitro at very high concentrations. At regular human doses, though, virtually nil.

2.4.3 About standardized hypericin content in St. John's Wort (Hypericum)

On alt.folklore.herbs in Oct 97:

>(somebody) wrote:

>>I gathered my own SJW when it was flowering, (snip)

(somebody else) replied:

>You don't know how strong a dose you are receiving in your homemade tincture. St. John's Wort keeps the serotonin in your brain from breaking down so rapidly. This is called a selective serotonin re-uptake inhibitor (SSRI) and the level of serotonin in your brain goes up. This may be good for people who have low levels of serotonin such as depressives but it is not good for people with normal serotonin levels. I would stick to the

Archive-name: medicinal-herbs/part2
Posting-Frequency: monthly (on or about 20th)
Last-modified: 25Apr03
Version: 1.38k
URL: <http://henriettesherbal.com/faqs/medi-cont.html>

2.5 Ginseng

There are a number of plants called ginseng; a websearch (I don't recommend it, you'll get from 16000 to 90000 pages to wade through) will turn up a lot of different plants, not always correctly named:

- * Ginseng, Asian (*Panax ginseng*)
 - o also including Korean Red Ginseng, which is processed, making the root red and giving it a bit differing properties from the unprocessed yellowish-white ginseng root
- * Ginseng, American (*Panax quinquefolius*)
- * Ginseng, "Siberian" (*Eleutherococcus senticosus*) - better to call this Eleuthero, as it isn't a true ginseng.
- * Ginseng, "Brazilian" (*Pfaffia paniculata*) - better to call this Suma, as it isn't a true ginseng.
- * Ginseng, "Indian" (*Withania somnifera*) - better called Ashwagandha, as it isn't a true ginseng

While not all of these are ginsengs, they are all adaptogens. Adaptogens help you with your general stress response. The definition of an adaptogen is that it lets mice swim for longer in their bucket of water before they drown; it will also give you more stamina.

Further adaptogens are for example:

- * Reishi mushroom (*Ganoderma lucidum*)
- * Gotu kola (*Centella asiatica*)
- * Rose root, gold root (*Rhodiola rosea* or *Sedum roseum*)
- * Maral root (*Leuzea carthamoides*, *Leuzea rhapontica*, or *Rhaponticum carthamoides*), a Russian plant - you use the root and/or seeds.

This is only a partial list. In any list of adaptogens you will find at least one plant that isn't found in any other adaptogen list.

A couple of good webpages on ginsengs and adaptogens can be found here:

- * <http://www.healthy.net/search/content/art/articles603.htm>
- * <http://www.healthy.net/search/content/art/articles628.htm>

There are some practical considerations:

On the herblist Aug. 1994:

>Could someone be kind enough to summarize the possible adverse effects of ginseng? I've been taking a popular brand for a month now and am generally happy with the effect on a chronic sinus problem and energy levels, but beginning to feel kind of strung out ... I am drinking caffeine and wonder if this could be a problem. Also need to know about possible adverse interactions with prescription drugs such as blood pressure medications.

>From Jonathan Treasure <jonno.teleport.com>:

Woah.... "Ginseng Abuse Syndrome" is even recognised by the AMA. You do not mention what kind of Ginseng or how much. I will defer to the TCM people on this list to give wither you from the Chinese view but ... surely you're not really doing coffee and ginseng? Oh dear oh dear ... tut tut.

1. It is nonsensical to take caffeine and ginseng together regularly. You will stress your adrenals (*get strung out*) and possibly raise your *stress threshold* to a danger point.
2. Ginseng should be used with extreme caution in hypertensive situations especially if under medication.
3. Sinusitis? Not the *usual* prescription. Pass.
4. Toxic signs - not uniformly predictable but can include hypertension, euphoria, nervousness, skin eruptions, morning diarrhea.
5. Contraindications - nervous anxiety, nervous tension, hypertension, disturbed menstruation, stimulant or rec. drug abuse, good vitality in younger persons.

Most recommend taking as a tonic for a period then alternating without e.g. 3 weeks on 2 weeks off.

> the Peterson guide I have on edible wild plants recommends wild American ginseng as a trail nibble...

If you did happen to find a Wild American ginseng, you should leave it right where it is! Shame on Peterson. The plant is rare, and probably endangered throughout its range.

Paul Iannone

On alt.folklore.herbs June 1995:

> I've heard the ads for ginseng pills - are they worth the money? If so, are all brands the same?

You definitely want to buy from a reputable company. According to Professor Wang at the University of Alberta, researchers found that many prepackaged ginseng products had a major shortcoming designed to fool the consumer. You guessed it ... no ginseng.

Elizabeth Toews

The UP side of poison ivy

Rarely mentioned but soon enough found out, ginseng and poison ivy are childhood sweethearts: they grow up in the same neck of the woods. If you go digging ginseng in the Cumberlands of Tennessee, you will get poison ivy -- all over your fingers. With common roots in the forest loam, the one looks out for the other.

But if that's not sufficient protection, the 'sang has yet another look-out in the plant kingdom: Virginia creeper. A master of disguise, ginseng sets up housekeeping in the thick of creeper beds. Takes a covite to tell them apart; the untutored need not apply.

Cumberland ginseng endangered? Don't think so. Most of the knowledgeable diggers have sense enough to harvest after the seeds have matured, and don't have to be told to replant from what they've dug. If there's to be "more where that came from" (talking car payments), they know they have to replant. It's city slickers, out for a test drive of their bean boots, we got to look out for. For their advancement, thank we heavens, there is poison ivy.

Alex Standefer (astandef.seraph1.sewanee.edu)

> I had read somewhere that women should not take ginseng on a regular basis (I'm cutting back from six capsules to two per day), but was told by a friend that Siberian ginseng is suitable for women to take.

Ginseng shouldn't be used as a stimulant, but where needed it can be taken for comparatively long periods by children, women, old people, anyone.

I have many female clients who take ginseng on a regular basis, in formulas appropriate to their health pattern.

As a general rule Chinese herbalists don't use ginseng by itself.

--Paul Iannone

2.6 Stevia Leaf - Too Good To Be Legal?

by Rob McCaleb, Herb Research Foundation

For hundreds of years, people in Paraguay and Brazil have used a sweet leaf to sweeten bitter herbal teas including mate. For nearly 20 years, Japanese consumers by the millions have used extracts of the same plant as a safe, natural, non-caloric sweetener. The plant is stevia, formally known as *Stevia rebaudiana*, and today it is under wholesale attack by the U.S. Food and Drug Administration.

Stevia is a fairly unassuming perennial shrub of the aster family (Asteraceae), native to the northern regions of South America. It has now been grown commercially in Brazil, Paraguay, Uruguay, Central America, the United States, Israel, Thailand and China. The leaves contain several chemicals called glycosides, which taste sweet, but do not provide calories. The major glycoside is called stevioside, and is one of the major sweeteners in use in Japan and Korea. Stevia and its extracts have captured over 40% of the Japanese market. Major multinational food companies like Coca Cola and Beatrice foods, convinced of its safety, use stevia extracts to sweeten foods for sale in Japan, Brazil, and other countries where it is approved. Europeans first learned of stevia when the Spanish Conquistadors of the Sixteenth Century sent word to Spain that the natives of South America had used the plant to sweeten herbal tea since "ancient times".

The saga of American interest in stevia began around the turn of the Twentieth Century when researchers in Brazil started hearing about "a plant with leaves so sweet that a part of one would sweeten a whole gourd full of mate." The plant had been described in 1899 by Dr. M. S. Bertoni. In 1921 the American Trade Commissioner to Paraguay commented in a letter "Although known to science for thirty years and used by the Indians for a much longer period nothing has been done commercially with the plant. This has been due to a lack of interest on the part of capital and to the difficulty of cultivation."

Dr. Bertoni wrote some of the earliest articles on the plant in 1905 and 1918. In the latter article he notes:

"The principal importance of Ka he'e (stevia) is due to the possibility of substituting it for saccharine. It presents these great advantages over saccharine:

1. It is not toxic but, on the contrary, it is healthful, as shown by long experience and according to the studies of Dr. Rebaudi.
2. It is a sweetening agent of great power.
3. It can be employed directly in its natural state, (pulverized leaves).
4. It is much cheaper than saccharine."

Unfortunately, this last point may have been the undoing of stevia. Noncaloric sweeteners are a big business in the U.S., as are caloric sweeteners like sugar and the sugar-alcohols, sorbitol, mannitol and xylitol. It is small wonder that the powerful sweetener interests here, do not want the natural, inexpensive, and non-patentable stevia approved in the U.S.

In the 1970s, the Japanese government approved the plant, and food manufacturers began using stevia extracts to sweeten everything from sweet soy sauce and pickles to diet Coke. Researchers found the extract interesting, resulting in dozens of well-designed studies of its safety, chemistry and stability for use in different food products.

Various writers have praised the taste of the extracts, which has much less of the bitter aftertaste prevalent in most noncaloric sweeteners. In addition to Japan, other governments have approved stevia and stevioside, including those of Brazil, China and South Korea, among others. Unfortunately, the US was destined to be a different story. Stevia has been safely used in this country for over ten years, but a few years ago, the trouble began.

FDA ATTACK ON STEVIA

Around 1987, FDA inspectors began visiting herb companies who were selling stevia, telling them to stop using it because it is an "unapproved food additive". By mid 1990 several companies had been visited. In one case FDA's inspector reportedly told a company president they were trying to get people to stop using stevia "because Nutra Sweet complained to FDA." The Herb Research Foundation(HRF), which has extensive scientific files on stevia, became concerned and filed a Freedom of Information Act request with FDA for information about contacts between Nutra Sweet and FDA about stevia. It took over a year to get any information from the FDA, but the identity of the company who prompted the FDA action was masked by the agency.

In May, 1991 FDA acted by imposing an import alert on stevia to prevent it from being imported into the US. They also began formally warning companies

to stop using the "illegal" herb. By the beginning of 1991, the American Herbal Products Association (AHPA) was working to defend stevia. At their general meeting at Natural Products Expo West, members of the industry pledged most of the needed funds to support work to convince FDA of the safety of stevia. AHPA contracted HRF to produce a professional review of the stevia literature. The review was conducted by Doug Kinghorn, Ph.D., one of the world's leading authorities on stevia and other natural non-nutritive sweeteners. Dr. Kinghorn's report was peer-reviewed by several other plant safety experts and concluded that historical and current common use of stevia, and the scientific evidence all support the safety of this plant for use in foods. Based on this report, and other evidence, AHPA filed a petition with FDA in late October asking FDA's "acquiescence and concurrence" that stevia leaf is exempt from food additive regulations and can be used in foods.

FDA, apparently attempting to regulate this herb as they would a new food additive, contends that there is inadequate evidence to approve stevia. However, because of its use in Japan, there is much more scientific evidence of stevia's safety than for most foods and additives. The extent of evidence FDA is demanding for the approval of stevia, far exceeds that which has been required to approve even new synthetic food chemicals like aspartame (Nutra Sweet).

AHPA's petition points out that FDA's food additive laws were meant to protect consumers from synthetic chemicals added to food. FDA is trying, in the case of stevia to claim that stevia is the same as a chemical food additive. But as the AHPA petition points out, Congress did not intend food additive legislation to regulate natural constituents of food itself. In fact, Congressman Delaney said in 1956, "There is hardly a food sold in the market today which has not had some chemicals used on or in it at some stage in its production, processing, packaging, transportation or storage." He stressed that his proposed bill was to assure the safety of "new chemicals that are being used in our daily food supply," and when asked if the regulations would apply to whole foods, he replied "No, to food chemicals only." AHPA contends that stevia is a food, which is already recognized as safe because of its long history of food use. Foods which have a long history of safe use are exempted by law from the extensive laboratory tests required of new food chemicals. The AHPA petition, however, supports the safe use of stevia with both the historical record, and references to the numerous toxicology studies conducted during the approval process in Japan, and studies by interested researchers in other countries.

To date, the FDA still refuses to allow stevia to be sold in the U.S. but the recently-enacted Dietary Supplement Health and Education Act of 1994 may prevent the FDA from treating stevia and other natural herbs as "food additives."

2.6.1 Changed legal status of Stevia Leaf

> Where do you get your stevia? No one here in RI will sell it.

From: Mark D. Gold (mgold.holisticmed.com):

You should suggest to your local natural food stores and herb stores in RI that the legal status of stevia has changed recently. While importation of stevia was banned to protect Monsanto's NutraSweet sales and the future sales of other artificial sweeteners a few years ago, stevia can now be sold as a "dietary supplement." I have a copy of the FDA's new "Import Alert" on my Web page (or I can email it to you). Stevia products can and have been sold over the last few years as skin treatment products. Therefore, your local natural foods store should be able to get stevia skin treatment products and supplements from their distributor (or they should find a distributor who does sell it).

Stevia still cannot be legally sold as a "sweetener" by itself or in another product. This will help protect companies such as Monsanto (selling a dangerous artificial sweetener - aspartame) from having to compete against a safe, natural sweetener on a large-scale basis. But at least individuals can now use stevia as a supplement.

I have a list of stevia resources on my web page which you can use and give to your local natural foods store. Hope this helps.

<http://www.holisticmed.com/sweet/>

2.7 Poison Ivy / Oak / Sumac

We're lucky in Finland in that we don't have any of these problem plants. But since it's asked every week in season it has to be in the FAQ, so what's in here is mostly pulled from rec.gardens archives 1992 - 1994, or from alt.folklore.herbs archives 1993 -, or taken off bionet.plants June 1995. If you wrote some text I've included here but you aren't mentioned please email - I'll be happy to mention you in the next posting.

2.7.1 How to recognize PI/PS/PO

>From Kay Klier (klier.fern.com):

POISON IVY (*Toxicodendron radicans* = *Rhus radicans* = *Rhus toxicodendron*)

Found in a wide range of habitats, but in the midwest often seen in disturbed woods, roadsides, and flood plains. Most widespread of PI, PS, and PO.

Small, slightly woody plant, or shrubby, or vining. LEAVES ALTERNATE (= 1 leaf per node), TRIFOLIATE (= 3 leaflets), with pedicel (leafstalk) and the CENTRAL LEAFLET WITH PETIOLULE (= leaflet stalk). The lateral two leaflets are not distinctly stalked. Leaflets are a variety of shapes, but generally ovate or obovate (roughly apple-leaf shaped). Leaflets may be smooth-edged (entire), irregularly toothed, or shallowly lobed. Leaves of one variant look like small oak-leaves (but look again!).

Leaves apple-green and shiny in the spring, deep green and often dusty in the summer, turning a glorious reddish orange in the fall. Flowers tiny, whitish, in clusters; fruits white berries in late summer or fall.

Closest look-alike: Box-elder seedlings (*Acer negundo*), which has OPPOSITE, trifoliate leaves; the lateral two leaflets are often slightly stalked.

Older box-elders generally have 5 leaflets per leaf.

POISON SUMAC (*Toxicodendron vernix* = *Rhus vernix*)

Shrub, to perhaps 15-20 ft tall, often branched from the base. LEAVES ALTERNATE WITH 7-13 LEAFLETS, lateral leaflets without a petiolule (leaflet stalk), TERMINAL LEAFLET WITH A STALK. MIDRIB OF THE LEAF WITHOUT A PAIR OF WINGS OF TISSUE THAT RUN BETWEEN LEAFLET PAIRS. More small, whitish berries in a long cluster. Usually in wetlands, Maine to Minnesota, south to Texas and Florida.

Closest look-alikes: Staghorn sumac, *Rhus typhina*, which has clusters of fuzzy, red fruits and toothed leaflets, and likes dry soils; Smooth sumac, *Rhus glabra*, with bright red fruits and slightly toothed leaves; much drier soil than PS.

POISON OAK (*Toxicodendron diversiloba* = *Rhus diversiloba*).

Reputedly the worst of the bunch. Erect shrub, usually about 3-6 ft tall (to 12 ft!), bushy, with ALTERNATE LEAVES OF THREE LEAFLETS, the LEAFLETS generally lobed slightly or as much as an oak leaf; CENTRAL LEAFLET STALKED. Leaves generally bright, shiny green above, paler below. Fruits are small whitish berries. Common on the west coast, esp. low places, thickets and wooded slopes. Occasionally a 5-leafleted form is found.

Steve Hix (fiddler.concertina.Eng.Sun.COM), in response to above:

>POISON OAK description...

If it were only that simple! In addition to that form, you can find poison oak growing as a vine (very like wild grape, but with smooth bark) up to six inches in diameter disappearing up into the tree tops near streams, or in thickets that look a *lot* like blackberry without spines, or sometimes as collections of leafless single branches (later the leaves appear, shiny and red, changing to oily green, and so on).

Fortunately, it doesn't seem to grow much above 5000' elevation.

2.7.2 How to avoid the rash

Difficult if you live near PO/PI/PS...

... the best way not to get the rash is to learn to recognize the plant(s) and avoid it (them) after that.

But:

- You can even get a dose if a bunch of the leaves get dumped into a stream or pond ... the oil ends up floating on the surface of the water.
- Dogs / cats / horses can get it on their coats and you'll get it from them when you pet them barehanded.
- If you burn these plants and inhale the smoke you'll get a bad case of internal PI.

2.7.3 Why does it give you a rash? / Spreading the oil about

>From Ron Rushing (f_rushingrg.ccsvox.sfasu.edu):

The irritant in poison ivy, poison sumac, and poison oak is urushiol. The rash you get is an allergic reaction. Everything I say below about poison ivy should also apply to poison oak and sumac. If you brush up against a healthy undamaged plant, you won't usually get urushiol on you. You usually have to come in contact with a damaged leaf. Almost all plants have damaged leaves - either from insects, weather, or from your stepping on them.

The oil is easily transferred from one place to another. For example, I got some on my shoelaces once, and I kept getting poison ivy on my hands for a couple of months. Once it is on your hands, it can, and will, end up anywhere on your body.

The rash from poison ivy can take up to 72 hours to appear after exposure, and is often spread on the body by taking showers while the oils are still on the skin.

Once you get the oil on clothing, it can sit for months and still cause a rash upon contact with your skin. For example, lets say you get some poison ivy oil on your boots, then put the boots away for the winter. Next spring you get out the boots and go for a walk - but not in the woods. A few days later, voila - your hands are breaking out from putting on your boots and tying the laces. As long as you've washed the original oil off your skin, the exudate from the blisters should not re-infect your skin. It's just exudate, and does not contain urushiol.

>From krrobert.uiuc.edu (K. R. Robertson):

Washing with strong soap merely removes excess poison from the skin, but will not remove any which has already reacted, because the poison is believed to form a complex with skin proteins and therefore is not removable short of removing the skin! Even so, it is difficult to wash off this insoluble poison completely.

Eating a leaf of poison-ivy may have disastrous results. One may surpass the normal level of immunity by the first bite; in this case one is in for an internal case of poison-ivy, occasionally known to be fatal.

The mechanism of sensitivity is not thoroughly understood. It does not behave like protein sensitivities such as hay fever. It is a hypersensitivity of the delayed type, whose mechanism is related to that of organ transplant rejection.

(Originally prepared by William T. Gillis, 1973, Revised by Kenneth R. Robertson, 1993, Illinois Natural History)

Poison Ivy, oak, sumac: Clothes contamination
From: Gerry Creager <n5jxs.tamu.edu>

One thing a lot of folks don't seem to understand, especially now that a lot of laundry detergents are available for cold water use, is that HOT water is a good element for elimination of the oily residue that causes the allergic reaction. I noted several anecdotal comments about reinnoculation that could have been prevented if the contaminated clothes were washed in hot water (not warm, not warm/cold, HOT!) and alone so as to avoid cross

contamination to other clothing. I've had good result with this in our family as well as in the folks I have advised with the problem. Me? I'm one of those who so far has not manifested an allergy despite a lot fo time in the woods!

>From ab282.detroit.freenet.org (Robert Gault):

The active ingredient in poison ivy and other plants in the same family is 3-n-Pentadecylcatechol, common name urushiol, which is a chemical in the phenol family.

Dermatitis (skin inflammation and blistering) is spread by the act of scratching which redistributes the urushiol over the body. While the normal treatment for poison ivy does not include the suggestion below, a reasonable approach would be to convert the urushiol into a water soluble material. Phenols are acids so washing with a weak base like diluted house hold ammonia or a paste of baking soda should do the trick.

>From Kay Klier (klier.fern.com):

People who react to any of the species of PI/PO/PS will undoubtedly react to the others; further, they may cross-react with mango (*Mangifera indica*), cashew (*Anacardium occidentale*), and Chinese or Japanese Lacquer (*Rhus verniciflua*). (the cellulose-based spray paint that is called lacquer is not involved in this... just "real" lacquer, like carved lacquer boxes, etc.). Generally speaking, it's not a good idea to sit under any member of the Anacardiaceae in the rain... they all tend to have a leaf toxin that falls on innocent bystanders below.

Most people are NOT sensitive to PI/PO/PS at birth, but become sensitized through repeated exposures. Some people are apparently immune throughout their lives, but I really don't know how to test that claim... ;-)

There is a barrier cream and a cleanup wash called Technu commonly used by those who are sensitized to PI/PO/PS. Works quite well.

2.7.4 What helps

First a word of caution:

The recommendations listed here are without medical foundation and, if actually used, are at the sole risk of the reader.

* Jewelweed, *Impatiens pallida*, *I. capensis*, *I. biflora*, or similar species. AKA Touch-me-not, silverweed.

The plant produces both cleitogamous (self-fertilized), and chasmogamous (cross-fertilized) flowers. Mature seed pods will build tension as they dry, and can "shoot" seeds 5 feet away when activated by a slight disturbance.

o Jewelweed, fresh: crush some leaves and a bit of the stem and rub the resulting juice on the rashy area. Repeat frequently.

o Jewelweed decoction: take one part Jewelweed (or stronger as needed), and twenty parts water. Boil water in non-metallic container, add jewelweed, boil for fifteen minutes, strain and store in jar in fridge or freeze as ice cubes. Apply frequently.

o Jewelweed juice:

From YE71.MUSIC.FERRIS.EDU (Robert King):

+ Gather the entire plant, leaves, stems, and all; the plant is very succulent and juicy... I have never had a need to add extra water, but if you do, use distilled. Don't be greedy, either trim tops & outer branches, or selectively take entire plants from the center of a crowded stand. One large (4-foot) plant should be adequate for the largest rash on one person. Plants will lose turgor and wilt quickly after cutting, this is OK, just makes it easier to emulsify.

+ Liquefy the plants in a blender at the highest speed possible. Then extract the juice by filtering thru cloth, common strainer, or fruit press... a little pulp in the mix won't hurt, this will settle out after a couple hours, anyway. Use immediately, or refrigerate... this stuff spoils rapidly at room temperature..!!

+ Apply the juice to the infected area with a common paint brush... I've found 1 to 2" size works best. Blow-dry the area as you apply it with a hair dryer on low heat... after several coats of 'paint,' an orange-colored "skin" will develop. This "skin" will protect uninfected areas against the poison ivy allergen.

+ Repeat this procedure as needed, especially first thing in the morning, and before bedtime. Be sure to use common sense in keeping any fluid that happens to come from blisters away from unprotected areas... yourself AND others. Keeping the infected area as dry as possible will hasten the healing; continue application until no more blisters are present... usually about 3 days.

+ Ironically, jewelweed favors growing in areas of similar habitat as poison ivy, therefore it can often be found nearby, preferring moist ground, near water, or often, even in shallow water. It grows rapidly in ideal environs, but usually doesn't reach significant size until mid-summer;

therefore, it might pay to keep a bit frozen in the fridge from the previous year for early-season use. The extract tends to spoil rapidly, even at cooler temperatures, so I wouldn't recommend keeping it for much more than a week without freezing... the fresh solution works best, anyway.

* Catnip: rub fresh catnip leaves on the affected area.

* Mugwort (Jilara [jane.swdc.stratus.com])

Pick two large handfuls of fresh mugwort (*Artemisia vulgaris*) and let infuse in 1 cup alcohol for overnight. Apply to affected area with a clean sponge/washcloth/q-tips/whatever every four hours. Dries it up quickly.

Robert Gault reminded me that mugwort is a strong allergen (have I told you they keep track of mugwort pollen in the air over here?). To quote Robert Gault: 'Can you imagine the result if the poison ivy sufferer is also allergic to Mugwort?!' Ouch - yes, I can.

* Aloe vera (Jilara [jane.swdc.stratus.com])

Take a large leaf from the aloe vera plant you keep on your windowsill for burns. (If you don't have one, get one!) (NOTE: "aloe vera gel" sold commercially does NOT work!) Slice lengthwise to expose the juicy interior of the leaf. (This will give you an upper and lower leaf, with a juicy side to each.) Trim off leaf edges. Apply directly to affected area, juicy side against the sores. Bandage in place. Apply a new leaf every day until healed. This works phenomenally well, but you have to put up with bulky slabs of aloe vera leaf against the area. Which would you rather have: oozing sores or a succulent slab of leaf? Thought so. ;-) I can't laude this one enough! It works faster than any other remedy! And relieves the dreadful *itching*, too!

* Gumweed Plant (*Grindelia*)

Native Americans used the resin from the gumweed plant to treat poison ivy.

* Baking Soda

I swear by baking soda paste for poison oak. It not only soaks up the oozing mess, it completely stops the itching throughout the day.

* Mixed alcohol liniment

Take sweetfern, jewelweed, witch hazel, rubbing alcohol... Zip it all up in a blender until it's green and mushed, let it sit for two weeks (ouch! I know...not for THIS outbreak, sorry), strain it and voila, a marvy liniment.

* Poison Ivy leaf

From: bear.helium.Gas.UUG.Arizona.EDU (Soaring Bear), May 1994: Actually, this is just the time of the year to build up your immunity by nipping off a very tiny piece of poison ivy leaf (size of a head of a pin) and put in a capsule and swallow. Do 1-2 times a week. Stop if you start breaking out.

Caution from krrrobert.uiuc.edu (K. R. Robertson):

Eating a leaf of poison ivy may have disastrous results. One may surpass his normal level of immunity by the first bite; in this case

he is in for an internal case of poison-ivy, occasionally known to be fatal.

* Salt (from bss8n.galen.med.virginia.edu)

For the little initial blisters, I rub salt and burst them and leave the salt on to dry. They're history. Also salt worked on the moist areas of my face and under my nose where lye soap lather couldn't stay dried out long enough to dry out the rash. Works well on large surface rashes in case the blister stage grew untreated (but it didn't work on the "mini-mountain" reaction to p.i. that my mom got). MOST essential, leave the salt on to dry, adding more salt moistened with water to help create a paste that will stick as it dries, thus drying out that nasty, annoying p.i. The worse the spread, the longer the duration of salt/soap treatment alternated 12 hours to 1) dry out the present fresh redness, and 2) dry out *new* fresh red.

Yep, you guessed it... the salt falls off everywhere. That's one reason I used the lye soap during bed hours. The other reason was that neither treatment, in a prolonged battle (1 1/2 wks) stayed effective by itself, i.e. continuous dry-out, but alternating them did it. I've wondered why?

* Lye soap (bss8n.galen.med.virginia.edu)

- initially from a pioneer reenactment lady. The older/yellower the bar got, the less effective it seemed. Now, I've found it at the grungiest grocery store in town, a soap called Oxygon. Wet the bar and lather it up on the rash into a paste and let dry. Easier than the salt but since discovering salt, I tend to believe salt is more effective for me, at least with my initial tiny blisters, which is all I ever have to deal with now.

2.7.5 Jewelweed, Impatiens

>From Elizabeth Perdomo, ElizPer.aol.com:

Jewelweed is a plant I wouldn't be without here in the South, any time of the year! It works so remarkably well for Poison Ivy, Oak and Sumac, and for Fungal Infections, as well (try it on athlete's feet!). People are always getting inspired to rake up leaves in the middle of winter, and get into the roots or old leaves, producing the nasty itch. However, since the plant only grows in mid-late summer, this is what I do to keep a supply around...

Harvesting: Jewelweed is an annual, which means it flowers, produces seeds and then dies all in one year. Thus, I try to harvest Jewelweed well before flowering time, so it has a chance to regroup, flower and seed before frosts. To do so, I cut off (with knife or pruner) the top 1/3 of some of the plants, leaving many untouched. I don't pull or pinch the tops, as this often dislodges or pulls up the plant. If you take more than about the top

1/3, the plant may not have enough time to sprout side shoots and go to seed, thus diminishing future supply for you, others & the earth...

Preparing: Jewelweed is one of those plants which just doesn't dry well. It's too fleshy and juicy, and loses it's good qualities when dried. I make a strong infusion, by adding LOTS of the plant to a pot (non-aluminium) of boiling water. Then, I cover the pot, and allow it to simmer for at least 30 minutes. After simmering, covered, I put it into a blender or food processor and blend. Then, I cover the mixture again and allow it to cool to room temp. After cooling, I strain the mixture through a stainless steel strainer and/or cheesecloth. Then, if needed right away, I label and store part of the mixture in a jar in the refrigerator. The remainder, I freeze in ice cube trays. After frozen, pop the cubes into a zip lock bag and LABEL WELL with herb name/date before returning to freezer. Then, I have a winter's supply. The cubes also feel really good on especially sensitive areas, like on the face, between fingers, under arms and in private parts... I also use the fresh Jewelweed and make it into a tincture by filling a jar with the plant, and then covering it with 100 proof vodka. If you are going to use it exclusively for EXTERNAL use, it could be "tinctured" in rubbing alcohol.

Administering: Whether fresh, infused, tinctured or in ice cube form, apply Frequently!!! Cotton balls work well to apply the infusion or tincture. Yes, the tincture burns some, so I dampen the cotton ball 1st with water, then add the tincture. The alcohol also helps to dry out the ooze... If someone has a really bad, "systemic" case (not just a few bumps on their ankles or hands), I recommend that folks take the (vodka) tincture INTERNALLY, about 1/2 dropper 2-4 x Daily, in liquid, But for only 2-3 Days! (I don't recommend using this orally if pregnant or nursing.) It seems that the oral use in conjunction with frequent, liberal external use, can really turn a bad case of poison ivy around fast! Also, for "oozy" spots, cosmetic grade (French) clay can be sprinkled on as often as desired to help dry the spots out. Sometimes, I mix the clay with powdered oatmeal, and apply the mixture to absorb and sooth.

Elizabeth Perdomo

From: Peter Gail <PETERGAIL.AOL.COM>

Re: the post about jewelweed tincture: Be extremely careful in applying an alcohol extract of jewelweed on anybody. Over the past 8 years Steven Foster has reported one and I have observed 3 extremely severe skin reactions from such applications, in each case landing the person in hospital. Euell Gibbons also referred to the possibility of allergic reactions to jewelweed tinctures.

Comment from Henriette: the frozen cubes don't have these risks.

2.7.6 How to get rid of poison ivy in your yard

Suggestions from rec.gardens/alt.folklore.herbs:

1. Planting catnip should get rid of poison ivy.
2. Goats. They are very effective, but in the end will be a bigger bother than the poison ivy. (Be suspicious if someone offers you free goats!)
3. Poison ivy again: buy the super concentrated form of Round-Up and dilute to 3 times the recommended strength. (Well, hot damn! It killed off nearly every piece of PI in one application and only a few (about a dozen) plants returned a year later.)
4. Pull it, but protect yourself (big plastic bag, disposable suit...) Immediately wash all clothes you used two-three times. Do not touch the plastic bag / disposable suit from the outside. Do not touch your clothes / boots / whatever from the outside before washing.

2.8 Echinacea

2.8.1 Using Echinacea

(also see King's dispensatory, here:

<http://www.henriettesherbal.com/eclectic/kings/echinacea.html>)

>From Todd Caldecott (toddius.netidea.com):

In my training with NA's I learned that Echinacea (blood purifier and antibiotic) can be used as long as two weeks. The German research branch of their equivalent of FDA (called Kommission E) Drs. Wagoner and Bauer demonstrated this fact. Their studies also showed that tinctured extract of this plant could be chemically potent or not depending on how it was grown, harvested and extracted. In their studies, the extracts available on the commercial market were far less potent than their own prepared version. So their conclusion was 2 weeks on then off for a week, then one could use it for another two weeks at diminished activity. Also the plant varieties of Echinacea angustifolia, E. purpurea and to a lesser extent E. pallida all had medicinal chemical activity. The whole plant is medicinal but needs to be at least 3 years old before you should harvest.

There is no evidence to suggest that Echinacea cannot be used longer than 2 weeks. In the original study (and please be patient I'm doing this from

memory) Echinacea was found to be increasingly effective for 5 days, after which the study ceased. This paper, originally written in German, was mistranslated, leading one to believe that Echinacea's effects plateaued after five days. Echinacea is being used by several professionals long term. Typically though, it is used as a surface immune tonic, useful in chronically immunodepressed patients who suffer from chronic colds etc. (although its use in AIDS is still a matter of some controversy). For most of us who take it seasonally for colds etc. it is most effective when taken in combination with other herbs i.e. garlic, Baptisia, Thymus, Astragalus etc.

2.8.2 Echinacea - poaching and extinction

Thread on the phytopharmacognosy list:

> Over 90% of all Echinacea material in the U.S. and Europe comes from cultivated species. There is very little wild harvested ech. on the market. The claim that the use of ech. preparations contributes to the extinction of this plant species is nonsense. Such claims may apply to other medicinal plants but not to the easy to cultivate Ech. spp..

>From P. Mick Richardson <richards.mobot.org>, to above:

Disappearance of the plant in the wild may be nonsense to you but it is reality to those of us who live in areas where the plant is native. Several points. The plant is easy to grow in cultivation but if you have no land on which to grow it you can get ready cash by collecting it in the wild. Even if 90% comes from cultivated sources, the remaining 10% is still a massive amount in relation to the ever decreasing number of plants in the wild, especially when consumption rises each year and the 10% translates into an ever increasing number of plants to be sought.

After receiving your message, I sought out a local person who collects seeds of Echinacea from wild plants in Missouri for cultivation of the plant. He confirmed my suspicions that the plant is becoming non-existent in many parts of Missouri as local populations are exterminated. So the nonsense is in fact reality to the people who see the plants. I suggest greater cultivation of the plant would decrease the demand for wild-harvested material. After all, no-one would be killing rhinos and elephants for sale if there was not a market for them. Let's stop before Echinacea becomes a great auk or a passenger pigeon example for textbooks. Sorry to ramble on, but extinction is for ever and it would be shameful for herbalists to contribute to it.

... and more in the same thread:

From: P. Mick Richardson <richards.mobot.org>:

It is illegal to collect Echinacea unless it is on your own property in Missouri. However, if someone offers cash for echinacea plants, then the demand will be met by poaching. Although on a lesser scale, it is no different to the situation with rhino horn and elephant ivory. If there is a cash market, people will provide the product. I could give descriptions of the nationalities of the buyers but this is probably unnecessary. The plants end up in Europe, presumably the site of greatest demand.

Hopefully, there will soon be enough Echinacea in cultivation that the price will fall and this may remove the demand for wild-collected plants. Until then, if you encourage the use of Echinacea, you endanger the plants growing wild in Missouri. Admittedly Echinacea is being poached on a lesser scale than Panax or Hydrastis, but it is still disappearing. Let's aim for complete domestication. It works for Ginkgo, which is a cultivated cash crop in the U.S.A. now.

2.9 Feverfew and migraine

by Eugenia Provence, Eprovence.aol.com

It's not at all unusual for people interested in using herbs to replace over the counter medications with simple herbal counterparts. What has been unusual enough to generate headlines, though, is the conventional medical community's research and acceptance of a traditional European folk remedy, Feverfew, in preventing migraine headaches.

Migraines are believed to be caused by an upset in serotonin metabolism, causing spasms of intracranial blood vessels, which then causes dilation of extracranial blood vessels.

In the 1970s an English research group sought volunteers already using Feverfew before beginning a study of its efficacy. Their advertisement in a London newspaper brought more than 20,000 responses. Since then, several well-documented double-blind, placebo studies in England confirm its value.

An interesting one reported in The Lancet (July 23, 1988; 2(8604):189- 192) followed 72 volunteers. After a one-month trial using only a placebo, half of the group received either one capsule of dried Feverfew leaves a day (or a matching placebo) for four months. Neither the group nor the researchers knew which group was receiving the Feverfew. The group kept diary cards of

their migraine frequency and severity. After four months, the groups switched medications, and the trial continued for an additional four months. 60 patients completed the study, and full information was available on all but one.

The study found Feverfew to be associated with reducing the number and severity of attacks (including vomiting), with the researchers concluding that there had been a significant improvement when the patients were taking Feverfew. There were no serious side effects.

Feverfew is currently classified as *Tanacetum parthenium*, a member of the Asteracea (or Compositae) family, and was formerly named *Chrysanthemum parthenium*, where you'll still find it listed in some references. Feverfew is a corruption of Febrifuge, based on its tonic and fever-dispelling properties. It's been called Maid's Weed, referring to its emmenagogue qualities, which are also reflected in its Greek name, Parthenion ("girl").

Its primary actions are anti-inflammatory, bitter, emmenagogue and a vasodilator. Aside from migraine relief, long-term users report relief from depression, nausea and inflammatory arthritic pain. Drunk in cold infusion, it can relieve the cold, clammy sweats associated with migraine. Additionally, it's been used externally as an insect repellent, and topically for insect bites. Perhaps the insect-repelling quality accounts for the tradition of planting it around the house to ward off illnesses and to purify the air.

The tea, drunk cold, has been used for sensitivity to pain, and for relief of face-ache or ear ache (all migraine-like symptoms). The Eclectic physicians of the 19th century called it one of the pleasantest of the tonics, influencing the whole intestinal tract, increasing the appetite, improving digestion, promoting secretion, with a decided action on kidney and skin.

John Gerard's Herbal in 1663, said it to be "...good against summer headaches to inhale crushed Feverfew blossoms. Dried and taken with honey or sweet wine good for those as be melancholic, sad, pensive or without speech." Culpepper used in it poultice form for head ache.

Feverfew in blossom is easily identified by its flat or convex yellow disk and numerous short, broad 2-ribbed white rays. The leaves are alternate, petiolate, flat, bi or tripinnate with ovate, dentate segments. It quickly escapes cultivation, and has become naturalized in many areas of the U.S. and Europe, in some places regarded as a nuisance weed.

Among its constituents are a volatile oil, containing pinene and several pinene derivatives, bornyl acetate and angelate, costic acid, B-farnesine and spiroketal enol ethers; Sesquiterpene lactones, the major one being parthenolide); and Acetylene derivatives.

Pharmacologists say it is likely that the sesquiterpene lactones in Feverfew inhibit prostaglandin and histamine released during the inflammatory process, preventing the vascular spasms that cause migraines. It appears to regulate the serotonin mechanism.

To attain the maximum benefit from Feverfew, it should be taken daily as a preventive. For migraine prevention, parthenolide plays an important role. The parthenolide content in Feverfew is highly variable in different populations grown in different locations or harvested at different times of the year.

Recent Canadian tests of U.S. Feverfew products found all of them to be low in parthenolide. Canada, which has recently recognized Feverfew products as official, over the counter drugs for migraine prevention and relief, will require that they contain a minimum of 0.2% parthenolide.

So, this is one of the few cases where a standardized extract may be more desirable than the whole plant, with a lot to be said for fresh or freeze-dried preparations. If you want to use the fresh plant, the flowers have a higher parthenolide content than do the leaves. If you are picking the leaves, they are best just before flowering.

In one of those magical bits of synergy that herbalists love, the isolated parthenolides used alone don't work on migraines, nor does the whole plant with the parthenolides removed. The parthenolide is bioavailable only in the whole plant.

PRECAUTIONS: I know of nothing, whether allopathic or herbal medicine, that I would feel free in saying to have absolutely no unpleasant side effects. We're all unique individuals when it comes to body chemistry. Some unfortunate people are allergic to chamomile. They may also be allergic to Feverfew.

A few recent studies of parthenolide in vitro point to toxicity involving smooth muscle tissue. However, no side effect resembling this has ever been reported in human use. Feverfew's safety and usefulness are historic.

Pregnant women should never take Feverfew. Its traditional use as an emmenagogue underlines the risk here.

The bitter tonic qualities, so useful for indigestion, can cause gastric pain in people with gall stones or gall-bladder problems, by making the gall bladder try to empty. Likewise, the increased production of stomach acid would make it highly aggravating to anyone with a gastric ulcer or esophageal reflux.

Some people have developed mouth ulcers from eating the fresh leaves.

DOSAGE: Feverfew is most effective fresh or freeze dried. Take the equivalent of 1 fresh leaf or 125 mg. freeze-dried herb once a day (0.2% parthenolides) 1-3 times daily (don't chew the leaf).

In addition to Feverfew on its own as preventive herbal therapy, one would want to look at one's individual migraine triggers or pattern and add herbs whose actions complement Feverfew's anti-inflammatory, bitter and vasodilator actions to support the affected body systems.

Please also check entry 3.2, Herbs for migraine.

>From Rene Burrough <rburrough.dial.pipex.com>:

Eating feverfew leaves I learned this from a nursery woman here who grows herbs commercially & was a nurse during WW2, and has suffered from migraines from years, and it extremely sympathetic to herbal medicine. She swears that the GREEN leaf is far more efficacious than the yellow or golden version. And she takes one leaf a day for months at a time to keep the migraine at bay. What she does is to make a <bread pill> with the feverfew leaf inside and squished into a tiny ball with a doughy bit of bread around it as a casing. Then the pill can be swallowed without the leaf coming into contact with the lining of the digestive tract.

Feverfew dangers, in the best of the herbal forums:

<http://www.henriettesherbal.com/archives/best/1995/feverfew-3.html>

<http://www.henriettesherbal.com/archives/best/1995/feverfew-se.html>

2.10 Kava kava

by Dennis McClain-Furmanski (dynasor.infi.net)

Kava-kava (*Piper methysticum*) is a plant native to the Pacific Islands, originally from the island of Vanuatu. Following the influx of missionaries over the last century, its cultivation and use has decreased but not disappeared. Several botanical houses in the US and elsewhere have begun regular cultivation. The supply remains low, as the harvest rotation period is from 1.5 to 5 years. Restrictions on import have been considered and may be imminent, meaning only locally grown supplies will be available. Indigenous growths are now being protected as endangered in some areas, but this does not preclude cultivation.

Kava is more of a social and ceremonial preparation than it is medicinal. Its primary action is as a relaxant, and at high levels an intoxicant and

divinatory preparation. In normal use, the kava drinker becomes relaxed and sociable, and may later drift off into reverie. Large doses, as used by village chieftains and seers, induces a trance-like state with vivid dreaming. It is still used in some areas as a medicinal liniment, being prepared there as a tincture. Modern use of kava has included a preparation given to electroshock therapy patients as a muscle relaxant.

The active constituents of the plant, such as the lactone resins yangonine and kawaine, are found primarily in the root rhizomes, although some preparations such as the Hawaiian liniment make use of the fresh stem. Most preparations use chopped root material. There are some commercial products in the form of tablets made from a powder, but these tend to suffer in strength, apparently due to excessive drying.

Use of kava requires bringing the insoluble resins into emulsion. Traditional preparation is done by chewing the stems and spitting them with copious saliva into a bowl, to which water and coconut juice is added. The mixture is then kneaded and strained through fiber and drunk immediately.

A more palatable preparation is to wrap about an ounce in a single layer of plain cotton cloth or a few layers of cheese cloth, and tied off to form a ball. This is dunked in a quart or so of water, lifted and squeezed out, repeating this until the bubbles forming from the dripping water tend to remain on the surface of the water -- about 10 to 15 minutes. As with the traditional preparation, this tastes strongly musty and not particularly pleasant. It is drunk immediately in gulps. A tablespoon of sugar helps, and my favorite additive is a tablespoon of Ovaltine or other malted mixture. Most non-traditional preparations such as herb teas and other mixtures are either too low a dosage or improperly prepared and so are ineffective, most probably due to the bad taste of effective dosages.

A tincture is made by soaking the chopped root material in 3 times its volume of alcoholic liquor such as brandy or gin. This is shaken daily over 2 or 3 weeks and then strained. Internal use is 1 to 2 ounces, and external use is an ounce rubbed into sore muscles or soaked into a cloth which is laid over the affected area.

Some reports have been made regarding chewing and swallowing fresh root. All the same effects are noted, with the addition of a decongestant-like opening of breathing passages. This is only in healthy individuals; there is no true decongestant effect in congested individuals.

Heavy daily use of kava for years has been reported to cause dry, flaking skin, yellowing of the eyes and persistent lethargy. The doses involved are those used by local chiefs and visionaries, and normal recreational or medicinal use will not cause this. When this syndrome does appear, 2 to 3 weeks of abstinence cures it. Reports of lowered peripheral blood flow seem

to be anecdotal only.

The plant itself is available from some ethnobotanical houses, and seems to thrive even in non-tropical conditions, though it still requires indoor cultivation.

2.11 Pau D'Arco

by Dennis McClain-Furmanski (dynasor.infi.net)

Pau D'Arco (*Tabebuia impetiginosa*), also known as Taheebo and Lapacho colorado, is a tree native to the Andes and nearby rain forests. The bark, and in particular the inner bark lining, is scraped and turned into a tea. It has been used for centuries by the indigenous peoples as an immunofortifier.

Recent pharmacologic studies have uncovered the anti-tumor agent lapachol, as well as the anti-candidas agent xylidione, and the consistent effects of both have gathered the interest of the global pharmacological community. Claims that the tea contains a large proportion of oxygen in solution have peaked the interest of the oxygen-therapy movement, and it is being considered for anti-AIDS/HIV testing.

The normal preparation is a small amount of scraped bark prepared as a normal tea. The taste is reported to be heady and pleasant.

From hrbmoore.rt66.com (Michael Moore), as a sidenote in a post on herbs and fibroids:

I, frankly, have no idea why you would want to use Pau D'Arco (*Tabebuia* spp.). It is a useful anti-oxidant and anti-fungal. I fail to see its implication with fibroids. Besides, it is a pocket-change byproduct of rain-forest timbering...don't let anyone fool you otherwise.

>From Susan Marynowski (sumar.mail.ifas.ufl.edu):

Pau d'arco is a common street and park tree of central and southern Florida. It can easily be grown in a Florida backyard where it would be protected from freezing. Because of the value of this tree, I often encourage people to grow or collect their own in Florida instead of purchasing rainforest product.

End of part 2 of 7.

--
Henriette Kress, AHG Helsinki, Finland
Henriette's herbal blog: <http://www.henriettesherbal.com/blog>

From spamtrap.hetta@spamcop.net Fri Jan 21 17:01:55 2005
Newsgroups: alt.folklore.herbs,alt.answers,news.answers
To:
Subject: Medicinal herbFAQ Part 3/7
From: Henriette Kress <spamtrap.hetta@spamcop.net>
Date: Fri, 21 Jan 2005 17:01:55 +0200

Archive-name: medicinal-herbs/part3
Posting-Frequency: monthly (on or about 20th)
Last-modified: 15Oct03
Version: 1.38h
URL: <http://henriettesherbal.com/faqs/medi-cont.html>

2.12 Wild yam and contraception

This one is from Henriette, with help from unca Mike and unca Jonno.

A stubborn question, coming up on the newsgroups and mailing lists again and again: "How do you use wild yam for herbal birth control?"

Wild yam (*Dioscorea villosa*) does not work as a herbal birth control. People who try it invariably end up being called "Mom", unless they're naturally infertile.

So why is this myth still going strong?

Back in the early 40's the only hormones available were very expensive, injectable slaughterhouse hormones. An American, Dr. Russell Marker, had this great idea on making oral hormones from saponins (actually they're not really hormones, just hormone look-alikes - but that's another topic), and tried to get backing for research on this from the pharmaceutical companies of the time. None of these thought this worth pursuing ("we -have- hormones, enough for our needs, why would anybody want cheap oral hormones?") (which goes to show just how short-sighted people can be). Dr. Marker then went abroad, and the Mexican ministry of health said yep, sounds like a good idea. So he went to Mexico and started to look for plants with lots of saponins. Both Yucca and Agave roots contain enough saponins, and both were abundant, but neither was acceptable to the Mexican government as they were needed in the Tequila industry. So Dr. Marker settled for a plant that was abundant and easy to grow: *Dioscorea mexicana*, Mexican yam. It took him a couple of years to get the "Marker Degradation

Process" going, and he proceeded to make progesterone, in a lab, from the saponin diosgenin found in said Mexican yam. At first the process was not economically feasible (at something like 37 steps), but when he got it down to something like 6 steps, industrial production of oral hormone look-alikes took off. And so did contraceptive pills.

A decade or three later: officials in strategic places in Mexico are looking at OPEC, thinking, "Hmmm, those guys have a monopoly -and- money, we can do that too." So they doubled the prices of the output of their oral hormone precursor factories, and whammy, next thing you see is Japanese looking around for cheap raw material - aha, soybeans. So the Japanese put up a couple of factories of their own, undercut the Mexican prices, and diosgenin the oral hormone raw material was no more. It's all soybeans now, folks.

Back then you also saw lots and lots of semi-scientific herbalists latch on to the sentence "Dioscorea is a hormone precursor". These guys and gals were totally disregarding the fact that a lab is needed between raw root and hormone precursor. People use cholesterols as steroid hormone precursors. The only time you're short of cholesterols is when you're reduced to skin and bones and one big belly - and if so, you've got far worse problems to worry about than an upset hormone cycle.

Now why did the name "Mexican yam" morph into things like "Mexican wild yam", "wild Mexican yam", and later on even into "wild yam" (which properly is another species altogether, *Dioscorea villosa*)? In the 50's and 60's Mexico fell out of fashion and, in the minds of norteamericanos, got an image as a poor country. In a stroke of genius some semi-scientific herbalists, this time exclusively from North America (at least at first), thought "we don't want any of that there imported stuff, we've got wild yam (*Dioscorea villosa*), let's use that".

Now, if you know your plants, you know that *Dioscorea villosa* is a North American plant that's been widely used as an antispasmodic (it's also called "colic root"). It has -never- been used for diosgenin extraction, nor has it therefore ever seen the inside of an oral hormone factory. It probably won't ever be used that way, either, as a) it doesn't contain enough saponins to make industrial hormone precursor manufacture worthwhile, and b) it's really not all that abundant, nor all that easy to gather in quantity.

However, thus was born the name and concept of wild yam cream. Both are completely off the wall, if you ask me. Be honest about it and call it progesterone cream, and tell folks just how much natural progesterone you added to that there cream, so they know in advance just how well the cream will work.

2.12.1 Edible vs. true yam

>From Michael Moore:

Edible yams and sweet potatoes are simply different strains of the same plant...edible tubers of several varieties of *Ipomoea batatas*. NO "true yam" (*Dioscorea* spp.) is used in North America for food. Most *Dioscoreas* are about as edible as pencil shavings, with less taste.

>From Thomas Mueller:

I can't recall ever tasting pencil shavings, but true yams, *Dioscorea* genus, are cultivated and eaten in tropical countries, and some are available in some ethnic markets in the USA. In my experience, these yams are starchy, not sweet, more like potato than sweet potato, but lower water content than potato.

>From bogus.purr.demon.co.uk (Jack Campin):

And they are widely available in the UK, anywhere there's a sizable Asian or Afro-Caribbean population, i.e. pretty much any city. The smaller variety are usually called "eddoes", the large variety just "yams". Nobody calls sweet potatoes yams here any more (they probably did after WW2; that was what my father learned to call them when in the army in India and North Africa, but he unlearned it fast enough in New Zealand).

>From Henriette:

Edible yams roots are enormous. Peel, cut into chunks, boil with a bit of oil and salt. They take longer than your usual starchy vegetable to boil. They don't get all that soft. The cooking water transforms into an unappetizing whitish jelly overnight. Not really all that tasty. Sweet potatoes, batatas, are smaller (in fact, somebody told me, long ago, the smaller the better). Peel, cut into bits, boil. Add a dash of butter - yum, tasty! The ones I've tried have all been more or less yellowish internally, with a whitish sap (sticky when dry) that turns gray on exposure to air. They're done about as fast as potatoes, and go about as soft as potatoes, too.

I expect Michael means that the North American species of *Dioscorea* do not sport edible roots.

2.12.2 Wild yam cream and natural progesterone

Wild yam (*Dioscorea villosa*) as such does not contain progesterone nor anything else that would act like progesterone. It's a good antispasmodic, and that's it. So, unless your menopausal symptoms include lots of cramps wild yam won't do squat for them.

The "wild yam" creams that work for menopausal symptoms (like hot flashes) contain synthetic natural progesterone. Natural progesterone is a pharmaceutical term. It doesn't mean that the progesterone is plant-derived, nor that the plants it possibly is derived from are organically grown - it means that the progesterone is identical to the human hormone progesterone. Natural progesterone is all synthetic, i.e. you need a lab to manufacture it from your raw materials. Unless, of course, it's extracted from animal glands, in which case it's not identical to our own progesterone (vide the allergic reactions from animal-derived conjugated hormones), and should be called something else.

How come these creams can contain synthetic progesterone without that being stated on the label? Natural progesterone is considered a cosmetic in the USA, because the FDA doesn't recognize that topical progesterone works ("just look at those women, they'll believe -anything- ..."). Labeling of cosmetics is rather loose, and if you squint hard enough the legislation gets blurred, too. So you end up with creams labeled "wild yam extract" or something equally unlikely. This might be bordering on the illegal, particularly considering that you won't find any progesterone derived from wild yam (*Dioscorea villosa*) on the market.

Like I said, be honest about it and call it progesterone cream, -and- add amounts to your labels.

For further reading you can try John Lee's book "Natural progesterone, the many roles of a wonderful hormone". He's also written "What your doctor may not tell you about menopause". I don't have either so can't say how good they are.

2.13 Red raspberry and pregnancy

You use an infusion of the leaf of *Rubus idaeus* to ease pregnancy and/or childbirth. The controversy is when to use it - throughout the pregnancy or just the last trimester. One piece of advice on the paracelsus list:

From: herbal.got.net (Roy Upton)

Almost all popular texts state that red raspberry is good to use throughout pregnancy. On several occasions I have seen first trimester women experience spotting each time they drank moderate amounts of the tea. When they discontinued the tea, spotting stopped. Four tried the tea again and spotting began again. I asked a few midwives about their experience and found that they too had experienced the same thing, so did not generally recommend it in the first trimester. I do not feel that red raspberry is inherently problematic, but also feel that is not necessarily inherently benign.

2.14 Green tea and caffeine

The usual question is: does green tea contain caffeine? The answer is yes, if it hasn't been decaffeinated. So does black tea, and oolong. A good post on teas in general and green tea in particular:

>From alczap.thorne.com (Al Czap):

It is thought that the traditional use of tea (*Camellia sinensis*) began in China about 4700 years ago. Europeans were introduced to the beverage in the 1500's, and by the second half of the 17th century it was being widely consumed throughout Europe. Today, tea is the second most consumed beverage in the world (water is #1) with 2.5 million tons of tea leaves produced annually.

The Chinese produce over 300 varieties of tea, which can be separated into three basic categories; black tea, oolong tea, and green tea.

These three types of tea can actually be derived from the exact same plant. The difference between them is how the leaves are handled after harvesting. Black tea is allowed to ferment, and is then dried. Oolong tea is partially fermented. Green tea is dried without fermenting. Allowing the tea to ferment oxidizes naturally-occurring catechins, transforming them into theaflavins and thearubigin, chemicals responsible for the color and flavor of black tea. An increase in theaflavins increases the commercial value of black tea, but decreases the catechin content.

Green tea infusion contains intact catechin polyphenols, which give rise to its bitterness and astringency. Six catechin polyphenols have been isolated from green tea; (-)-epigallocatechin, (-)-epicatechin, (-)-epigallocatechin-3-O-gallate (EGCG), gallocatechin-3-O-gallate (GCG), methyl-epigallocatechin-3-O-gallate, and (-)-epicatechin-3-O-gallate (ECG). These substances were tested for their antioxidant activity, and the gallic acid esters EGCG and EGC were found to be the strongest antioxidants, with EGCG being over 200 times more active than Vitamin E in an in vitro model. In another test, EGCG was more active against fat rancidity (lipid peroxidation) than Vitamin C or Vitamin E, and also exhibited synergistic action with those vitamins.

Many nutritive and protective qualities have been associated with green tea, both in infusion and extract form. A Japanese epidemiological study of 9500 non-drinkers/non-smokers age 40 and above showed a decreased incidence of stroke (CVA) in those consuming green tea, with a direct correlation between increased consumption and decreased incidence, so that at 3-4 cups a day the overall incidence of CVA was 17 percent that of people drinking no tea. Other epidemiological studies show a decreased risk of esophageal,

gastric, and colon neoplasms with tea consumption.

Numerous studies have shown that standardized green tea extracts or components of the extract exhibit antioxidant activity, stimulation of glutathione peroxidase and catalase, induction of phase II enzymes, and inhibition of cyclooxygenase, lipoxygenase, and angiotensin converting enzyme. Green tea extract also has anti-platelet-aggregation activity, and inhibits delta-amylase and sucrase, in addition to the known effects of catechin: collagen stabilization, histidine decarboxylase inhibition, and hepatic support.

Green tea extracts can contain a substantial amount of caffeine, and may be standardized to low levels of polyphenols. HPLC isolation and identification reveals that the main constituent of our extract is EGCG (epigallocatechin gallate), the most active compound in the extract.

2.15 Comfrey hepatotoxicity

From: Rene Burrough <rburrough.dial.pipex.com>

Comfrey is the victim of a bad press, inaccurate reports, and four true cases of toxicity which in themselves are not straightforward, but suggest overdosing on comfrey. Governments in the UK & Australia have restricted the uses of comfrey root or banned the plant respectively.

The problem is two-fold: firstly there are two "comfreys" and reference to them is often casual. Regular, common, medicinal comfrey is *Symphytum officinale*. Russian comfrey, the great compost heap maker, is *Symphytum x uplandicum*. Medical herbalists in the UK, from whose written reports I am extrapolating, point out that Russian comfrey was probably the herb used in the toxicity trials yet regular comfrey is also restricted or banned.

Secondly, when the toxicity tests were done in the late 70s, a chemical constituent called pyrrolizidine alkaloid was isolated, extracted from <comfrey> leaves & injected into baby rats at what many medical herbalists consider an "unrealistic level". In other words far more comfrey than a human would eat to get such a toxic level of <PAs>. Also baby rats are smaller than humans; they do not have the same metabolism as humans; and an isolated chemical injected outside the rat's stomach wall is not the same as a human eating leaves with many chemical constituents and digesting them normally. A chemical in isolation will cause different reactions from a group of chemical constituents containing that one as well.

To digress, but to explain, I hope. Aspirin is a synthesized chemical, acetylsalicylic acid, based on a real life plant constituent found in

meadowsweet & willow. Aspirin can cause ulcerations of the stomach lining; meadowsweet has a soothing, gummy constituent called mucilage which lines the stomach, preventing erosion of the stomach wall but allowing the anti-inflammatory properties of the salicylates of the herb to be utilized. OK?

So -- the bad guys in <comfrey>, the <PAs> were isolated & did bad things. But that too must be qualified.

The early research, late 70s, concluded that these <PAs> do indeed cause liver damage in humans. Medical herbalists would point out that Pyrrolizidine alkaloids can cause obstructions of the veins in the human liver, known as hepatic veno-occlusion, but <were not shown to cause liver cell abnormalities> and that the level of alkaloids in comfrey was too low to <cause specific damage to liver circulation> in any case.

And finally, is comfrey carcinogenic? The carcinogenic alkaloid has been identified as symphytine which apparently is about 5% of the total alkaloids in comfrey.

The original, often cited report was written by Culver et al in 1980. There have been many criticisms since of the research itself; how the scientific testing was conducted, which comfrey was really used, etc. What I found most interesting was the tumors in all but three of the rats were benign -- out of three groups of 19-28 rats and 3 groups of 15-24 rats. <And the three malignant tumors were of low malignancy>. There were clear cut cases of liver damage. That's in rats.

There are four cases involving humans which do implicate comfrey. One involved a woman who was finally diagnosed as having veno-occlusive disease & did consume a quart of herbal tea/per day that contained comfrey. A second case involved a boy with Crohns disease who was treated with conventional medicine for some time before going over to comfrey root & acupuncture. The long running malnutrition may have weakened the liver predisposing it to the venal obstruction problem. Comfrey root was blamed. The drugs were not considered as possibilities. The third case involves a woman who overdosed: 10 cups of comfrey tea a day & handful of comfrey pills. After 9 years, she had serious liver problems. The fourth case became a fatality. A vegetarian, given to specific food binges for weeks, took an unknown amount of comfrey for flu like symptoms possibly over a period of four months. The particulars of his case are blurred. All cases involve comfrey; in at least three, there are suggestions of overdose or abuse of the plant. WHICH plant, I don't know.

There are also disagreements about the efficacy & safety of leaves vs. root. Some studies show the leaf to be almost alkaloid free -- thus safe. The UK finally restricted the internal use of comfrey root... saying that there are still too many unanswered questions. Most medical herbalists I

know will politely to vigorously disagree, but the law restricts the root. At least externally the root's OK here & the leaves can still be used as tea or poultice.

I'm sorry this is so long, but bear with me one more paragraph, please. I must credit Penelope Ody, MNIMH, former Editor, writing in Herbs, the British Herb Society magazine & Margaret Whitelegg, MNIMH, whose paper for the National Institute of Medical herbalists to the UK government in <Defence of Comfrey> was later published in the European Journal of Herbal Medicine. Both were published in 1993. I cannot do justice to their articles so briefly, but I do hope I have fairly summarized their writings. Any misstatements, confusion of explanations here are mine.

2.15.1 Hepatotoxicity update

Comment from Henriette:

Yes, the pyrrolizidine alkaloids (PAs) in comfrey do hurt your liver. Yes, you have to take lots of the herb in order to get veno-occlusive liver disease. No, you can't blame that disease on pharmaceuticals taken at the same time - they'd hurt the liver in other ways. So don't take lots of comfrey every day for weeks at a time; if you do believe that you need it (and not, say, Calendula, which works much the same in wounds, or Plantago, which works much the same way both in wounds and in coughs; neither of these are problematic), take it in small amounts.

Know that if your liver is healthy it'll get hit worse than if it's already compromised. That is because the hepatotoxic PAs are catalysts, much like freons in the ozone layer - each cell tries its best to detoxify this molecule, can't do it, dies, and the next one tries, until the PA is passed out unchanged.

And know, too, that PAs are absorbed through the skin. That means that it's a really bad idea to use comfrey long-term for wounds.

Some comfrees are more toxic than others. Russian comfrey (*Symphytum x uplandicum*) is one of the worst. And there's more hepatotoxic PAs in comfrees that are grown without a real winter, eg. in California.

Other plants contain the same kinds of hepatotoxic PAs. Among these are, for instance, borage (not in the seeds, not much in the flower), some of the senecios, germander (*Teucrium chamaedrys*), and lungwort (*Pulmonaria* sp.). The most toxic ones of the lot are the Lithospermums.

2.16 Pennyroyal

by Rene Burrough <rburrough.dial.pipex.com>

In answer to your question...how deadly & which one. The very brief answer is both IF you're talking about ingesting the isolated, essential oil. So, here's a longer answer.

Pennyroyal, European Pennyroyal (*Mentha pulegium*). Labiatae.
American Pennyroyal, Mock Pennyroyal (*Hedeoma pulegioides*). Labiatae.
Other synonyms for American Pennyroyal: Pudding grass, Lurk-in-the-ditch, Squaw mint, Mosquito plant.

I knew very little about pennyroyal, except that it seems to keep the ant population down in a large stone planter I have. Six feet long by 2 feet wide & 3 feet deep to ground level, it has been a hotbed of ant breeding for 15 years or so. Anything that grew there was by courtesy of millions of ants. I put two creeping pennyroyals in...and for the last two years there have been considerably fewer massive colonies of ants. Some have moved underground and over to the veggie patch, but that's beside the point. Ants don't like pennyroyal, so that's my starting point.

Certainly the essential oil used topically or the fresh leaves crushed and rubbed onto the skin will ward off mosquitoes and fleas (see section IX). Philbrick & Gregg, in their ancient & treasured *_Companion Plants_* agree. They also state that the American pennyroyal yields a commercial oil which can repel gnats & mosquitoes. Soak a dog collar in an infusion of pennyroyal or add a strong decoction into the floor washing water are well regarded folklore remedies by Adele Dawson. Richard Mabey claims pennyroyal is also good with bites of all kinds, repelling ticks as well as the above. Tierra suggests using citronella oil with pennyroyal oil for external application against mosquitoes.

Topically, it is a refrigerant, antiseptic, insect repellent, and thus good for skin eruptions, itching, formication [the sensation of small insects crawling all over the skin] & gout [presumably for its cooling property applied to the affected, <burning> joint in an acute attack]. Parenthetically, it is only the *_British Herbal Pharmacopoeia_* that includes gout in the pennyroyal portfolio.

I HISTORY OF THE NAME

from Malcolm Stuart's *_Encyclopedia of Herbs & Herbalism_*
Pennyroyal was held in very high repute for many centuries throughout Europe & was the most popular member of the mint family. Pliny is regarded

as the originator of its name "pulegium" ...derived from "pulex" meaning flea...since both the fresh herb & the smoke from the burning leaves (smudging) were used to eradicate the insects. Linnaeus retained the association with fleas when he gave the plant its botanical name. Prior to that scientific classification, the unusual aroma led some to consider it a thyme.

"Puliol" was an old French name for thyme, & this plant was designated the royal thyme or "puliol royale" which was corrupted into pennyroyal. In modern French, the herb is called "la menthe Pouliot".

Herb books written in the US tend to list American Pennyroyal (*Hedeoma pulegioides*) first, and medical herbals written in the UK & Europe prefer Pennyroyal (*Mentha pulegium*). All agree the <other> pennyroyal has the same or similar properties. Where the real differences lie are in the appearance & life cycle of the two herbs.

II DESCRIPTION OF PENNYROYAL

Pennyroyal (*Mentha pulegium*) is an aromatic Perennial and is common wild or garden plant in the UK, France & Germany; found in wet grounds around the Med & in Western Asia. Mrs. Grieve says the more common, at least in the UK, is the creeping or <decumbens> pennyroyal. With weak, prostrate stems, though quadrangular -- as all mints have square stems -- it roots easily where ever the leaf nodes touch the ground. H 10-15cm or 4-6in. S indefinite. <Erecta> the upright or sub-erect has stouter stems, & obviously there's no rooting at leaf nodes. It is less common in the UK but better for cultivation according to Mrs. G.. H 20-30cm or 8-12in. S indefinite. A planting will last 4-5 years, though Mrs. G says frost may kill it, & a new planting should be made each year. Deni Brown lists pennyroyal as fully hardy [minimum -5C or 5F). Ethne Clarke's *_Herb Garden Design_* shows pennyroyal appropriate for Zones 5-9.

The leaves of Pennyroyal are generally small, ovate, slightly serrate, slightly hairy, and opposite. For the record, the leaf of the non-creeping pennyroyal can be up to 3cm or 1.5in long and may be entire rather than slightly toothed. The color depends on the variety and whether wild or cultivar. Greyish-green to light green. The IMPRESSION of the appearance of the leaves is similar to that of wild oregano (*Origanum vulgare*), marjoram (*O. majorana*, *O. onites*) & thymes...that is... tiny & crowded together on thin stems but with more rounded leaves. Not surprisingly Mrs. G described pennyroyal as <the smallest of the mints & very different in habit>.

The small flowers are produced in distinctive, dense whorls (similar to

corn or fieldmint & gingermint in bloom.) The tight, axillary clusters appear in July-August with colors ranging from reddish -purple to lilac. There are few flowering stems on the prostrate form; they lie on top of what appears to be "a dense green turf". Seed is light brown, very small & oval.

To harvest: for drying, the stems should be gathered just before flowering in July. Pungently aromatic, it can be added to potpourris & insect sachets. The dried herb can also be made into infusions, liquid extract, tinctures for medicinal uses. (see section X)

III DESCRIPTION OF AMERICAN PENNYROYAL

According to Deni Brown, there are 39 species of annuals & perennials in the NAmerican genus, *Hedeoma*. They have no great merit as garden plants, but are often seen in herb gardens. Its neat habit & aromatic foliage makes it especially suitable for containers & planting near seats & entrances, or between paving stones.

American pennyroyal is an Annual, found in dry fields & open woods from the East coast to Minnesota/Nebraska. It is bushy plant with erect, square stems. H 10-40cm (4-16in) S 7-24 cm (3-10in) it bears small, opposite, thin ovate leaves sparingly toothed. Axillary clusters of small, tubular lavender or purplish flowers appear from June-October. The whole plant has a pleasant, aromatic, mint-like smell. The name *Hedeoma* comes from the Greek <hedys> for sweet and <osme> for scent. It has also been described as having an acrid taste and aroma; none-the-less it is used as the basic flavoring herb of North Carolina black pudding... hence the local name of Pudding Grass.

A culinary aside: In the north of England, Pennyroyal (*Mentha pulegium*) is also used in black pudding, and in Spain it is added to sausages.

To harvest: plants should be cut when in flower for drying. The fresh herb can be gathered and used almost as a "strewing herb" for deterring fleas.

IV THERAPEUTICS OF MENTHA PULEGIUM

For the basic framework, I am using the information from the *British Herbal Pharmacopoeia, 1983* supplemented by Potter's, Culpepper's Colour, David Hoffmann, Deni Brown, & Simon Mills.

Actions: Carminative, Spasmolytic = arresting or checking spasm especially of smooth muscle. [Antispasmodic means preventing or relieving.]

Diaphoretic. Uterine stimulant/ Emmenagogue... principally used for delayed menses. (see section VIII)

Topically: Refrigerant. Antiseptic. Insect repellent.

Indications: Flatulent dyspepsia. Intestinal colic. The common cold.

Delayed menstruation. Topically: Cutaneous [skin] eruptions. Formication. Gout.

Specific indications: Delayed menstruation owing to chill or nervous shock.

Contraindication: Inadvisable in pregnancy. (see section VIII)

In small doses & as an infusion, pennyroyal is used for colds (as it promotes sweating), With its richly aromatic volatile oil, pennyroyal will ease indigestion, wind, nausea, colic, dyspepsia, and painful menstruation. It is considered a warming & stimulant herb by Culpepper, while Adele Dawson also suggests its use in cases of stomach spasm & hysteria. Hoffmann explains that the volatile oil will relax spasmodic pain & ease anxiety. NB: This should NOT be construed as ingesting the isolated, essential oil which could be fatal. (see section IX) The volatile oil is a constituent of the plant & will be released in the preparation of the infusion.

Pennyroyal is given to children with stomach & bowel upsets & also to ease feverish symptoms in measles & whooping cough. Taken by infusion according to Culpepper.

BHP suggested dose: for an infusion: 1- 4gm of dried herb in 1C ** boiling water; steeped for 10-15 minutes. 3 times a day.

Or 1-4ml of liquid extract (1:1 in 45% alcohol). 3 times a day.

Other herbals consulted tend to suggest smaller doses: up to 2 or 3gm dried herb; up to 2ml tincture...though Potter's range is from 0.5ml - 5ml of the liquid extract.

**NB: the general proportions for infusions are: 30gm dried herb or 75gm fresh herb to 500ml boiling water. So "one cup" is the proverbial length of a piece of string.

Pennyroyal is available on the General Sales List in the UK. [In itself, that is an indication of its considered safety.]

The BHP suggests the following combinations: for acute amenorrhea - may be combined with Chamaelirium (False Unicorn Root), Achillea millefolium (Yarrow), & Picrasma (Quassia, Quassia Wood, Jamaica Quassia); for flatulent dyspepsia - may be combined with Filipendula (Meadowsweet), Althaea Root (Marshmallow root) & Melissa (Lemon Balm); in the common cold - may be combined with Sambucus (Elderflower) & Achillea millefolium (Yarrow)

V THERAPEUTICS OF HEDEOMA PULEGIOIDES

The basis of this information came from Lust's *_Herb Book_*, Deni Brown's *_Encyclopedia of Herbs_*, Tierra's *Plant Herbology*, & Earl Mindell's *_Herb Bible_*

Properties & uses: carminative, diaphoretic, emmenagogue, sedative, expectorant. The Amerindian tradition shows use of pennyroyal for headaches, feverish colds, & menstrual cramps & pain. It was also used as a digestive herbal tea. It was listed in the *_US Pharmacopoeia_* (1831-1916).

It is still used internally for colds, whooping cough(the expressed juice can be made into a lozenge/sucking candy). In childbirth, the PLANT is used.

NB: the essential oil taken internally could be fatal. (see section IX). It should be used by qualified practitioners only.

Topically: as a wash for skin eruptions, rashes, and itching.

Suggested dose: 1 tsp. herb/1C water. 1-2 cups/day. Tinctures 20-60 drops at a time, as needed. For children, small, frequent doses.

VI CONSTITUENTS OF MENTHA PULEGIUM

(The American pennyroyal has similar constituents.) Sources: Potter's, Malcolm Stuart, Tierra, & David Hoffmann.

Volatile oil (0.5-1%) of which approx. 85% is a ketone, pulegone; also isopulegone, menthol, isomethone, limone, piperitone, neomenthol. There are also misc. bitters, tannins, & flavone glycosides.

Pulegone is described as a toxic compound, "notorious for causing abortions". It is present in both *Mentha pulegium* & *Hedeoma pulegioides*.

VII ADDITIONAL MEDICAL INTERPRETATIONS

Tierra in *_Planetary Herbology_* collectively describes *Hedeoma pulegioides* & *Mentha pulegium* ...in much the same way as mentioned above. He does add the following: The Energetics are spicy, bitter, warm . The Meridians/organs affected are liver & lungs.

In David Bellamy's & Andrea Pfister's World Medicine they have a large section called The Families of Healing Plants. Mentha pulegium is listed with two sources of information: The 1907 British Pharmaceutical Codex and Book I of Avicenna's Canon. The BPC states that Oil of Pennyroyal (Ol. Pulegii) is given as an emmenagogue. During excretion, it mildly irritates the kidneys & bladder, and reflexly excites uterine contractions. Avicenna lists the herb as Mint (Podina in Urdu). The leaves are the part used. The herb's Temperament is described as Hot & Dry in the 2nd Degree.

VIII HOW DEADLY IS DEADLY...AND WHICH PENNYROYAL ARE WE TALKING ABOUT?

Simon Mills in Out of the Earth issued the strongest warning that I found in my trawl of herbals. There are a number of herbs which should be avoided altogether because they can damage the fetus or provoke a miscarriage. In many popular herb books the term emmenagogue is found, widely but erroneously, having come to refer to a gynecological remedy. In fact, the effect of an emmenagogue is to bring on a delayed menstruation: it takes little imagination to realize that the most common reason for a delayed menstruation is pregnancy and that emmenagogues are thus abortifacients. Pennyroyal (Mentha pulegium) is among 21 herbs Simon Mills lists. This information was part of a short section of herbs in pregnancy..those quite safe, and those not so.

In his first book, The Dictionary of Modern Herbalism written 6 years earlier, Mills quite carefully does NOT list emmenagogue among the actions. He does include uterine stimulant with this caution: <pennyroyal should not be used in pregnancy or when any delayed menstruation might denote pregnancy; it is as likely to damage the fetus as procure the abortion.>

The second most complete, cautionary listing was found in Earl Mindell's Herb Bible. He is talking about American pennyroyal (Hedeoma pulegioides). <Back in the days when abortion was illegal, this herb was used to induce abortion. In some cases, it resulted in hemorrhaging & serious complication for the mother. Therefore, it should never be used for this purpose. Today, pennyroyal is one of the herbs used by herbalists to facilitate labor & delivery. It should be used only under the supervision of a knowledgeable practitioner. If you do use this herb, do not exceed the recommended dose & do not take for more than a week at a time.>

Richard Mabey in The Complete New Herbal warns <...the oil taken internally can be highly toxic and there are a number of cases of the deaths of women who tried to procure abortions by taking the oil.>

Tierra in Planetary Herbology goes further in his explanation. <To take

the oil internally to terminate an unwanted pregnancy is very dangerous, and in a few cases has resulted in death. All essential oils are life-threatening if taken internally. There is a possibility of fetal damage from the use of pennyroyal (*Hedeoma pulegioides* or *Mentha pulegium*) to induce abortion, but this may be true only of the undiluted oil and not the infusion.>

Malcolm Stuart raises an important, tangential danger. <Although long considered an abortifacient, it has been found that this effect is usually only possible with a dose of the oil which is highly toxic and leads to irreversible kidney damage.>

He then goes on to state:

<The plant oil can therefore be used as a flavoring agent, but only when the concentration of pulegone does not exceed 20mg parts per 1kg of the final product being flavored.>

IX PS ON PESTS

And just to round things out, he adds that the plant may cause contact dermatitis which is certainly worth noting before rubbing crushed, fresh leaves on your skin to avoid mosquito bites. He adds that the pennyroyal leaves are also good for insect bites after-the-fact. They act as a rubefacient...that is drawing more blood to the area which improves its cleansing action on the affected tissue.

X ODDS AND SODS

While some herbalists maintain that a fresh herb/plant is medically more efficacious, I have not seen any preferences specified for either Pennyroyal or American Pennyroyal. Most herbals referred to the dried herb...so by omission one can assume dried is the preferred state. Why? I don't know.

Forms of internal dosage:

The British Herbal Pharmacopoeia, Mrs. Grieve, & Potter's call for a liquid extract to be taken. Hoffmann & de Bairacli Levy use infusions. Lust calls for a tincture to be used.

As a reminder, the differences are:

Tincture: solution of substances (both active & inactive therapeutically) extracted from medicinal plants by the maceration or percolation of the plant with alcohol or alcohol-water solutions.

Liquid extract: product obtained by treating plant material with a solvent

or mixture of solvents designed to extract the desired constituents.

Infusion: made by pouring a given volume of boiling or just boiled water over a given quantity weight of herb and letting it steep/infuse for a given time.

Always cover to keep the volatile oils in the infusion...otherwise they'll escape...evaporating into the air.

2.17 Cat's Claw

From Kris Gammon <ancientone.gnn.com>

Latin name: *Uncaria tomentosa*. Peruvian name: una de gato.

Cat's Claw is a thick, long, slow growing woody vine that grows between 400 and 800 meters above sea level in the Amazon jungle. This vine gets its name from the small, sharp thorns, two at the base of each pair of leaves, which looks like a cat's claw. These claws enable the vine to attach itself around trees climbing to a height of 100 feet or higher.

In 1959, Nicole Maxwell made a journey to the Rio Putumayo. She painstakingly began her collection of specimens and data of medicinal plants in the Amazon. This was her first long jungle trip although she had made previous excursions. Her findings are well written in "Witch-Doctor's Apprentice: Hunting for Medicinal Plants in the Amazon". She describes a number of plants and their applications, among which is una de gato.

Research began on Cat's Claw in the early 1970's. Mr. Klaus Keplinger filed the first patent in the US on *Uncaria tomentosa* in 1989 when the plant's alkaloids were isolated and tested. There are mainly six oxindole alkaloids most prevalent in the Cat's Claw bark, known as: isopteropodine, pteropodine, mitraphylline, isomitraphylline, ryncophylline, and isorynchophylline. Three of these have been proven to be effective immuno-stimulants. Ryncophylline has been shown in laboratory testing to display an ability to inhibit platelet aggregation and thrombosis. This means this alkaloid may be useful in the prevention of stroke and reducing the risk of heart attack by lowering blood pressure, increasing circulation, and inhibiting both the formation of plaque on the arterial walls and formation of blood clots in the vessels of the brain, heart and arteries.

As well as these alkaloids, Peruvian and Italian researchers have discovered other beneficial phytochemicals inherent in the plant, including proanthocyanidins, polyphenols, triterpenes, and the plant sterols: beta-sitosterol, stigmasterol and campesterol. These might explain the antioxidant, anti-microbial, anti-tumor and anti-inflammatory properties

attributed to this plant.

In 1991 there was a new study to isolate the chemical compounds found naturally within the plant that would be responsible for anti-inflammatory principles. This led to "the isolation and characterization of a new quinovic acid glycoside called glycoside 7 as one of the most active anti-inflammatory principles to be uncovered."

Many species of the genus *Uncaria* exist in nature...more than 30. It is the *U. tomentosa* species that offers the most promise as a therapeutic agent. *Uncaria guianensis* is frequently confused with *Uncaria tomentosa*. Consumers should check the Cat's Claw bottles they buy for "*Uncaria tomentosa*" and choose from a reputable company. Cat's Claw is available in capsules, extract and the raw bark for brewing tea.

Cat's Claw is used for: Crohn's disease, diverticulitis, leaky bowel syndrome, colitis, hemorrhoids, fistulas, gastritis, ulcers, parasites, intestinal flora imbalance, cancer, arthritis, diabetes, chronic fatigue syndrome, environmental toxic poisoning, organic depression and those infected with the HIV virus.

Most of the clinical research which show these alkaloids to be antiviral, anti-inflammatory, immunostimulating, antimutagenic, antioxidant, etc., are tests done "in-vitro" (proven in the test tube) not "in-vivo" (proven in the human body).

Cat's Claw root should never be used as the medicinal qualities are most prevalent in the inner bark and harvesting the root kills the plant. Consumers should refuse to buy any Cat's Claw root products in order to ensure the plant is not destroyed. Peruvian law is now in place to help protect *Uncaria tomentosa*.

2.18 Golden Seal appeal - and Goldthread too

Please use alternatives to Goldenseal (*Hydrastis canadensis*) whenever possible. If you have to use Goldenseal please grow your own.

Here's why:

<http://www.henriettesherbal.com/archives/best/1996/goldenseal.html>

* There were some quality articles on goldenseal in *Medical Herbalism*, Vol.8, Nr. 4, online at: <http://www.medherb.com/84.HTM>

2.19 Ma Huang or Ephedra sinica

>From T. R. Hastrup:

Ephedra contains ephedrine which is a drug very similar to adrenaline but with a longer half-life. It acts on exactly the same receptors as adrenaline does and has exactly the same side effects and dangers. It does not induce hallucinations and its stimulative effect is not very far from caffeine. Even when taken in extreme doses with constant use, it is questionable if ephedrine can cause a psychosis. It has nowhere the power to push the body to the limits. I know some people out there love to spread scare but ephedrine is a very safe and natural drug. The only dangers from ephedrine is because it can cause high blood pressure and vaso-constriction, exactly like adrenaline. People with high blood pressure or heart problems should naturally be careful with this herb.

Also, ephedrine is chemically related to the amphetamines but everybody should know that similarity in molecular structures does not mean the action of the drugs are similar. Ephedrine acts purely on adrenergic receptors, unlike the amphetamines which have powerful CNS stimulative effects.

>From Henriette:

The problem with Ephedra sinica (and other Eurasian species of Ephedra - there is no ephedrine to speak of in the American species) is that we as a culture are -used- to 4- or 5-hour drugs. Take coffee, or aspirin, and it'll be out of your system in 4-5 hours. Ephedrine will let you stay jittery for 8 hours - but because you're used to dosing yourself every 3-4 hours you overdose -very- easily on ephedrine. Especially if you abuse the plant (ie. you use it to keep awake), or worse, mix it with things like caffeine and aspirin to -really- get that weight down.

That way lays your first (and perhaps last) heart attack, a -lot- of jittery nervous overstrung adrenergic problems, and that way lays madness.

Chinese Ephedra (Ma Huang) is not -used- by the great unwashed masses in the US, it's -abused-. That's a big difference, even if it only looks like two letters.

As an herb Ma Huang has its uses in TCM, and in western herbalism it's used in small discrete doses for things like bronchial spasms. NOT long-term, nor for frivolous things like "but I have to keep awake". Herbalists try to

keep you -in- balance, not get you -out- of balance. If you value your health you should do the same.

On Ma Huang and drug tests:

>From "Michael M. Zanoni" <zanoni.netcom.com>:

Ma Huang (the Chinese variety *Ephedra sinensis*, not the American *Ephedra* plant) can produce a positive urine test for amphetamine metabolites that will also be read by the mass spec as being meth metabolites. It is because of the combination of both l- and d- forms of ephedrine. Things such as *Ephedra nevadensis* have only the non-psychoactive form of ephedra. If someone were to take a moderate amount of Ma Huang for a few days it is possible that the serum titer could go high enough to be beyond the threshold level of detection used by most labs for gas chromatograph screening.

Pseudophedrine found in OTC drugs will not test as a meth metabolite.

2.20 Skullcap and Teucrium adulteration

The question, on the herbinfo -list in July 1998:

>I remember reading somewhere about the possibility of liver toxicity from pyrrolizidine alkaloids or adulteration of skullcap. A web search didn't turn up anything useful. (Would you believe you can type "skullcap" and "liver" into a search engine and bring up x-rated sites?)

I found plenty of information about comfrey and PAs but that's not really what I needed.

My reply (thanks for all those tidbits, Uncle Mike):

Scutellaria, aka Skullcap is not dangerous.

However, it has been adulterated with Germander (*Teucrium* sp.) for decades, if not centuries; though that matters a great deal qualitywise it has no implications on toxicity as long as only the 'mercans did it, as the 'mercan species of *Teucrium* do not contain toxic pyrrolizidine alkaloids.

Again HOWEVER, then the Europeans thought "Hmmm, that's a great idea, money for nothing, chicks for free", (sorry, got carried away). So they imported *Scutellaria* from America and added their local -European- *Teucrium* species to it. Then they re-exported the mix to the folks on the other side of the pond... there is a very big problem with quality here, AND in this case there is a problem with toxicity. The European species of *Teucrium* do contain toxic pyrrolizidine alkaloids. So it's not good for your liver to

buy your skullcap from sources you do not trust, like the -really- large herbal houses; THEY ALL DO IT.

To get them to stop it you'll have to ask your suppliers where they got their skullcap from. If they bought it, ask them where from; ask them to ask -their- supplier(s) where from... if it's one of the big houses ask them to PROVE that there is no Teucrium in that there Scutellaria.

Perhaps, if enough of us do this, we'll have unadulterated Scutellaria in another couple of decades.

2.21 Mellow mallows

Malva sylvestris

By Miriam Kresh, Tsfat, Israel

Some weeds grow just anywhere, pervasive green presences of which you don't take much notice as you hike along. The common mallow is one, and I welcome it whenever I see it, for it is a friendly and useful plant. From its roots to its edible seed pods, mallow's nutritious and medicinal properties have been known since Pharaonic times, and probably before.

Here in Israel, mallow starts putting forth tiny, heart-shaped leaves everywhere at the beginning of the winter rains in October. By December the leaves are shapely and large, looking something like the geranium; in some parts of the country they grow as big as soup plates. Throughout the winter and spring, the stands will grow up to four feet high, given the right conditions of moisture. In the meadows, on the roadsides, in any vacant lot, competing with cultivated vegetables in the fields, invading your garden - there seems to be no end to that green Nosey Parker. And pollution seems to bother it not at all: sometimes the most beautiful stands will be seen flourishing next to a crowded parking lot.

The roots of mallow are rich in beneficial mucilage. Boiled, they make a drink which is diuretic and soothing to the urinary tract at the same time. This is good wherever there is painful urination. A painful chest, as in bronchitis or flu, can obtain relief from this drink too.

The leaves, dark-green and coarse, are a powerhouse of minerals and vitamins (calcium, iron, vitamin C, copper traces and more) and an abundant, free source of organic nutrition. They also release soothing mucilage. I decoct mallow leaves for my cough or iron tonic syrups, slice it into soup for a cold or flu patient, add them to the infusion for moisturizers.

As a poultice, mallow leaves will draw out boils and pus from old infections. Put a few large leaves in your blender with some mineral water, and apply the green, goopy mask to your teenager's acne for cleansing and healing. If he or she objects, add a drop of essential oil of lavender to make it smell good. Allow it to dry, then rinse off. The skin will look brighter and feel silky.

Rashes and burns can be successfully treated with mallow leaves, crushed or blended. When gathering nettles, I look for a nice big mallow leaf to wrap around the hairy, stinging stalks so I can cut them easily. If I do get stung, a poultice of crushed mallow will take away the irritation quickly.

During the siege of Jerusalem during the War of Independence in 1948, food supplies to the city were cut off and near-famine conditions prevailed in the city. Mallow was an important source of nutrition to the imprisoned population then: the leaves were gathered, chopped fine and fried as patties or eaten raw. The seed pods were collected to eat raw or cooked. (They're not bad raw; I often stop to nibble a few. This I learned from the children, who call them "arab bread", and forage for them all the spring.) Folks who lived in Jerusalem then will serve mallow patties, or stuff the leaves like cabbage rolls on Israeli Independence Day, to commemorate that time.

The pink or purplish, flowers can (and should) be added to any formula for cystitis, coughs, and inflammation in the digestive tract. Again, the abundant mucilage, easily released from the flowers, benefits all irritable, painful conditions in these areas.

Mallow has only a neutral, greenish taste, so you can add it to almost any dish at all. Following are some ideas for using mallow to boost the nutritional content of your family fare; you'll get the idea as you read along.

- * Wash your mallow carefully, and check for bugs, as you would any other edible leaf. Don't be put off by a few holes: birds peck at mallow, so the holes don't mean that the leaf is infested. Little yellow bumps imbedded in the underside do, however.
- * Add whole small leaves to your salad greens: make sure the dressing is a little stronger-tasting than usual, since the taste of raw mallow is sort of uninteresting.
- * Almost any soup you cook will accept a handful of chopped leaves, added the last 15 minutes of cooking. Allow the soup to sit a further 10 minutes before serving, to allow the beneficial mucilage (or goop) to be extracted out of the leaves.
- * Further tip: soup made for invalids, i.e., cold or flu sufferers, or someone needing a Strengthening Tonic as for after surgery, a bout of illness, etc., can be enriched with the scrubbed, chopped roots of

mallow, as well as the leaves. The roots are especially rich in minerals and mucilage, and so especially benefit a patient with a cough.

- * Saute your chopped mallow leaves; add to an omelet.
- * Stuff and roll the leaves as you would cabbage leaves.
- * Stir-fry mallow chopped into ribbons as part of your vegetable stir-fry medley.

Mallow Soup (serves 6 - 8)

1 large onion
1 large tomato
2 bell peppers, preferable of different colors
½ bunch of celery
4 carrots
3 large potatoes
3 garlic cloves
olive oil to cover the bottom of your soup kettle
6 cups of water, enriched with 2 Tblsp. of good-quality soy sauce or the same quantity of chicken broth
2 tsp. salt plus black pepper to taste.
2 large handfuls of clean mallow leaves and/or roots

1. Dice the onion; chop tomato, peppers, celery, carrots and potatoes.
2. Sauté the onions, adding the other vegetables as the onions start to wilt
3. Chop the garlic finely; add to the sautéed vegetables when they are looking golden and start smelling cooked.
4. Add water and seasonings; simmer for 15-20 minutes. A nice touch at this point is to blend the cooked vegetables, with some of the soup, and return the blended mass to the pot. Children especially appreciate blended soups.
5. Chop the Mallow into narrow ribbons: if using roots, slice finely. Add to the pot and cook a further 10 minutes.

Serve with croutons, or chopped parsley, or simply on its own.

Henriette's comments:

You can use most any Malvaceae in the same way as you can use *Malva sylvestris*. So you've got *Althaea* sp., *Alcea* sp., *Malva* sp., *Lavatera* sp., *Hibiscus* sp., *Sphaeralcea* sp., *Sidalcea* sp. etc. etc. growing in your garden or in that nearby wild spot? Pick the leaves and (where applicable) roots, and use them. Some species (for instance, most species in the genus *Sphaeralcea*) have itchy hairs, so don't use the leaves of these as wild

food, and use a coffee filter before you ingest teas made from them. Other species (like *Hibiscus sabdariffa*) have a very sour tang to the flowers, so don't use them in quite as large quantities. But they all contain loads of mucilage in all parts, and they all help your mucous membranes.

2.22 Melatonin

from Paul Bergner (bergner.concentric.net), Editor, Medical Herbalism (<http://medherb.com>):

I'm not surprised that melatonin is gone in Canada, and I predict that it will go the way of DHEA here in the U.S. -- meaning that it will be a prescription-only controlled item, treated like opiates.

I've just researched and written a lengthy article about melatonin, and frankly I am shocked that natural healers would use this substance casually like a sleeping pill. Melatonin is a powerful hormone that affects the entire metabolic cycle, not just the sleep- wake cycle. We rail against hormone-replacement therapy with estrogen- progesterone, and then casually offer patients enough melatonin to raise blood levels 10-20 times their normal levels. This is bound to be a Devil's bargain, and it is only a matter of time till regulatory agencies throughout the world discover this and rightfully take measures to protect the public.

For instance: melatonin production by the pineal gland appears to be an important part of the aging clock. The pineal glands of young mice, transplanted to old mice, make the old mice "younger" and they live about 1/3 longer. On the other hand, the pineal glands of older mice, transplanted into younger mice, immediately makes them "older" and they live about 1/3 shorter lives.

So what happens when some guy named Joe in Iowa takes ten mg of melatonin (about twenty times what you need to achieve normal blood level peaks) to sleep most nights for three years (this is actually happening all over the place today) and then can't get the melatonin? Will his pineal have lost its ability to produce the same levels as previously? Most hormones have a negative feedback loop of one sort or another -- would levels that high reduce endogenous production over time? Will poor Joe then age ten years over the next few months?

I think melatonin has a proper place in natural medicine, in the treatment or palliation of cancer, used for brief periods for jet lag, and possible for the elderly, and may be a few more uses. But IMO over-the-counter status is inviting health disaster.

3 Herbs for specific things

3.1 Herbs for mosquitoes and other bothersome bugs

Actually this isn't medicinal - if you don't count doing something for the bites. But it's asked every year come bug time, so I'm including it anyway.

3.1.1 Repelling them

>I'd heard rumors of vitamins and herbs that naturally repel insects, though I'm not sure which ones.. any help is greatly appreciated

>From Aine Maclir (amaclir.unibase.unibase.com):

There are a couple of things that I know of.

1. Wear Citronella essential oil (which isn't the greatest smelling stuff around, but I guess it beats Off).
2. Take the equivalent of 1500 mg of fresh garlic clove (a 15 mg capsule of garlic powder or 3 x 5 mg capsules) orally every day. Taking garlic will cause your skin to secrete a natural insect repellent.

For best results, do both. Don't wear perfumes or scented deodorants and wear light-coloured clothing as darker colours attract bugs...this is particularly true of blue denim jeans. To make sleeping more comfortable, burn either an insect coil or a couple of sticks of citronella incense in your cabin before going to bed, making sure that all the doors and unscreened windows are closed, so no more of them get in.

If you do get bitten, applying a small dab of ammonia to the bite immediately after being bitten can help ease the itching. And there's always the old favorite...calamine lotion...if you're not going to be anywhere that being coated in pink polka dots will be unfashionable (g). Aloe vera and witch hazel will also soothe insect bites.

If you are going to be in an area that's also known for ticks, just be on the lookout for them whenever you've been in a wooded area and if you find one stuck to you, use rubbing alcohol to make it let go and carefully remove it with a pair of tweezers. Salt applied to a leech will get rid of it (in case you're around water that has any of those "suckers" (g)).

I think that should about cover every blood-thirsty creature you're likely to run into at a summer camp, recalling my own experiences. I've been on canoe trips through Algonquin Park, Ontario (known for having some of the

biggest and thirstiest mosquitos, blackflies and leeches in Canada) and I live in Saskatchewan, where we could make mosquitos our provincial bird!

>From "Peter & Janine" pjerlandsen.cox.net:

> 1. Wear Citronella essential oil (which isn't the greatest smelling I would not wear Citronella when out camping where there is bears. They have found that the female black bear love the smell of Citronella. It does not attract the male bear.

>From sfrye.interaccess.com (amethyst):

I've had good results taking B-complex supplements daily. Seems the bugs like the odor of B-1 about as much as I like the taste of it. ;P

>From starla lacy (lacys.cadvision.com):

Here in Canada, we struggle with flies the size of horses! This essential oil mix has always worked great for me:

3 parts lemongrass (or citronella)

1 part thyme

2 parts lavender

1 part peppermint (or eucalyptus)

Mix together in a new plant sprayer (you may dilute with springwater if desired). This mix also has the advantage of smelling pleasant and is safe for use around kids and pets.

Shake the mixture well before using if you decide to dilute it with water.

>From Henriette to above:

Remember to dilute essential oils in carrier oils (like almond, jojoba, olive ...). As a general rule you should not ingest essential oils.

>From Mateo Rutherford (mcrutherford.lbl.gov):

I have used tobacco tea to kill lice and gnats. It is easy to prepare. Buy a cigar or some rolling tobacco and boil the hell out of it in a liter or so of water. When cool shlop it on your hair and cover your hair with a plastic shower cap or something like that for 20 minutes then shampoo. One application should be enough, but I would often do a follow up about three or four days after the first application.

From fukada.uhunix.uhcc.hawaii.edu (Mach T. Fukada)

However, keep in mind that nicotine that is extracted from the tobacco is

also toxic to humans (people don't get too much of it when the smoke it because it burns up). It should be used with care if there are cuts on the scalp which may increase the rate that it is absorbed into the bloodstream

> I was wondering if there are any herbals that can be taken to reduce the attack of mosquitos. I happen to live in an area where they are abundant.

>From amy.winans.psl-online.com (Amy Winans) to above:
I do well know what you mean! Here's what I've gathered on that subject, and keep (all) on hand as needed:

1. You can join the rest of America and buy a caseload of Avon's Skin So Soft. I have about a dozen friends who worship it religiously.
2. You can stock up on anything containing Citronella, although I fear it may still be too new to really know if there is Life for it after the Candles. I'm seeing a lot of oils and lotions saying it's in there, though.
3. Continue to use the old standby's with DEET in them, like Off's Offtastic, or whatever, or Cutter's. Have heard personal testimonials on Cutter's.
4. Investigate local ancient customs; as I discovered when I read the area's native Indians, the Karankawas, employed an effective remedy to a problem which was (unbelievably) much more horrid than it presently is; that is, they killed them an alligator, skinned him, liquified the fat and slathered it on! Kept quite a few things away, one of which WAS mosquitoes!

Seriously, though, there is probably something in that we could replicate today with something similar but more sweet-smelling. So, if anyone has any ideas, as well as things to ingest that might make your "scent" less attractive to mosquitos, please post!

3.1.2 And now you're bitten...

>From EderChiro.aol.com:
Use lavender oil (small drop) applied directly on mosquito bites.

>From Henriette:
Lush Stellaria media does the trick, too - just roll into a ball and let the juice drop onto your bite(s).

>From Noel Gilmore (ngilmore.gate.net):

Allow me to pass on my husband's rather simplistic (and annoying) remedy to keep mosquito bites from itching and swelling...DON'T SCRATCH 'EM. For years I suffered all summer while he did not and he would always tell me it was because he disciplined himself not to scratch. Last year we went to the Yucatan jungle for vacation and I couldn't bear to cover myself from head to toe each day with repellent, so I asked him to help me remember not to scratch, and I have to admit it worked!

>From Tim Keenan (tkeenan.uoguelph.ca) to above:

As someone who has lived and worked on the arctic tundra and in the boreal forest for decades, I have to agree...I never use DEET or any other repellent. If the bugs are so thick I can't breath without inhaling them, I use a "SkeeterGuard" fine-mesh net jacket, with a net hood that zips across the throat. Otherwise, I hit 'em if I feel 'em. If I don't feel 'em, I hardly ever develop any reaction. If I have a reaction, usually if I get bit somewhere where the skin is thin (over a wrist bone, etc.) I generally ignore it and it goes away. I never get a bump _unless_ I scratch. This goes for black flies, too. I think the best answer is to get bit early and often, and you will become acclimatized to it. Rubbing and scratching causes all sorts of local histamine response, which really aggravates the situation.

>From Lane.monty.rand.org (Janis Lane) to above:

I have been getting TERRIBLE spider bites. The doctor told me that I was having a chemical reaction (arm was burning hot and swollen). He told me the SAME thing..."do NOT scratch". I stopped scratching and it seems that the bites are not swelling but are just turning to bruises. Any suggestions for THIS?

>From Sharon Rust (ntlpr.primenet.com) to above:

For spider bites I have used fresh papaya and when I haven't had the fresh stuff papaya - pineapple enzymes, these work for bee and wasp and scorpion stings as well. I chew up the enzyme tablet to make a paste and stick it on the bite , the papaya I just stick a chunk on . When I use to live where plantain (*Plantago rotundifolia*, or *lanceolata*) grew I used it for bites, it seemed to work on bee, spider and mosquito bites. To use plantain I would get a fresh leaf and chew it up with my front teeth, taking care not to swallow the juices and then stick this wad of chewed up plant on the bite(s). When my daughter and niece stepped into a swarm of yellow jackets luckily it was in a field filled with plantain, I started chewing up and applying the plantain to my daughter and my sister-in-law did the same for her daughter, the bites on my daughter were disappearing but my niece was getting no relief, so when I was finished with my daughter's bites, I started applying plantain to my nieces, the ones that I worked on were also disappearing , the key was that my sister-in-law was swallowing the juices released from the plant and I was not. I suppose you could use a blender or

I've had only one of this kind and never want another. I thought I was losing my vision (along with my wits and my lunch). Other symptoms may include muscle numbness, tingling, scalp tenderness, dizziness, dry mouth, tremors, sweating and chilliness.

Common migraines don't begin so dramatically, but a few hours or days before onset, you may feel tired, depressed (or paradoxically) have a burst of energy, be anxious or feel hyper. The common migraine may begin more slowly and last longer than the classic type. Except for the aura, the symptoms are the same.

What causes migraines? The exact range of mechanisms producing migraines isn't well understood, but is believed to be an upset in serotonin metabolism that causes dilation of cerebral arteries, followed by vascular spasm in extra-cranial blood vessels.

Migraine triggers are as varied as the individuals afflicted by them. About 70% of sufferers have family histories of migraine.

Food triggers are common, and can be nearly anything. Some of the most frequent food triggers are anything aged, canned, cured, pickled or processed or that contain tyramine or nitrites. Aged cheese, bananas, caffeine, chicken livers, MSG, alcohol (especially red wine,) yeast products (including bread), chocolate, red meat, shellfish are common, but the list is extensive and individual. Try eliminating these first. If that doesn't work, see if you are sensitive to citrus, lentils, nuts, any kind of green beans or peas, vinegar or yogurt.

Stress, strong emotional reactions and fatigue may be triggers, in addition to compounding the symptoms. Weather or altitude changes may contribute to them. There's a hormonal trigger for some women, causing migraines prior to or during menstruation or when using birth control pills or estrogen replacement therapy. There seems to be an association with sluggish liver function from eating too much fatty food or heavy drinking.

How can they be prevented or treated? If you can categorize your migraines as being related to physical stress or emotional upheaval, stress reduction techniques, meditation and biofeedback have been found to be helpful, as have acupuncture and bodywork. Chiropractic or Osteopathic treatment may help if there is a structural problem in the neck. Again, it's very individual and complex issue, and you may need the assistance of a professional conventional or complementary practitioner.

HERBAL THERAPIES:

* To ease pain, David Hoffmann suggests that at the first sign of attack equal parts of Black Willow, Meadowsweet, Passion Flower, Valerian and Wood Betony may be helpful.

- * For migraine associated with stress, use equal parts of Hawthorne berries, Lime Flowers, Wood Betony, Skullcap and Crampbark.
- * Nervine tonics, such as Oats and Skullcap are appropriate long-term therapy, accompanied by Siberian Ginseng as an adaptogen.
- * Massage Lavender oil into the temples at first sign of an attack.
- * If the migraine is accompanied by nausea or vomiting, Chamomile, Meadowsweet or Peppermint may help.
- * If migraine is associated with hormonal problems, long-term treatment should include herbs to try to balance the hormonal system. Vitex, Black Cohosh, or Wild Yam may be useful.
- * European herbalists emphasize the importance of liver support in migraine treatment. Herbs like Burdock, Dandelion root or Milk Thistle would be ideal.

The following delicious Migraine Tea from Ana Nez Heatherly of Gatesville, Texas, appears in the July 1995 Mother Earth News. She prepares a cold infusion of:

6 parts Rosemary leaves 4 parts Peppermint leaves
 4 parts Lemon Balm leaves 4 parts Sweet Violet
 3 parts Feverfew 1/2 part sweet Violet Flowers

Please also check the entry 2.9, Feverfew and migraine; and then you could search the net for the Natural Migraine Treatment FAQ by Catherine Woodgold <an588.freenet.carleton.ca> - archive name: medicine/migraine/natural-cures.

3.3 Herbs for vivid dreams

>From Colette Gardiner, on mugwort (*Artemisia vulgaris*) as a dream enhancer:

There's quite a bit of info out there about this topic, probably recently discussed on this list as well. I've used it to induce more vivid dreaming for years and have seen strong effects in many people. Some people have been known to wake up in the night cursing loudly and toss the pillow across the room, they were dreaming so vividly. A bundle of it hanging near your head at night works as well as a pillow of the cut and sifted stuff available in stores. It's also useful as an incense or in incense blends before any divinatory work such as tarot, rune reading etc. Just take a small amount of the dried herb and toss it on top of a wood stove or on a small charcoal disc that's been lit (available in magic stores or sometimes in catholic supply stores). Mostly I'd recommend simply getting some and trying it out for yourself. I've heard a lot of stories over the years from

students who've used it.

Other herbs for vivid dreams:

Plantain- *Plantago majus* or *P. lanceolata* - tea in evening.

Watercress - Ingested at daybreak to increase dreams that evening.

Peppermint - *Mentha* spp. burned as an incense at sunset and thru the evening for visionary dreams.

>From Dennis McClain-Furmanski (dynasor.infi.net):

Calea zacatechichi (Dream Herb) is a shrub from the Chiapas region of Mexico, related to the mint family. It has been used by the Chontal people as a divinity for many years. Traditional use as a tea brings about a drowsy dream state, in which answers to questions are revealed and lost objects are located.

Clinical testing in double blind studies have been shown to induce sleep and vivid dreaming, with the subjects reporting profound meaning in the dreams.

Preparation is almost invariably as a tea. However, *zacatechichi* is intensely bitter and soapy tasting and little can be done to mask the taste (though mixture with the sweetener herb *Stevia* or preparation by taking *Miracle Berry* which makes everything taste sweet sound like reasonable suggestions). My experience has been to mix a rounded teaspoon of *zacatechichi* with an ounce of *kava kava* and preparing it as normal *kava*. The berries/seeds seem to have more effect, though the leaf material itself is potent.

Little empirical or pharmacologic data exists so far, one notable study being Lilian Mayagoitia's (1986) "*Calea Zacatechichi: Psychopharmacologic Analysis of an Alleged Oneirogenic Plant*" in vol. 18 of the *Journal of Ethnopharmacology*.

Please also see entry 2.10, *Kava kava*.

3.4 Herbs and weight loss

>From Patricia Harper <harperp.aol.com>:

Many herbs are used for temporary weight loss, including some that you can buy at an herb store. However, there are many herbalists who consider weight loss formulas to be harmful, and will not make them for their

clients. Typically, herbal diet pills use herbs with the following properties to cause weight loss:

1. Stimulants: encourage the body to burn more calories.
2. Diuretics: cause the body to excrete water through excess urine.
3. Cathartics: cause evacuation of the bowels, reduce calorie consumption by impeding full digestion.
4. Appetite suppressants: reduce hunger by expanding in the stomach, altering mood, or satisfying taste.

They may also use herbs to increase perspiration, (more "water weight" loss), and kill pain, or balance nerves.

Some formulas are definitely going to be better balanced than others, but in general, we are not talking here about gentle herbs that nourish and support you, as you bring your habits into balance. Herbal weight loss formulas may have drastic physical effects on your body. "Effective" diet pills --herbal or not-- are potent, depleting, and temporary, if effective. They do not cure overweight conditions.

There are herbs which can be used as supplements while you diet, but weight loss involves your whole lifestyle. Why not consider using herbs to change your lifestyle?

Instead of just using dried, capsulated, herbal products, start including *whole* herbs in your life. Eat them everyday, as fresh as possible, (e.g. take walks, check out the vegetable stand, or tend a garden), everyday. Instead of taking a capsule, eat a handful of fresh parsley. Experiment with tasting each of your favorite culinary herbs made up as "diet" tea. Collect dandelion leaves, plantain, mints, lettuce, whatever, and whip it up in your blender as special diet "green drink." Almost no calories in most herbs.

Also, get to know specific weeds and plants in your neighborhood. Learn their names and uses; look at them. Watch how they grow, Think about their growing condition and responses to it. You can even keep a journal noting everything you learn about each plant. Spring is the perfect time to bring herbs into your lifestyle.

Eating and living with herbs can bring you a lifestyle which may be more conducive to weight loss.

Best of the Herbal Forums:

<http://www.henriettesherbal.com/archives/best/2000/weightloss.html>

3.5 Insomnia

Also see entry 2.1, Valeriana.

> I REALLY need some herbs to take for insomnia. My doctor says I am in excellent health, and I am not depressed, but insomnia has been a terrible problem for me since I was a child. Can anyone recommend some herbs to me that either taste good-ok (not valerian--it smells so bad to me :() OR tell me how to make a herbal sleep pillow?

>From trowan.ivory.trentu.ca (The Literate Tomboy):
Rub a little lavender oil under your nose and breathe deep as you lie in bed...

From burleigh.tcg.anl.gov (darin)
Organic chemistry textbooks. It was a surefire thing in college.

From dsm2.ix.netcom.com (sherree moore)
Okay, I've been lurking around reading the herbal newsgroup and I JUST have to give my remedy for insomnia. When I can't sleep I make a tea from chamomile (of course), valerian, hops, and a smidge of passion flower. Works every time. Of course, this combination might become a bit too much every single night! Therefore, a hops pillow might help. Make a small pillow and fill it with hops. Really doesn't smell bad at all. Oh yes, the tea is an acquired taste, but honey helps.

>From carl.mork.nwcs.org (Carl Mork):
The various mints are good in tea for making you relax. I make a nice mix of peppermint, cat mint and apple mint to brew up the tea. A pillow is simple to make. Use the same mints plus lavender. There are other herbs that are used for sleep, but those are the ones I know from practical experience.
The mix for tea and pillows should be to your taste. Oh and I suggest honey in the tea.

3.5.1 Insomnia therapeutics

>From Henriette:

Insomnia. The first thing to do is to cut out all caffeine. That means coffee, tea, cocoa, cola drinks, guarana, mate, etc.

Do you exercise? You might not be tired if you don't move during the day. 30 minutes daily walking is good, but more is better (up to a limit).

Don't eat too heavily before bedtime.

Do you have problems with depression? SJW (Hypericum, St. John's wort) helps with mild to moderate depression, and one of the signs of depression is that you wake up early in the morning and can't go back to sleep. Simple insomnia is another sign. SJW needs to be taken regularly for a few weeks before you notice a difference.

Is your room dark enough? Before you shop for dark dark drapes for your windows you can test by investing in a set of those thick cloth goggles to put over your eyes. You know, the type that makes it easier to sleep when you travel by plane.

If all that is OK here's a herbal blend that has worked nicely for all people I have given it to:

- 1 part Hypericum tincture (fresh flowering tops, 1:2 95 %)
- 1 part Eschscholtzia tincture (fresh herb, 1:2 95 %)

Mix, take 30 drops as needed. Keep the bottle near your bed, or make a tea of the recently dried herbs and keep the tea ready on your bedside table.

Another blend would be

- 1 part Hypericum tincture (fresh flowering tops, 1:2 95 %)
- 1 part Avena tincture (fresh milky seed, 1:2 95 %)

Mix, take 30 drops as needed. This can't be substituted with a tea, as Avena milky seed has to be used fresh.

Or you could try some of the herbal suggestions given above. Whatever you do, don't put lavender essential oil (EO) on your upper lip - that smell will keep you awake. If you want to use lavender EO, put it on a tissue and keep that under your pillow. That way, when you get tired of the smell, you can remove the tissue.

3.6 Aphrodisiacs

>From Peter L. Schuerman <plschuerman.ucdavis.edu>:

Try this:
2 parts safflower (or 1 part saffron)
2 parts hibiscus flower
2 parts rose flower
in tea (1 tsp. per cup) or capsules (1-2 OO caps).

According to Ayurvedic philosophy, the floral structures of plants have their medicinal effects on the reproductive system. This formula is made of three flowers; the first is an aphrodisiac, the second exerts an influence on the sexual chakra and the third exerts an influence on the heart chakra and acts to harmonize the blend.

>From Back in Black <skeevers.netcom.com>, to above:

If you find the effect of this mixture too overwhelming (depending on your constitution, it might be) you can also add 1 part myrrh to soften the effect. Without the myrrh, it has quite a punch, with the myrrh, it has a much more diffuse effect, spread throughout the entire body rather than being so focused on the lower two chakras (or at least, those are the effects it had on me).

Personally, I couldn't stomach this mixture as tea -- capsules are preferable -- but it's also not bad in vanilla yogurt, if you don't have capsules.

>From Henriette:

Germans use celeriac root as an aphrodisiac. It works because it enhances blood flow to the pelvic area; but any aphrodisiac will work better if both partners know about it.

So here's a recipe for a Waldorf salad for two:

1,5 dl grated raw celeriac
1 apple, grated or cut into pieces
1-2 tblspoons walnuts
dressing: 1 dl sourcream, 1/4 teaspoon mustard, herbsalt.

Mix and enjoy.

3.7 Herbal Abortives and Birth Control

Disclaimer: This is not anything you should try at home without supervision from a knowledgeable herb person.

>From Colette Gardiner <coletteg.efn.org>:

Current and reliable information on herbal birth control is rare. In the Western tradition much information on birth control as well as safe birthing techniques was destroyed during the European Witch hunts circa

1450-1700. Having such knowledge was proof positive that you were a witch. Other historical information is often incomplete, with only a local common name, or no exact dosages. Researchers often discard supportive techniques such as fasting or ritual as mere superstition. Current studies tend to be anecdotal rather than strictly lab controlled data. This does not mean they are not of value, but again pertinent info may be missing. Such as was the woman pregnant in the first place? Anecdotal info can give us ideas on where to start and what the possibilities are. They have also shown us that herbal abortives are not themselves without side effects, often severe. All herbal info on abortives should be thoroughly researched before use. Some herbalists feel that herbal abortions are more dangerous than clinical abortions. Abortive herbs are toxic and do have side effects. They are not safer because they are natural. Clinical abortions are certainly more effective. Most importantly an herbal abortion should never be undertaken unless a women is willing to follow up with a clinical abortion if the herbs fail.

EFFECTIVENESS

Varying success rates have been claimed for herbal birth control. Estimates vary from 20%-80%. It is important to remember that most of these rates are based on the incidence of successfully bringing on a delayed period, not in aborting a definite pregnancy. Since many herbs seem to work the best close to the time of the first missed menstrual period, many women have not had a pregnancy test at the time they took herbal abortives. Studies on the success rate of herbal abortives in non-confirmed pregnancies is quite high (70%-80%). Success rates with confirmed pregnancies is substantially lower, 20% or less. Also there's not as much research on herbal abortives with confirmed pregnancy.

SPECIFICS

Rina Nissim, founder of the Dispensaire des Femmes in Switzerland claims a success rate of 60%-80% in women who believed they were pregnant (non-tested). Their method involved the use of at least two herbs at a time. Generally one emmenagogue (bleeding stimulator) with an oxytocic (uterine contraction stimulator) for no more than six days starting as soon as a woman's period is late. They have found that starting the herbal regimen later than six days overdue drops the success rate to 20%.

In a survey I conducted (appendix A) with a small group of women there appeared to be a high success rate (about 75%). However only one of the women had a positive pregnancy test, so actual success rates were certainly

much lower. My experience with women where there has been more complete information, such as positive pregnancy tests and follow up leads me to guess at a realistic success rate of 20% at this time. In a highly quoted New Mexico study, Cotton root bark had a very high success rate, with a fairly low toxicity. However it appears that very few of the women were actually pregnant based on blood tests and screening.

Less info is available on prevention of pregnancy with herbs. In an informal study (appendix B) by Robin Bennett with Wild Carrot Seed used on a semi- regular basis as an implantation preventer she had a 98% success rate with few side effects. There is also a much quoted seven year study involving one hundred women in Alaska that also claimed high success rates for wild carrot seed. But no one seems to have any specifics on it.

SAFETY

In general many herbal abortives are mildly poisonous to potentially fatal in large doses.

Almost all women report at least one of the following side effects:

- * Increased bleeding
- * Dizziness and nausea sometimes extreme enough to cause fear.
- * Visual disturbances
- * Sweats or chills
- * Diarrhea

Less commonly reported side effects:

- * Incomplete abortion
- * Irregular cycles for 1-3 months

The above can also occur in clinical abortions.

- * Kidney irritation
- * Breast Lumps (Tansy)

Almost all women reported heavier bleeding and clotting than normal and felt that this was an indication of an aborted pregnancy. While this is indeed a sign of aborted pregnancy it's also common with use of emmenagogues. Common sense would indicate that when using emmenagogues there would be the chance of hemorrhage, but it appears to be a not very common side effect compared to the other effects. Most side effects appear to be of short duration. I do know of one case where a women experienced severe long term endocrine imbalance after using herbal abortives.

SERIOUS SIDE EFFECTS

The most serious side effects seem to occur when women use herbal abortives, remain pregnant and attempt to carry to term. There is a high enough rate of reported instances to call for extreme caution.

- * Incomplete or low implantation of the placenta (reported frequently by many practitioners)
- * Premature detachment of the placenta before or during birth

Consequences of these side effects can be severe and potentially fatal. Severe hemorrhage can and does occur under these circumstances. In one case a women lost 1/3 of her blood volume before bleeding could be stopped. Treatment consists of total bed rest and staying close to a hospital. The risks to both mother and fetus are extreme.

- * A few isolated reports of toxemia possibly related to herbal abortives.

ONE FINAL VERY SUBJECTIVE NOTE

Clinic workers who see many clinical abortions note that women who used herbal abortives on their current pregnancy seem to have darker, thicker blood with more clotting.

USE OF HERBAL ABORTIVES AS A LABOR FACILITATOR

A few of the herbs that are used as herbal abortives maybe safely used in the last trimester of pregnancy under specific conditions to help facilitate healthy labor. While safe if properly used they should not be used unless a problem exists and only with the help of a practitioner.

HERBAL SPECIFICS

There are two main types of herbs used as abortives. Emmenagogues and oxytocins.

EMMENAGOGUES

Emmenagogues stimulate blood circulation to the pelvic area and uterus and help to stimulate menstruation.

- * Vitamin C - no buffers or fillers. Dose: 500 mg every hour for 12 hours up to 5 days.
Toxicity: possible kidney irritation, loose bowels.
- * Ginger - *Zingiber officinale*, Dose: 1 oz. fresh or dry root to pint of water.
Toxicity: possible light-headedness.
- * Pennyroyal - *Mentha pulegium* & *Hedeoma pulegiodes*, Dose: 1/4 cup of herb to 1 quart water once a day for no more than 6 days.
Toxicity: nausea, numbness in hand and legs, liver irritation, kidney and bladder irritation, diarrhea, The essential oil is fatal internally. Contraindications: kidney conditions.
- * Angelica root - *Angelica archangelica*, Dosage: 1/4 cup herb to 1 quart water as tea. Tincture - 10-20 drops every two hours. Dried root less toxic than fresh.
Toxicity: irritant to kidney and liver, not studied as much as pennyroyal. Contraindicated in diabetes as it raises blood sugar levels.
- * Mugwort Leaf - *Artemisia vulgaris*, Dosage: 3 teaspoon per cup tea, 3 cups per day, for no more than six days.
Toxicity: higher doses can cause liver damage and convulsions. Nausea. Contraindications: Uterine inflammation or recent pelvic infection.
- * Black Cohosh Root - *Cimicifuga racemosa*, Dosage: 3 teaspoons per cup, 4 times a day. Tincture 20 drops every 6 hours.
Toxicity: Diarrhea, dizziness, headache, decreased pulse rate, tremors, fatalities can occur in large enough doses.
- * Tansy - *Tanacetum vulgare*. Note: Do not confuse with tansy ragwort, *Senecio jacobaea*, which is a poisonous plant known to cause death in cattle thru liver failure. Dosage: Tea, 4-8 teaspoons per qt. sipped throughout day. 10 drops tincture in warm water every two hours til bleeding commences, for no more than 5 days.
Toxicity: breast lumps, possible hemorrhage, liver irritant. Essential oil is fatal - do not ingest.

OXYTOCIC HERBS

They imitate oxytocin in the body to stimulate uterine contractions and release prostaglandin hormones. All oxytocic herbs are toxic to some degree. Women can experience very painful contractions. They are generally hard on the liver. Women with a history of liver disease such as hepatitis may wish to avoid them all together.

- * Blue Cohosh root - *Caulophyllum thalictroides*, Dosage: Tea - 3 teaspoons herb per cup, 3 cups per day, tincture - 20 drops every 4 hours, for six days or til bleeding commences. Toxicity: nausea,

vomiting, headaches, convulsions in large doses, kidney and liver irritant, Contraindications: low blood pressure. Some of the constituents of Cohosh are more soluble as tincture.

* Angelica - see emmenagogues.

* Cotton root bark - *Gossypium herbacetum*, Dosage: 12 teaspoons per quart, 1/2 - 1 quart thru day. Tincture 10 drops every few hours til bleeding commences, for no more than 6 days.

Toxicity : seemingly low based on the New Mexico study. Cotton is a heavily sprayed crop with pesticides that are only used on non food crops. Those pesticides can cause liver irritation, and other problems. Organic cotton root bark may be difficult to find.

OTHER HERBS USED

* Wild Carrot Seed - *Daucus carota*, used as a preventative. Dosage: 1 teaspoon a day chewed and washed down with fluid. Believed to work as an implantation preventor by making the uterine lining unsuitable. See appendix B.

Toxicity: So far appears to be low toxicity, long term effects unknown. Identification must be absolute as many wild members of this family look similar and can be fatal.

* Trillium root - *Trillium* spp. Dosage: tincture 30 drops 3-4 times a day. Tea 3 teaspoons per cup, 1 quart per day. Trillium root is used by midwives to facilitate softening of the cervix and is often used as a labor adjunct in the case of rigid os or as a preparatory agent before trying to induce labor with stronger herbs. It occasionally will start labor on it's own. As an abortive there is not a lot of current use info on effectiveness and side effects. Trillium root should only be harvested from garden grown plants as it is rare in the wild due to habitat destruction by logging and urban growth.

* Parsley - *Petroselinum* spp. Used as a fresh plant vaginal insert for 24 hours. Personally I have heard of no cases of even bringing on a delayed period with this method.

Toxicity: low.

Misc. Herbs listed as abortives: Agave, Osha, Mistletoe, Rue, Peyote, Sweet flag, Papaya seed, Feverfew, Motherwort, Wood Sorrel, Damiana.

The above is by no means an exhaustive list, many mild emmenagogues are listed as abortives in literature both scientific and folkloric: Marjoram, Oregano, Beet, Celery, Papaya fruit, Peppermint, Valerian, etc. While they may help facilitate onset of a slow period, such as the type where there's cramping and pelvic heaviness but bleeding has not yet commenced, it's doubtful they would act as abortives.

Dosages mentioned above may be on the conservative side in many cases. However, since the serious side effects show up at higher doses it's best to be cautious. I've seen better results with tea than with tincture and with mixing 2 -3 herbs together in a blend. Herbal abortives effects may be enhanced by a day of fasting, working with ritual, and massage of the uterine acupressure points along the ankles several times a day for at least ten minutes at a time. Again the success rate is very low for actual pregnancies.

Ideally if a woman wished to use herbal abortives I would recommend finding a clinic that does early pregnancy testing of the type that can detect pregnancy within a few days of conception, preferably one that can see women on a walk in basis so you don't have to wait for an appointment. Then if you are not pregnant you can use a mild emmenagogue such as marjoram, without stressing your body. Since early testing is not 100% accurate and if you are fairly sure you are pregnant, you may wish to use one of the less toxic abortives such as Vitamin C. Since most of the abortives are so hard on the body they should only be used in cases of confirmed pregnancy. Why put your liver thru more stress than it already gets in today's world?

APPENDIX A

SURVEY ON HERBAL BIRTH CONTROL AND ABORTIVES

Colette Gardiner

Of the 10 women in the study:

None had used herbs preventatively as contraception
6 had previously been pregnant
8 could tell very accurately when they ovulated
8 of the women had used herbal abortives
1 women had delayed ovulation time with herbs use
1 women was a practitioner who counseled about herbal abortives
6 of the women had side effects

6 of the 8 women who used herbal abortives brought on a delayed period with herbs. Only one of these women had a confirmed pregnancy, but all the women felt they were pregnant. Two of these women were a few weeks late. A few of these women had unsuccessful herbal abortive attempts at other times.

Time Frame Abortives Used:

Brought on period with herbs at:
Three weeks overdue - 1 women
Two weeks overdue - 1 women

When period was due - 4 women

Many of the women reported friends who used herbal abortives successfully, but I did not use those accounts in my survey. In general the second hand reports were very similar to the survey results.

A practitioner reported that several women in her area were drinking sassafras tea as a contraceptive. She didn't give details on safety or effectiveness.

One women reported that either Vitamin A or Goldenseal seemed to delay ovulation. I've heard no other instances of this.

My next project is to do a larger survey on herbal abortives with women who have had a positive early pregnancy test. For info or to participate contact me at:

coletteg.efn.org

or

P.O Box 10914

Eugene,Or.

U.S.A. 97440

APPENDIX B

Wild Carrot Seed as an Herbal Contraceptive

Survey conducted by Robin Bennett

In Robin's info she stresses that it was a small study, and that she did not use scientific, double blind methods etc.

In her survey there were three dosage regimes

- 1) Every day
- 2) Daily for 7 -8 days surrounding ovulation
- 3) For 7 days following intercourse

The dosage for all women was one teaspoon daily chewed and washed down with fluids. Half of the women in the study used it as their only form of birth control. The study lasted for one year. Out of the ten women in the study: one became pregnant and had a clinical abortion. She became pregnant when she used the seeds for only three days around ovulation instead of the recommended 7-8. She had a clinical abortion. Two other women suspected they were pregnant and used herbal emmenagogues to bring on their period. One of these women was using the seeds daily. The other women was using them for 7-8 days surrounding ovulation. One of the women discontinued seed use in order to become pregnant and did. There were some mild side effects

such as gas and slightly earlier periods. Some women felt that anything less than the full dose actually enhanced fertility. None of the women reported any symptoms of uterine irritation and subsequent exams showed no signs of it. In her handout Robin mentions some lab studies using WCS as an implantation preventor in mice, but did not give details.

Her address:
Robin Bennett
R.R. 2 - Box 301
Garrison, N.Y.
U.S.A. 10524

>From allissa.foxcomm.net (Allissa Gaul): the lab studies are:

- * Comparative Physiology and Ecology, 9:70-74, "Abortifacient effect of carrotseed extract and its reversal by progesterone in albino rats", by Kaliwal, BB, first author.
- * Journal of Advanced Zoology 7:36-41, "The estrogenic efficacy of carrot seeds" by Kant, A., et al.

3.7.1 Herbal Abortives and Common Sense

Somebody wrote:

>> A friend of mine does not use birth control. Is there an natural form for the abortion process?

Somebody else tried to be helpful:

- > Here is a formula that is intended to induce a miscarriage:
- > 20 drops blue cohosh
- > 20 drops black cohosh
- > 20 drops pennyroyal
- > Measure the tinctures into a cup of warm water ...

And finally some Common Sense; Jonathan Treasure <jonno.teleport.com> replied to above:

It is debatable whether using herbal medicine to cause uterine rejection of a conceptus is any more "natural" then an a D&C. Herbs can be potent and potentially dangerous - just because they grew out of the ground doesn't confer the status "natural" on anything they may be used for especially when the only alternative is orthodox procedural medicine. However the

answer is YES, herbal abortion is possible, in certain circumstances.

It would however be quite insane to take a recommendation from an internet list and simply believe that is the end of it...we are not talking about a common cold here. The reply giving cohosh/pennyroyal recipes was just plain daft - how late is she, how old is she, what is her general health, nutritional status, psychological state, emotional strength, domestic situation, support network etc etc etc etc etc. All these questions come before some generic formula can be given. Then the formula given was not related to strength of tincture, dried or fresh plant used, etc. The dose pattern given was potentially excessive. It might harm her or it may not work at all. Would you then write to this list again? Grow up! I would urge your friend to consult someone who is experienced in the herbal management of ob/gyn if there is a real need (e.g. legality/finance) to go this route.

3.8 Herbs and female infertility

By Roy Upton (herbal.got.net).

There are a number of options to try for <this person>. I have worked with infertility for many years with a decent degree of success. As I do not know what is specifically the cause of <this person's> infertility; i.e. inability to conceive, incompatibility with sperm, low level infection, inability to maintain the pregnancy due to insufficient progesterone levels, etc. I will provide some general rules of thumb. Most of what I will outline is based on traditional Chinese medicine.

Gynecological imbalances are considered to be associated with poor pelvic circulation which prevents the gynecological system from being as healthy as it can be. Most botanical formulas are geared to promoting pelvic circulation. The most commonly used are formulas that include at least four herbs; Dang Gui (*Angelica sinensis*), Ligusticum, Rehmannia, and White Peony. This is a classic Chinese formula known as Dang Gui Four and can be found in any Chinatown and some health food stores. There are many variations of this formula. Another is called Women's Precious, or Eight Precious Pills. Either would be a good general formula to try. They should not be used during bleeding, menses, and generally not during pregnancy.

Another botanical to use in conjunction with any Dang Gui-based formula is Chaste berry (*Vitex agnus-castus*). *Vitex* is a progesterone agonist which can help to minimize the risk of miscarriage. In addition, it can also stimulate ovulation. It works specifically by enhancing pituitary function, thus improving ovarian function. A few other herbs that I add either to the Dang Gui formula or to the Chaste Berry are False unicorn, Partridge Berry and Cramp Bark. I sometimes recommend a thyroid glandular as well, and

insure the woman is not anemic or borderline anemic.

The basic protocol is to utilize the Dang Gui Four formula in conjunction with Chaste Berry throughout the month except during menses. We could get fancy and give one formula during the estrogenic phase of the cycle, and the Chaste Berry for the progesteronic phase, but this is seldom necessary. I use custom-blended teas or ready made commercial formulas. My suggestion would be to go to a health food store, TCM practitioner or naturopathic physician and ask which are the best Dang Gui/Chaste Berry products available. You have to be diligent in getting a decent product. There are many Dang Gui products consisting of only Dang Gui, or which are not put together that well. There is also a lot of bogus chaste berry floating around on the market, especially that available from Chinatown. One of the more popular capsuled products is 85% millet, and is largely ineffective.

Lastly, it is important to encourage those trying to conceive to look at conception just as you would look at a garden. Before you ever plant a seed you cultivate the soil. In this case, you do not want to attempt conception for at least three cycles, ideally six cycles. Both the man and women should be brought into this process by recommending the man use herbs that increase sperm count and motility (Ashwagandha, Astragalus, Kidney tonics, avoiding excessive sexual activity and hot tubs, etc.). The woman should also be exercising regularly, focusing on improving abdominal tonicity. Kegels are excellent exercises to try. This is to insure adequate tonicity of tissue internally so implantation can hold.

Focusing on nutritional well-being is very important for obvious reason, even if the women is not anemic. This basic protocol has worked in dozens of women that I have worked with, with conception taking place anywhere from 3 weeks to four months. I do not know of anyone specifically that it has not worked for, but this may be due to the fact that if it didn't work they may not have come back to me, or went on to try something else. I have had several women who continued to use the Dang Gui formula even after conception, one for up to six months because she forgot that I told her not to use it during pregnancy. The reason it is generally contraindicated is because it increases blood flow, something you do not want to do in pregnancy. However, once the system is healthy and conception takes place, nothing short of a strong abortive is going to dislodge the fetus. She had a normal pregnancy, and the baby was apparently healthy and happy.

I hope this helps. Best of luck.

>Does anyone know of any viable substitutes for Ritalin for ADD? I have heard of a substance called Pycnogenol. Are there any other substitutes for taking Ritalin? How long does a person need to take Pycnogenol in order for it to take effect?

>From herbal.got.net (Roy Upton):

I have seen at least 70 children weaned of Ritalin. I usually recommend weaning off of Ritalin for a 2-3 week period, while administering the herbs. Usually, the program consists of dietary modification, exercise, and nutritional and herbal supplementation. Though treatment is similar, differentiate between ADD and ADHD. ADD might be a direct result of under/poor nourishment. The brain is the most energy intensive organ of the body. If the body is deprived of energy, the brain is first to suffer. In ADHD there is often a rapid heart beat that may have varying underlying causes such as specific allergies.

DIETARY

- * Elimination of most simple sugars including fruit juices, foods with colors and preservatives. Concentrate on a whole foods diet.
- * Magnesium supplementation. Dosage based on weight, age of child.
- * I have used a combination of the following herbs with significant success (according to parents and teachers): Chinese zizyphus, chamomile, lemon balm, catnip, hawthorn berry, and gotu kola flavored with cinnamon, anise, and a touch of cloves. Usually this is prepared as a glycerite extract (approx. 1:3-1:5 concentration). 20 drops 2-3 daily. I alternate this with Hawthorn berry syrup, 1 tsp 2 x daily.
- * Exercise is a must for ADHD.

In Germany, Chamomile tea, and small doses of valerian root are utilized.

I think it is important to note that ADD and ADHD is one of the most frequently diagnosed conditions in children, and that is rising dramatically, much to the concern of many practitioners who feel that the diagnosis is handed out much too casually. I believe the makers of Ritalin have done an excellent job of marketing. There have been a series of articles (and a few books) I have seen over the past number of years on the need to provide a "proper diagnosis" of these children rather than labeling them as "bad". Teachers have become the prime target for providing the initial grounds for diagnosis. Oftentimes, a child will be diagnosed in kindergarten or early grade school and not adequately reassessed for a number of years. The inherent problem in both of these is obvious. I also do not believe the diagnosis should be made until all lifestyle protocols (including supplementation, diet, exercise, etc.) have been attempted and failed.

I am of the firm belief, from many of the parents that I have seen, that it is often the parents that primarily require the help, the children secondarily. This is especially true of ADHD. Relative to the energy levels of the majority of exhausted, "burned-out at the end of the work day" parents, the majority of children are "hyperactive". We try to force them to be little adults before they have developed the coping mechanisms or social skills we design to stifle their natural impulses. We expect them to sit still when they have boundless physical energy. We ask (tell) them to pay attention to educational materials that mean little to them. This is an indictment of our education system as well.

Also, the typical American child is raised on nutritionless foods, challenged with numerous stresses, and spends an average of six hours a day in front of the television, when they should be expending the physical energy. While I believe that medicating, especially with amphetamines, is beneficial for some, by-and-large, it should be a last resort.

I hope this is of some help.

3.10 Herbs for sunburn

>From Howie Brounstein <howieb.TELEPORT.COM>:

I have found plant tannins to be the best sunburn treatment. Tannins are found in most plants, and are particularly high in many plants. They bind with alkaloids and proteins. This is helpful in the case of burnt skin --- broken proteins. The tannins bind with the broken skin proteins to form a layer of tannoproteins, or was that proteotannins (it's a little late). This layer is protective and soothing.

I generally throw some Manzanita leaves into water and boil. If you're preparing a wash for sunburn and are primarily concerned with extracting tannins, you can just boil it, no matter what the herb. You can wash the sunburn with the tea when it cools.

Some astringents with tannins (to name a few):

- * Manzanita
- * Uva ursi (kinnikkinik)
- * Polygonum roots (bistort)
- * Heuchera (alum root)
- * Currant and Gooseberry Bark (Ribes)
- * Geum
- * Potentilla
- * Rosa's Bark and roots

- * Rubus (blackberry root)
- * Ceanothus bark and root
- * Cornus Dogwood Bark
- * Chimaphila Prince's Pine pipsissewa
- * Pyrola
- * Black Tea

These contain salicylates which may have some topical analgesic effects:

- * Willow Bark
- * Oak Bark
- * Poplar Bark
- * Meadowsweet (Filipendula)

>From Satin <satin.TOPAZ.USAF.AF.MIL>:

I use an aloe and comfrey lotion on sunburn. I am a strawberry blonde with my red-headed Mom's complexion - I don't tan. It's either burn or nothing. So I wear sunscreen and keep the aloe/comfrey lotion on hand.

>From Craige Roberts <croberts.MAGNUS.ACS.OHIO-STATE.EDU>:

For some reason, aloe vera hasn't proven to be the miracle for my skin that it is for some people's.

One of the best burn treatments I know of is lavender essential oil, applied neat. The aromatherapy literature is full of references and documentation of its use in this connection and the impressive results. Since lavender e.o. is quite benign and doesn't sting, this would be quite good for a child. In my experience, the burning and redness begin to subside quite soon after application. In contrast, the aloe takes much longer and at least initially the relief seems to be due more to the cooling effect of its evaporation.

Another therapy that has been used for burns, as well as infected wounds, for thousands of years is human urine, or its derivative, urea. There are a number of articles on this and other medicinal uses of human urine and its derivatives in the contemporary establishment medical literature, such as The Lancet and JAMA, for those who find this reassuring. (As usual, a simple, inexpensive remedy doesn't receive the press or research money that patentable, synthetic drugs do.) I haven't tried this myself on burns yet, but apparently one applies urine or urea-soaked compresses to the affected area, keeping them wet with fresh applications of urine. Though urea is

said to sting a bit, straight urine supposedly does not.

>From Mary Jo Gilsdorf <viomist.CASTLE.NET>:

For burns, I find oatmeal poultices and cold tea bags works best to take out the sting and stop the rash like effect. Also know some who swear by taking two to three regular aspirins.

>From JunieWrite.aol.com:

Mary Jo writes that she knows some people who swear by two or three aspirin: may I point out that taking aspirin even in small quantities (less than 300mg) may be positively dangerous to hypertensive BP sufferers. OTOH, aspirin is proving to be invaluable in the prevention of coronary occlusion and CVA in normotensives; especially in diabetics and those suffering from lipid dysfunction.

All burns are less painful and less damaging if the 'heat' is countered asap, preferably by immersing the affected part in cold water and keeping it there until help arrives.

N.B. It may be supposed that Heatstroke victims (who are often also suffering from sunburn) would also respond to cold water; but that is not so; heatstroke victims should be placed in tepid water as a first-aid measure to reduce body-core temp until medical help arrives.

BTW, severe sunburn occurs to people with my skin type even when the sky is overcast as I discovered after falling asleep on a Moroccan beach (January) on a very overcast day. Standing under a cold shower made me yelp and shriek like a banshee; but later, the only 'peeling' was to nape of neck and backs of knees.

3.11 The gall bladder flush

From: James Mally, N.D. <jmally.usa.net>:

I am suspicious of gallstones that dissolve or that liquefy when passing. I have done several gall bladder flushes myself using a formula from a book titled "Encyclopedia of Digestive Disorders" by ? Roberts, of Roberts formula fame. The flush involved taking divided doses of olive oil and lemon juice every fifteen minutes over a two hour period to stimulate the

gall bladder to contract and release stones. The effects were very dramatic - one time causing drastic elimination out both ends simultaneously. It also made me lose my taste for olive oil for many years.

I also worked as a massage therapist in a clinic where a similar flush was used for detox and cleansing. The "stones" people would pass needed to be kept in the freezer or they would melt. I then read in a book the suggestion that these "stones" were a product of saponification, the olive oil mixing with the alkaline bile salts creating a soap (similar to mixing lye and fat).

At naturopathic college I obtained a real gallstone from the gall bladder of the cadaver we worked on in anatomy lab. It was as hard as a rock and it would not dissolve in olive oil and lemon juice, even after several months. I didn't try dissolving it in coke or ortho-phosphoric acid.

I believe it's possible that a gall bladder flush may cause stones to be eliminated, but these stones will sink to the bottom of the toilet. The "stones" that float and that are easily squashed are most likely soap. I have heard of people passing hundreds of such "stones" which would imply that they must have a huge gall bladder.

I still think there may be some benefit in the flush as it will thin the bile by removing some of the bile salts so they won't be recycled.

Several areas for conjecture: I wonder if such a loss of bile salts would cause any mineral deficiencies? Also has anyone done any blood tests for direct and indirect bilirubin and/or any lipid panels before and after a gall bladder flush? How about X-ray or diagnostic ultrasound of the gall bladder before and after?

Maybe you could get harder "gallstones" to pass by doing a flush using a more saturated oil such as coconut oil. :) Do not try this at home.

From: Sara Klein Ridgley, PhD SaraKlein.aol.com

I tend to agree with you somewhat on the nature of the soluble stones. However, when I did the cleanse both for myself and with clients, what I found was both kinds were there. In several cases where the people were scheduled for gallbladder surgery and we did the cleanse beforehand, there was no sign of the stones upon ultrasound scan. One woman, who was 86 at the time (11 years ago), collected the stones (that were rock hard) and put them in a jar, and took them to her physician. She announced that "this doctor from America (I was visiting another country when this happened...) took my stones out". The doctor first thought that she was nuts, but when

she showed him the jar, he went white in the face. Then he ordered another ultrasound and found the gallstones that were there the week before were gone. This woman is still alive and kicking happily and in good health!

Regarding your second, very valid question regarding mineral depletion following the cleanse, I have found that it CAN be the case, but not always. I have noticed, for example, that many, many people who undergo gallbladder removal surgically, become depressed shortly thereafter. I also have thoughts and "speculations" regarding the energy/spiritual factors behind gallbladder problems, but that's another story..

I have used another flush, which is very simple, very safe, yet very dramatic, and even old people with various ailments can do it safely. However, I always like to observe, assist and take care that nothing strange goes on (My control issues? maybe, or just caution...). This one involves 5 days of preparation with eliminating all fat from the diet, and it includes epsom salts, olive oil and freshly squeezed grapefruit juice. I usually do a kidney cleanse prior to the liver/gallbladder flush, which dramatically improves the body's ability to handle the flush.

From: Michael Moore <hrbmoore.primenet.com>

In the early 1980s, after recommending and teaching Robert's protocol, a PhD physiologist STRONGLY suggested that these "stones" were probably artifacts of the therapy. The next time someone passed some, I took them in a cooler to a local Santa Fe medical lab I had a working relationship with. They showed only traces of chenicholic and cholic bile salts, and had no discernable cholesterol content. Their educated guess was that they were saponified fatty acids...probably linoleic or oleic acid salts. They were DEFINITELY not "gallstones". I have not recommended this grim regimen since.

One of the great scams amongst 19th century medicine shows was this HUGE capsule, made out of a colored and sealed gelatin capsule. It cost \$1, and was GUARANTEED to pass a tapeworm. Indeed, everyone who took one raved about this long "worm" they passed.

The capsule contained a long coiled spiral of a thin strand of gutta percha (crude rubber), dusted in Lycopodium. This was the "worm".

Robert's protocol, similarly, seems to result in the constant passing of "stones" consisting of saponified olive oil, acted on as well as possible by the stressed digestive apparatus.

That doesn't mean that the shocked pancreas and gall bladder don't, on

occasion, vomit out a small cholesterol stone. But, as anyone who has worked with cholelithiasis will vouch, this is risky stuff, since an obstruction by a REAL stone of the biliary duct or common duct from the gall bladder spasms may be just as likely. Most gallstones exist WITHOUT symptoms. Most obstructions require surgery.

I find the tapeworm "pill" a safer phenomena-inducing placebo.

3.12 Herbs for cough

By Barbara Heller (BHpurple.aol.com) and Carolyn Mohny (Ccmoherb.aol.com)

Coughs are one of the main signs of a respiratory tract disease and also a very common symptom associated with a variety of physical problems. For example, a cough may be the result of an infection, or a defensive response to inhaled irritants like cigarette smoke, or an allergy symptom. Coughs may also signify a more serious illness like chest tumors or lung congestion from heart insufficiency. Chronic coughs, like any chronic symptom, should be evaluated by a healthcare professional.

(For an in-depth discussion of the various types of coughs, see Treatment of Coughs with Herbal Remedies at Healthy Net; <http://www.healthy.net/>)

In this article we will discuss the herbal treatment of "ordinary, common" coughs. Coughing, itself, may be beneficial since it helps clear the airways for us to breathe better. We generally treat the cough symptoms when the cough is unproductive or it becomes irritating to the throat or chest. We are partial to herbal treatments which are easily available and have few cautions associated with them.

Herbal treatment will include teas and tinctures, steams, and cough drops and syrups. The latter have more direct contact with the throat and are locally soothing. Some are store-bought; others can be made at home from garden or wildcrafted plants.

Common-sense aids for coughs include reducing ones exposure to irritants like smoke, drinking more fluids and increasing moisture throughout the household. Individual steam inhalation can be very helpful too:

* Fill a basin with hot water and a handful of fresh or dried herbs (or 3 drops of an appropriate essential oil). "Tent" a towel over your head and the basin so you can carefully breathe in the healing warmth and aroma. Suggested herbs include sage, eucalyptus, peppermint, or hyssop.

Some of the medicinal properties we look for in cough remedies include the

following: anti-tussives, which prevent coughing; suppressants, which limit the coughing reflex; expectorants, which help remove excess mucous from the respiratory system; and demulcents, which heal inflamed tissue. Herbal antihistamines are helpful in the treatment of postnasal-drip coughs due to allergies. Immunostimulants and antibiotics may be used to build up the system and fight infection.

Echinacea (*angustifolia* or *purpurea*), primarily in tincture form, is highly recommended at the first sign of a cold, flu, or cough. Considered "the herbalists herb" it receives high praises as an immunostimulant and antibiotic. Revered by Native Americans, it is easy to grow in the garden where its common name is the purple coneflower. (Note: wild echinacea is being overharvested; consideration to its source is important.)

Mullein (*Verbascum thapsus*) is my specific favorite for coughs. Dr Weil, in *Natural Health, Natural Medicine*, recommends tincture of mullein to relieve chest congestion and dry, bronchial coughs. He also states that the plant has no known toxicity. So it is a remedy I feel confident using with my family. Whenever my adolescent daughter gets a cold or flu, it seems to settle in her chest as a cough. This year we have treated the coughs with mullein tincture and the symptoms diminished quickly. Mullein is a beautiful biennial plant that grows wild in the Eastern US. In present-day herbal medicine its primary form is as a tincture. Historically, Native Americans smoked dried mullein and coltsfoot cigarettes as a remedy for asthma and bronchitis. If used as a tea, it should be well-strained because the small hairs of this fuzzy plant can be irritating.

Coltsfoot (*Tussilago farfara*), whose botanical name *Tussilago* means "cough dispeller", is not surprisingly another very popular cough remedy. A nice image of the flower is evoked by Grieve in her statement that it was painted on the doorpost of the apothecarie's shop. This is the first blooming wildflower in our area of upstate NY; it flowers before its leaves appear. The flowers and leaves are used medicinally for their demulcent and expectorant properties. Coltsfoot has traditionally been used to treat coughs, whooping cough, asthma, excess mucous, bronchitis, and laryngitis. Because of its low-level of pyrrolizidine alkaloids (the same controversial substance found in comfrey), coltsfoot is recommended for only short-term use. Use as a tea or a tincture.

Herbalist David Hoffmann (in his book *The Complete Illustrated Holistic Herbal*) recommends a cough tea made of equal parts of mullein, coltsfoot, and licorice:

* An infusion of 1 tablespoon of the mixed herbs is steeped in one cup of water. Sip 3 cups of this brew throughout the day.

Licorice(*Glycyrrhiza glabra*) and marshmallow (*Althea officinalis*) are

included in cough remedy recipes for their demulcent qualities. They are soothing herbs that reduce inflammation and add flavor. In addition, licorice itself may have an anti-tussive effect similar to codeine for cough suppression, without the side-effects of codeine. A reminder here to be aware of the cautions of the various herbs added to a mix - in this case, licorice may have its own side-effects. Specifically, it is not recommended for continued use by people with high blood pressure.

Thyme (*Thymus vulgaris*), a very common culinary herb also has medicinal properties qualifying it as a wonderful cough remedy. Thymol, thyme's volatile oil with antiseptic, antibiotic, and expectorant properties, is used in commercial cough syrups. At home, one can benefit from these properties by drinking a hot tea of thyme or a mixture of thyme and plantain; or by drinking a small amount of water with a few drops of thyme tincture. Do not use thyme oil as a home remedy. Even a few teaspoonfuls can be toxic. In Germany, thyme is used to treat coughs, whooping cough, and emphysema.

"German medical herbalist Rudolph Fritz Weiss, M.D. writes: "Thyme is to the trachea (windpipe) and the bronchia what peppermint is to the stomach and the intestines."" (Quoted in M Castleman, *The Healing Herbs*).

Elecampane (*Inula helenium*) is also considered an important resource as an expectorant and anti-tussive. It can be taken on a long-term basis and is helpful for healing the irritating bronchial cough as well as for asthma. Elecampane is a wonderful garden plant of tall stature that bears bright yellow, sunflower-like flowers (one of its "nicknames" is wild sunflower); it can also be harvested wild. A tea or tincture is made from the dried root gathered in the fall.

Most contemporary herbalists recommend horehound (*Marrubium vulgare*) and hyssop (*Hyssopus officinalis*) for treating minor respiratory problems - coughs, colds, and bronchitis. In addition to horehound's expectorant and demulcent qualities, as an antispasmodic it helps to relax the coughing spasms so common with bronchitis. The added sweetness of horehound candy/coughdrops that are available commercially make the very bitter herb more accessible. Or one can obtain horehound's healing qualities with a tea, tincture, or syrup. Hyssop is similar in chemical makeup and function to horehound but is much less bitter. Both of these herbs mix well with peppermint. Tea formulas for colds might also combine them with yarrow and elder.

Some other herbs that can be helpful in treating coughs are: wild cherry bark, violets, osha, bee balm, slippery elm, nasturtium, red clover and plantain.

Wild cherry bark (*Prunus serotina*) continues to be a favorite ingredient in cough and cold remedies, primarily due to its sedative effect on the

Newsgroups: alt.folklore.herbs,alt.answers,news.answers
To:
Subject: Medicinal herbFAQ Part 5/7
From: Henriette Kress <spamtrap.hetta@spamcop.net>
Date: Fri, 21 Jan 2005 17:01:58 +0200

Archive-name: medicinal-herbs/part5
Posting-Frequency: monthly (on or about 20th)
Last-modified: 15Nov03
Version: 1.38i
URL: <http://henriettesherbal.com/faqs/medi-cont.html>

3.13 Herbs for constipation

Barbara Heller - BHpurple.aol.com

WHAT IS CONSTIPATION

Constipation, the "difficult, incomplete, or infrequent evacuation of dry hardened feces from the bowels" (The American Heritage Dictionary) can be an occasional, acute, or chronic problem. It can be caused by many factors including lack of fluids, poor diet, sedentary lifestyle, emotional state, or as a side-effect of specific medications. Be aware of the constipating effect of other drugs or supplements you may be taking, like iron tablets, opiates, antidepressants, and antihistamines. Constipation is almost always a nuisance; it can also be a sign of a more serious condition. Chronic constipation should be evaluated in conjunction with a healthcare professional.

NATURAL REMEDIES TO TREAT CONSTIPATION

Laxatives, even herbal laxatives, should be used with caution. Other natural remedies should be tried first. The gentlest remedies for constipation include increased movement and exercise, certain yoga postures, increase of fluid intake, and dietary changes including increased fiber and fruit. Acidophilus liquid or powder relieves chronic constipation (says herbalist Susun Weed in her *Wise Woman Ways for the Menopausal Years*). And prune juice may be the most effective and gentlest remedy for constipation.

Dr. James Duke, a scientist who worked for the USDA, recommended in his typical iconoclastic fashion, that Dan Rather ask the commissioner of the Food and Drug Administration (FDA) if he considered prune juice a safe and effective laxative. "If he answered no, I suggested that Rather request that Dr. Kessler (the commissioner) drink some and experience the results

for himself. If he answered yes, I suggested that Rather ask why FDA labeling regulations prohibit prune juice marketers from stating that prune juice is a safe, effective, gentle laxative." "...(It) is probably the cheapest, least unpleasant laxative now available." (The Green Pharmacy, p140)

Apple-pear juice is also highly recommended; and stewed fruits like prunes, figs, or dates especially when mixed in licorice tea makes a tasty laxative snack

SOME OTHER OPTIONS

Not a usual topic of discussion, at least here in middle-class America, is the position in which one attempts a bowel movement. Squatting can really help alleviate mild constipation - but may be awkward on traditional toilets. Some families find that using a small footstool to raise and open the legs helps to facilitate an easier evacuation. Massaging the abdomen with essential oils with laxative properties (in a carrier oil base) like chamomile, marjoram, or peppermint can also be helpful.

HERBAL LAXATIVES

There are three classes of herbal laxatives - bulk, mild (but not bulk) and purgative.

Whichever category you use, remember that it takes time for laxatives to work. The bulk herbs may need 12 to 24 hours to encourage a bowel movement, and irritating herbs somewhat less time, perhaps 6 to 12 hours. So be patient, and do not take another dose prematurely.

BULK LAXATIVES

Bulk laxatives are the gentlest for occasional constipation. Flaxseed (also known as linseed), psyllium, and fenugreek are three well-known herbal bulk laxatives. In *The Family Herbal*, the authors recommend flaxseed as a "laxative without side effects". You can take one tablespoon of whole seeds two to three times a day, followed by two cups of liquid. To help bulk laxatives do their job properly, one must drink a lot of water, otherwise gastrointestinal obstructions can occur.

Psyllium, another bulk laxative, is more well-known to most consumers as the main ingredient in Metamucil. A combination of psyllium seeds and a large glass of water can help lubricate the bowels and ease the passage of dry stools. In addition, this seed may also help cut cholesterol. It is quite popular in Germany to take 3 to 10 tablespoons a day for chronic constipation. The seeds swell; they also need plenty of water to motivate their transit through the digestive tract. Caution - asthmatics shouldn't take this herb; if you generally have allergies, take only with caution. ("There have been several reports of allergic reactions to psyllium, including a few serious asthma attacks from inhaled seed dust." - reported

MILD (NOT BULK) HERBAL LAXATIVES

Dandelion root is a mild laxative often recommended by practicing herbalists. Susun Weed says it is especially helpful for bed-ridden elders and others with chronic constipation. "The root in tea will have little effect on constipation due to nervousness, diet, fevers, and such occasional causes, but acts reliably when it is chronic, related to age, long-term illness, or general intestinal blahs; a teaspoon of the root boiled in water three or four times a day." Use dandelion leaves in salad, or 1-2 teaspoons of dandelion vinegar or 10 - 20 drops of tincture taken with meals.

Chickweed as a laxative is controversial but not seemingly harmful. It would seem from the debate surrounding it that the worse that can happen while using chickweed for constipation is - more of the same. Varro Tyler heavily disparages its medicinal use "...there is no indication (in the "extensive scientific literature devoted to chickweed") that any of the plant's constituents possess pronounced therapeutic value; ... most writings concern various methods of controlling this pesky weed. (HeK comment: check this to see why Tyler isn't very respected as a herbal authority: <http://www.herbological.com/deconstructing.html>) " This is in sharp comparison to how Susun Weed sings this herb/weeds virtues:

"Those with digestive system problems crave plates of chickweed salad, for mineral-rich bulk and soothing, cooling energies to nourish their weak stomachs and bowels. Chickweed eases and helps those with yeast overgrowth, constipation, hard stools, hemorrhoids, stomach ulcers, intestinal ulcers, colitis, internal inflammation, stomach cancer, and those healing after treatment for appendicitis, peritonitis, or the like." (Healing Wise, p 121).

Both Susun Weed and Deb Soule also recommend yellow dock root tincture as a remedy for constipation.

CONSTIPATION AS A MENOPAUSAL SYMPTOM

In Wise Women's Ways for the Menopausal Years, herbalist Susun Weed explains that "Menopausal constipation and indigestion are generally due to the slowing of the gastrointestinal tract (estrogen is a gastrointestinal stimulant) and heavy demands on the liver." Again yellow dock root, as vinegar or tincture, and dandelion are highly recommended. "Menopausal women will want to avoid the use of bran as a laxative in deference to building strong bones." Instead try prunes, figs, or rhubarb with maple syrup. Daily doses of 1 teaspoonful vinegar or 5 - 10 drops tincture of yellow dock eliminate constipation, indigestion, and gas. "Yellow dock is especially recommended for the woman who finds her early menopausal menses getting heavier."

PURGATIVE OR CATHARTIC LAXATIVES

Purgative laxatives is the category most utilized; and purgative herbs are used in healthfood store formulations and in many commercial over-the-counter laxatives. This group includes aloe, buckthorn, cascara sagrada, rhubarb, and senna. All the herbs in this category contain anthraquinones, strong and irritating chemical compounds that force the bowels to evacuate. They should be used only as a last resort.

Pregnant or nursing mothers should not use these irritants, nor should people with gastrointestinal problems including ulcers, ulcerative colitis, irritable bowel syndrome, and hemorrhoids.

Avoid the prolonged use of purgative laxatives. The continual use can cause lazy bowel syndrome. When this negative cycle develops the result is a sluggish digestive system unable to evacuate without the use of more laxatives. Studies also show that chronic over-use of constipation relieving drugs can lead to disturbances of the bodies electrolyte equilibrium. In turn this can result in potassium deficiency and a concomitant problem for those who are taking heart medications. ("In Germany, the law requires that the labels on all anthraquinone preparations must bear the warning that possible potassium deficiency can intensify the effect of chemical heart drugs -cardiac glycosides"; The Family Herbal, p.188)

The gentlest of this class of cathartic laxative herbs is cascara sagrada, known as "sacred bark" from a native American tree (*Rhamnus purshiana*). Michael Castleman says cascara sagrada is the "World's most popular laxative". Many herbalists claim that in addition to its laxative quality it also tones the intestinal tract and colon. It can be purchased in over-the-counter preparations or taken as a tincture (1/2 teaspoon at bed). Although a decoction (tea) is sometimes recommended, it is very bitter. It should never be used for more than 2 weeks, and a reputable source is important because unless the cascara is prepared correctly it can have negative side-effects. (Fresh bark cannot be used; the bark needs to be dried and stored for at least a year).

Dr. Weil, the well-known physician/author and lecturer, says "If you must use an irritant laxative, try rhubarb root (*Rheum officinale*). It is one of the safest and least violent, but it should be reserved for occasional use only. You can get preparations of rhubarb root in health food stores. (Natural Health, Natural Medicine, p 274)

Senna (*Cassia acutifolia*) is a bit stronger and also quite popular. It, too, is a main ingredient of many over-the-counter laxatives. Kathi Keville states that it is the most often purchased laxative herb in North America. And my perusal of over-the-counter laxatives supports this. In fact, the

company that manufactures Ex-Lax recently updated its formula. Senna has replaced the key ingredient, the chemical phenolphthalein, which proved to have carcinogenic tendencies. Again, taste is a reason that herbalists might not recommend this remedy in its natural state. "The taste of senna is nauseating... herbalists generally discourage using the plant material and instead recommend over-the-counter products containing it."

Some herbalists recommend blends that pair the strongly bitter herbs with others that are better tasting and more easily tolerated. Kathi Kevilles approach is to combine the irritant herbs with tasty ones like peppermint, ginger, and fennel, that also relax the intestines and prevent cramping.

A commercial example of such a mixture is the blend Smooth Move sold by Traditional Medicinals. The main ingredient is senna, combined with licorice, and cinnamon, ginger, orange peel, fennel and coriander seed.

Another herb in this category, aloe, is even more problematic. Its popularity has recently increased and it is a wonderful herb to use externally for skin care. But because of its use, its name is becoming more known, and some people assume that because it is safe for one purpose, that it is ok to try for another reason. But this is not so!

A recent magazine article suggested drinking aloe vera juice on a daily basis. But many western herbalists do not recommend aloe as a laxative because it is too strong, although it has a history of use in Ayurvedic medicine. Michael Castleman in his popular book *The Healing Herbs*, has a headline under aloe, "Never a laxative". He says it is the "most drastic" of the cathartics and that it is least recommended "because it often causes severe intestinal cramps and diarrhea."

AYURVEDIC HERB MIXTURE

Dr. Andrew Weil suggests using Triphala, an herbal mixture from the Ayurvedic tradition. He says this mixture of three herbs is a "superior bowel regulator rather than a laxative,...take it regularly, it's benefits accumulate the longer you stay on it." Available in health food-stores in capsule form, follow the directions on the label.

RECIPES FOR RELIEVING CONSTIPATION, compiled from some popular herbal guides

Constipation tea/tincture (Deb Soule, *The Roots of Healing*, p92)

Dandelion root 2 parts

Yellow dock root 1 part

Angelica root 2 parts

Burdock root 1 part

Ginger root 1 part

Licorice root 1/2 part

Place 7 to 8 tablespoons of herbs in 1 quart of water and simmer, covered for 30 minutes. Drink warm as needed. As a tincture, take 25-50 drops as needed. For chronic constipation, take 3x a week for 1 to 3 weeks.

Laxative Tea (Michael Moore, Herb Formulas for Clinic and Home)

3 parts Psyllium seed

3 parts Licorice root

2 parts Rhubarb root (*Rheum officinale*)

2 parts Senna pods, crushed

2 parts Angelica root

Drink as a simple tea/infusion in the evening.

Herbal Laxative Syrup - for adults (Kathi Keville, Herbs for Health and Healing, p 84)

1 teaspoon honey (or barley syrup or some other natural liquid sweetener)

2 teaspoons cascara sagrada bark tincture

1 teaspoon licorice root tincture

1/2 teaspoon tincture of fennel, ginger, or peppermint

Warm honey enough to make it liquid. Combine it with the remaining ingredients and stir well. Take 1 teaspoon.

CHILDREN'S CONSTIPATION - Keville suggests tea (recipe below); elderberry jam; catnip enema; ground psyllium seed in juice; and slippery elm gruel.

For children's constipation, Susun Weed suggests violet flower syrup.

Slippery Elm gruel - for children (Kathi Keville, Herbs for Health and Healing, p 221)

1 tablespoon slippery elm powder

3/4 cup water

1 teaspoon lemon juice (optional)

Combine powder and water in saucepan and heat until warm, stirring the mixture to prevent clumping. Add optional lemon juice for flavor. Can also sweeten the gruel with child's favorite herbal or fruit based sweetener.

Child can drink entire amount (for every 50 lbs of body weight). Drink before it cools - as gruel cools down, it thickens and the thicker it gets, the more likely your child will push it away.

Constipation Tea - for children (Kathi Keville, Herbs for Health and Healing, p.220)

1 cup boiling water

1/2 teaspoon licorice root

1/4 teaspoon ginger root (or fennel seeds)

1/4 cup apple juice (optional)

1/4 cup prune juice (optional)

Steep first 3 ingredients; strain; add juices. Recommended - 50 lb child, 1/4 cup every 2 hours "until a change for the better becomes apparent".

4 Processing herbs

4.1 Making essential oil

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>I would really be interested in finding out how to make essential oils.

>From Dorene Petersen <dorenep.EUROPA.COM>:

The most important production method for Essential oils is distillation. The basic principle of distillation is the same but it is carried out in different ways depending on the botanical material and the condition of the material.

Three types of distillation are used:

1. Water
2. Water and steam
3. Direct steam

Distillation is basically, producing steam. The steam is passed through the herbal material. The steam carries the Essential oil from the plant in suspension which means the droplets of Essential oils are not dissolved in the steam but remain separate as droplets of oil. When the steam is cooled it reverts to the liquid state which is water and in most cases the oil floats on the surface of the water. The oil is then separated from the water by dripping or pouring.

1. Water distillation is used when the plant material has been dried and will not be damaged by boiling. It is also used for powdered materials such as powdered almond, and flowers, such as orange and rose, that need to float freely as they tend to lump together when just steam is passed through them. The material comes into direct contact with the boiling water and much care needs to be taken that the water does not boil away and cause the plant material to burn. Another example of an oil prepared by this method is turpentine gum. Turpentine gum is collected from a species of Pine (*Pinus palustris*) and the gum, wood chips and pine needles are placed in the distilling chamber with rain water. This mixture is heated until the plant and oil are condensed in

the condensing chamber. Turpentine oil is not affected by very excessive heat.

2. The second method of distillation is water and steam. This is used for either fresh or dried plant material that would be damaged by boiling. The plant material is supported on a perforated grid. The water level is below the grid and low pressure, wet steam passes through the plant material. The most important aspect of this method is that the steam is never really hot and always at low pressure. Cinnamon and clove oils are prepared by this method.
3. Direct steam distillation is similar to the second method but the steam is hotter and passed through the plant material at a higher pressure. This method is used for fresh plant material that has a high boiling point such as seeds, roots and wood. It is also used for fresh plant material such as peppermint and spearmint. The crop is cut and placed in a metal distilling tank on a truck. It is then taken to the distilling tank on the truck. Steam is forced through the fresh herbs and the oil droplets are carried by the steam through a vapor pipe at the top of the tank onto a cool condensing chamber.

Cold Pressing or Expression:

This method is mainly used to prepare citrus oils such as orange, lemon and tangerine. One method involves puncturing the oil glands by rolling the fruit over sharp projections that actually pierce the oil glands. The fruit is then pressed which removes the oil from the glands. It is then washed off with a fine spray of water.

The juice is extracted by another tube. The oil is then separated from the water by rotating it at a very high speed. Another method involves separating the peel from the fruits and then cold pressing them. The Essential oil is collected along with small amounts of juice, which is separated.

Enfleurage:

This is an old method which was used in the production of perfumes and pomade extracts for perfumery. Flower petals such as rose or jasmine are layered onto warm oils, cold fat or wax. This process is repeated each day until the base is saturated with the Essential oil. The resulting waxes or pastes contain up to 1 percent of Essential oil. The Essential oil is then extracted from the wax with a volatile liquid such as ethyl alcohol. In the final step the ethyl alcohol is evaporated at low temperatures and reduced pressure so that the pure Essential oil remains as a fairly thick liquid.

Cold enfleurage has the advantage that even the most delicate components of the flower oils are preserved. The disadvantages are that it is not very effective and it is very expensive. Flower oils prepared with this method do not contain terpene-hydrocarbons, which indicates that these compounds are not present as such in the flower, but form during distillation.

Solvent Extraction

This is the most widely used modern method to prepare oils from flowers. The petals are mixed into a volatile solvent such as petroleum, ether or benzene, until the Essential oil is completely dissolved in the solvent. The solution is then filtered and the solvent is evaporated at reduced pressure. The result of solvent extraction is a concrete. The solvent is removed from the concrete by vacuum pressure without the use of heat to avoid any harmful effect to the oil. The concentrated essence that results is called an absolute. Absolutes are highly concentrated flower products without the natural waxes.

The main advantage of extraction over distillation is that uniform temperatures are maintained throughout the process. High temperatures during the distillation process can produce altered chemical composition of the oil which alters the natural odor. However, this method is expensive compared to distillation, and chemicals or solvents used in the process may still be present after evaporation.

I know this is kind of lengthy but it is not a quick topic. Hope this helps.

Dorene Petersen

Australasian College of Herbal Studies 1(800)48-STUDY

4.2 Pointer to the How-to of Tinctures

Go get the latest edition of Michael Moore's *Materia Medica* from his WWW site: <http://www.swsbm.com> .

If you wish to use anonymous FTP go to ibiblio.org or to sunsite.sut.ac.jp and cd to
[/pub/academic/medicine/alternative-healthcare/herbal-medicine/SWSBM/](ftp://pub.academic/medicine/alternative-healthcare/herbal-medicine/SWSBM/)

Go for the manuals.

A question on the herblist in November 97:

>Hi All, when it says on a bottle of tincture that the herb to menstruum ratio is (say) 1:5, is this by weight? volume? and then if it is (say) 60% alcohol, 40% water, does this mean that the 5 in the ratio is made up of 60% alcohol and 40% water?

>Also, how do you personally decide how much dried herb to put in that

canning jar before you add the vodka? I've recently been thinking that I have probably been putting too much dried herb in, since in most jars it doesn't have an easy time sloshing around.

>From Henriette:

A specification of 1:5 60% is most probably for dried herb. Weight the herb - let's say it's 100 g. The menstruum is by volume; metric is easier (for me)(1 g water = 1 ml), so to get 5 parts of menstruum you add 500 ml (= 1/2 liter) 60 % alcohol to the 100 g of herb. With dried herb you can either macerate or percolate. Maceration is the normal 'put herb in a jar, pour menstruum over, put lid on, leave 2-4 weeks, shake every day or two'. Percolation is faster, and actually quite easy, but the description of it is lengthy...

You'll want a reliable materia medica to get ratios and percentages for different herbs - a good one is available on Michael Moore's website at <http://www.swsbm.com> (go for the Manuals, go for the Materia Medica).

Fresh herbs are usually done at a ratio of 1:2 and 95 % alcohol - unless you use the 'simplers' -approach, which is to jam as much shredded herb as you can fit into a jar, cover it with 95 % alcohol, close the lid, wait a day, and top it up. Fresh herb is usually macerated.

The simplers approach doesn't give you very consistent quality from batch to batch, so most more professional herbalists stick to given ratios and menstruum strengths.

4.3 Herbal Oils

>From Dorene Petersen <dorenep.EUROPA.COM>:

I have made quite a lot of infused oils and the following is from the Aromatherapy Certificate Correspondence Course offered by the Australasian College of Herbal Studies.

It's not that technical but hope its helpful:

HOW TO PREPARE YOUR OWN INFUSED OILS AT HOME

There is nothing more satisfying than gathering a basket of fresh jasmine, honeysuckle or rose blossoms on a warm summers day and then preparing your own infused oil. There are three methods for preparing an infused herbal oil. You can use fresh or dried herbs. Flowers are best fresh, although the

perfume of some flowers intensifies with drying such as gardenia, daphne and boronia. If using fresh, double the quantity as all recipes given are for dried herbs. If using fresh herbs for any of these methods leave the herbs to wilt for six hours to reduce their water content which will spoil the final product.

WATERBATH METHOD

15 gm (1/2 oz) dried or if fresh use 30 gm (1 oz) herb (this is the total amount so if you are using a blend make sure you do not have more than this)

1 cup of oil

Measure the herbs and oil and mix the oil to the herbs in a stainless steel bowl. Heat over water bath (a saucepan 1/4 filled with water) also known as a double boiler, which should be simmering. Make sure the bowl is not sitting on the bottom of the pot but is floating in the water. Keep the lid on the oil. Stir occasionally and simmer for 30 minutes. Watch the oil does not get too hot. It should not smoke or bubble. It can burn easily and will develop an acrid smell if it overheats, which is very difficult to disguise. Strain through four layers of butter muslin or some other very fine non-metal strainer. Strain twice if necessary as it is important to get all herbs out of the oil to prevent the herbal oil from going rancid or moldy. Essential oils can be added at this stage for perfume and added therapeutic benefits.

SOLAR METHOD

Use the same quantities of herbs and oil as for the waterbath method or approximately 3 tablespoons of finely cut herbs to 300ml (10 oz) of oil. The quantity of herb can be increased to produce a stronger oil. Put the herbs in a jar with a tight fitting lid and pour over the oil. Make sure the herbs are completely covered with oil. Add one tablespoon of apple cider vinegar or white wine to help break down the plant material. Leave the jar to sit in the sun all day and in a warm cupboard at night for two weeks. Strain through four layers of muslin. This process can be repeated two to three times to give a stronger oil. The final product should be strong enough to leave an aroma when massaged on the skin. Always test infused oils on the skin. Don't rely on just your nose.

CROCKPOT METHOD

Use the same quantities of herbs and oil as for Waterbath method. Place the herbs and oil in a crockpot and leave on a low heat for two hours. Follow the recipe above for straining.

TO PRESERVE OILS

This is only necessary if you are preparing large quantities that you intend to store.

1. Add 1/4 tsp. simple tincture of Benzoin to 1 cup vegetable oil.
Tincture of Benzoin is prepared from the gum of an Indonesian tree, Styrax Benzoin. Make sure it is simple tincture of Benzoin. Compound tincture of Benzoin, also known as Friars Balsam, is not suitable.
2. Add 500 I.U. of natural mixed Tocopherols or Vitamin E to 1 cup of vegetable oil.

Dorene Petersen <dorenep.EUROPA.COM>

4.4 Balms and liniments

> Hi,I just wonder if anyone has any info about how to make your own balms and liniments.

From: Shannon Brophy <shannon.yoga.com>:

To make a liniment:

First infuse the plant in oil. Do this by baking at low heat (120-170 degrees) in a glass pan with herb and oil together, stir occasionally. Then strain with cheesecloth and a funnel to separate plant material from the oil. Squeeze out the cheesecloth. Then grate beeswax and add to hot oil, maybe heating again over a double boiler on the stove. Pour the viscous green stuff into jars and allow to cool. Can keep in the fridge for a longer shelf life. Also, adding vitamin E oil to the mixture helps preserve it.

Shannon Brophy, Midwife
visit the Roots & Wings Website at <http://www.yoga.com>

From: Andy & Sharon <email.naturesway.ukonline.co.uk>:

One of the most popular liniments for muscle-, head- and backache is Tigerbalm.

Tradition will have it that the Mongolian Horsemen from Genghis Khan, roaming the plains of central Europe, had a very effective ointment against saddle and back ache. Part of this ointment came from the Siberian Birch Tree. A mixture was made out of lard, camphor and birch tree oil. For ages

this ointment was in use and got quite famous.

At the end of the last century many products were replaced by synthetic components. The useful part of the birch oil (methyl salicylate) and the camphor oil (the crystals) were available in synthetic form. This made the ointment cheap and within reach for everyone.

A Chinese merchant composed a mixture of methyl salicylate, camphor crystals and petroleum jelly, which he called Tigerbalm. It became famous throughout the Orient and parts of Europe under this name.

How to make it: First you have to blend the oils. You can use the mix pure or add it to petroleum jelly (vaseline) later on to make a balm.

Tigerbalm Oil - Natural - Recipe 1

Wintergreen oil 45 ml
Camphor oil 15 ml
Eucalyptus oil 7 ml
Lavender oil 5 ml
Peppermint oil 8 ml
Almond oil 20 ml

Tigerbalm Oil - Natural - Recipe 2

Peppermint oil 25 ml
Camphor oil 15 ml
Wintergreen oil 20 ml
Lavender oil 15 ml
Eucalyptus oil 15 ml
Jojoba oil 10 ml

Tigerbalm Oil - Partly natural

Methyl salicylate 25 ml
Menthol crystals 5 g
Camphor crystals 10 g
Eucalyptus oil 10 ml
Lavender oil 5 g
Paraffin oil 45 ml

Tigerbalm

To make tigerbalm take 100 gram petroleum jelly (vaseline) (acid-free) and melt this by placing, for instance, a glass with vaseline in a pan of hot water. The vaseline will melt quickly.

Once melted place the glass in a pan of cold water, and as soon as the vaseline hardens again on the side of the glass, add 20 ml of your Tigerbalm oil mix. Stir until cool. If you prefer the balm to have a

colour, add a drop of chlorophyll.

Apply a little bit to the forehead for headaches, or use it for muscle pains and insect bites.

>I find tiger balm/vaseline, to be too greasy for me. I created a simple rub for my lower back pain (due to herniated disk) that provides some relief. It consists of essential oil of Wintergreen and oil of St. John's Wort, added to a base of Aloe Vera gel.

>The Aloe Vera gel is non-greasy and absorbs completely (to the touch). This mixture also feels like it absorbs completely, and no staining of my clothes as of yet.

>Can I make the above "Tigerbalm", but use the aloe vera gel? As well, my herb book indicated that oil of wintergreen is good for pain and inflammation. Could you also post what the other herbs are targeted for?

From: email.naturesway.ukonline.co.uk to above:

I cannot see any reason why you should not use your gel; the vaseline is used to hold the oils together.

Here are some ways the oils react with your skin; as you can see lavender detoxifies, while eucalyptus vitalizes, peppermint refreshes etc.

Essential oils and how they affect your skin

1. GREASY SKIN

Sage : relaxes, improves blood circulation

Peppermint: refreshes, cools

Valerian : calms

Clove : disinfects

Camphor : Disinfects, sedating

Cypress : Refreshing, relaxing

2. UNCLEAN SKIN

Cajeput : Improves perspiration

Rosemary : Improves blood circulation

Valerian : Calming

Camphor : Disinfects, sedates

3. THICK, PALE AND WEAK SKIN

Oregano : Widens the blood vessels

Melissa : Refreshes, tonic

Geranium : Refreshing

Linden blossom : Soothing

4. INFECTED SKIN

Juniper : Disinfects

Lavender : Healing

Cajeput : Improves perspiration

Fir : Refreshes, regulates

5. SENSITIVE, THIN, QUICKLY IRRITATED SKIN

Cypress : Relaxes, refreshes

Pine : Balances, refreshes

Melissa : Against cramps

Chamomile : Sedating

Therebinth : Softening

6. TIRED SKIN

Lavender : Detoxifying

Eucalyptus : Vitalizing

Cajeput : Improves perspiration

Verbena : Calming

Lemongrass : Improves blood circulation

7. BODY CARE (GENERAL)

Oregano : Strengthening

Thyme : Disinfecting

Mint : Tonic

Geranium : Refreshing

5 General info

5.1 Introduction to side effects, safety and toxicity of medicinal herbs

5.1 Introduction to side effects, safety and toxicity of medicinal herbs

* 5.1.1 Medicinal plant actions cannot be reduced to the effects of their isolated 'active constituents'

* 5.1.2 Medicinal herbs act 'multi-systemically'

- * 5.1.3 Herbs act on the healing processes in the body
 - * 5.1.4 Herbs act multi-dimensionally
 - * 5.1.5 Side effects vs. contraindications
 - * 5.1.6 Safety and toxicity of herbal medicines
 - * 5.1.7 Pregnancy
 - * 5.1.8 Understanding toxicity research - politics and ideology
 - * 5.1.9 Further reading
-

by Jonathan Treasure <http://www.herbological.com>

This introduction concerns WESTERN medical herbs and their clinical use. Some herbal agents are common to different traditions but the indications and methods of use may vary between e.g. TCM, Ayurvedic and Western practices.

The purpose of these notes is to provide a general understanding of the actions of herbal medicines, and hence a background for understanding questions of safety and toxicity - NOT to provide a list of problematic herbs. A brief bibliography gives sources of reliable information on the safety of herbal medicine and further reading.

Conventional medicine considers that if a drug is to be effective, it will inevitably have side effects. The medical establishment considers herbal medicines as drugs, and as such, they must either have side effects - or ergo be ineffective.

Paradoxically tens of thousands of people every year turn to herbal medicine because they regard plant remedies as being free from undesirable side effects. Herbal medicines are considered to be generally safe AND effective agents.

Although there is a spectrum of viewpoints in western herbal medicine, most herbalists reject the view that plant medicines are naturally occurring analogues of the pharmaceuticals used in orthodox clinical medicine i.e. drugs.

This is ultimately a rejection of the dominant paradigm of orthodox clinical science. It is necessary to outline the elements of the alternative paradigm shared by most herbalists, before questions of toxicity and safety can be discussed in context of clinical herbal therapeutics, rather than of orthodox medical science

5.1.1 Medicinal plant actions cannot be reduced to the effects of their isolated 'active constituents'

There ARE a few plants that are almost "drug like" and whose action approaches that of pharmaceuticals. Digitalis is the classic example. Herbalists use these plants in near allopathic treatment strategies if at all, and in some countries e.g. UK, their availability is restricted by law. The number of herbs in this category is relatively few.

The vast majority of medicinal herbs contain dozens of different compounds, often of great complexity, mucilages, tannins, polysaccharides etc. that buffer, modulate and modify the effects of any "active principles". Study after study has shown that effects produced by extracts of whole plants cannot be mimicked by administering isolated purified constituents of the plant.

(It is ironic this proposition even has to be asserted given that biological sciences have for some time used a systems theory model in which the whole being greater than the sum of the parts is axiomatic - this simply reflects the inherent conservatism of the medical establishment. However for most herbalists the view of the whole being greater than the parts is derived from vitalism, not systems theory!)

5.1.2 Medicinal herbs act 'multi-systemically'

Pharmaceutical drugs are designed to elicit very specific reactions. Their associated "side effects" are undesired actions, usually traded as a "risk" against the "benefit" of the primary effect. Herbs tend to have several broad actions on a number of whole physiological systems at the same time. These actions are usually oriented in the same general therapeutic direction, and are usually complementary or synergistic, often non-specific, and very rarely adverse. Herb actions cannot be adequately described using the vocabulary of "drug" action terms, e.g. diuretic etc. - they are too complex. The clearest example of this is the coining of the term "adaptogenic" used to describe the multiple non-specific effects of herbs such as Ginseng.

5.1.3 Herbs act on the healing processes in the body

A pharmaceutical drug addresses symptoms caused by specific disease mechanisms as understood by scientific pathology. Herbal medicines are directed towards aiding the body's own healing processes. These approaches are diametrically opposed. Herbal medicines act gently, usually attempting to "nudge" or "support" systems and processes that have become deficient or help remove excesses that have become preponderant. Symptom relief is only a component of herbal therapeutic strategy.

This is a crucial difference. For example, serum arthritic conditions are conventionally treated with steroid anti-inflammatory drugs. These have widespread and disturbing side effects, which at sustained high doses become intolerable and potentially dangerous if not lethal. The herbal approach to these conditions uses dietary modification of metabolism; facilitation of elimination via kidneys and hepatic/ biliary routes; stimulation of circulation in the affected regions, moistening of dry synovia, etc. Topical treatments for acute joint pain or systemic anti-inflammatory herbs that help joint pain are used as required, but this is not the thrust of the treatment strategy. Lay persons often make the related mistake of seeking a "natural alternative" to a pharmaceutical they have been prescribed rather than challenging the diagnosis and therapeutic strategy.

5.1.4 Herbs act multi-dimensionally

Herbal medicine is a wholistic therapy, it integrates mental, emotional and spiritual levels seamlessly into its understanding of both human function and of the plant remedy, while respecting the planetary and ecological dimensions of natural medicine provided by plants. Although subject to differing interpretations this view is held in one form or another by most herbalists .

Life style, mental, emotional and spiritual considerations are part of any naturopathic approach, herbalism included. Flower essences, homeopathic preparations and drop doses of standard herb extracts all demonstrate that herbal agents can produce consistent and powerful effects at subtle levels in ways quite inexplicable by the pharmacokinetic model underlying orthodox pharmacology.

Centuries of medicinal plant usage overarch even the Graeco - Roman heritage of medical thought, itself already forgotten by its amnesiac

infant technological medicine, extending into magical, esoteric and religious domains of prehistory. The great Asian systems of medicine have continued uninterrupted for thousands of years to today, integrated into profound cosmological and philosophical systems. From any serious study of the application of herbs to healing a perspective emerges that reveals modern doctors to be tragicomically "like educated peasants running around pretending to be chiefs" (Grossinger).

5.1.5 Side effects vs. contraindications

Many herbalists would tend toward the radical homeopathic view that the "side effects" of orthodox medicine are in fact iatrogenic developments of the very disease for which the pharmacological intervention was intended. The symptoms simply change, and the real underlying dysfunction is further obscured - or driven further into the interior to manifest in deeper and more intractable ways.

Notwithstanding this iatrogenic view of side effects, we have seen that the use of herbs anyway does not generally involve "drug" actions or adverse effects. Of course, if the body processes are nudged in the wrong direction for long enough, then imbalances can worsen rather than improve. Hence the need for informed knowledge of the effects of herbs as well as a clinical training to understand their appropriate medical application. Herbalists learn about the CONTRAINDICATIONS as well as the indications for using a herb. This term is more useful and appropriate than "side effects".

CONTRAINDICATIONS are incongruences between the metabolic/systemic predisposition (constitution) of the individual - and the spectrum of multi-systemic actions of a given herb agent or class of agents. Essentially, herbalists use their in depth knowledge to devise a mix'n'match prescription tailored precisely to fit an individuals unique profile. This approach is most sophisticated in the tonic energetics of the Oriental medical traditions, but is empirically applied by most herbalists.

Contraindicated remedies can account for apparently idiosyncratic "bad reactions" to a herb. Valerian is a classic example, its powerful autonomic effects can make it "disagree" with stressed adrenergically hyperactive individuals, who paradoxically are often those seeking sedative treatment for insomnia. Anyone experiencing such reactions to a herb for more than a couple of days should stop taking it and seek further advice. However a second and vital aspect of contraindications especially today is the question of DRUG INTERACTIONS.

Many people seeking herbal medical treatment are already involved in pharmaceutical therapies. Herbal remedies may act either as agonists or potentiate some drug therapies, and an understanding of conventional drugs is an essential prerequisite for effective herbal therapeutics. In many cases, herbalists would not treat the primary presenting symptom undergoing drug treatment - be it ulcers treated with Zantac or cardiac arrhythmia treated with Digoxin - but rather concentrate on supporting other systems and functions stressed by the primary symptom. This allows the body to recover its strength and healing potential so it can then direct these capabilities toward repairing the presenting condition. In other cases, it can be a priority to wean someone off drugs, e.g. steroids, in which case supportive therapy to restore adrenal function is vital.

5.1.6 Safety and toxicity of herbal medicines

The definition of *toxic* is ultimately a matter of viewpoint. Many ordinary foods contain constituents that could be regarded as poisonous, such as the alpha gliadin produced by gluten in wheat oats and rye, the cyanogenic glycosides in many fruit seeds, the thiocyanates of the brassica vegetables, alkaloids of the Solanaceae and lectins of many pulses including soya and red kidney beans. Nonetheless these foods are generally regarded as safe. Similarly, both water and oxygen - can kill in excessive amounts, so quantity is often an important consideration. In practice however, three groups of herbs can be identified from a safety point of view.

Firstly there are a handful of herbs that contain near pharmaceutical concentrations of poisonous constituents which should on no account be taken internally by unqualified persons except in homeopathic potencies. Examples are *Atropa belladonna*, *Arnica spp*, *Aconitum spp*, *Digitalis spp*. In many countries availability of these herbs is limited by law. Regulations vary from country to country and the appropriate regulatory authorities or Herb Organisations can be consulted for details. Wildcrafters should be unshakably confident in their identification of the local variants of these species, and children warned to avoid them. Fortunately this is a numerically tiny category.

Secondly, are herbs with powerful actions, often causing nausea or vomiting, (that usually were traditionally prized for this action). They are perfectly safe used under appropriate conditions. Some of these herbs are restricted in some countries but freely available in others. *Lobelia* and *Eonymus spp* are examples. There is some inconsistency here, for example *Ephedra* is restricted, perhaps with justification, in the UK, but is freely

available in the US.

Finally, there is an idiosyncratic grouping of herbs which have been alleged, with some scientific support, to exhibit specific kinds of toxicity. The best known is the hepatotoxicity of pyrrolizidine-alkaloid-containing plants such as Comfrey (*Symphytum*). Other examples are *Dryopteris* (Male Fern), *Viscum* (Mistletoe) and *Corynanthe* (Yohimbe). Although much of the evidence is contentious (see below), lay users would be advised to avoid internal consumption of these herbs.

The vast majority of medical herbs are safe for consumption, but for those without specialised knowledge, it would be prudent to follow simple but sensible guidelines in self treatment:

- * Use only herbs recommended in respected herb books, especially in countries like the US where there are few restrictions on availability.
- * Avoid new or unproven *wonder remedies*.
- * Do not persist with a remedy if no benefit or result obtains after a moderate period, and if adverse reactions take place, stop the treatment and seek experienced advice.
- * Do not persist with a treatment that has brought improvement without testing to see if continued further consumption is necessary to maintain improvement.
- * Do not engage in self treatment for complex conditions without experienced advice. Drug interactions and contraindications must be considered on an individual basis and herbal treatment strategies are often involved and multifaceted.

Unfortunately, training and licensing of herbalists is not internationally consistent. In the US the situation is especially complex - no recognised herbal licensing exists. ND's are licensed in a few states, but their herbal training could theoretically be less than that of an unlicensed but experienced herbal practitioner. In the UK, the NIMH accredits herbalists who have trained at approved courses: practitioners are recognised by MNIMH or FNIMH qualifications.

5.1.7 Pregnancy

It is axiomatic that pregnancy should be a time of minimal medical intervention, and herbalists in particular regard pregnancy as a "contraindication" to taking herbal medicines. Nutritive "food herbs" such as nettle, and uterine tonics such as raspberry leaf are encouraged, and

perhaps gentle treatments against typical symptoms such as constipation or morning sickness are in order. There is NO evidence of teratogenicity in humans arising from herbal remedies, but since such evidence would be hard to come by, erring on the side of caution is regarded as prudent.

5.1.8 Understanding toxicity research - politics and ideology

Medical orthodoxy at best does not understand herbal medicine, and at worst, sees it as a threat which it attempts to rubbish, regulate or ridicule. Quackery has a fascinating role in the history of medicine and its institutions, but much of the hostility towards herbal medicine comes from its apparently greater proximity to orthodoxy than say acupuncture or homeopathy. This is the unfortunate political context in which toxicity and safety of herbal medicines are debated.

Additionally, both professional herbalists and regulatory authorities exhibit differing degrees of education, organisation and aptitude in different countries. In the United States, the situation is particularly lamentable, with scare mongering stories regularly aired in medical, scientific and popular press, whilst the lack of accredited professional herbalist training means that well intentioned self-appointed spokespersons for herbalism can cause more harm than good, and the quixotic federal regulatory stance on herbs as foodstuffs means that the potential of lay self-iatrogenesis with freely available OTC herbal products is a serious possibility.

Toxicity of herbal medicines needs to be seen in context however. As Paul Bergner, Editor of the journal Medical Herbalism and author of several articles on herbal toxicity recently pointed out:

Approximately 8% of all hospital admissions in the U.S. are due to adverse reactions to synthetic drugs. That's a minimum of 2,000,000. At least 100,000 people a year die from them. That's just in the U.S., and that's a conservative estimate. That means at least three times as many people are killed in the U.S. by pharmaceutical drugs as are killed by drunken drivers. Thousands die each year from supposedly "safe" over-the-counter remedies. Deaths or hospitalizations due to herbs are so rare that they're hard to find. The U.S. National Poison Control Centers does not even have a category in their database for adverse reactions to herbs.

Similar figures apply in the United Kingdom, and even hepatotoxicity, where perhaps the strongest case against some herbs lies, the statistics are horrendously clear - over 80% of cases of fulminant hepatic failure

presenting for liver transplant (or death) over ten years in the UK were due to poisoning by freely available OTC non-prescription NSAID's, such as paracetamol and aspirin. Not one case was due to ingestion of medicinal herbs.

For the lay person, analysis of so called "scientific evidence" about toxicity is clearly problematic. Some of the most useful sources of information are to be found in review presentations made by representatives of the herbalist community to regulatory authorities such as the FDA or MCA. Informative reviews of the literature in defence of Comfrey and Mistletoe have been made in this way.

Herbalists justifiably point out that scientific studies with isolated compounds, on non human or even non mammalian organisms, or in vitro, with doses tens or even hundreds of times the equivalent medicinal dose, simply have no arguable extrapolation to the clinical situation using whole herb at appropriate medicinal doses.

Lack of herbal knowledge by some scientific investigators (let alone journalists or self appointed defenders of the public) leads to often ludicrously misleading results - one of the commonest mistakes being the failure to verify the actual identity of plant material used in their experiments, let alone the detection of contaminants!

These points beg the question of what paradigm can be used for research into the safety and efficacy of herbal therapies. That shibboleth of orthodoxy - the double blind placebo controlled clinical trial is open to a range of criticisms from the paradigm employed by herbalists - but that, as they say, is another story.

5.1.9 Further reading

HERBAL /MEDICAL CONTRAINDICATIONS:

Synergistic and Iatrogenic Potentials when some herbs are used concurrent with Medical Treatment or Medical Health Care by Michael Moore, 1995, on line at <http://www.swsbm.com>

HERB INFORMATION RESOURCE:

The Information Source book of Herbal Medicine: David Hoffmann, Crossing Press 1994.

TOXICOLOGY:

Brinker F : An Introduction to the Toxicology of Common Botanical

Medicines, NCNM 1983

AMA Handbook of Poisonous and Injurious Plants AMA, Chicago 1985

NAPRALERT database at UIC.

Example REVIEWS OF PROBLEMATIC HERBS:

In Defence of Comfrey: EJHM1.1 1994 11-17

The Case For Mistletoe: EJHM1.1 1994 17-22

EJHM = European Journal of Herbal Medicine (see the entry on periodicals, 6.3.2)

HISTORY:

Planet Medicine - Richard Grossinger, North Atlantic Books 1990

The Magical Staff, Matthew Wood North Atlantic Books, Berkely 1992

GENERAL HERB BOOKS:

(as in 6.1):

J.A. Duke, CRC Handbook of Medicinal Herbs.

C. Hobbs, many booklets.

D. Hoffmann, The Herbal Handbook.

S. Mills, Out of the Earth: The Essential Book of Herbalism.

M. Moore, Medicinal Plants of the Mountain West.

M. Moore, Medicinal Plants of the Desert and Canyon West.

M. Moore, Medicinal Plants of the Pacific West.

R.F. Weiss, Herbal Medicine.

5.2 Wildcrafting Ethics

5.2 Wildcrafting Ethics and similar things

* 5.2.1 Wildcrafting checklist

* 5.2.2 How do I find out about endangered plants (in the USA)?

* 5.2.3 What plants shouldn't I pick?

* 5.2.4 United Plant Savers

by Howie Brounstein (<http://www.teleport.com/~howieb>) (posted with permission)

This are the guidelines I teach to my students. It is copyrighted material that took me years to develop. Please respect this copyright. I ask you not to publish it without permission. Happy Herbing.

5.2.1 Wildcrafting checklist

- * Do you have the permission or the permits for collecting at the site?
- * Do you have a positive identification?
- * Are there better stands nearby? Is the stand big enough?
- * Are you at the proper elevation?
- * Is the stand away from roads and trails?
- * Is the stand healthy?
- * Is there any chemical contamination?
- * Is there any natural contamination?
- * Are you in a fragile environment?
- * Are there rare, threatened, endangered, or sensitive plants growing nearby at any time of the year?
- * Is wildlife foraging the stand?
- * Is the stand growing, shrinking, or staying the same size?
- * Is the plant an annual or a perennial?
- * Is tending necessary and what kind?
- * How much to pick?
- * Time of day? Time of year?
- * What effect will your harvest have on the stand?
- * Do you have the proper emotional state?
- * Move around during harvesting.
- * Look around after harvesting. Any holes or cleanup needed?
- * Are you picking herbs in the proper order for a long trip?
- * Are you cleaning herbs in the field? Do you have the proper equipment for in-field processing?
- * Wildcrafting is stewardship

c1993hb

5.2.2 How do I find out about endangered plants (in the USA)?

Check your local Heritage Program Database, call the Dept. of AG or a local Native plant society chapter to find its address. This will connect you to experts on particular plants and current lists.

The endangered species act has many flaws, I personally believe there should be an endangered ecosystems act instead but it's all we've got and better than nothing.

Some listed plants are truly rare, once numerous but destroyed by loss of habitat through man or nature.

Many listed plants are endemics, located in a specific area. These may be geographically isolated islands of flora as are often found in the intermountain west, or they can be found at the border of major plant systems. Many endemics are found in southern Oregon, where the Northern California system blends with the Pacific Northwest system, with a spattering of Great Basin plants. This does not mean these plants are sensitive, just unique. The threatened *Penstemon peckii* grows only within twenty miles of my house, and nowhere else on earth.

It can withstand trampling, wildlife grazing, and disturbance. In fact, now that the forest service has realized that this species thrives with moderate disturbance (partial cuts), it has become a reason to log, i.e. increased health of the population of this plant.

Plants become listed due to political boundaries. *Gentiana newberryi* grows nearby, and is threatened in Oregon. It's northernmost sighting is within a half hours drive. There you can see people play football on it, run horses on it, pick its beautiful flowers only to find they wilt immediately, and then the flowers end up on the ground.

Sometimes hundreds of them. Elk graze it heavily. It isn't a sensitive plant, and it's population is healthy and stable in California, but the population happens to cross over to Oregon where there isn't that many stands. Thus it receives the same protection as the truly rare plant. Southern Oregon has many of these kinds of listed plants.

There has to be a perceivable threat to the plant population in order for it to be listed. Sometimes the threat is obvious, and sometimes the threat is obscure.

What about an introduced plant that has become a pest, or a native out of control in a system out of balance. When the St. John's Wort, *Hypericum perforatum*, is down to a handful of populations, it will fit the definition of threatened, even though humans intentionally eradicated it!!

5.2.3 What plants shouldn't I pick?

Some plants are not damaged easily. Blackberry (*Rubus* sp.), and Dandelion (*Taraxacum officinale*), are two that are nearly impossible to eliminate,

even if you dig their roots. If a piece of root stays in the ground, it will grow back. Yarrow (*Achillea millefolium*), can be cut with a lawnmower and still flourish regularly. Nettles (*Urtica dioica*), when grown for fiber can have 3-4 aboveground harvest in a growing season. Plants that fit into this category are generally perennials. You can pick them and not threaten their survival.

Rare, Threatened and Endangered Plants

Endangered plants are species in danger of becoming extinct in the foreseeable future. Threatened plants are likely to become endangered in the foreseeable future. A species can be threatened or endangered throughout its range, which means if it goes extinct we will lose its hidden secrets forever.

Many of these plants only grow in one special area (endemic). The Columbia Gorge on the border of Oregon and Washington hosts many endemic species. Peck's Penstemon, *Penstemon peckii*, grows only in the Ponderosa Pine Forest in Deschutes and Jefferson Counties. A species can also receive protection for part of its range. Newberry's Gentian, *Gentiana newberryi*, has stable populations in California, but is listed as threatened in Oregon. Deschutes County is at the end of its range, and there are less of them. Rare plants have small, localized populations. They may not be listed as threatened or endangered if the populations are both stable and numerous.

The US. Fish and Wildlife Service determines which plants receive federal protection. Unfortunately, they are very slow in reviewing candidate species.

Many have become extinct while waiting to be listed. The Department of Agriculture and the Department of Fish and Wildlife of each state is responsible for determining state protection. We also have the Oregon Natural Heritage Program. This program has its own list of plants that deserve protection, but haven't made it into the clogged federal and state lists. They also have a list of plants to watch and monitor. A copy of Rare, Threatened and Endangered Plants and Animals of Oregon is available from:

The Oregon Natural Heritage Program
1025 NW 25th Avenue
Portland, Oregon 97210
(503)-229-5078

Do not pick these plants. Unfortunately, they are not always easy for an amateur to identify. They are not always showy. There may be large amounts of them in one spot, so that they appear plentiful.

There are some good picture books available. All folks who pick plants from the wild should try to familiarize themselves with the local protected plants. When in doubt, don't pick it.

Sensitive Plants

Some plants are sensitive to disturbance. Please do not pick them even if they aren't protected. The Calypso Orchid, *Calypso bulbosa*, is a fragile plant that lives partially off leaf mold. Its little root is close to the surface, and easy prey to slugs and others. Minor disturbances can easily dislodge the root from the mold. If someone picks its flower, it can ooze fluid and essentially "bleed" to death. Even disturbing the area around it during flowering could kill it. The law does not protect this plant because it is too numerous.

It is our responsibility to help sensitive plants survive.

How can you tell if a plant is sensitive? Most plants that are not green (contain no chlorophyll) are "no picks." These weird species are white, brown, red, or purple and just plain eerie. Botanists call them parasites or saprophytes. They are particularly fascinating. These include Broomrape, *Orobanche* sp., Coral Roots, *Corallorhiza* sp., and Indian Pipe, *Monotropa uniflora*. Other "no picks" include the Orchid Family (Orchidaceae) and almost all the Lily Family (Liliaceae). The Orchid Family includes Calypso Orchid, *Calypso bulbosa*, and the Rein Orchids, *Habenaria* sp. The Lily Family includes Trillium, *Trillium ovatum*, and Mariposa Lilies, *Calochortus* sp. These families are easy to recognize with a little practice. Not every Lily and Orchid is sensitive, but it's a good place to start.

Most (but not all) of the unusual or showy plants are no picks. If you are not sure, don't harvest it.

Howie B
Columbines and Wizardry Herbs
Eugene, Or USA

5.2.4 United Plant Savers

>From Gregg Pond <gpond.integ.micrognosis.COM>:

United Plant Savers - Statement of Purpose

These are exciting times for herbalists. The current "herbal renaissance"

in American health care is accompanied by an ever growing demand by the American public for herbs and herbal products. While positive on one hand, this situation has endangered a unique new set of problems for the wild plant world and for herbalists who love plants.

The pressure on our wild medicinal plant communities is growing yearly. Vast numbers of plants have been and continue to be taken, and indiscriminate wild harvesting has devastated many areas of former abundance. Perhaps even more disturbing, native North American medicinal plants are being exported to meet the demand in other countries, where wild plant populations have already been gravely depleted.

United Plant Savers was formed in a spirit of hope, as a group of herbalists committed to protecting and re-planting threatened species and to raising public awareness of the plight of our wild medicinal plants. Our membership reflects the great diversity of American herbalism and includes wildcrafters, seed collectors, manufacturers, growers, botanists, practitioners, medicine-makers, educators, and plant lovers from all walks of life.

Our Goals

- * Identify and compile information on threatened medicinal plants in each state and/or bioregion.
- * Make this information accessible to herbal organizations, communities and individuals.
- * Provide resources for obtaining seeds, roots, and plants for replanting and restoration.
- * Secure land trusts for the preservation of diversity and seed stock for future propagation efforts.
- * Raise public awareness about the tragedy of over-harvesting and the current plight of native wild herbs.
- * Identify and disseminate information on the therapeutic alternatives to threatened species.
- * Encourage more widespread cultivation of endangered medicinal plants and greater use of cultivated plants.
- * Develop programs for school systems and communities to re-plant threatened plant species back into their native habitats.

For more information see this: <http://www.unitedplantsavers.org>

End of part 5 of 7.

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Henriette Kress, AHG

Helsinki, Finland

Henriette's herbal blog: <http://www.henriettesherbal.com/blog>

From spamtrap.hetta@spamcop.net Fri Jan 21 17:02:01 2005

Newsgroups: alt.folklore.herbs,alt.answers,news.answers

To:

Subject: Medicinal herbFAQ Part 6/7

From: Henriette Kress <spamtrap.hetta@spamcop.net>

Date: Fri, 21 Jan 2005 17:02:01 +0200

Archive-name: medicinal-herbs/part6

Posting-Frequency: monthly (on or about 20th)

Last-modified: 18Jan05

Version: 1.38m

URL: <http://henriettesherbal.com/faqs/medi-cont.html>

5.3 Different schools of Herbal Healing

5.3.1 Traditions in Western Herbal Medicine

by Peter Cook, DBTh, FETC

This Article is taken from The Herbalist, newsletter of the Canadian Herbal Research Society. COPYRIGHT June 1989.

Thanks to Jonathan Treasure for sending this one over.

The Development of Theory in North America

Introduction: To one trained as a medical herbalist in Britain, it is a curious fact that herbal medicine, as it seems to be most widely known in Canada and the U.S., has been so little influenced by the great systems of herbal thought which once flourished here. Only remnants of these systems can now be found in the writings of Kloss, Christopher, Shook and others whose primary sources appear to be the European and native North American folk traditions.

These folk traditions are very valuable medical resources in their own right; a fact which has been recognized and supported by the World Health Organization (1978). It has also been recognized and increasingly exploited by the pharmaceutical industry. Folk medicine however, is also important as a rich source for the periodic historical development of major systems of traditional medicine. Examples of the development of two such systems in North America will be discussed here, together with some of the more important theoretical and practical contributions to herbal medicine which these systems generated.

Early American Folk Medicine: Eleanor Sinclair Rohdes (1922) has written very eloquently of the hardships faced by early American settlers in their efforts to cultivate the familiar medicinal plants of England and Europe. In many cases it seems these efforts failed completely and the pioneers were forced to supplement their folk medicine traditions with lore relating to indigenous plants obtained from the native people. To the extent that any special knowledge would have been likely, then as now, to remain a closely kept secret by the native medicine societies, it is probable that the native plant-lore passed onto these settlers was a matter of common knowledge amongst the native people. In fact, it may be said that a distinguishing feature of any folk tradition is that the lore contained in that tradition is, or has once been, common knowledge.

Another distinguishing feature of folk medicine, regardless of its historical or ethnic origin, is that the indications for the use of individual remedies are always given in terms which refer to specific symptoms or illnesses. Thus, comfrey (*Symphytum officinale*) is said to be useful in healing fractures, while white horehound (*Marrubium vulgare*) is recommended for cough. Typically, such lore has been handed down from generation to generation, often for hundreds if not thousands of years. Each new generation learns at first hand the look and 'feel' of particular symptoms and illnesses. They learn which plants may be used to treat these illnesses, and the best methods for collecting, preserving and administering them. Such a tradition is entirely dependant upon repeated experience and observation; usually only minor changes can be detected in these traditions over relatively long periods of time.

Thomsonianism: The popular medicine of all peoples however, has always given rise to, and been counterbalanced by a more specialized type of knowledge, acquired by individuals who have devoted their entire lives to the study and practice of healing. As resource persons, these individuals have served their communities by providing access to that specialized knowledge in circumstances where the more common folklore was insufficient to meet the needs of the moment.

A very popular figure in early American medicine, who managed to combine native and settler folklore with a more specialized approach, was Samuel Thomson (1769-1843). Thomson came from a farming family and evidently learned some of the 'root and herb' practice at an early age. Later, he seems to have become an avid reader of medical literature and was particularly impressed with the Hippocratic writings.

Probably as a consequence of his regard for Hippocrates, Thomson believed that medicine should be based exclusively upon observation. The formulation of theories, he felt, prevented ordinary people from taking responsibility for the care of their own health, and that theories obscured the simplicity and made a needless mystery of medicine.

Thomson himself however, after 'long observation and practical results', borrowed theory from Hippocrates and used it as a basis to explain the 'why and how' of his own medical system. According to this theory, disease was the result of a decrease or derangement of the vital fluids, brought about by a loss of animal heat. The resulting symptoms were interpreted as efforts of the Vital Force to rid itself of the toxic encumbrances thus generated. Essentially, treatment was aimed at restoring vital energy and removing disease-generated obstructions. In specific terms, Thomson believed that in restoring vital heat by means of steam baths and cayenne (*Capsicum annuum*), toxins which obstructed health would be thrown into the stomach where they could be eliminated by emetics such as *Lobelia inflata* (Griggs, 1981).

This simple theory constituted a dramatic departure from pure folk medicine in that it recognized and sought to treat an underlying, fundamental cause of illness. Moreover, in perceiving symptoms as an expression of the organism's defensive efforts, this theory implied that the treatment of symptoms and illnesses, per se, might actually hinder the healing process. It is interesting to note that Thomson believed this theory was quite complete and needed no further refinement or extension. Nevertheless, despite his vehement opposition, Thomsonianism became a potent influence on the development to two major streams of thought within American herbalism.

Eclecticism: The earliest of these was 'Eclecticism', founded by a man who had originally apprenticed to an old German non-Thomsonian herbalist, and who later qualified as a 'regular' medical doctor. Although the founder of this system, Wooster Beach (1794-1868), had been horrified by the 'regular' medicine of his day, and fervently wished for radical reform, Thomsonianism had impressed him negatively in two ways. First, Beach was keenly aware of the bitter antagonism which Thomson had roused in the regular medical profession. As a result he decided to attempt reform (unsuccessfully as it turned out) from within, rather than as another medical 'outsider'. Secondly, Beach was disgusted by Thomson's evident arrogance in thinking that no further learning could possibly enhance the practice of herbal medicine.

Beach was well acquainted with the developments then taking place in such fields as chemistry, physiology, pathology and even botany. He was also quick to realize that this new thinking might have a valuable role to play in botanic practice, and began to move in this direction with the creation, in 1829, of his own school of 'Reformed Medicine'.

In terms of the study of medicinal plants, Beach's orientation resulted in the development and proliferation of an entirely new style. Eclectic monographs on individual herbs became more formal and typically included notes on the plant's chemistry, toxicology, physiological and therapeutic

actions, as well as appropriate forms of preparation and dosage (e.g. King, 1900). Later Eclectic physicians became increasingly interested in obtaining preparations which represented the entire chemistry of the original plant as closely as possible. Although this preoccupation had near-disastrous consequences in at least one instance (Griggs 1981a), in general their research supported and developed the fundamental position of the value of using whole plant preparations rather than isolated extracts of a particular plant constituent (Lloyd, 1910).

Eclecticism was also a major contributor to herbal medicine in other areas. Beach himself, for instance, realized the fundamental importance of the blood and circulatory system in maintaining health, and began to develop herbal methods for 'equalizing the circulation'. Several valuable techniques used in the modern herbal treatment of fevers are probable directly attributable to Beach's work.

A later physician by the name of W.H. Cook (1879) expanded on this work in his correlation of the functions of the nervous and circulatory systems. Cook also developed a concept which related illness to deviations in trophic (i.e. structural) and/or functional tone. According to this view, disease consisted of excessive or diminished tone in organs, or in the functions of those organs. Corresponding herbal approaches to the correction of these kinds of imbalance were also eventually developed (Priest & Priest, 1982).

Another major development fostered by Eclecticism, was the clinical emphasis placed on treating a group or pattern of symptoms, usually with small doses of only one so-called 'specific' remedy. As the pattern of symptoms changed with the progress of disease, a new and more currently appropriate remedy would be indicated (Felter, 1922; Lloyd 1927).

Perhaps significantly, this approach was and is still fundamental to the practice of homeopathic medicine, which was rapidly becoming the most popular of all medical systems in the U.S. during the mid-19th century (Coulter, 1973). In fact Hahnemann (1810), the founder of homeopathy, had already written at some length concerning the relative merits of prescribing for what he called the 'Totality of symptoms', versus the treatment of individual symptoms or named diseases. The use of small doses of a single remedy was also an established fundamental tenet of homeopathy (e.g. Kent 1900).

Prescribing for patterns of symptoms had also been typical in traditional Chinese medicine for many generations. Clear examples of the fluidity of prescribing in accord with changes in symptom patterns may be found in the Chinese classic, 'Shang Han Lun' (Hsu & Peacher, 1981). However, although the use of a single remedy is an established technique within Chinese medicine under certain circumstances, Chinese herbal prescribing more often

involves the use of formulae (e.g. Bensky & Gamble, 1986).

Physiomedicalism: The second major stream of thought in American herbal medicine, which arose directly out of the Thomsonian movement, was 'Physiomedicalism'. Although not so heavily influenced by the developing sciences as Eclecticism, the originator of this 'neo-Thomsonian' movement, Alva Curtis, felt, like Beach, that Thomson's resistance to theoretical development was a mistake.

Above all, Curtis wanted to open a school based upon Thomsonian principles, but encouraging a freer atmosphere for broader intellectual enquiry and learning. In 1835, despite Thomson's opposition, Curtis realized his ambition and opened the 'Botanico-medical School and Infirmary' at Columbus, Ohio. As evidence that he was not alone in his thinking, during that same year, a colleague opened the 'Southern Botanico-Medical School' in Georgia (Griggs 1981b).

Ultimately this new system of herbal medicine retained much of what had been accepted as fundamental in the Thomsonian theory. Thus, organic function was thought of as the aggregate expression of Vital Force, acting through cellular metabolism to maintain the functional integrity of the entire organism. Illness was seen as a disordered response at the cellular level, brought about by internally or externally generated toxic obstructions. Essentially, treatment remained a matter of supporting the efforts of the Vital Force, and of eliminating the toxic encumbrances which hindered those efforts.

A significant departure from Thomsonian thinking however, came with the recognition that some symptoms represented positive, eliminate and reconstructive efforts of the Vital Force, while others resulted from physical impediments to those efforts. If treatment was to be directed to the underlying cause of illness, therefore, symptoms which expressed a purely functional disorder had to be distinguished clinically from those produced by organic changes in cells and tissues.

Eventually it was also realized that the organism was capable of establishing a compensatory equilibrium in which toxic encumbrance would be tolerated to a degree, in order to maintain a relative functional integrity. This was a major step forward in understanding and had important implications for herbal therapeutics. Certain symptomatic crises which had been observed, particularly in the context of treatment with herbal alteratives and eliminatives, could now be explained and avoided.

Another significant development in Physiomedical thinking was stimulated through the work of W.H. Cook (see above). If health could be understood as the unimpeded and balanced function of all cells and tissues, then it was clear that the blood and circulatory system played a vital role in

maintaining health, both in terms of nutrient delivery, and of waste and toxin transport to eliminative organs.

Cook had shown that, in addition to the quality of the blood itself, the chronic relative contraction or relaxation of tissues and particularly arterioles and capillary beds could also have serious consequences. Cellular function, and eventually cellular structure, could be strongly influenced by a relative excess or deficiency of blood and tissue fluid. Further, as understanding of human physiology increased it became obvious that hyperaemia in one part of the body would necessarily imply a relative ischaemia elsewhere.

The implications of this thinking for herbal medicine were threefold. Firstly, herbs which acted to increase or decrease tone in the three primary divisions of the circulatory system (arterial, capillary and venous) had to be distinguished. Secondly, the general, portal and pulmonary aspects of circulation had to be considered in treatment, as did the distinction between visceral and somatic components. Thirdly, the circulation to particular organs and tissues had to be taken into account, not only to support or modify the related functions, but also to restore normal trophic conditions, where possible.

The achievement of these goals became much more accessible following the work of J.M. Thurston (1900), which stressed the regulatory importance of the autonomic nervous system. Thurston made many important contributions to Physiomedical thought in the areas of diagnosis, prognosis, treatment and, perhaps especially, in the area of herbal pharmacy. A number of aspects of his work, and of Physiomedicalism in general, have been described by Priest & Priest (1982a).

Even by the close of the 19th century, Physiomedicalism could be described as a system which emphasized the role of herbal remedies in supporting Vital Force, balancing the circulation to various tissues, modifying and enhancing body functions, restoring optimum trophic or structural conditions, and in eliminating toxic encumbrances (Mills, 1985).

Unfortunately, the publication of the Flexnor report in 1910 and the subsequent forced closure of the 'irregular' medical schools put an end to any further developments of the kind described here in American herbal medicine (Cody, 1985; Gort, 1986).

Conclusion: Curiously, despite the slightly more open attitudes which prevailed in Canada (e.g. the government regulation of naturopathy on Ontario, 1925; Govt., 1986), neither the Eclectics nor the Physiomedicalists seem to have moved north across the border. In fact both systems, together with a version of Thomsonianism, had been taken to England where they were eventually integrated into one system of

professional herbal medicine, regulated by law and still taught in the U.K.

In Canada and the U.S. however, only traces remain of these once influential and effective systems. The Dominion Herbal College in British Columbia for instance, has referred in its course notes to the need for 'equalizing the circulation' (1969). References can also be found in these notes and elsewhere to 'relaxing' or 'stimulating' herbs (i.e. plants capable of increasing or decreasing functional tone). The importance of supporting vital force and of eliminating accumulated toxins is also still widely recognized and practised. Nevertheless, there are probably few today however, who can apply physiomedical principles in distinguishing for instance, those lung, bowel and kidney conditions respectively requiring relaxing or stimulating expectorants, laxatives and diuretics.

Due principally to repressive legislation, herbalists in North America must once again rely heavily on folk traditions as their major source of learning and inspiration. It should be noted here that much of the valuable herbal lore once utilized widely by native North Americans is now known by only a small handful of native elders (PC. 1988). It is very fortunate therefore, that Canadian and American herbalists have preserved some of this knowledge in their own practices.

Folk medicine traditions are virtually impossible to legislate against directly, and even in the recent Ontario government recommendations, treatment of oneself and one's family had been specifically exempted from prosecution under the proposed legislation (HPLR, 1989). Direct legislation however, was not the only factor contributing to the decimation of native culture and the virtual loss of their traditional healing knowledge.

The proposals tabled in the Ontario legislature will almost certainly impose or support severe restrictions on the cultivation and/or sale of medicinal plants, should they be passed into law. Furthermore, such legislation will definitely prevent or seriously delay the free development and re-emergence of a professionally oriented system of herbal medicine in Ontario.

Consequently, those who choose to make use of this 'valuable medical resource' (W.H.O., 1975a), will be forced to rely on their own experience and to gather and use only wild plants. This assumes however, that environmental policies in Ontario and the rest of North America will not poison even this source in the very near future.

References

- * Bensky, D., Gamble, A. (Compl. & Ed.) Chinese Herbal Medicine Materia Medica; Eastland Press; Seattle, 1986.
- * Cody, G. 'History of Naturopathic Medicine', in A Textbook of

- Naturopathic Medicine, Pizzorno, J.E.; Murray, M.J.; John Bastyr College Pulos, Seattle, 1985.
- * Cook, W.H. The Science and Practice of Medicine; 1879 - quoted in Priest & Priest, *ibid*.
 - * Coulter, H. Divided Legacy: a history of the schism in medical thought Vol. 111. McGrath Pub. Co., Washington, D.C., 1973.
 - * Dominion Herbal College, Home Study Notes, 1969.
 - * Felter, H.W. The Eclectic Materia Medica, Pharmacology and Therapeutics, Scudder, Cincinnati, 1922.
 - * Gort, E.H. A Social History of Naturopathy in Ontario: the formation of an occupation; M.Sc. Thesis; Univ. Toronto, 1986.
 - * Griggs, B. Green Pharmacy, a history of herbal medicine; J.Norman & Hobhouse Ltd.; London, 1981.
 - * Hahnemann, S. Organon of Medicine. 1810; 6th Ed. Trans. Hahnemann Foundation; Victor Gollancz Ltd.; London, 1983.
 - * HPLR, Striking a New Balance: a Blueprint for the Regulation of Ontario's Health Professions', Government of Ontario. 1989.
 - * Hsu, H.; Peacher W.G.(D) (Trans. & Ed.) Shang Han Lun; Oriental Healing Arts Institute; Los Angeles, 1981.
 - * Kent, J.T. Lectures on Homoeopathic Philosophy: 4th Indian Reprint, B. Jain Publishers; New Delhi, 1977.
 - * Kings's American Dispensatory; Felter & Lloyd, 1900; Reprinted by National College of Naturopathic Medicine; Portland (undated).
 - * Lloyd, J.U. Fragments from an Autobiography, a paper read at the 63rd meeting of the Ohio Eclectic Medical Assoc., Arkon, May, 1927; Eclectic Medical Journal, 1927.
 - * The Eclectic Alkoloids. LLB no. 12, Pharmacy Series 2, P41; 1910.
 - * Mills, S. The Dictionary of Modern Herbalism; Thorsons Pub. Gp.; Wellingborough, New York, 1985.
 - * Personal Communication, Art Solomon and other Ojibwa Elders; Native Elders Conference, Trent Univ., Peterborough, 1988.
 - * Priest, A.W.; Priest, L.R. Herbal Medication, a clinical and dispensary handbook; Fowler & Co. Ltd.; London, 1982.
 - * Rohde, A.C. The Old English Herbals, 1922; 3rd Ed. Rohde, E.S.; Minerva Press Ltd; London, 1974.
 - * World Health Organization The Promotion of Traditional Medicine; Technical Report Series No. 622; Geneva, 1978.
 - * W.H.O. Document EB/57/21, Training and Utilization of Traditional Healers and Their Collaboration with Health Care Delivery Systems; Nov. 1975.

5.3.2 Ayurvedic Medicine - an introduction

The Ayurvedic system traces its roots to the Himalayan Mountains of India over five thousand years ago. According to legend, a conference was held in a Himalayan cave in which the greatest sages of India--some after having traveled thousands of miles--met to discuss their knowledge of their healing arts. These scholars and teachers possessed traditional knowledge about the medicinal plants of India that had been handed down orally by the tribes of the Indian forests since the beginning of history. At this conference, these sages compared and combined their knowledge into one body which they called the Ayurveda, from two Sanskrit words; Ayus, or "life", and Veda, or "knowledge". "Ayurveda" has been translated as "the knowledge of life", and as "the science of life". It has been suggested that a more appropriate translation would be "the knowledge of life span".

After this historic conference, the Ayurvedic knowledge was passed orally from teacher to student for over a thousand years, continuously growing as each Ayurvedic physician added his insights and experiences. It was finally written down in the first century A.D. by the Ayurvedic physician, Charaka.

By that time--and hundreds of years before the birth of European medicine--Ayurveda had specialists in psychiatry, pediatrics, gynecology, ear nose and throat, ophthalmology, surgery, toxicology, virility, and fertility.

Ayurvedic medicine probably predates any other healing tradition in existence today--even Chinese medicine. Even before the Ayurvedic conference, knowledge of the medicinal plants of India had spread to other continents. Seeds from plants indigenous to India have been found in the tombs of the Egyptian pharaohs. Travelers had carried information about Indian plants through Tibet into China, and Arabs had traded for Indian herbs before the birth of Islam.

At the time of King Solomon, the Queen of Sheba traded herbs and spices of India to the Israelites. Ayurvedic medicine began to be studied by Arab physicians and knowledge of the plants of India was passed on to the Greeks and Romans. By the first century A.D., when Charaka was writing Ayurveda's first written records, Pliny was already describing the plants of India to the Roman Empire in his NATURAL HISTORY. And much more recently, as any American school child can tell you, a Portuguese sailor by the name of Christopher Columbus discovered America in 1492, while searching for a trade route to India to acquire her herbs and spices.

According to Ayurvedic philosophy, health is dependent upon one's ability to live in harmony with one's self and with the external universe. As much attention was given to illnesses of the mind as to illnesses of the body. The Ayurvedic physician taught that in order to avoid illness and pain, the patient must control the destructive (and self-destructive) nature. Living in harmony with the environment was recognized as essential to one's mental, physical, and spiritual well-being.

Ayurvedic physicians taught that prevention was more desirable than a cure. Their ideal was to develop an individual's natural resistance to disease to the point where one's immune system could function as one's best medicine. Their goal was to maintain an individual in his or her optimal health throughout life, so that the ultimate goal of life--the awareness of his or her connection with the life principle--could be pursued.

Today's Ayurvedic physicians, like their predecessors, recognize three major body (or physiology) types which they refer to as the three DOSHAS: VATA, PITTA, and KAPHA. One's body type is also referred to as one's PRAKRITI, and is determined by heredity. Most people are actually a combination of types; a VATA/PITTA type for example. Ayurvedic physicians evaluate their patients using such techniques as observation, interview, and pulse diagnosis to determine the patient's body (or physiology) type. They then determine the imbalances that are present in the body and make recommendations according to the patient's body type. Dietary and herbal recommendations make up a large part of their treatments; but many other techniques such as meditation, hatha yoga, aroma therapy, and music therapy are also employed.

Thanks to the Ayurvedic tradition, many herbal combinations based on centuries of accumulated knowledge are available to today's eclectic herbalists and natural health enthusiasts. Ayurvedic herbal formulations, like Chinese herbal formulations, are combinations of many different herbs that work synergistically. Single herbs are rarely if ever employed. Even though there are competent Ayurvedic physicians in practice today, one does not have to see an Ayurvedic physician to use an Ayurvedic herbal combination, as long as the recipe of an Ayurvedic master is carefully followed.

Some of the most common herbs currently used in Ayurvedic formulations are:

Acacia catechu, Adhatoda vasica (Vasaka), Andrographis paniculata, Aegle marmelos (Bel), Alpina galanga, Alstonia scholaris, Apium graveolens, Ashwagandha root, Azadirachta indica (Margosa), Boerhaavia diffusa (Hogweed), Boswellia serrata, Caesaipinia crista, Clerodendrum indicum, Commiphora mukul (Indian Bedellium), Curcuma longa (Turmeric), Cyperus rotundus, Enicostemma littorale, Fumaria parviflora, Glycyrrhiza glabra (Liquorice), Gymnema sylvestre, Hedychium spicatum, Hemidesmus indicus (Ind. Sarsaparilla), Holarrbena antidysenterica, Inula racemosa, Momordica charantia (Bitter Gourd), Myrica nagi, Ocimum sanctum (Holy Basil), Paederia foetida, Phyllanthus emblica, Picrorhiza kurroa, Pimpinella anisum, Pistacia integerrima, Pterocarpus marsupium, Rubia cordifolia (Indian Madder), Sida cordifolia, Smilax china, Swertia chirata, Syzygium cumini (Jamun), Terminalia belerica, Terminalia chebula (Chebulic Myrobalan), Tinospora cordifolia, Trachyspermum ammi, Tribulus terrestris,

Trigonella foenum-graecum, Vitex negundo, Withania somnifera (Winter Cherry), Zingiber officinale (Ginger)

REFERENCES AND ADDITIONAL READINGS:

- * THE GARDEN OF LIFE, AN INTRODUCTION TO THE HEALING PLANTS OF INDIA by Naveen Patnaik, Doubleday, New York, 1993.
- * PERFECT HEALTH, THE COMPLETE MIND/BODY GUIDE by Deepak Chopra, M.D., Harmony Books, New York, 1991.
- * PERFECT WEIGHT, THE COMPLETE MIND/BODY PROGRAM FOR ACHIEVING AND MAINTAINING YOUR IDEAL WEIGHT by Deepak Chopra, M.D., Harmony Books, New York, 1994.
- * RESTFUL SLEEP, THE COMPLETE MIND/BODY PROGRAM FOR OVERCOMING INSOMNIA by Deepak Chopra, M.D., Harmony Books, New York, 1991.
- * RETURN OF THE RISHI by Deepak Chopra, M.D., Houghton Mifflin Company, Boston, 1988.

>From Robert Hensley (Hensleys.aol.com):

Ayurveda is the world's oldest science of health care. The written tradition dates back around 5,000 years, but the oral tradition in India is timeless.

The basic principles of Ayurveda include:

1. Mind, body, emotions, and spirit are more than connected, they are one.
2. There are 3 fundamental principles of nature: called Vata, Pitta and Kapha, which govern all processes in all levels of our life.
3. Vata governs all movement, Pitta all heat and transformation, and Kapha all growth, structure and lubrication.
4. Everything we experience influences these governing principles.
5. If these principles that guide the processes of our body, mind, etc get "out of balance" due to poor diet, activity, etc. they can become overactive, and disease results.
6. If vata gets out of balance, for instance, it leads to overactive mind, poor circulation, poor nerve conduction, loss of memory, irregular elimination, uncomfortable menses, etc. - all things related to movement.
7. If pitta is out of balance, we can get excessive digestive fire, resulting in heartburn, excess stomach acid, a hot temper, inflammations, etc. -all things related to heat and digestion.
8. If kapha gets out of balance, it can lead to chronic congestion, weight gain, cellulite, cholesterol buildup, acne, oily skin, etc. - all things related to structure and lubrication.

9. Herbs in synergistic combination, diet, routine, meditation, etc are used to restore balance to restore proper operation of the various systems. Balance restores health.
10. Ayurveda does not focus on decreasing symptoms, it focuses on increasing health. Where there is health, there is no room for disease.
11. Symptoms are only used as one of eight ways to determine the underlying imbalance or weakness that has allowed the disease to occur.

Due to foreign intervention in India for hundreds of years, Ayurveda became fragmented, and it has been revived over the past 35 years by Maharishi Mahesh Yogi. As a result of growing scientific verification at major research institutions, it is the worlds' fastest growing health care system.

5.3.3 Homeopathy sites:

Check these sites:

The Homeopathy Homepage: <http://www.homeopathyhome.com>
<ftp://ftp.ibiblio.org/pub/academic/medicine/alternative-healthcare/faqs/homeopathy> (an olde document from the stoneage - 1993 or so...)

The homeoinfo -pages: <http://www.homeoinfo.com/> pretty good. Check, for instance, the Materia Medica section on Common questions: "Contaminating pills by touching them".

Homeopathy online is good, too:

<http://www.lyghtforce.com/HomeopathyOnLine/index.html>

5.3.4 What is Traditional Chinese Medicine?

From Suzanne E. Sky, L.Ac. (avena.aloha.net)

Traditional Chinese Medicine is a phrase used to describe a complex system of medicine developed in China that has now spread around the world in its various forms. This system is over 3,500 years old. Its fundamental basis is a philosophy which views humans as a microcosm of the universe and inherently connected to it, to Nature and to all Life.

Chinese Medicine is actually a part of what is called Oriental Medicine, because there are many different styles practiced, with the same origins and medical foundation, in China, Japan, Korea and other Asian countries. This medicine spread to America and Europe as practitioners migrated and

settled in different countries. Now Oriental Medicine is practiced and taught all around the world.

I. HISTORY & CURRENT USE

The history of Chinese Medicine is very long, complicated, and fascinating. There have always been many different styles of practice and theories of medicine in China. The early Communist leaders destroyed much of the old information but finally decided that Chinese Medicine was a valuable method. The principles were simplified and began to be taught in colleges. Before this, Chinese Medicine was passed down through generations of families, through apprenticeship and training that began at a young age. Now there are several well established Colleges in China that train Chinese Medicine practitioners. Westerners can study there as well. In Chinese hospitals, Chinese Medicine is practiced alongside modern Western Medicine. For example, cancer patients in China receive radiation treatment or chemotherapy, and they also receive Chinese herbal medicine to ameliorate the side effects.

II. WHAT MODALITIES DO CHINESE MEDICINE PRACTITIONERS USE?

Chinese Medicine is a large area of study and practice. Some of the modalities it includes are:

- * Herbal Medicine: An advanced and effective system of herbal medicine.
- * Acupuncture & Acupressure: Use finger pressure or special fine needles to harmonize and activate the body's own healing ability.
- * Moxibustion (moxa): Special therapeutic warming techniques.
- * Diet & Nutrition: A unique and effective system which teaches the energetic qualities of food and how it effects us.
- * Chi Kung and Tai Chi: Systems of movement and breathing that promotes health. Chi Kung is also an ancient healing method.
- * Tui Na: Chinese medical massage

Practitioners are trained in several or many of these modalities and specialize in one to a few areas of expertise.

III. SCHOOLING AND PRACTICE

Many schools in America and Europe are fully accredited and confer Master's Degrees in Oriental Medicine. Schooling takes 4 to 6 years. The requirements include Western science and medical courses along with about 2,000 hours in Chinese Medical Theory, techniques and practice. This includes in-depth study of Acupuncture, Chinese Herbal Medicine, and other modalities. In addition, anywhere from 800 to 1,200 hours of clinical observation and internship are required in an acupuncture clinic. The traditional way of learning, apprenticeship, is still in existence, but is

less common today. In America about 20 states certify or license Acupuncturists for practice, through an examination process. There are over 30 schools in America and many schools and practitioners in Europe.

IV. ACUPUNCTURE IS RECOGNIZED BY THE WORLD HEALTH ORGANIZATION

The World Health Organization (WHO) recognizes over 250 illnesses successfully treated by acupuncture and the list continues to grow. Among these are included: PMS (pre-menstrual syndrome), gynecological disorders, anxiety, depression, arthritis and joint problems, colds, flus, sinusitis, cough, bronchitis, headaches, numbness and poor circulation, stress, fatigue, recovery from injuries.

V. QUESTIONS TO ASK YOUR ACUPUNCTURIST

- * How and where (or with whom) did they study? (School or apprenticeship)
- * How long was their training? Currently some health professionals can attend what amounts to a weekend class and then practice acupuncture under their medical license. They may know where to stick a few needles, but they are not trained in Oriental Medicine.
- * What modalities do they use?
- * How long have they been practicing?

VI. INTERNET RESOURCES

A great Acupuncture page with lots of resources: <http://www.gancao.net>
(changed URL Jan05 -Henriette)

Foundation for Traditional Chinese Medicine: <http://www.ftcm.org.uk/>

5.3.5 Flower essences

From Suzanne E. Sky, L.Ac. (avena.wave.net)

Flower essences are liquid preparations, containing only minute traces of actual flowers, which convey the vibrational pattern and essence of specific flowers. Because of this, their action is subtle and extends beyond the physiological. Their action is not biochemical, but is vibrational. These gentle essences enjoy a reputation of being very safe. They have no side-effects and are non-toxic. Some people state they don't 'feel' any change or effect from using flower essences. However, many people find the flowers provide an essential factor in their healing process. Each person responds to flower essences according to their inner rhythm and needs.

Research in the modern field of psychoneuroimmunology shows a clear interrelationship between physical illness, stress and emotional/mental outlook. Flower essences help address issues which often underlay stress and health problems, helping to 'untie' or release these mental/emotional energetic knots. Flower essences can help transform emotions, attitudes or patterns of behavior to enhance one's development, growth and awareness. Flower essences expand our understanding of health care, recognizing the interweaving of spiritual, mental, emotional and physical aspects of wellness. The name most closely associated with flower essences is that of Dr. Edward Bach, the English physician who first discovered them. In the 1930's, he introduced his set of 39 Flower Essences that changed the world of natural medicine forever.

Dr. Bach's Life and Discovery of Flower Essences

Dr. Edward Bach was a remarkable man. He was an early pioneer of natural medicine who discovered results when he treated the person rather than the disease. Born in 1886, Bach entered the medical profession from a sincere desire to help others. Early on in his practice he noticed that the patients personality or temperament was more helpful in deciding which medicine would be most effective than any other factor.

Early in his career, Bach studied bacteriology and became fascinated by the connection between a person's colon flora and their health. He discovered that a vaccine made from the patient's intestinal bacteria, and injected into their blood stream, gave excellent results, especially in chronic diseases. When Bach discovered homeopathy, he modified his method and made homeopathic preparations known as nosodes (remedies made from pathological tissues). He classified the intestinal bacteria into seven main groups and made preparations still known today as Bach's Seven Nosodes. Soon, he found that when a patient entered his office, he could immediately tell which type of flora would be predominant in that person, and which nosode they would need. From this Bach correlated seven main personality types and began prescribing the Nosodes solely on the basis of the patients personality, rather than laboratory tests. The results were even greater than he expected, and he saw clearly the importance of treating the person rather than their disease.

While Bach had great respect for homeopathy and its founder, Dr. Hahnemann, he refuted the basic premise of homeopathy, that like cures like. Bach states "It is obviously fundamentally wrong to say that 'like cures like'. ...Like may strengthen like, like may repel like, but in the true healing sense like cannot cure like.And so in true healing, and so in spiritual advancement, we must always seek good to drive out evil, love to conquer hate, and light to dispel darkness. Thus must we avoid all poisons, all harmful things, and use only the beneficent and beautiful." (Collected Writings, page 113)

Bach became dissatisfied with using the intestinal Nosodes, desiring to find a natural method which would not require using pathological material. He felt herbs would provide the most suitable material and began investigating the plant world. As Bach continued to work with and observe people, he became even more convinced that a person's temperament and personality were the factors that determined what illnesses they were prone to and what medicines would help them.

The first two plants he discovered and used in his practice, that are still flower essences today, were Impatiens and Mimulus. The third one was Clematis. This was in 1930. Bach was so pleased with the results, he decided to give up his use of nosodes altogether and seek out other herbal remedies to add to his repertory. Dr. Bach gave up his successful, lucrative and prestigious Harley Street office and set out for Wales to discover new healing plants. Little did he know he was about to discover a whole new form of natural medicine and herbal preparation.

Tromping around Wales for many years led him to discover the remaining 36 flower remedies. Bach was very particular in his selection of flowers and where he found them. Each of his remedies is a specific botanical entity, and substitutions are not equally effective. Bach was a sensitive as well as a medical researcher and physician. This blend made him search out only non-toxic plants that offered the highest vibratory patterns. Of the 39 essences we attribute to Bach, 37 are from plants, trees and bushes. One remedy, Rock Water, is from a special spring. The 39th, is a combination of several remedies, used for acute and emergency situations.

Bach found great results using the flower essences with people who came to him from all over. No matter what illness the person had, he only gave remedies in accord with their mental/emotional state of being. Bach himself became ill several times and only recovered after discovering and using the appropriate flower essence. He discovered several essences in this way.

Dr. Bach died in his sleep in 1936, feeling his life work was complete. He stated that the 38 flower essences he discovered would cover every possible area of need. His goal was to discover a safe, effective system of medicine that even the simplest person could use to help themselves, without a doctor. He felt he achieved this goal with his system of the Flower Remedies, which anyone can learn and apply with a little study.

IMPORTANT NOTE

Flower essences work most beneficially as part of a wholistic program of health care, including exercise, nourishing diet, stress reduction, inner work, play, and rest. They are not a substitute for medical attention or professional psychological counseling. If you are ill, please consult a

qualified physician.

This entry was much longer - but this is the medicinal herbFAQ, not the flower essence FAQ, so for the full entry go to this page:

<http://henriettesherbal.com/neat-stuff/bachflow.html>

5.3.6 Aromatherapy intro

From: Marcia Elston <samara.wingedseed.com> - <http://www.wingedseed.com>

What is Aromatherapy? Aromatherapy is a true medical science and is the skilled use of specific essential plant distillates (essential oils), singularly or in combination, for health and well being.

How Does Aromatherapy Work? The essential plant distillates (essential oils) interrelate with the human body within four distinct modes of action, pharmacological (as phytopharmaceuticals), physiological (physically and chemically), psychological (affecting mental states and processes) and incorporeal (spiritual). Our body uses the aromatic molecules (essential oils) both (1.) through our olfactory system which is connected to the limbic system in the brain where our most primal feelings, urges and emotions reside, (2.) and by inhalation and skin absorption of the low weight molecular structure of essential oils. Aromatherapy works best within a holistic approach to wellness.

Is Aromatherapy New? We know from the study of ancient manuscripts that priests in India some 4,000 years ago practiced aromatherapy very much like it is practiced today. Modern Ayurvedic medicine includes an aromatic component that has evolved from this ancient practice. Scent was very important to ancient Egyptians who used plant-oil infusions, gums and resins, as well as aromatic herbs and flowers in rituals, relaxation and skin care extensively in their culture. Modern aromatherapy, as we know it today, was revived in 1910 by the French chemist, Gattefosse, after having been badly burned in a laboratory explosion and plunging his arm into a nearby vat of lavender essential oil. The amazing speed of recovery and lack of scarring led him into a lifetime study of essential oils and their medicinal uses for skincare.

Can I Do This Myself? Most essential oils have been approved as G.R.A.S. (generally regarded as safe when used by various trades at their normal levels of use). However, these standards were developed by the food and perfume industries and were not developed specifically for the use of essential oils in aromatherapy. Aromatherapy, as a medical healing modality, has been in existence in England and parts of Europe for quite

some time, and the United States is fast developing a similar model, however there is at present no FDA approval for the use of essential oils medicinally. An individual can use essential oils themselves (self medication) provided they are thoroughly familiar with the uses, safety precautions and contraindications and have available thorough and accurately referenced information on the potential hazards associated with using essential oils.

SAFETY FIRST! Essential oils are very potent and strong concentrated plant constituents (chemicals). Always keep essential oils out of reach of children and pets. Do not apply undiluted essential oils directly to the skin. Avoid contact with eyes and mouth and other tender mucous membranes. Essential oils should never be taken orally. Essential oils are flammable and should be kept away from fire or flames. Some essential oils can cause dermatitis; always do a skin test with 2% dilution before applying to large area. Some oils are not recommended by use in infants and very young children, pregnant women, persons with epilepsy, hypersensitive individuals, just to name a few. Some essential oils can cause photosensitivity. Some essential oils may not work well when taking prescription drugs. Be well informed before you use any essential oil. The best manual on the market for the safety data of essential oils is *The Aromatherapy Practitioner Manual* by Sylla Sheppard-Hanger. This reference of over 350 plant extracts, in two volumes, includes an index of biologically active phytochemicals, clinical index and taxonomical index and is a must for anyone seriously considering using aromatherapy intelligently and effectively. When not used properly, essential oils can be harmful and they should never be used indiscriminately.

Where Can I Learn More? There are numerous and rapidly emerging educational programs and home study courses being offered throughout the United States and Canada. Here is a short list.

Valerie Cooksley, Principal Instructor
The Institute of Integrative Aromatherapy <http://www.aroma-rn.com>
Issaquah, WA

Dr. Kurt Schnaubelt, Principal Instructor
Pacific Institute of Aromatherapy
<http://www.pacificinstituteofaromatherapy.com>
San Rafael, CA

Sylla Sheppard-Hanger, Principal Instructor
The Atlantic Institute of Aromatherapy <http://www.AtlanticInstitute.com>
Tampa, FL

Michael Scholes, Principal Instructor
Michael Scholes School of Aromatic Studies <http://www.michaelscholes.com>

Los Angeles, CA

Laraine Kyle, Principal Instructor

The Institute of Integrative Aromatherapy <http://www.aroma-rn.com>

Boulder, CO

Jade Shutes, Principal Instructor

The Institute of Dynamic Aromatherapy <http://www.theida.com>

Seattle, WA

Dorene Petersen, Principal

The Australasian College of Herbal Studies <http://www.herbed.com>

Portland, OR

5.4 The Ames Test

>Does anyone know more about this Ames test?

The Ames test cultures mutations of bugs (usually *Salmonella* spp) that are unable to grow without the amino acid histidine and adds suspected mutagens to the culture medium (after incubating them with liver extract to expose them to lysosomal activity). If the bugs then grow, the mutation is deemed to have reversed (ie they now synthesise histidine) and the test substance is regarded as (ultimately) mutagenic. It is the case that the majority of known chemical carcinogens are also mutagens according to the Ames Test.

The problem is that also according to the Ames Test the prevalence of environmental mutagens is so high that the human population should long ago have been wiped out by cancer if the extrapolations were correct. (The extrapolations being histidine gene mutagenicity equals ultimate carcinogenic action, and salmonella bugs equals people.) This is of course acknowledged by pathologists - but seems not to be understood by the rank and file scare mongers who like to appear to be *scientific* in their attacks on herbalism.

jonno.teleport.com (Jonathan Treasure)

From: Kevin Jones <100621.17.CompuServe.COM>

There are several drawbacks to the Ames test which basically make it worthless on its own.

Firstly carcinogens are divided into those which require to be metabolised

in a cell (activated) and those which don't. Obviously the metabolism of a bacterial cell is going to differ from that of a mammalian cell. Compounds which are activated in a bacterial cell may therefore show no activity in a mammalian cell and vice versa.

Secondly carcinogens act by reacting with genetic material. The type which are metabolically activated generally form free radicals which then react with DNA. Many carcinogens have an affinity for a specific sequence of nucleotides. Obviously the number of sequences that are shared between mammals and bacteria are going to be very small! There may well be many chemicals which cause mutations in bacteria but which have absolutely no effect on mammals.

In short, all the Ames test does is show that a chemical produces a mutation in Salmonella bacteria. It might possibly indicate the potential for being carcinogenic in higher organisms - and then again it might not. It also is quite possible that the Ames test could declare a chemical safe which is quite powerfully carcinogenic in mammals simply because it does not affect bacteria.

In any case, relying on the Ames test shows a distinct lack of understanding of the nature of cancer and cell growth. Mammalian cells are programmed to die. Only chemical messages keep them alive and keep a particular gene turned off. It's like a dead man's handle. The moment a genetic error is detected the cell is told to stop dividing. If the error is serious, this gene is turned on and the cell destroys itself. This gene and its backup copy have to fail before a cancer can develop _or_ the chemical messenger system has to become defective and keep it turned off _or_ the self-checking mechanism has to become defective. Many cancers have genetic defects in one or more of these command chains. Presumably it is also possible for an error to develop in the signalling system between the self-destruct gene and the lysosome - the dead man's handle is released but the grenade doesn't go off.

Another gene which codes for ras protein is part of the cell division mechanism. If it is defective the cell goes on dividing. Similarly other parts of the cell division command chain (growth hormone receptor, cytokines etc) can have errors. Some viruses (eg: Epstein-Barr in some circumstances) cause a proliferation of growth hormone receptor on the cell's surface which keeps the cell dividing. The more a cell divides, the more the chance of a mistake and therefore the higher the risk of a cancer developing.

Now the likelihood of being able to show that these specific genetic defects are going to be caused in humans from a bacterial model is laughable. A bacterium is a single-celled organism. It has no use for programmed cell-death!

The Ames test may have some value as an initial screening test, but only as long as its limitations are acknowledged. To rely entirely on it as definite proof that a compound is carcinogenic is not only laughable - it is also bad science!

5.5 Trying out the placebo effect

> It's really hard to judge whether the effects were the result of the ..herb.., or whether I just thought these effects were occurring because I was seeking for them to happen (constantly checking myself to see if I notice any change - a bit like the placebo effect I guess).

It's nice to see someone wondering whether they were subject to the placebo effect! Too many people seem to be a bit too convinced by their own personal experiences.

If you are concerned about a placebo effect you might want to try your own little experiment. Get some large empty gelatin capsules from a health food store. Put sugar in half of them and your ginkgo capsule (which should be small enough to fit) in the other (with sugar to fill up the rest of the space. Have a friend label some bottles with numbers (the more bottles your use, the more likely it will be that you aren't just guessing right). The numbers will correspond with whether the bottle contains the sugar or the ginkgo but only your friend will know which is which. Then have your friend put the capsules in the bottles. Complete one bottle and then go on to the next. Don't look at the capsules as you take them and be aware of any subtle ways that you might be discerning the difference (e.g. weight, aftertaste etc.) You might want to use a rating scale of your alertness. Be aware that if you choose the ginkgo, it might simply be a coincidence, so make sure that the difference in ratings is big.

MORAVCSIK.clipr.colorado.edu (Julia Moravcsik)

5.6 How to find an herbalist / ND

I get a lot of emails saying, eg, "I have Hep C and my dad has Lupus and Crohn's, and my mon's hypothyroidal, what herbs can you recommend for that?" - I don't recommend herbs for that at all, I give a list of referral sites and addresses for alternative healthcare associations. Here it is, gathered over a couple of years:

Try the American Association of Naturopathic Physicians (AANP):

<http://www.naturopathic.org>

Or the American Herbalists Guild (AHG):

<http://www.americanherbalistsguild.com>

Canadians can check the Canadian Naturopathic Association (NDA):

<http://www.naturopathicassoc.ca>

Then there's the Ontario Herbalists Association (OHA):

<http://www.herbalists.on.ca>

Brits can look for member of the National Institute of Herbal Medicine

(NIMH): <http://www.nimh.org.uk>

Australians have the National Herbalists Association of Australia (NHAA):

<http://www.nhaa.org.au>

If you're in New Zealand check the New Zealand Association of Medical

Herbalists (NZAMH): <http://nzamh.org.nz>

If you still can't find a practitioner near you, you can try the bulletin boards at your local coop / health food store / vegetarian restaurant / other similar place.

5.7 Politics and herbal medicine

The growing awareness of herbs is nothing but growing competition to profitable product lines - at least if you're a pharmaceutical company. Which is why pharmacogiants do their very best to spread FUD (Fear Uncertainty Doubt) about herbs and herbal medicine.

A case in point: the German kava debacle, leading to its banning in many countries without any published details on the adverse effect cases whatsoever. In fact, these oh-so-dangerous adverse effects were mostly due to meds taken together with or even instead of kava, or due to pharmaceutical-type kava products (50+ % kavalactones, extracted with acetone? That's not a herb, that's a med!).

Adverse effects from kava, the herb, extracted at 1:2 in 95 % ethanol are very rare. In fact, I'd suggest the use of education (don't extract insanely high amounts of "active constituents", and don't use toxic solvents) and common sense (stop using kava if you get the telltale scaly skin) instead of legislation, to help clear up the rather few (and quite benign) adverse effects from kava, the herb.

Kava, *Piper methysticum*, is a direct competitor to Paxil and other anti-anxiety agents. It's cheap, can't be patented, and has next to no side effects. Oops.

Another case in point: headlines (and study conclusions) like "<herb> does

not work" hide the fact that the med compared in the same trial was way

below placebo, too:

<http://jama.ama-assn.org/cgi/content/abstract/287/14/1807> - a better headline would have been "<placebo> better than <herb> and <med>!" And this is but a single example of the multitude of skewed research headlines that have been shouted over the rooftops over the last 6 years - ever since St. John's wort made it big on 20/20, back in 1997. FUD. Fight it. St. John's wort, *Hypericum perforatum*, is a direct competitor to Zoloft and other antidepressants. In addition it's cheap (or even free - pick your own!), can't be patented, and has next to no side effects. Oops.

How to know who's right and who's wrong, then? There's two types of medical journals, the biased ones and the unbiased ones. This is my take on two of the big ones - the ones that get quoted in headlines:

- * if the BMJ publishes something on alternative healthcare it's unbiased unless proven biased.
- * if JAMA publishes something on alternative healthcare it's biased against unless proven unbiased.

I'm not saying there aren't quacks in herbal medicine - there are, foremost among them those that take advantage of the desperate (like selling essiac to terminal cancer patients at exorbitant rates) (those people are despicable), and the multitude of MLM'ers (multi level marketing biz people) (these people are just clueless and annoying). And don't let me get started on the supplement business ...

However, mainstream medicine and pharmaceutical companies aren't any angels either. Perhaps they believe in what they are doing to alternative healthcare in general and herbal medicine in particular, but that doesn't make them right.

So herbal medicine is under siege. And you generally see only the anti-herbal headlines, because the ones critical to meds and MDs are hidden away as well as they ever can be. How then do you find balancing information? Here's a few links. I hope they are as enlightening to you as they were to me:

- * Oops - there goes unbiased medical research:
<http://bmj.com/cgi/content/full/326/7400/1167>
- * How to make new diseases for fun and profit. Nicholas Regush has collected some very interesting links on his page:
http://www.redflagsweekly.com/special_edition.html . Among them these gems:
 - * Drug companies and Female Sexual Dysfunction:
<http://bmj.com/cgi/content/full/326/7379/45>
 - * Ritalin and ADD/ADHD:

http://www.house.gov/ed_workforce/hearings/106th/oi/ritalin92900/baughman.htm

* Paxil and Social Anxiety Disorder (what used to be called shyness):

<http://www.policyalternatives.ca/publications/articles/article315.html>

* Paxil and Generalized Anxiety Disorder:

<http://www.guardian.co.uk/Archive/Article/0,4273,4471963,00.html>

* A summary of the tactics pharmacogiants use to discredit herbal medicine: <http://www.rmhiherbal.org/review/2003-2.html>

* Too many doctors prescribe based on favors received from pharmaceutical companies:

<http://bmj.com/cgi/content/full/326/7400/1189>

* You've heard of the quackwatch site. Here's something to put quackwatch into perspective:

<http://www.quackpotwatch.org/opinionpieces/aaaaaaaaa.htm>

* The morbidity and mortality site is downright scary, and very hard to find: <http://webmm.ahrq.gov>

6 Information sources

6.1 Good Books on Herbs and Herbal Medicine

Please also check Jonno's Herbal Bookworm page: <http://www.herbological.com>

And let me know if I've left out -your- favorite book. Be aware, however, that I won't even consider stinkers such as Tyler or Hutchens.

6.1.1 Good books to get started with

Real basics

* Lesley Bremness: The Complete Book of Herbs - a practical guide to growing and using herbs.

288 pages, paperback, 11.60 x 7.66". Penguin Studio, Sep 1994. ISBN 0140238026. Listprice USD 22.

A good allround book for the beginner, it includes one-page articles on 100+ herbs, and a wide variety of uses for them (culinary and medicinal uses, cleaning, beauty, etc.). There's also a section on how to grow herbs. Lots of clear plant and how-to color pictures.

* Richard Mabey: The New Age Herbalist - How to use herbs for healing, nutrition, body care, and relaxation.

288 pages, 9.71 x 7.69". Fireside, Nov 1988. ISBN 068481577X. Listprice USD 22.

A beginner's herbal, lots of pictures, not as practical as the others,

but still worthwhile.

* Andrew Chevallier: *The Encyclopedia of Medicinal Plants*.

336 pages, 11.25 x 9". DK Publishing, Dec 2000. ISBN 0789467836.

Listprice USD 40.

Like all Dorling Kindersley books it's big on pictures, so it's good for beginners. This one contains one-page articles on 100 plants (lots of pictures for each of these) and very short paragraphs on 450 more (with pictures for about a third of them), in addition to the obligatory history and making remedies bits. If you're out where there's no herb stores you won't like it too much - there's far too many plants from TCM.

* David Hoffmann: *The Holistic Herbal - A Safe and Practical Guide to Making and Using Herbal Remedies*

288 pages, 9.66 x 7.44". Thorsons Pub, 4th ed., Jan 2003. ISBN

0007145411. Listprice USD 17.

The 1996 edition had 256 pages, of which 200+ half-page articles on single herbs and a section on problems and herbal remedies by organ system. Also includes the usual how-tos - teas, ointments, lozenges, etc. Very visual.

* John Lust: *The Herb Book*.

700 pages, 6.84 x 4.2". Benedict Lust Publ., Jun 2001.

ISBN 0879040556. Listprice USD 9.

Short notes on the medicinal use of a lot of herbs. Also tables you can look up things in. Some black-and-white plant drawings.

* Susun Weed: *Healing Wise - Wise Woman Herbal*.

312 pages, 8.44 x 5.52". Ash Tree Pub., Jul 1989. ISBN 0961462027,

listprice USD 13.

In-depth information on seven very common herbs. Some black-and-white plant drawings.

* Michael Tierra: *The Way of Herbs*.

416 pages, 9.31 x 6.19". Pocket Books, Aug 1998. ISBN 0671023276,

listprice USD 17.00.

A beginner's herbal. No pictures.

Michael Tierra is online at: <http://www.planetherbs.com/>

* James Green: *The Herbal Medicine Maker's Handbook - A Home Manual*.

384 pages, 10.62 x 8.48". Crossing Press, Dec 2000. ISBN 0895949903.

Listprice 23 USD.

(I have his 40-page booklet on the theme, and find that the allround beginner's herbals cover the topic distinctly better. This almost 400 page treatise might cover ground not found elsewhere, though.)

* Igor Vilevich Zevin: *A Russian Herbal*.

250 pages, 8.97 x 6.06". Inner Traditions Intl Ltd., Feb 1997. ISBN

0892815493. listprice USD 15.

For a different view on how to use herbs (still beginner's level) get this book. Some black-and-white plant drawings.

* No longer in print (my but time flies!):

- o Penelope Ody: The Complete Medicinal Herbal.
192 pages, hardcover, 11.75 x 8". Dorling Kindersley Publishing,
Jun 1993. ISBN 1-56458-187X. Listprice USD 30.
A good allround book for the beginner, with one-page articles on
120 plants, charts that tell you which herbs to use for which
problems, and the obligatory history and making your own remedies
bits. A very visual book.
- o Penelope Ody: Home Herbal - a practical family guide to making
herbal remedies for common ailments.
144 pages, hardcover or paperback, 9.75 x 7.75". Dorling
Kindersley Publishing, Jun 1995. ISBN 1564588637. listprice USD
20.
A short introduction to making your own herbal remedies, and the
ailments to use them for. Lots of clear plant and how-to color
pictures.
- o Christopher Hedley and Non Shaw: Herbal Remedies - A beginner's
guide to making effective remedies in the kitchen.
96 pages, 12.25 x 9.5". Parragon Jan 1999. ISBN 075252416X.
Listprice GBP 7 or so.
Very good recipes. It's down to earth and well-written, and
you'll get to know (and probably expand) your spice rack in ways
you didn't expect when you bought your spices. Lots of clear
plant and how-to color pictures. I have both the original
hardcover and a later smaller paperback; the content is
identical.

Often mentioned, but perhaps not really worth it:
(If you feel I'm wrong in my assessment of these books let me know why you
disagree - my email address is hetta@spamcop.net.fix (no fix)).

- * James A Duke: The Green Pharmacy Herbal Handbook - Your Everyday
Reference to the Best Herbs for Healing.
352 pages, 6.74 x 4.16". St. Martin's Press, Jun 2002.
ISBN 0312981511. Listprice USD 7.
I have the 1997 edition of this. It's a book written by a researcher,
not by a practitioner, and it shows in some of the herbal
recommendations. Don't trust it, get one of the books written by a
practitioner instead.
- * David Hoffmann: Medical Herbalism - The Science and Practice of Herbal
Medicine.
672 pages, 10.9 x 8.68". Inner Traditions Intl Ltd., Aug 2003. ISBN
0892817496. Listprice USD 60.
I'm told (I don't have this book) that this is a reprint of the usual
Hoffmann database with scientific research thrown in. If that is
indeed the case it's not all that much use to the practising herbalist

(scientific research on herbs being mostly theoretical), at least if you already have a couple of Hoffmann's works. Add to that that it's very expensive - well, it's not on my list of books to buy anytime soon. If you have this book, are a herbalist, see clients, and disagree with this assessment, let me know.

* Varro Tyler. Read Jonno's review of Tyler's "Honest herbal" and "Herbs of choice" to see why Tyler's writings aren't respected by professional herbalists:

<http://www.herbological.com/deconstructing.html> .

If you want a good scientific book on herbs try Rudolf Fritz Weiss, MD, Herbal Medicine (don't buy the "updated" version, stay with the original from 1988) (listed in entry 6.1.3, In-depth books, by organ system)

* The Complete German Commission E Monographs - Therapeutic Guide to Herbal Medicines

This is a very expensive set of committee summaries (380 monographs, Listprice USD 189). Jonno has reviewed the monographs; find his comments here: <http://www.herbological.com/understanding.html>

* Volker Fintelmann, Rudolf Fritz Weiss: Herbal Medicine - second edition, revised and expanded.

448 pages, 9.25 x 6.75". Thieme Medical Publ, 2nd ed., Aug 2000. ISBN 0865779708. Listprice USD 59.

Stay FAR away from this rewrite.

Read Jonno's review if you want to know why:

<http://www.herbological.com/weiss.html>

Field guides

* Steven Foster, James A. Duke: A Field Guide to Medicinal Plants and Herbs of Eastern and Central North America. (A Peterson guide).

424 pages, 7.22 x 4.48". Houghton Mifflin Co, 2nd revised ed., Dec 1999. ISBN 0395988144, listprice USD 19.

I have the 1990 edition, and it really has very little in the way of text. It's possible that the 1999 edition is distinctly better.

* Jim Pojar, Andrew MacKinnon: Plants of the Pacific Northwest Coast.

528 pages, 8.53 x 5.57". Lone Pine Publishing, Dec 1994. ISBN 1551050404. Listprice USD 20.

You'll find the most common plants of the PNW USA, including photos, drawings, maps, and short paragraphs on usage. It's an excellent field guide - we need more of this caliber. One peeve: botanical works should always mention Genus species auct.; there's no auct in this book.

Diving deeper

* Michael Moore: Medicinal Plants of the Mountain West.

351 pages, 9.30 x 6.14". Museum of NM Press, Aug 2003. ISBN 0890134545. Listprice USD 25.

Michael has rewritten the 1979 Mountain West book; it's now in the same format, with the same depth of detail and with as many funnies as his extraordinary Pacific West book. Go buy it.

* Michael Moore: Medicinal Plants of the Pacific West.

359 pages, 9.23 x 6.14". Red Crane Books, 1993. ISBN 1878610317, listprice USD 22.5.

The single best book on medicinal plants I have seen to date. Don't let the title throw you, it's got universal appeal. I use it, and I'm rather far away from the Pacific west.

* Michael Moore: Medicinal Plants of the Desert and Canyon West.

200 pages, 8.48 x 5.48". Museum of NM Press, Apr 1990. ISBN 0890131821. Listprice USD 15.

A good book on the medicinal uses of some southwestern herbs. Michael Moore's books on medicinal herbs are very good and fun to read, too. You're in for a treat if you haven't visited his homepage yet - he's got some good practitioner-level booklets online, free for downloading: <http://www.swsbm.com>

* Michael Moore: Los Remedios - Traditional Herbal Remedies of the Southwest.

108 pages, 8.47 x 5.48". Red Crane Books, Oct. 1990. ISBN 1878610066. Listprice USD 10.

If you ever decide to do a book on traditional medicinal uses of your local flora, check this book to see how it's done. It's the only work in this genre (that I've seen) that includes a paragraph labelled "usefulness" with the usual traditional uses.

* Matthew Wood: The Book of Herbal Wisdom

250 pages, 9.05 x 6.05". North Atlantic Books, Sep 1997. ISBN 1556432321, listprice USD 19.

Well worth the price, as Matthew Wood opens a rather different point of view on plants. His tales are sprinkled with personal experience and herbal wisdom. Very very good.

* Gazmend Skenderi: Herbal Vade Mecum - 800 Herbs, Spices, Essential Oils, Lipids, Etc. Constituents, Properties, Uses, and Caution.

496 pages, 8.86 x 6". Herbacy Press, Jun 2003. ISBN 0971320926.

Listprice USD 25 plus shipping. Available directly from the publisher: herbacy@aol.com . (better buy it there - Amazon wants USD 50 for it - plus shipping, too, of course.)

Uses are given, dosages aren't - you need to know your plants before you use this book. It's a very good materia medica for practitioners, focusing on the essential; beginners might not do all that much with it, except they'd get solid, practical, sensible cautions for the listed plants, instead of the usual overblown and overly theoretical

ones. No pictures.

* Janice Schofield: *Discovering Wild Plants - Alaska, Western Canada, The Northwest*.

355 pages, 10.9 x 8.45". Alaska Northwest Books, 1998.

ISBN 0882403699. Listprice USD 40.

A delightful book, it includes information on a lot of plants found up here in Finland, too. Great pictures, lots of tried and true recipes, sensible medicinal uses - you need this book if you live up north.

* Janice Schofield: *Alaska's Wild Plants*.

95 pages, 8.02 x 4.55". Alaska Northwest Books, 1995. ISBN 0882404334.

Listprice USD 13.

Compared to her excellent *Discovering Wild Plants*: this one is a tenth (or less) of the scope and a third of the price. You makes your choice and you pays your price.

* Thomas Bartram: *Bartram's Encyclopedia of Herbal Medicine - The Definitive Guide to the Herbal Treatments of Diseases*.

496 pages, 9.10 x 6.12". Marlowe & Company, Sep 2002. ISBN 1569245509.

Listprice USD 18.

A lot, and I do mean a LOT, of short notes on herbs, supplements, and diseases, listed alphabetically. Very good as a repertory - a work which gives you treatment options for diverse ailments. No pictures.

* Maud Grieve: *A Modern Herbal - Vol. 1, A-H, and Vol. 2, I-Z*.

443 + 476 pages, 2 x 9.17 x 6.49". Dover Publ. 1971 reprint of the

1931 original. ISBN 0486227987 (I), 0486227995 (II), listprice USD 13 each.

A fairly good materia medica, especially for its history value. It's online too, scanned and OCR'd in full by Ed Greenwood:

<http://www.botanical.com/botanical/mgmh/mgmh.html>

Thorough but easy to understand descriptions of some plants and/or some organ systems

* Janice Schofield: *Nettles. (A Keats good herb guide)*.

96 pages, 6.77 x 4.18". McGraw-Hill, Jan 1998. ISBN 087983840X, listprice USD 5.

Despite the small format you'll get real in-depth information about that nicest of plants, the stinging nettle. I can personally vouch for Henriette's Potato Mush, with nettles of course. Excellent work!

* Michael Moore: *Herbs for the Urinary Tract. (A Keats good herb guide)*.

96 pages, 6.77 x 4.18". McGraw-Hill, Jan 1999. ISBN 0879838159, listprice USD 5.

A short but thorough introduction to the urinary tract and what gets it out of and back into kilter.

* Aviva Romm: *ADHD Alternatives - A Natural Approach to Treating Attention Deficit Hyperactivity Disorder*.

128 pages, 8.49 x 5.54". Storey Books, Jul 2000. ISBN 1580172482.

Listprice USD 13.

* Christopher Hobbs: Medicinal Mushrooms - An Exploration of Tradition, Healing & Culture.

264 pages, 9.38 x 6.66". Book Pub Co, 2003. ISBN 1570671435, listprice 19 USD.

It's _the_ book on medicinal mushrooms. Go get it, it's good.

* Christopher Hobbs: Natural Therapy for your Liver: Herbs and Other Natural Remedies for a Healthy Liver. 128 pages, 2002, ISBN1583331328, listprice USD 10.

* Christopher Hobbs: Vitex, the Women's Herb. 95 pages, 2003, ISBN 1570671575, listprice USD 8.

Accurate and balanced booklets.

He's online here: <http://christopherhobbs.com>

* Steven Foster's botanical booklets. Web site here:

<http://www.stevenfoster.com>

* No longer in print - a shame really:

o Paul Bergner: The Healing Power of Garlic

304 pages, 8.25 x 5.50". Prima Publishing, Oct 1995. ISBN 0761500987, listprice USD 16.

o Paul Bergner: The Healing Power of Ginseng and the Tonic Herbs

288 pages, 8.75 x 5.25". Prima Publishing, May 1996. ISBN 0761504729. Listprice USD 15.

o Paul Bergner: The Healing Power of Echinacea, Goldenseal and other Immune system herbs

336 pages, 8.75 x 5.50". Prima Publishing, Feb 1997. ISBN 0761508090, listprice USD 15.

o Paul Bergner: The Healing Power of Minerals, Special Nutrients, and Trace Elements.

320 pages, 8.50 x 5.75". Prima Publishing, Jul 1997. ISBN 0761510214, listprice USD 15.

These are very good in-depth books both about the herbs and the organ systems involved. Get them if you can.

Paul Bergner is the editor of Medical Herbalism (see the professional level journal list, ch.6.3.2). He has a website at <http://www.medherb.com>.

6.1.2 Specialty books: women's herbals, men's herbals etc.

Let's get gender-specific:

* Rosemary Gladstar: Herbal Healing for Women - simple home remedies for women of all ages.

304 pages, 9.17 x 7.35". Fireside Books, Nov 1993. ISBN 0671767674, listprice USD 14.

A very good book on herbs and women's health - and at that price it's

a steal.

Rosemary Gladstar's website is at <http://www.sagemountain.com>

* Amanda McQuade Crawford: *Herbal Remedies for Women*.
304 pages, 9.23 x 7.41. Prima Health, 1997. ISBN 0761509801. Listprice USD 20.

A very good book on herbs and women's health.

* Ruth Trickey: *Women, Hormones & The Menstrual Cycle - Herbal & Medical Solutions from Adolescence to Menopause*.

680 pages, 9.22 x 6.68". Allen & Unwin, 2nd ed., Apr 2004. ISBN 186508980X. Listprice USD 30.

A good book about the hormonal system and what gets it out of and back into balance. Learn how to remedy, for instance, endometriosis, fibroids, or painful menses with diet, herbs and supplements.

My copy of this book (1st ed.) is misbound (parts are upside down and, obviously, back-to-front), and the publisher promised me a new copy over a year ago. Haven't seen it yet. Tut tut, bad publisher.

* Amanda McQuade Crawford: *The Herbal Menopause Book*.

224 pages, 9.10 x 7.08". Crossing Press, Oct 1996. ISBN 0895947994, listprice USD 17.

Great notes on menopausal discomforts, and how to remedy them.

* Susun Weed: *New Menopausal Years, the Wise Woman Way*.

304 pages, 8.42 x 5.52". Ash Tree Pub., rev. ed., Nov 2001. ISBN 1888123036. Listprice USD 13.

* Susun Weed: *Wise Woman Herbal for the Childbearing Year*.

196 pages, 8.42 x 5.52". Ash Tree Pub., Jun 1985. ISBN 0961462000. Listprice USD 10.

* Susun Weed: *Breast Cancer, Breast Health, the Wise Woman Way*.

380 pages, 8.42 x 5.52". Ash Tree Pub., Mar 1997. ISBN 0961462078. Listprice USD 15.

Susun has her own very wise way of looking at things. You buy one first, and then you go out of your way to get the others when you or somebody close to you needs them.

Susun is online here: <http://www.susunweed.com>

* No longer in print:

o Anne McIntyre: *The Complete Women's Herbal - a manual of healing herbs and nutrition for personal well-being and family care*
287 pages, 10 x 7.75". Henry Holt & Co., Jan 1995. ISBN 0805035370, listprice USD 25.

A very good book on herbs and women's health.

o James Green: *The Male Herbal - health care for men and boys*

278 pages, 9 x 6". Crossing Press, Apr 1991. ISBN 0895944588, listprice USD 15.

The only book about herbs for men that I've seen so far.

* Aviva Romm: *Naturally Healthy Babies and Children - a Commonsense Guide to Herbal Remedies, Nutrition, and Health.*
2000, Storey Books, Pownal, Vermont, USA. ISBN 1-58017-285-7,
listprice USD 17.

A good, practical, all-round book for parents.

* Linda B. White, MD, and Sunny Mavor: *Kids, Herbs and Health - practical solutions for your child's health, from birth to puberty.*
1998, Interweave Press, Loveland, CO, USA. ISBN 1-883010-53-5,
listprice USD 22.

Another look at herbs for kids, this combines the conventional approach with the herbal one.

Pets

* Mary L. Wulff-Tilford and Gregory L. Tilford: *Herbs for Pets.*
1999, BowTie Press, Irvine, CA, USA. ISBN 1-889540-64-1, list price USD 30.

A blockbuster of a book, this really is worth getting. It includes, among other things, 200 pages of herbal materia medica for pets with glorious pictures, and notes on diet for dogs and cats.

Cancer

There are three books on cancer and herbal medicine for the serious herbalist. These will help you understand the research. They also make it easy to see what's real and what's hype around herbs for cancer:

* Donald Yance: *Herbal Medicine, Healing & Cancer.*
1999, Keats Publishing, Lincolnwood, Ill, USA. ISBN 0-87983-968-6,
listprice USD 22.

* John Boik: *Cancer & Natural Medicine - A Textbook of Basic Science and Clinical Research.*

1995, Oregon Medical Press, Princeton, Minnesota, US. ISBN 0-9648280-0-6.

* John Boik: *Natural Compounds in Cancer Therapy.*

2001, Oregon Medical Press, Minnesota, USA, <http://www.ompress.com> . ISBN 0-9648280-1-4.

If you want to get some knowledge about TCM, but keep your western herbalist bias:

* Steven Foster + Yue Chongxi: *Herbal Emissaries - bringing Chinese Herbs to the West.*

1992, Healing Arts Press, Vermont, USA. ISBN 0-89281-349-0, listprice USD 17.

Very thorough description of Chinese plants (with growing instructions) for us Westerners. (I LIKE books with more than 2 pages

per plant. These guys use about 6 pages per...)

... or the other way around:

- * Michael Tierra: Planetary Herbology - An Integration of Western Herbs into the Traditional Chinese and Ayurvedic Systems.
Lotus Press, Santa Fe, NM, USA. ISBN 0-941524-27-2, listprice USD 18.

6.1.2.1 Going for broke (and I wish you luck)

There's a very good series of books on how to turn a herb enthusiast into a cottage industry: the bootstrap guides(at www.bootstraps.com). They're practical, down to earth, and they tell you not only what plants will sell but also what kind of American bureaucracies you need to look out for. They are:

- * Lee Sturdivant: Profits from your backyard herb garden
1995, San Juan Naturals, PO Box 642, Friday Harbor, WA 98250, USA.
ISBN 0-9621635-3-8, listprice USD 11.
Starting with a smallish herb garden, this book tells you what you need to know in order to sell fresh herbs to local restaurants and markets.
- * Lee Sturdivant and Tim Blakley: Medicinal Herbs in the Garden, Field and Marketplace
1999, San Juan Naturals, PO Box 642, Friday Harbor, WA 98250, USA.
ISBN 0-9621635-7-0, listprice USD 25.
The first half of the book gives a view into successful herb businesses, the second part tells you how to grow herbs for the bulk trade - machinery, techniques, hints and tips, and growing and picking specific plants. At the very end of the book you'll find contact information of some American tincture and tea makers, including what plants they need and how to approach them.
- * Lee Sturdivant: Herbs for sale
1994, San Juan Naturals, PO Box 642, Friday Harbor, WA 98250, USA.
ISBN 0-9621635-2-X, listprice USD 15.
Interesting views into diverse successful herb businesses.

Not in the same series, this one comes from the other side of the world:

- * Greg Whitten: Herbal Harvest
Bloomings Books, The Stables, 21 Isabella Grove, Hawthorn Victoria, Australia 3122. ISBN 1876473045.
(review by Rosemary Jones:) Just got a copy from the publisher and it seems to answer most questions on the bulk processing of herbs for commercial use. How to build drying sheds and so on. The farming

advice is geared towards Australia but could work elsewhere with some modification.

If you're in the US you can order it from Rosemary (healingpgs.aol.com) or Healing Pages 1-800-561-2909) and save on freight. Or order it straight from the publisher.

End of part 6 of 7.

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Henriette Kress, AHG Helsinki, Finland
Henriette's herbal blog: <http://www.henriettesherbal.com/blog>

From spamtrap.hetta@spamcop.net Fri Jan 21 17:02:04 2005

Newsgroups: alt.folklore.herbs,alt.answers,news.answers

To:

Subject: Medicinal herbFAQ Part 7/7

From: Henriette Kress <spamtrap.hetta@spamcop.net>

Date: Fri, 21 Jan 2005 17:02:04 +0200

Archive-name: medicinal-herbs/part7

Posting-Frequency: monthly (on or about 20th)

Last-modified: 18Jan05

Version: 1.38m

URL: <http://henriettesherbal.com/faqs/medi-cont.html>

6.1.3 In-depth books, by organ system

- * Simon Y. Mills: The Essential Book of Herbal Medicine.
1993, Arkana, Penguin Books, London, UK. First published under the title "Out of the Earth", by Viking Arkana 1991. ISBN 014-019309X.
Listprice GBP 15.00, USD 17.
Excellent in-depth information for the practitioner.
- * Daniel B. Mowrey: Herbal Tonic Therapies.
1993, Keats Publishing Inc., New Canaan, Connecticut, USA.
ISBN 0-87983-565-6, listprice USD 15.
Good information on the use of mild tonic herbs, organized by organ system.
- * David Hoffmann: The New Holistic Herbal
1991 (3rd edition), Element Books Ltd, UK. ISBN 1-85230-193-7,
listprice 17 USD.
- * David Hoffmann: An Elders' Herbal - Natural Techniques for Promoting Health and Vitality
1993, Healing Arts Press, Vermont. ISBN 0-89281-396-2, listprice USD

18.

* David Hoffmann: *The Herbal Handbook: A user's guide to medical herbalism.*

1988, Healing Arts Press. ISBN 0-89281-782-8, listprice 15 USD.

I don't think it really matters which of David's books you get - they seem quite similar, one and all. So go for the newest, or the cheapest, or the prettiest cover picture - but don't go out and buy them all.

An online *Materia Medica*, by Hoffmann:

<http://www.healthy.net/clinic/therapy/herbal/herbic/herbs/index.html> .

Therapeutics to go with that:

<http://www.healthy.net/clinic/therapy/herbal/prevent/body/index.html> .

- The healthy.net site is spamming everybody and their uncle. Whatever you do, don't give them your email address; if you do, they'll spam you forever and ever.

He's also made a good herbal CD-ROM. Review here: section 6.5.4.

* Priest & Priest: *Herbal Medication, A Clinical and Dispensary Handbook.*

1982, L.N.Fowler & Co. Ltd., Essex, UK. ISBN 01-85243-368-9.

Great notes for the herbal practitioner.

So you're a mainstream medical professional with an interest in herbs? Try these:

* Rudolf Fritz Weiss, MD: *Herbal Medicine.*

1988. AB Arcanum, Gothenburg, Sweden / Beaconsfield Publishers, Beaconsfield, UK. ISBN 0-906584-19-1. Expensive!

Translated from the sixth German edition of *Lehrbuch der Phytotherapie*. Written by one of -the- experts on herbal medicine in Germany, it's a gem for practising herbalists and MDs interested in herbs. Don't buy the "updated" version, stay with the original from 1988.

* Francis Brinker: *Herb Contraindications and Drug Interactions.* 2. edition.

1998. Eclectic Medical Publications. ISBN 1888483067, USD 20.

It's just what it says on the title, and it's written by a ND who works with herbs. What more can I say? Buy it.

* Steven G. Ottariano: *Medicinal Herbal Therapy.*

1999, Nicolin Fields Publishing, Portsmouth, NH, USA. ISBN 0-9637077-6-0, listprice USD 15.

A pretty good summary for the MD or pharmacist who wants to know more about herbs.

* Simon Mills, Kerry Bone: *Principles and Practice of Phytotherapy - Modern Herbal Medicine.*

448 pages, 9.96 x 7.75". Churchill Livingstone, Nov 1999. ISBN 0443060169. Listprice USD 83.

From Robyn Foley, Oct04:

"Principles and Practice of Phytotherapy" appears to be a very good text for those who want to learn about the clinical and pharmacological studies conducted to date for the herbs they prescribe. This is a text for teaching, which is embedded with clinical application, but that is not the main focus of the text. This book may not be for someone who is not interested in scientific backup for their prescriptions.

6.1.4 Chinese herbs, or TCM (Traditional Chinese Medicine)

A reader has checked my TCM section (many thanks!). Her comments are marked "AC":

- * Dan Bensky, Andrew Amble, Ted Kaptchuk: Chinese Herbal Medicine Materia Medica, 2nd edition.
1993, Eastland Press, Inc., Seattle, WA. ISBN 0939616157.
The standard Materia Medica for western-trained TCM practitioners.
AC Jan05: This info is from the old 1st edition of their MM. It was at that time the standard. They have a new 2nd edition, that I personally don't like as well, but that may be personal choice and I don't know if Bensky is still the standard with TCM schools and the NCCAOM (testing body) or not.
- * John K. Chen and Tina T. Chen: Chinese Medical Herbology and Pharmacology.
Art of Medicine Press (<http://www.aompress.com>) ISBN: 0-9740635-0-9.
AC Jan05: An absolutely fantastic Materia Medica that may have supplanted Bensky. There was some controversy when this book first came out last year about the traditional functions (from TCM) in this vs Bensky vs the old classics, and some about the animal studies (vs human studies) he cites. I don't know the resolution of that controversy but I expect it really depends on who you talk with, and especially the political camp to which they belong (so called "evidence based medicine" vs the vitalists (to borrow a term from the Western tradition of energy medicine))
- * Dan Bensky, Andall Barolet: Chinese Herbal Medicine Formulas & Strategies, 1st. edition.
1990, Eastland Press, Inc., Seattle, WA. ISBN 0939616106.
The companion Formulary.
AC Jan05: Still the standard as far as I know.
- * Roger Wicke: TCHS vol. 1, The Language and Patterns of Life, USD 55.
- * Roger Wicke: TCHS vol. 2, Herbs, Strategies and Case Studies, USD 55.
These are the two major textbooks for the Rocky Mountain Herbal Institute's Chinese herbology course. Description, table of contents and brief excerpts at: <http://www.rmhiherbal.org/a/c.publ.rmhi.html>
While Roger, in these books, tries to integrate western physiological

understanding of TCM theory where possible, the major focus is on using Chinese herbs according to the traditional TCM clinical rules (any other way simply doesn't work as well, as verified by clinical studies in several countries).

AC Jan05: Roger Wicke's program has really been updated. He has done some wonderful things with software and now has both the books and all his data arranged into a distance learning CD that's really incredible.

TCM for beginners:

* Michael Tierra: *The Way of Chinese Herbs*.

1998, Pocket, ISBN 0671898698, listprice USD 18.

AC Jan05: It's quite good and readable as far as it goes. It's a great consumer-level or even dabbler-level book.

* Zhang Yu Huan, Ken Rose: *Who Can Ride the Dragon?*

1999, McGraw-Hill, ISBN 0912111593, listprice USD 20.

AC Jan05: I wish I had read this at the beginning of my schooling. I would recommend it to all folks interested in TCM for any reason (medicine, martial arts, etc.).

* Harriet Beinfield, Efrem Korngold: *Between Heaven and Earth*.

1992, Ballantine Books, ISBN 0345379748, listprice USD 16.

AC Jan05: I like it, but it's largely Five Element theory, and many of the evidence-based medicine folks don't like that.

* Donald E Kendall: *Dao of Chinese Medicine, Understanding an Ancient Healing Art*.

2002, Oxford University Press, ISBN 0195921046, listprice USD 50.

AC Jan05: A deeper exploration of TCM theory and philosophy, although not really a textbook. I like it, but it, too, has its detractors and controversy.

* Ted Kaptchuk: *The Web that has no Weaver*.

2000, McGraw-Hill, ISBN 0809228408, listprice USD 22.

AC Jan05: I hear the 2nd, updated printing is much improved, but the 1st edition is really dry, dry, DRY, and not all that good.

6.2 Good Books for further studies

So now you feel you've read enough books, but you're still glassy-eyed from reading the 'constituents' -part of the books (or the various ailment descriptions) - time to go shopping for some (literally) (pun intended) heavier stuff:

If you're a practising herbalist:

* Harvey Wickes Felter, John Uri Lloyd: *King's American Dispensatory*, in

two volumes.

1898, 18th edition, 3rd revision. Reprinted 1993, Eclectic Medical Publications, OR, USA. Phone 1-800-332-4372. No ISBN number.
<http://www.eclecticherb.com/emp/historicalresearch.html> Listprice USD 285.

This one lists everything they knew about plants (and chemicals used in medicine) back then, and does it exhaustively. It is REALLY good.

It's online here: <http://henriettesherbal.com/eclectic/kings/intro.html>
- that's all plant-related entries.

If you're a pharmacognosist or pharmacist with an interest in herbs:

* Norman Grainger Bisset (Ed.): Herbal Drugs and Phytopharmaceuticals, A Handbook for Practice on a Scientific Basis.

Translation of Max Wichtl (Ed.): Teedrogen (see next entry).
1994, CRC Press. Very expensive.

This book has 181 monographs on European herbs with descriptions and photographs of the herbs, with lists of constituents, indications, side-effects, delivery system, method for authenticating the herb (usually a TLC), and the quantitative standards of the European pharmacopeias where it is listed as official. Although it does not explain mode of action, this is a technical, and scientific book of excellent quality and a must for serious herbal students. It is also expensive as are all CRC books. (kathjokl.aol.com)

* Max Wichtl (Hrsg.): Teedrogen, ein Handbuch fuer die Praxis auf wissenschaftlicher Grundlage. 2., erweiterte, ueberarbeitete Auflage
1989, Wissensch.VG., Stuttgart, Germany. ISBN 3-8047-1009-3, listprice DEM 198.

It's expensive in the original, too, but still a good reference for pharmacognosists and pharmacists.

* Trease + Evans: Pharmacognosy, 13th edition.
1989, Bailliere Tindall, London.

There is a great deal of chemistry involved in this book but again it is an excellent reference if this is the type of information you want.
(kathjokl.aol.com)

Then you might want:

* A basic chemistry textbook.

* A good biochemistry textbook.

* A good anatomy/physiology textbook (good to put you to sleep, too).

* The Anatomy Coloring Book.

* The Physiology Coloring Book.

* The latest Merck Manual, which lists main illnesses plaguing mankind - not for us hypochondriacs. You might need a Medicinese - English dictionary to understand it. The Merck Manual (17th edition) is now on

6.3 Good Periodicals

Also check FTP <ftp.ibiblio.org>

</pub/academic/medicine/alternative-healthcare/herbal-references/literature/herb-journals>

Robyn has a list of journals on her page, too: www.rrreading.com

You'll find a list of alternative healthcare journals (only one on herbs)

here: <http://www.healthwwweb.com/journals.html>

6.3.1 For enthusiasts (emphasis on color pictures)

* The Herb Companion

The Herb Companion, KS, USA. <http://www.herbcompanion.com>

Bimonthly, USD 20/year or USD 39/2 years (foreign USD 30/year or USD 59/2 years).

Mainly herb gardening and culinary uses of herbs.

* HerbalGram (Journal of the American Botanical Council and the Herb Research Foundation)

American Botanical Council, TX, USA <http://www.herbalgram.org>

Quarterly, USD 50/yr. (Foreign USD 70/yr).

Technical and scientific, ethnobotany, latest medical research.

Do check Jonathan Treasure's in-depth reviews of Tyler's books and the

Comm. E. monographs before you let this journal talk you into buying

them: <http://www.herbological.com/>

* Herbs for Health.

Herbs for Health, KS, USA. <http://www.herbsforhealth.com>

Bimonthly, USD 20/year or USD 39/2 years (foreign USD 30/year or USD 59/2 years).

* The American Herb Association Quarterly Newsletter

American Herb Association, CA, USA. <http://www.ahaherb.com>

Subscriptions: USD 35/supporting, USD 20/regular membership per year.

* North East Herb Association Newsletter.

email: northeastherbal@hotmail.com

Subscriptions: USD 30-USD 100/yr depending on what you can afford.

* The United Plant Savers newsletter

United Plant Savers, VT, USA. <http://unitedplantsavers.org>

USD 35 - USD 100 sliding scale.

* The Herb Quarterly

San Anselmo, CA, USA. <http://www.herbquarterly.com/>

Quarterly, ISSN 0163-9900, USD 19.95/year (internet price). (Canada and Mexico add USD 5, other foreign add USD 7).

* Herbs at Home Magazine,
Ontario, Canada. <http://www.herbsathomemagazine.com/> - (link dead
12Apr04, perhaps the whole mag is gone? -Henriette)
Quarterly, USD/CAD 15/year, USD/CAD 27/2 years.

6.3.2 For professional herbalists (emphasis on case studies)

These lead the field:

* Medical Herbalism

Bergner Communications, Boulder, CO, USA. <http://www.medherb.com> -
back issues available as single issues, as a bound volume, by online
subscription, or on CD.

Subscription by year; 4 issues per; USD 36 (US), 39 (Canada), 45
(overseas). Credit cards accepted.

* The European Journal of Herbal Medicine.

National Institute of Medical Herbalists (NIMH), Exeter, UK, Europe.
Their website <http://www.ejhm.co.uk/> includes full articles of issues
1-3, and TOC of later issues.

Subscription by volume; 3 issues per; GBP 19.50 (UK), 24.50 (EC),
29.50 (overseas). They don't take Visa, but check or money-order is
OK.

* Journal of the American Herbalists Guild

<http://www.americanherbalistsguild.com/>

Subscription by year; 2 issues per; USD 45 (US), 60 (foreign).

* The Modern Phytotherapist.

MediHerb Pty Ltd., Qld., Australia. <http://www.mediherb.com.au/>

Subscription by year; 2-3 issues per; AUD 33 (straya), 40 (overseas).

* Australian Journal of Medical Herbalism

National Herbalists Association of Australia (NHAA), NSW, Australia.

<http://www.nhaa.org.au>

Subscription by year; 4 issues per; AUD 220 (full members
(practitioners)) + AUD 30 joining fee; AUD 55 (students) + AUD 10
joining fee; AUD 110.50 (supporting members) + AUD 20 joining fee.
Overseas + AUD 15 (rates per 0700)

* The British Journal of Phytotherapy - sorry, no info - I'll add an URL
if and when they get around to getting one.

This one I don't know:

* The Canadian Journal of Herbalism

Ontario Herbalists Association, Ontario, Canada.

<http://www.herbalists.on.ca/journal/>

Subscription CAD 40.00; I don't know how many issues a year or a
volume.

Auf Deutsch:

* Zeitschrift der Phytotherapie

Stuttgart, Germany. <http://www.phytotherapy.org/presse/zeitschr.htm> - einige Volltext Artikel, a few full-text articles even in English. The publisher's page is here: <http://www.thieme.de/phyto/index.html>
Not really worth it; unless you're interested in phytotherapy as opposed to herbal therapy, ie. scientific studies as opposed to hands-on experience.

6 issues per year, EUR 62 + Versandkosten.

These are secondary in importance to the practitioner:

* The Protocol Journal of Botanical Medicine - this journal is no more.

Do buy used journals, if you can find them.

* The Eclectic Medical Journals

P.O. Box 936, Sandy, OR 97055 USA.

Subscriptions: USD 84/yr for 6 issues.

Comment stolen from an article by Jonathan Treasure: '... the articles in The Eclectic Medical Journals, while giving a useful insight into the grass-roots of the Eclectic movement, hardly justify their annual cost of USD 84 subscription to the average practitioner.'

6.3.3 For universities (emphasis on scientific studies)

* Planta Medica http://www.thieme.de/plantamedica/fr_inhalt.html

* Fitoterapia http://www.indena.com/fitoterapia_profile.asp and

http://www.elsevier.com/wps/find/journaldescription.cws_home/620051/description

* Economic Botany <http://www.econbot.org/home.html>

And any other journals which consistently pop up when you do a medline or napralert search (see next section). They should be available at your local university. Subscription rates for these journals run into hundreds, if not thousands of dollars a year, so they are rather out of reach for people, institutions and companies without a sizeable literature budget.

6.4 Online commercial databases

6.4.1 Napralert

There's an introduction to NAPRALERT on this www page:
<http://info.cas.org/ONLINE/DBSS/napralertss.html>

Mary Lou Quinn, Managing Director, NAPRALERT, states the difference between Medline and Napralert as follows:

"NAPRALERT is and always has been restricted to world literature regarding natural products. Medline is not restricted. Just as one example, if you query NAPRALERT on the key word AMYGDALIN, you will get only that literature pertaining to the compound AMYGDALIN (otherwise known as LAETRILE).

If you query Medline, not only will you get the above, but you will also get lots of articles dealing with the Amygdala of the brain, anatomy, physiology, etc. It has never been NAPRALERT'S goal to be all inclusive regarding medical science. However, if you want the most comprehensive database on Medicinal plants and Natural products, then NAPRALERT is the way to go."

Quoted from the NAPRALERT information package:

"Napralert (NATURAL PRODUCTS ALERT) is a relational database of world literature on the chemical constituents and pharmacology of plant, microbial and animal (primarily marine) extracts.

It's housed and maintained by the Program for Collaborative Research in the Pharmaceutical Sciences, within the Department of Medicinal Chemistry and Pharmacognosy, in the College of Pharmacy of the University of Illinois at Chicago, 833 South Wood Street (M/C 877), Chicago, IL 60612, U.S.A. Phone (312)-996-2246, Fax (312)-996-7107."

And here is what it'll cost you:

You can access Napralert by paying bulk rate (subscribing) or by paying per question. Annual subscription fee for individual user with no ties to government agencies, small or large businesses, research institutes or libraries: USD 100, of which half gets you manuals, a user ID/password, and limited disk storage space, and the other half gets you answers (at USD 0.75 per reference obtained).

Per question rate: USD 25 + USD 0.75 per reference obtained.

Off-line (snailmail rate): USD 25 + USD 0.75 per reference obtained.

NAPRALERT is also available on-line through STN in the US, Europe and Asia.

You can get free Medline access here

http://www4.infotrieve.com/newmedline/adv_search.asp or here:

<http://www.ncbi.nlm.nih.gov/PubMed/>

One has the niftier search engine, while the other will tell you right away if it was 'in vitro' or 'in vivo'. (Why is that important? Section 5.1.8 in this FAQ has a nice introduction to the ins and outs of herbal research.)

There is, of course, a caveat with depending on a (a bit skewed) database like Medline: you won't get much outside of the 'white' world; you won't get much outside of English language, you won't get much of the multitude of (occasionally very useful) far-out research. And it helps to add a keyword like 'herb' or 'plant' to your search. Medline is not made for herbalists, it's made for MDs. Live with it, but learn where to get hands-on information, as well. Like the practitioner-level journals I mention in the 'Good Periodicals' -part of this FAQ (section 6.3.2).

Comment by Mark D. Gold (mgold.holisticmed.com):

"I find it (Medline) a very useful tool. But it is important to realize that there are several articles which warn about the "dangers" of herbs (particularly in JAMA) which are little more than inaccurate hatchet jobs."

6.4.3 Ingenta

Another commercial database of scientific journals; it's Carl Uncover in new clothes (well, they merged). Good selection of herbal articles. Enable javascript for the search engine. <http://www.ingenta.com>

6.4.4 IBIDS

IBIDS is a database where you can search for scientific articles on herbs and supplement. From the NIH (National Institute of Health), Office of Dietary Supplements: <http://www.nal.usda.gov/fnic/IBIDS/index.html>

6.5 Herb programs

6.5.1 Demo or shareware herb programs

For recent herbal programs try a search for 'herb', 'plant' or 'botanical' on one of the larger shareware sites, like <http://www.shareware.com/>, <http://itprodownloads.com/>, <http://www.winsite.com/search/> or <http://www.download.com/>

A few links to get you started:

Get the demo of HerbBase, an empty database structure ready for you to fill up: <http://www.DynamicArray.com.au>

Zentrum Publishing has a few programs here:
http://www.self-realization.com/alternative_medicine_software.htm
(Wellness, Naturheilkunde, Herbs, Side Effects).

6.5.1 Commercial Herbprograms

CD-ROMs:

The Herbalist, David Hoffmann, <http://www.hoptechno.com/herbmm.htm> , USD 50.

"The Herbalist" was made before crosslinking really took off, but it has a nice index/search engine. It gives you fast access to thorough plant / ailment information. As a bonus there are pronunciations of some plant Latin - the British way.

Traditional Chinese Medicine & Pharmacology,
<http://www.hoptechno.com/cherbal.htm> , USD 50.

Well worth the price, if you do have some basic knowledge about Traditional Chinese Medicine. I can't say how good it is if you really know your Chinese herbs, but for my knowledge of TCM (basic) it's perfect.

Traditional Chinese Herbal Sciences CD-ROM, Self-study course and TCM herbal tutor. Roger Wicke, <http://www.rmhiherbal.org/tchs-cd/index.html> , USD 350/350+350/600.

Herbalist, <http://www.LongGrassSystems.com.au/Herbalist.php> , AUD 30 (about USD 20).

It includes data on about 300 herbs (which you can add your own notes to). You can download a demo (26 MB). As they've used 80 of my pics I get a kickback if you order it with this link:

<http://www.LongGrassSystems.com.au/HerbalOrder.php?FromID=HENR> - I don't

get kickbacks if you order it without that "FromID".

Medical Herbalism Resource Disc, <http://www.medherb.com/MHHOME.SHTML> (go for the back issues). USD 59.

Paul Bergner's excellent journal Medical Herbalism is now available on a CD-ROM, as .html and .pdf -files. That's the back issues from 1989 through to 1999 - no later ones, sorry. While the links in the html part aren't always correct (the files are there, but the links don't always point to them), the pdf files work very nicely indeed.

Considering that the back issues on paper are priced at USD 99/149, and that the information in this format is searchable and well indexed, it's a bargain.

Also included on this CD-ROM, in the same .pdf and .html formats, are King's American Dispensatory (from my site, here:

<http://www.henriettesherbal.com/eclectic/kings/intro.html> (used with my permission)) and William Cook's Physiomedical Dispensatory.

Interactions, <http://www.ibismedical.com> , USD 100.

Besides containing good in-depth information about the interactions of some 300-400 drugs, a respectable amount of nutrients, and about 20 of the most talked about herbs, it also includes a short section on herbal pharmacodynamics.

The Herbal Remedies CD,

http://www.dav-buchhandlung.de/buchlang.php3?titel_id=51881 , 77 EUR.

A German CD-ROM, seen from a phytopharmaceutical viewpoint. The database is divided into two main parts:

- a Materia medica (which lists, in addition to basic plant information, latin name synonyms and variations - quite smart, that.).
 - a drug information sheet - instead of "Aesculus hippocastanum" we get "Hippocastani semen", with preparations, constituents, and indications.
- MDs and NDs take note - this one is for you.

The Interactive Herbal, Terry Willard,

<http://www.cdromshop.com/cdshop/desc/p.779810113001.html> , USD 21 and not worth it. Were I Terry Willard I'd try everything in my power to disconnect my name from this program - it's really that bad.

At first glance "The Interactive Herbal" is a nicely done CD with some multimedia and a medium-sized database. However:

- The "Formulas" section (54 so-called formulas) is severely lacking (there are no amounts given) and not too homogenous (one aromatherapy entry, three homeopathy, 8 TCM, 9 vitamin/nutrient...).
- The "Diet" section (57 regimens) compounds the frustration by telling you to use these formulas, in almost every single diet regimen. How -can- you, if you cannot make them? It made me wonder who the CD was made for, and what the purpose of it really is - to sell formulas?
- The "Herb" section gives details on 141 herbs, including herbs both from

the western tradition and from TCM; here you'll even find some working formulas.

- The "Ailment" section gives thumbnail sketches of 124 ailments or disorders, outlines therapeutic approaches, and recommends herbs, vitamins/nutrients, and formulas. This is the most useful part of the CD. There is no search capability at all. Also, the index of herbs is by common name only, and if you cannot guess which they've used you're out of luck. The Interactive Herbal needs -extensive- changes before it's as good as its introductory screen promises.

6.6 Other online information sources

Among the goodies you'll find herbal mailing list and newsgroup archives, Michael Moore's files, and some nice WWW pages.

6.6.1 FTP sites with info on medicinal herbs: ibiblio herb archives

Try this: ftp ibiblio.org
/pub/academic/medicine/alternative-healthcare/herbal-medicine/ or ftp
sunSITE.sut.ac.jp
/pub/academic/medicine/alternative-healthcare/herbal-medicine/.

More here: ftp ibiblio.org
/pub/academic/agriculture/sustainable_agriculture/gardening/ or here: ftp
sunsite.sut.ac.jp
/pub/academic/agriculture/sustainable_agriculture/gardening/.

Still more: ftp ibiblio.org
pub/academic/agriculture/sustainable_agriculture/gardening/gardening-faqs/
or ftp sunsite.sut.ac.jp
/pub/academic/agriculture/sustainable_agriculture/gardening/gardening-faqs/

And you'll find a wealth of herbal information here - unfortunately not very well organized, but if you do have the time to browse you'll find it is a treasuretrove: ftp ibiblio.org
/pub/academic/medicine/alternative-healthcare/herbal-references/ or ftp
sunSITE.sut.ac.jp
/pub/academic/medicine/alternative-healthcare/herbal-references/

6.6.2 Interesting WWW pages

I'll only list the most important herbal WWW pages here. You'll find the rest of the good sites from links on Howie's and my pages. And you should use a search engine to look for information on specific plants.

* Michael Moore's homepage: <http://www.swsbm.com> , the Southwest School of Botanical Medicine.

Have a good look at all the goodies; if you are not a beginner, get the big textfiles - Herbal Materia Medica, Herbal Repertory, Herbal/Medical Dictionary, Herbal-Medical Contraindications, Specific Indications, Herbal Tinctures, Herbal Energetics, Plant Folders, Classic Texts, and anything else that might have been added. There's also a -lot- of pictures on site.

Do download the Herbal Energetics - these are summaries of how to prepare and use plants you already know in ways you already know (even though you didn't necessarily know that you can use THAT plant in THIS way before reading the booklet).

* Howie Brounstein's homepage:

<http://www.teleport.com/~howieb/howie.html>

Columbine and Wizardry Herbs, wildcrafting school and herb catalog. Go get a laugh at the Fad herbs, or read up on smoking herbs, or mugwort. Have fun.

* Jonathan Treasure's Herbal Bookworm page: <http://www.herbological.com>

All you need to know about herb books: excellent in-depth reviews, a list of must-read books, a list of stinkers, and a Reality Check.

* The Health World Online site. - The healthy.net site is spamming everybody and their uncle. Don't go there, and whatever you do, don't email them using a real account; if you do, they'll spam you forever and ever amen.

* Henriette's Herbal Homepage: <http://www.henriettesherbal.com>

Home of the herbfaqs (you're reading part of one right now), you'll also find plant pictures, classic texts, plant names in several languages, archives, links - it's an extensive site.

(Me? Biased? Naah.)

6.7 Pointers to related documents

* 6.7.1 Plants by Mail FAQ pointer

* 6.7.2 Carpal Tunnel Syndrome WWW page pointer

* 6.7.3 Hint for Kombucha posters

* 6.7.4 Hint for Essiac posters

* 6.7.5 Thinking of growing herbs for sale?

* 6.7.6 Saw Palmetto and Prostata problems: Newsgroup/FAQ pointer

* 6.7.7 Natural high FAQ pointer

* 6.7.8 Natural vision FAQ pointer

* 6.7.9 Smoking herbs document pointer

* 6.7.10 Pointer to herbal-medical glossary

* 6.7.11 Menopausal discomforts

6.7.1 Plants by Mail FAQ pointer

Here you'll find lots and lots of catalogs to get living plants, and some seeds, too: <http://gardenwatchdog.com>

6.7.2 Carpal Tunnel Syndrome WWW page pointer

Take a look at the Carpal Tunnel Syndrome Home Page at <http://www.ctsplace.com/> and specifically, at <http://www.ctsplace.com/preventative.php>

6.7.3 Hint for Kombucha posters

Please subscribe to the Kombucha list (see 8.1.4). Do not post on alt.folklore.herbs about Kombucha.

You could go visit the Kombucha Homepage, which should answer anyone's questions about the subject: <http://w3.trib.com/~kombu/>

6.7.4 Hint for Essiac posters

You can find a wealth of info on Essiac at this web location: <http://essiac-info.org/>

6.7.5 Thinking of growing herbs for sale?

Visit this site first: <http://www.hort.purdue.edu/newcrop/>

It's the Gateway to the NewCrop Resource Online Program at the Indiana Center for New Crops and Plant Products at Purdue University; it has lots of information about different plants.

Next go for Richters' FAQ pages: <http://www.richters.com/QandA.html>

Then go get the 'herb-growing.faq' on [ibiblio](http://www.ibiblio.org) (see 6.6).

6.7.6 Saw Palmetto and Prostate Problems: Newsgroup/FAQ pointer

Try news:alt.support.prostate.prostatitis, where they also have an

excellent FAQ posted periodically.

6.7.7 Natural High FAQ pointer

The hyperreal archive is gone - try the erowid vault:

http://www.erowid.org/psychoactives/faqs/natural_highs_faq.shtml

6.7.8 Natural vision FAQ pointer

This interesting document can be found here:

<http://www.cia.com.au/vic/faq.html>

6.7.9 Smoking herbs document pointer

THE document on herbal smokes, which also tells you how to stop smoking, is Howie Brounstein's Herbal Smoking Mixtures -booklet. You'll find it here:

<http://www.teleport.com/~howieb/howie.html> .

6.7.10 Pointer to herbal-medical glossary

I got email 'yes but what does MAO inhibitor and adrenergics and cholinergics mean?' ... so here's a pointer to Michael Moore's medicines -

English dictionary: <http://www.swsbm.com/ManualsMM/MedHerbGloss2.txt>

you get there from Michael Moore's Clinical Herb Manuals page:

<http://www.swsbm.com/ManualsMM/MansMM.html>

6.7.11 Menopausal discomforts

A very good place to start is the alt.support.menopause newsgroup. Next, check this page: <http://www.geocities.com/menobeyond/> . Also see the entry on wild yam, 2.12

7 Schools etc.

So you want to to to a herb school? There's lots. Which are the good ones? Which will give you value for your money and which will hand you fancy gold-plated diplomas instead of the knowledge you went there for? Which are the ones where you'll have to arrive with a chastity belt firmly locked in order to avoid the teachers' amorous advances? Where will you learn all

about goats and rather less about herbs?

The best way to find out juicy bits like that is to attend a herbal conference or two, and _gossip_. I can recommend the Southwest conference for that myself, as I've been to that one (watch me listen to horror stories with my chin on my collarbone...), but I expect others will be equally enlightening.

Note, the herb school I attended gave excellent value for the money; the diploma is factual and not that fancy; I didn't learn squat about goats; and I didn't have to fend off any of the teachers, either. All this before I attended even one conference... lucky me, eh?

There is no really comprehensive up-to-date list of herbal schools anywhere. I've put some schools into my list; there are other lists elsewhere. Here's a few:

- * The Natural Healers site lists a few (American) herb schools - sort them by specialty and/or location: <http://www.naturalhealers.com>
- * The American Herbalists guild has put parts of their (US) Herbal Education Directory online:
http://www.americanherbalistsguild.com/school_search.htm - the \$12 version of the same includes descriptions etc., at least according to their site: <http://www.americanherbalistsguild.com>
- * The American Herb Association also has compiled a list of (US) schools: <http://www.aha herb.com> - theirs costs \$3.50.
- * Herbnets also lists schools: http://www.herbnets.com/university_p1.htm

Whichever school you choose, do read the accreditation notes on this page - otherwise you might end up taking a correspondence course at Clayton.

(Why do I dislike Clayton? A real ND degree means that you can get a license to legally practise as an ND a few states in the US. The real thing also took about four years of hands-on training. In comparison, Clayton's mail order ND degree isn't worth the paper it's printed on. As long as Clayton hands out ND degrees without having the real ND degree backing they're a diploma mill in my eyes - and I have a real dislike for diploma mills. Let them call it something else, something with no real significance (which is what correspondence school diplomas should be), and I'll withdraw all my objections to their operations. Until then, pffshaw.)

7.1 Some hands-on schools I know of in the US

ND degrees:

These schools give you -real- ND degrees, with the possibility to get a ND license in one of the licensing states. There are also fake ND schools - read about those here: 7.6, Accreditation.

- * Southwest College of Naturopathic Medicine & Health Sciences. Tempe, Arizona. <http://www.scnm.edu/>
- * Bastyr University. Kenmore, WA. <http://www.bastyr.edu/>
- * University of Bridgeport, College of Naturopathic Medicine. Bridgeport, CT. <http://www.bridgeport.edu/naturopathy/>
- * National College of Naturopathic Medicine. Portland, OR. <http://www.ncnm.edu/> (Needs flash, which I abhor.)

Other herbal hands-on schools:

Full-time:

- * Southwest School of Botanical Medicine, Michael Moore. Bisbee, Arizona. <http://www.swsbm.com/>
- * The Rocky Mountain Herbal Institute, Hot Springs, MT. Mainly Chinese herbology. <http://www.rmhiherbal.org>
- * California School of Herbal Studies, Forestville, CA. <http://www.cshs.com/>
- * The North American College of Botanical Medicine (formerly the National College of Phytotherapy), Albuquerque, NM. <http://www.swcp.com/botanicalmedicine>
- * Desert Woman Botanicals, Monica Rude, Gila, NM. Several 3-month apprenticeships in medicinal herb growing, harvesting, drying, marketing, shipping, use in products. Enthusiastic, hard working workers interested in herb growing should apply. <http://www.desertwoman.net/>
- * NorthEast School of Botanical Medicine, 7Song. Ithaca, NY. A six-month, three days a week school: <http://www.ph.utexas.edu/~wolfe/NSBM/NSBMcur.html>

Part-time:

- * Howie Brounstein, Columbines and Wizardry Herbs, Inc., Eugene, Oregon. A wildcrafting class. <http://www.teleport.com/~howieb/howie.html>
- * Pacific School of Herbal Medicine, Adam Seller. Oakland, California. Classes range from a couple of hours (for beginners) through 650 hours (to become a professional herbalist). Adam also has clinical case studies for the practising herbalist. <http://www.pshm.org>
- * Christopher Hobbs, Williams, OR. 8 month apprenticeship program, one weekend a month. <http://www.christopherhobbs.com>
- * Herbal Therapeutics, David Winston. Broadway, NJ. A two-year school

- with classes one evening a week. <http://www.herbaltherapeutics.net>
- * Rosemary Gladstar, Vermont. 12 month apprenticeship program, one weekend a month. <http://www.sagemountain.com>
- * Althea Northage-Orr, Chicago, IL. Evening classes. <http://www.chicagocollegeofhealingarts.com>

I don't know if these are full- or part time:

- * Susun Weed has intensives and correspondence courses: <http://www.susunweed.com>

 7.2 Some hands-on schools in Canada

ND degree:

This school gives you a -real- ND degree, with the possibility to get a ND license in one of the licensing states. There are also fake ND schools - read about those here: 7.6, Accreditation

- * The Canadian College of Naturopathic Medicine, Toronto, Ontario. <http://www.ccnm.edu>

Other herbal hands-on schools:

- * Dominion Herbal College, Burnaby, B.C. <http://www.dominionherbal.com>
- * Mohawk College of Applied Arts & Technology, Hamilton, Ontario. This is phytotherapy, not herbalism, but then I'm a snob. <http://www.mohawkc.on.ca/dept/cehs/phytotherapy.html>
- * Wild Rose College of Natural Healing, Terry Willard. Calgary, Alberta. <http://www.wrc.net/>

 7.3 Some correspondence courses I know of in the US

It's rather difficult to judge these from their ads. I've added "good" to those which I've only heard good things about.

-
- * Rosemary Gladstar has a correspondence course. <http://www.sagemountain.com>
 "good"
 - * The Australasian College of Herbal Studies. <http://www.herbed.com>
 "good"

- * David Hoffmann, Therapeutic Herbalism. If you would like more information, his address is:
2068 Ludwig Avenue, Santa Rosa, CA 95407. 707/544-7210. Stuck in the stoneage, eh, David, with no URL yet? I'll drop this one in my next update, because addresses and phone numbers change, and I can't check them from here.
- * Christopher Hobbs Home study course. <http://www.christopherhobbs.com>
- * Jeanne Rose has a correspondence course. <http://www.jeannerose.net>
- * The School of Natural Healing, founded by Dr. John R. Christopher. They have an Herbalist course and a Master Herbalist course, among others. <http://schoolofnaturalhealing.com>
- * The East-West Herb Course, Michael Tierra. This is TCM, not western herbalism. <http://www.planetherbs.com>

7.4 Some schools and correspondence courses elsewhere

- * The School of Natural Health Sciences, London, UK.
<http://www.learnbymail.com/courses/herbalism.htm>
- * The Waikato Centre for Herbal Medicine is in New Zealand. Graduates are able to become full Professional Members of the NZ Association of Medical Herbalists.
The course is 4 year, three years at college (one day a week) and the 4th year is working alongside a Registered Medical Herbalist in Clinical Training. There is also a correspondence programme.
<http://www.herbalcentre.co.nz>
- * The International College of Herbal Medicine, in New Zealand.
<http://www.HerbCollege.com>

The UK Herb Society has a Herbs educational resources page with more UK schools: <http://www.herbsociety.org.uk/education.htm>

The NIMH (the National Institute of Medical Herbalists, UK) also lists some schools; unfortunately, their list is rather out of date:
<http://www.nimh.org.uk>

7.5 About correspondence schools, and licensing of herbalists

From: tim.thorne.thorne.com (Tim Birdsall, ND)

I have absolutely no quarrel with distance learning. However there is a substantive difference between getting an MBA by home study and getting a health care degree! How can you learn physical diagnosis without someone standing over your shoulder saying "No, the spleen is here." or "Yes, this

person's liver feels enlarged." To the best of my knowledge, no other health care profession has any legitimate degrees offered exclusively via home study.

7.6 Accreditation of ND schools and ND licensing in the US

From: Paul Bergner <bergner.concentric.net>
Subject: Clayton School

Someone recently posted that the Clayton School had obtained "accreditation". By what body, may I ask? Is it something recognized by the Department of Education, or is it some form of gratuitous self-accreditation? The test of legitimacy is whether students are eligible for government student loans.

>From Henriette:

Clayton's "ND" degree won't get you a ND license in the states where ND licensing is possible. If you want a real ND degree you need to attend one of the real ND schools mentioned above.

The accrediting agency for naturopathic schools is the Council on Naturopathic Medical Education (CNME), Eugene OR. <http://www.cnme.org>
The CNME is accredited by the US Department of Education and is the only recognized licensing agency for naturopathic medical schools in the US.

States in which you can get licensed as an ND:

If you're an ND who has graduated from one of the eligible ND schools you can get licensed in these states:

Alaska, Arizona, Connecticut, Hawaii, New Hampshire, Montana, Oregon, Vermont, Washington, Utah,
after passing the Naturopathic Physicians Licensing Exam (NPLEX).

There are additional recognized ND licenses in Florida. No new licenses are being granted there, however.

British Columbia and Ontario currently license NDs who pass licensing exams and who have graduated from any of the legitimate naturopathic medical schools with an ND.

Other resources:

Federation of Naturopathic Medical Licensing Boards, Inc., 5002 W Glendale Ave, Ste 101, Glendale, AZ 85301, USA, phone 602-937-4756.

American Association of Naturopathic Physicians (AANP), Seattle, WA.
<http://www.naturopathic.org/>

8 Related forums

8.1 Mailing lists

Mailing lists have a distinct advantage over the online WWW chat pages: you don't have to be online. Just pull down your email from the server, and read and reply at leisure. It's lots cheaper for those of us who pay phone and/or ISP by the minute (this includes most Europeans).

In addition the lists mentioned below there's Herbal Hall, a low-volume, high-quality list for professional herbalists, but that's by invitation only.

Any other lists you think should be here? Any changes in the lists listed?

You can try a search on "herb" on these list listers:

<http://groups.yahoo.com/> , <http://www.topica.com> , <http://www.tile.net> and <http://www.lsoft.com> .

8.1.1 The Herblast

(Alive and well. Oct03)

A high-volume list for discussions about herbal medicine and medicinal herbs.

To subscribe: go to the mailman site:

<http://lists.ibiblio.org/mailman/listinfo/herb>

or write to herb-request@lists.ibiblio.org with only the following text:
subscribe

Be sure to read the Rules before posting:

<http://henriettesherbal.com/archives/herblast/rules.html>

Archives found here: <http://www.henriettesherbal.com/archives.html>

8.1.2 The Aromatherapy List

(Alive and well. Mar02)

To subscribe, write to list@idma.com with the following text: join aromatherapy

The problem with this list, as per several emails in December 00 from former aromatherapy listmembers, is that it's become extremely chatty, with next to no aromatherapy posts. If that changes I'd appreciate an update.

Two less contentious and slightly slower lists with aromatherapy:

The Essentials List:

to subscribe: write to essentials@naturesgift.com with just SUBSCRIBE in the subject line, and no text.

8.1.3 The Kombucha List

(Alive and well. Dec00)

To subscribe: write to kombucha-subscribe@topica.com
Website here: <http://lists.topica.com/lists/kombucha/> and here:
<http://w3.trib.com/~kombu/>

Pretty good for newbies but mostly the same stuff over and over and over.
Good FAQ.

8.1.4 The Paracelsus List

(Alive and well. Oct03)

Subscription is limited to practitioners, educators, researchers and students in alternative and conventional medical fields.

To subscribe: visit this site:

<http://lists.ibiblio.org/mailman/listinfo/paracelsus> and follow the instructions, or write to paracelsus-request@lists.ibiblio.org with the following text: subscribe

As part of the subscription approval process, send a biographical note indicating training, practice and interests to the list at paracelsus@lists.ibiblio.org.

8.1.5 The Homeopathy List

(Alive and well. High volume, no chat. Dec00)

To subscribe: write to homeopathy-request@lyghtforce.com with the subject: subscribe

The archives for this list and a FAQ on homeopathy are kept on <http://www.homeopathyhome.com/web/descriptions/homlist.shtml>

8.1.7 The Culinary Herblast

(Briefly alive in season. Oct03)

This is the list for the gardening and use of culinary herbs:

To subscribe: write to: Majordomo@oregonvos.net with the text: subscribe herbs-l

Archives found here: <http://www.henriettesherbal.com/archives.html>

8.1.9 The Wellpet List

(Alive and well. Dec00)

A list for a holistic approach to animal health.

To subscribe: write to: majordomo@imagicomm.com with the text: sub wellpet

Webpage: <http://www.listservice.net/wellpet/>

8.1.10 The Holisticat List

(Alive and well. Chatty. Oct03).

A chatty list for the use of nutrition, herbs, homeopathy, acupuncture etc. as it relates to cats.

To subscribe: write to: majordomo@vlists.net with the text: subscribe holisticat

OR the text: subscribe holisticat-digest

The list FAQs, archived old posts, articles etc. are available here:

<http://www.holisticat.com>

8.1.12 The Apothecary List

(Almost dead. Mar02)

A list for preparing oils, ointments and suchlike. I'm told that the chatters have moved on.

To subscribe: write to: apothecary-request@kjsl.com with the

text: subscribe

8.1.13 The HolisticBird List

(alive and well. Oct03)

The HolisticBird list focuses on natural health for birds. Most of the discussions are around bird diseases, nutrition, and herbs, but there is occasional contributions about homeopathy and other modalities.

To subscribe: write to HolisticBird-subscribe@yahoogroups.com, URL:
<http://groups.yahoo.com/group/HolisticBird/>
HolisticBird Newsletter <http://www.holisticbirds.com>
HolisticBird Website <http://www.holisticbird.org>

8.1.14 The Toiletries List

(Alive and well. Many many ads. Oct03)

A list for various aspects of making your own lotions, cremes, soaps, personal care products, and related subjects.

To subscribe: write to: 1Toiletries-subscribe@yahoogroups.com , URL:
<http://health.groups.yahoo.com/group/1Toiletries/>

8.1.16 The Aboutherbs List

(Almost dead. Oct03)

A list focused more on growing and preserving herbs. Animal health and natural beauty are ontopic, as are herbs for health.

To subscribe: write to aboutherbs-subscribe@yahoogroups.com
Website found here: <http://health.groups.yahoo.com/group/aboutherbs/>

8.1.17 The UK Herbal List

(Alive and well. Oct03)

The ukherbal -list for practitioners in Europe is closed, low on volume and high on quality. If you wish to join, and are a practitioner in Europe, send an email with your resume to gcwhite.ntlworld.comx (no x).

8.1.18 The Herbgardening List

(Alive and well. Oct03)

To subscribe: write to herbgardening-subscribe@yahoogroups.com , URL:
<http://groups.yahoo.com/group/herbgardening>

8.1.19 The Forageahead List

(Alive and well. Oct03)

To subscribe: write to forageahead-subscribe@yahoogroups.com
Website found here: <http://groups.yahoo.com/group/forageahead/>

8.1.20 The HolisticPet List

(Alive and well. Oct03)

To subscribe: write to holisticpet-subscribe@yahoogroups.com
Website found here: <http://groups.yahoo.com/group/HolisticPet/>

8.2 Related newsgroups

You might want too check

- * [alt.folklore.herbs](http://henriettesherbal.com/archives.html) (archives found here:
<http://henriettesherbal.com/archives.html>)
- * [misc.health.alternative](#)
- * [rec.gardens](#)
- * [rec.gardens.edible](#)
- * [rec.food.preserving](#)
- * [bionet.plants](#)
- * [sci.med.*](#)
- * [alt.healing.flower-essence](#)
- * [alt.support.cancer.prostate](#)
- * [alt.support.sinusitis](#)
- * [alt.support.prostate.prostatitis](#)
- * [alt.support.*](#)
- * [alt.aromatherapy](#) (comes complete with the usual complaint: 'my site doesn't carry this one' - well, mine doesn't, so I can't say what they talk about over there)

8.4 Newsgroup (and mailing list) netiquette

Here's a good page on snipping as you go: <http://learn.to/quote> .

Another good page is among the FAQs found in news:news.announce.newusers , a resource all usenet (= newsgroup) newbies should make themselves familiar with: <http://www.faqs.org/faqs/usenet/posting-rules/part1/>

The main rule is, contributors to these forums are real live people - so don't be a jerk. And remember, Things get Archived.

All of usenet (except binary groups, but read their FAQs), and most mailing lists are plain text. Email, too, is plain text. That means you should not use any kind of html nor any kind of graphics in your posts and/or emails. Also please note that most people who've been around for a while use email and/or usenet programs that don't even see your nicely formatted text - they see the html code instead. `<html><body bgcolor="#FFFFFF">It's gibberish. Take my word for it.</body></html>`

Also, a lot of people (including most Europeans) still pay for their online time and/or their phone by the minute. Yes, European phone companies charge for local calls, too. Some Europeans even pay their ISP (internet service provider) by the byte. Html code and graphics in your posts and emails make for longer downloads, and thus, for higher cost.

So change your habits -- and your email program settings. People on slow lines, people who pay by the minute or by the byte, and usenet and email "oldbies" will thank you for your consideration.

8.5 Dealing with spam and trolls

Instead of fretting over commercial posts, we all should take a cool approach to the problem. Whenever I see a message like "Make quick cash!", "Great Anti-Cellulite Cream!", "Don't be Lonely!", "Earn \$50,000 a week!" or something along those lines, I forward the message to the postmaster where the message originated from, explaining why I find the post inappropriate or offensive. Chances are that the postmaster will look into the issue and have a talk with the abuser, if not go ahead and cancel his/her account altogether (has been known to happen).

If the offensive message originated at an academic institution, then I know I am going to get the sucker in a lot of trouble. Universities have strong policies about the misuse of their computer resources. It is likely that after receiving complaints, the offenders will lose their accounts, and in addition experience the wrath of some disciplinary committee.

