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THE HERBALIST



Featured in this issue:

URHP Annual Conference and AGM • Herbs of Morocco
Book Reviews • Herbwatch • Autumn Journeys

The Association of Master Herbalists and the
Unified Register of Herbal Practitioners Quarterly Journal

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LETTER FROM THE EDITOR

Frances Wright, a frequent contributor to The Herbalist, sadly died at the end of September 2015, after a long fight with illness. She will be sorely missed in the herbal world, not least in Devon, where she inspired many to explore and/or adopt her "Earth-Based" herbal medicine approach. Colleagues express their appreciation on this page.

Two accounts of the URHP conference convey the warmth and intellectual challenge of this year's sessions. We hope to organise something special for our 20th in 2016 – watch this space!

John E Smith continues to inform us of his exotic herbal journeys, this time to Morocco, and Vicki Pitman introduces the more prosaic Stourhead Garden in Wiltshire. Both these accounts, and their book reviews, respectively of a Chinese classic and an inspiring account of integrating Clinical Aromatherapy into mainstream medicine, remind us of the truly global nature of the medicinal plant world.

Donald Purves



In Memory of Frances Wright B.Sc. M:URHP



I am very sad to announce that Frances Wright, a valued URHP member, died on Friday 25th September. She had breast cancer for some time which metastasized to her bones. She lived in South Devon and ran the Althaea Healing Garden and some of you may remember her from the 2014 AGM. She has two daughters, Orla (late teens) and Holly (in her twenties). It is a great loss to our herbal community, and our thoughts are with her daughters.

Louisa Hallowes URHP President

"I personally met Frances about 12 or so years ago when I attended one of her herbal workshops making such things as elderberry rob and calendula salve. I was struck by how open and sharing she was with her knowledge, recipes and information. She valued everyone's knowledge and showed a passionate connection with the plants, a true earth herbalist."

Dawn Ireland M:URHP

Frances was a great champion in promoting "Earth Based Herbal Medicine". Her garden, healing and training centre near Totnes is home to more than a hundred medicinal plants which Frances has been growing, tending, drying and tincturing for almost 10 years. Frances was very open to learning and receiving guidance from the plants. It is important in today's formalisation and standardisation of herbal medicine that we don't lose sight of more intuitive "Earth Based" approaches to our practice.

John E Smith F:URHP

I'm so sorry to hear of Frances's passing. She certainly was committed to herbal medicine and sharing her joy and knowledge in the Herbs, teaching and creating her healing garden. She also shared generously with all of us through contributions to the journal from her wide experiences. Our thoughts flow to her daughters and family.

Vicki Pitman F:URHP

Letter to the Editor of The Herbalist (vol. 8 no. 2)

Dear Kelly,

Firstly, many congratulations to the AMH on your 20 year anniversary. I hope you all enjoyed your celebrations at your AGM this year. You have much giving and sharing of herbal medicine wisdom and practice to celebrate.

I feel that a significant fact was not included in the AMH history which appeared in the recent Journal and that for the record it was Farida Sharan (who was Farida Davidson at that time) who initially invited Dr. John Christopher to the UK to teach students in Cambridge and introduced his work here in Britain.

She had met Dr. Christopher previously in the US. After his first seminar here, she returned to Utah and took his Diploma course there with him and had arranged for him to come over again for another seminar. Inspired by his teachings, Farida founded the "School of Natural Medicine" (as distinct from the School of Natural Healing). Dr. Christopher sadly passed away and his son David came to the UK to continue his teachings, as reported.

Yours sincerely,
Vicki Pitman, M.Phil., F:URHP
graduate of the School of Natural Medicine

URHP Annual Conference and AGM



A select band attended the URHP annual conference and AGM at the Purley Chase Centre on 12-14 June 2015. We enjoyed a very professional, thought provoking programme of talks.

Lucy Jones on Marketing

Lucy Jones, of the Myrobalan clinic in Somerset, gave a very interesting, informative and practical talk about marketing. She emphasised that marketing is a process not an endpoint. It is primarily about "finding out what the customer wants and providing it", rather than deciding what you are going to sell and promoting that, or educating the consumer.

Lucy set out a seven step plan for marketing your practice, in which you should be aware of current trends and customer needs and tailor your "offer" accordingly. Customers want to know about "you" and what you can do, rather than read dry general facts about how herbal medicine can theoretically help. Be consistent in all your marketing and emphasise benefits to the customer.

In designing your marketing strategy, it is helpful to break down your desired customer base into segments such as young families, busy professionals; degree of familiarity with herbal medicine; proximity; health conditions. Lucy's enthusiasm, thoroughness and success very much came across, and her approach is

refreshingly holistic and different from the "bottom line profit" message of more standard marketing speak.

Michael McIntyre on Metabolic Syndrome



Michael McIntyre, perhaps better known to members as the doyen of herbal politicians, proved that he is also a cutting edge, extremely well-informed herbal practitioner. In his thoroughly researched and very practical session on the Metabolic Syndrome, which took up the Saturday of the conference, Michael's background as a historian came to the fore as he argued for a change in therapeutic strategy to keep pace with, and to rectify, the change in lifestyles of the last 60 years. He reminded us that holistic practice also changed radically in the past in response to new conditions and contexts, such as urbanisation in both 19th century North America and 2nd Century CE China.

Michael reviewed the definition of Metabolic Syndrome. Patients would present with at least three risk factors from:

- Being apple shaped
- High triglycerides in blood
- Low HDL cholesterol in blood
- High blood pressure
- High blood glucose
- Predisposition to clotting and inflammation
- PCOS

Metabolic Syndrome doubles the risk of heart disease and is associated with five times the likelihood of developing type 2 diabetes, featuring, as it does, insulin resistance. It is being increasingly revealed as a generalised inflammatory disorder, adipose tissue being central to this process. Again putting Metabolic Syndrome in a historical perspective, Michael cited Jared Diamond, scientist and author, including it in "a wave of non-communicable diseases associated with the Western lifestyle...sweeping the world". That lifestyle includes an industrialised diet of refined wheat-based foods, refined and hydrogenated fats sugars in multiple forms, alcohol, additives and conventional medicines. All of these are pro-inflammatory as Michael demonstrated with meticulous research. All good herbalists know, of course, that there is an alternative - an anti-inflammatory diet including probiotics, prebiotics, inulin-rich and leafy green vegetables, anti-oxidant fruits, "good", i.e. essential fatty acid-rich, oils and herbs and spices.

Michael updated us with the latest thinking on Type 2 Diabetes mellitus (T2D), particularly that it is not only preventable through diet and lifestyle but actually reversible. His review of herbal treatment of diabetes and PCOS, reminded us that the strength of herbal medicines is that they are effective via a number of pathways whereas conventional drugs, however elegant, are usually targeted at single known biological processes. For example, in controlling T2D, Panax ginseng has been shown to reduce glucose absorption from the gut by decreasing glucosidase activity, increase insulin sensitivity of peripheral tissues, increase glucose uptake by adipocytes. A different conventional drug would need to be used to exert each of these effects. In addition, the drugs are not very effective, and they all have significant side effects.

Pungent herbs, anti-inflammatory herbs and circulatory herbs are all vital therapeutic strategies in the treatment of T2D and, news to me, the likes of Berberis vulgaris, Rooibos and Salvia officinalis were in his list of antidiabetic herbs with multiple actions.



Michael imparted a huge amount of practical information in an engaging and accessible form, without stinting on the references (150+!) in his 35 page handout.

John E Smith on Medicinal Mushrooms



Medicinal mushrooms are all the rage and John E Smith gave us a good potted summary of some of their uses, drawing on his own experience and the work of Michael Tierra, Martin Powell, Christopher Hobbs and Paul Stamets. John's "main four" mushrooms are Reishi (Ganoderma lucidum), Shiitake (Lentinula edodes), Turkey Tail (Coriolus versicolor, Trametes versicolor) and Cordyceps (Cordyceps sinensis). Of these, Reishi tastes horrible and is best taken in tablets or capsules. It works well with Astragalus as an immune tonic. Shiitake is better tasting, is the most researched and has marked anticancer and antiviral activity. Turkey tail is especially useful in treating Hepatitis C. Cordyceps, the caterpillar fungus, is John's favourite and he uses it for tonifying Adrenals and Lung (protective) Qi.

Interesting to discover that Chaga (Inonotus obliquus) grows on birch trees in the UK as well as Kazakhstan where it was reputedly used to successfully treat cancer for the writer, Alexander Solzhenitsyn. John's talk made me realise it is about time I started looking around more and getting to know the fungal kingdom, as, without them, plant ecology systems would not be sustained.

Donald Purves

URHP Conference 2015 - perspective from a guest and student by Cassie Sherriff, entering her final year at Lincoln College BSc Herbal Medicine

As the first URHP conference I've attended, it's fair to say I didn't know quite what to expect of the weekend besides the talks listed on the website.

We arrived on the Friday at the centre which was providing both accommodation and the venue for the conference, a really beautiful setting with lovely grounds and trees, although between the rain and conference I didn't get to see outside much.

The talk on the first evening after arrival was on "Marketing Your Herbal Practice" with Lucy Jones. Aimed towards herbal practitioners, the ideas discussed would be just as applicable to many other disciplines. As a student I can't help but feel the information I learned during that session will be most valuable when I come to develop my own practice once qualified. Lucy really broadened the definition of what marketing is, beyond simple ideas such as websites and pamphlets, while still making it very relevant to herbalists by making points directly relevant to us and highlighting particular aspects that herbalists need to think about.



Almost the entirety of the Saturday was filled with Michael McIntyre's in depth and very thought-provoking talk on Metabolic Syndrome.



Besides the content included in the handout, he brought in his own experiences and practices - everything from why breakfast and making proper time for meals is so significant through to the importance of checking thyroid function. These anecdotes and examples made what could otherwise have been a long and intense day, very memorable and absorbing.



After dinner, we all retreated to the conservatory area. Anyone with a story to tell, a song to sing or an instrument to play provided the entertainment, in between conversations. It was truly enjoyable: the memories bathed in a warm glow in my mind even though they aren't that clear now.



What I do distinctly remember, though, and I know will always stand out in my memory, is the fact that someone - and I regret I am not the best with names – (Hilary Loder – ed) was kind enough to let me borrow her violin and play a few tunes on it. I am essentially self-taught on the violin and had never played solo in front of other people before. I was so nervous that I was trembling at times, but everyone was just so supportive and friendly that they made me feel that I didn't do too badly.



Such an experience really is priceless to me and I cannot thank everyone enough for that. I sang that evening too - another new experience that just makes memories all the more precious.



The next day, shortly before we left, I discovered that the violin was at least 100 years old. I had honestly never expected to touch such an instrument, let alone play one, and to be trusted enough to do so is unbelievable.

On the Sunday was the AGM and I felt quite lucky to be allowed to sit in on the AGM - something I was not expecting since I'm not yet a member. John



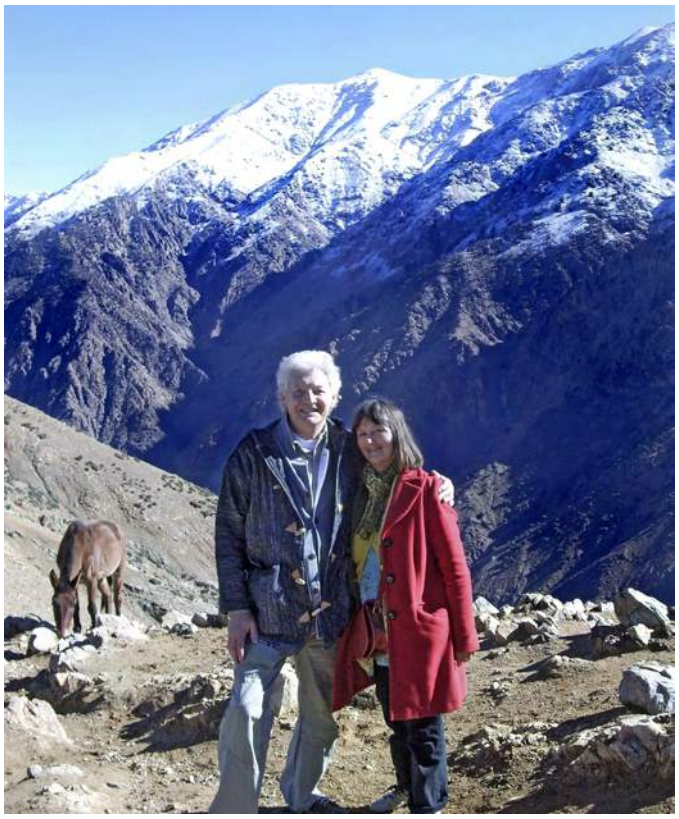
Smith's talk on medicinal fungi also formed part of Sunday's event before the journey home. I have, previously, been to a seminar by Martin Powell on Medicinal Fungi, but his focus had usually been on their use in treating cancer and the immune system, so it was really refreshing to cover other fungi and other uses, with samples rather than just pictures to look at.

Throughout the weekend I felt welcomed and included in a way I would never have expected. Between all I learnt and everyone I met, I had a wonderful time and am looking forward to next year's conference already.

The Herbalist Subscriptions
Annual subscriptions are available for £28 in the UK, £33 for Eire and Europe and £39 overseas.

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HERBS OF MOROCCO by John E Smith F:URHP



John and his wife Jenny (and mule) in the High Atlas, Morocco

Regardless whether you are in the villages of the high Atlas, small desert towns or the Medinas of the larger cities, herbs are plentiful in Morocco and feature as teas, condiments, medicines and oils.

As with many of the Berber, Arabic and Middle Eastern cultures, Morocco draws from both east and west in its medical heritage; so although some herbs are specific to the region, others are very much part of the Western Herbal pharmacopeia, or even the far eastern and Ayurvedic traditions. Avicenna, the Persian Sufi physician, who did much to bring together eastern and western herbal knowledge is highly revered throughout North Africa.

As a herbalist it's obvious that I will take notice of what's available in this wonderful country, which has become a regular Christmas season retreat. The herbs I have listed are all commonly used and part of the Moroccan culture

Moroccan Mint

Mint tea is almost obligatory in Morocco – the mint used is generally "Mentha spicata crispa" ("nana") it's difficult to get through the day without drinking several cups of this cooling and refreshing beverage (the trick is to learn how to say "without sugar" in Arabic, Moroccan or Berber – although French and English are often sufficient). "Timijja", a kind of apple mint, can be bought in herb stores (at a higher price) but it is considered to be "slightly endangered".

Artemisia absinthum (White Mugwort) "Chiba", "Sheeba" (Arabic)

Is often added to mint tea, depending on the season, to aid digestion or prevent intestinal parasites. Artemisia is good for stomach-ache, diarrhoea and considered a remedy for all kind of troubles – including Crohn's disease and Malaria.

Verbena officinalis (Vervain) "Herb of Grace", "Louiza" (Arabic)

Is generally available in street cafes as an alternative to mint – for those requiring a mild sedative. Vervain is known to reduce stress and feelings of anxiety, the tea has been used as a herbal remedy for sleep problems. Studies have indicated that it does have sleep promoting qualities .Vervain oil is also used in Morocco to stimulate circulation, cleanse and tone the skin.

Royal Tea

This is sometimes offered as refreshment when discussing purchases with Moroccan herb sellers; a pinch of pretty much everything that's in the store is dropped into a silver tea pot, topped up with boiling water and allowed to brew. Traditionally a glass is filled (from a great height) and then returned to the pot before the next pouring. Although Royal Tea appears to be a varying remedy (according to what's available) it will always include Mint, Vervain, Rosebuds, Cardamom, Galangal, Hibiscus, Star anise and dried immature Figs.

Hibiscus sabdariffa (Hibiscus) "Rose Mallow", "Karkade" (Arabic)

Offered to the Goddess Kali and Lord Ganesa in the Hindu Tradition; worn by Hawaiian single women (on the right side) as a sign of "availability"; used in China as a skincare ingredient e.g. sunscreen products. Hibiscus is used in Morocco to lower blood pressure and is known to be rich in bioflavonoids.



Khella: (Ammi vishnaga, toothpick weed, bird's nest). Known in North America as "Queen Anne's Lace" (a name it shares with Wild Carrot)
The dried seed heads of this umbellifera are to be found everywhere throughout Morocco. Used as toothpicks they are much more effective than any commercial equivalent, and each seed head will provide hundreds of these.

The plant itself is used in Egypt as a remedy for kidney stones as it is known to reduce calcium build-up, while acting as a diuretic. It was described by Hippocrates as an oral contraceptive and abortifacient (although the Hippocratic Oath forbids its use in this way).

Other Properties: A known vasodilator, reduces blood pressure, aids respiratory function (improving asthma and bronchitis) while assisting in gall bladder disorders.

Author's Note: I've had a few problems in plant identification here (umbelliferas are not my strong point – and there is much confusion in plant literature and source material). Wild carrot can be confused with hemlock, false parsley and a number of other plants in the carrot family (with unpleasant and often toxic results); wild carrot leaves and roots do have a strong carrot scent, whereas the other plants mentioned do not smell as pleasant when bruised; (beware re. skin sensitivity). However the main use of this plant in Morocco appears to be as toothpicks, baskets of the dried seed heads can be found on many street stalls in medina markets.

Alpinia officinarum (Galangal) sold in Morocco as "herbal viagra", "Moroccan ginseng", "fig root" or any other name which promotes its benefits in getting circulation to bodily extremities. This herb is used as snuff for nasal congestion, as a tea for various lung conditions, and as a powder for bad breath. In India galangal is also used in perfumes and deodorants.

Ficus carica (fig flower) "Teen" (Arabic)
The flower of the fig is enclosed within the fruit. The immature fruit is used in teas and often referred to as "female viagra".

Punica granatum (pomegranate, grenadine)
Used as medicine in both Ayurveda and Unani Tibb systems. Properties: ant-viral, astringent, immune stimulant, skin tonic, stomachic, vermifuge. Pomegranate oil is used for both eczema and psoriasis. The bark is very toxic, but can be used to treat intestinal parasites including tapeworm[4].

Apart from their use in medicinal teas, various herbs are used as oils in Morocco (although the perfume oils such as musk, amber etc. are not as highly concentrated as the Attars of more Eastern countries).

Commonly Used Oils



Nigella damascena (Nigella) "black seed", "love in the mist", "Haba al Barakah" (Arabic)
Nigella seed oil has been used for thousands of years in both the middle and the Far East, even being found in the tomb of Tutankhamun. According to Mohammed, black seed will cure everything apart from death (there is no research to support this claim, so has to be taken on trust). The root of Nigella is also used in Morocco to treat migraine, but some sources claim it to be toxic.

Juniperus oxycedrus (cade) "Juniper tar", "prickly juniper", "Jeneva" (Arabic)
Cade oil is extracted from the heart wood of juniper, it is anti-septic, anti-bacterial and anti-parasitic.
In Morocco cade oil is used to treat dermatitis, eczema, and psoriasis, skin and scalp infections (with

hair loss). It is available as salves and shampoos, but should not be used internally due to toxicity.

Citrus aurantium (orange flower oil) "Neroli", "Naranj" (Arabic)

Orange flower oil is considered to be anti-fungal and anti-inflammatory and therefore used externally and as an ingredient in cosmetic preparations. As a perfume or used internally (a few drops in herb tea or warm water) it is used to calm stress and anger, anxiety, hysteria, insomnia and hypertension, treat P.M.S. and aid digestion.

N.B. orange flower oil is an essential oil, not a fixed oil like the others described above. My wife bought 30ml of this oil in Marrakesh which leaked while we were travelling south, soaking her wash bag and cloth glasses case – on our arrival at our destination we laid both items under a warm air blower and had the most amazing night's sleep ever.

Argan Oil



When travelling south from Marrakesh you are likely to see goats in the lower (and sometimes higher) branches of the Argan trees, chomping happily on the nuts. These nuts (the ones that the goats don't get) are ground in mainly women's co-operatives throughout the region to extract an oil used in many cosmetic, edible and medical products. Argan oil is extremely rich in Vitamin C.

These nuts (the ones that the goats don't get) are ground in mainly women's co-operatives throughout the region to extract an oil used in many cosmetic, edible and medical products.

Argan trees are now planted throughout Morocco, having surpassed the olive groves as a financially viable crop, mainly sold through women's co-operatives. The 4 oils mentioned above blend well together to make an excellent therapeutic oil or salve.

Morocco is a paradise for those interested in natural medicine and the healing power of food, herbs and oils.



Hibiscus sabdariffa

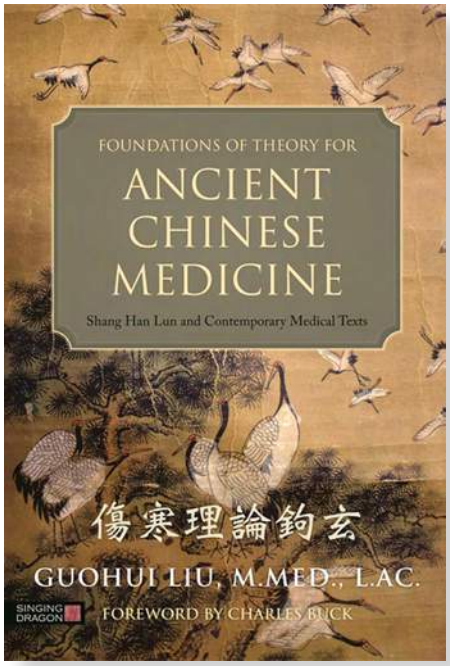
1. A German research team found that the administration of Artemisia absinthium powdered herbal substance in the form of 500 mg capsules for the treatment of Crohn's disease, at week 10, 65% of the patients were almost free of the disease symptoms compared to none in the placebo group
B.Omer et al., Phytomedicine, 14 (2007) 87-95.

2. Vervain Research Study:
Hypnotic effects of total aqueous extracts of Vervain hastata in rats. Psychiatry Clin Neurosci. 2002. The in vivo sedative property of the total aqueous extract of the aerial portion of Vervain hastata (Verbenaceae) (TAEV) was studied in male rats to establish its scientific basis in herbal medicine. The investigation was conducted using electroencephalogram (EEG) analysis, and the barbituric-hypnosis test. The results showed that TAEV potentiated the pentobarbital-induced hypnosis significantly by reducing sleep latency and increased sleeping time in a dose-dependent manner that was reversed by flumazenil. The EEG data demonstrated that extract administration augmented total sleep time, rapid eye movement (REM) sleep and non-REM sleep at the expense of wakefulness. The study's results clearly showed the scientific validity for the use of this plant as a sedative and possibly as a nerve tonic substance.

3. A 2009 study at the Antioxidants Research Laboratory at Tufts University in Boston, Massachusetts targeted the effects of hibiscus tea on high blood pressure. Research results found that regular consumption of hibiscus tea resulted in significantly lower systolic Blood Pressure levels than those in the placebo group.

4. This bark is banned for use in the UK (www.mhra.gov.uk).

BOOK REVIEW by John E Smith F:URHP



Those of us that attended the URHP AGM weekend this year will remember Michael McIntyre's reference to "The Shang Han Lun" (otherwise known as "Treatise on Febrile Diseases" or "Discussion of Cold Damage") in his inspiring talk on "Metabolic Syndrome".

The above work is described by both Chinese and Japanese scholars as being as important to Chinese Medicine as "The Analects of Confucius" are to Confucianism. However, I must admit that this great text has been sitting in my bookcase for many years, seldom referred to, but treasured as one of the cornerstones of Chinese medical thought.

"The Shang Han Lun" outlines the 6 stages of disease from "Greater Yang" to "Absolute Yin" and describes the energetic approaches and herbal formulae used to alleviate or harmonise these imbalances.

The author of the original text (Zhang Ji) stated in his forward "If readers follow what I have written in this book, they will understand most of medicine". A timely new publication - "Foundations of Theory for Ancient Chinese Medicine – Shang Han Lun and Contemporary Medical Texts" (published June 2015 by Singing Dragon) provides the world with a wonderful new commentary on a classic well worthy of in depth study for all students and practitioners of TCM and allied subjects or indeed anyone promoting or pursuing health.

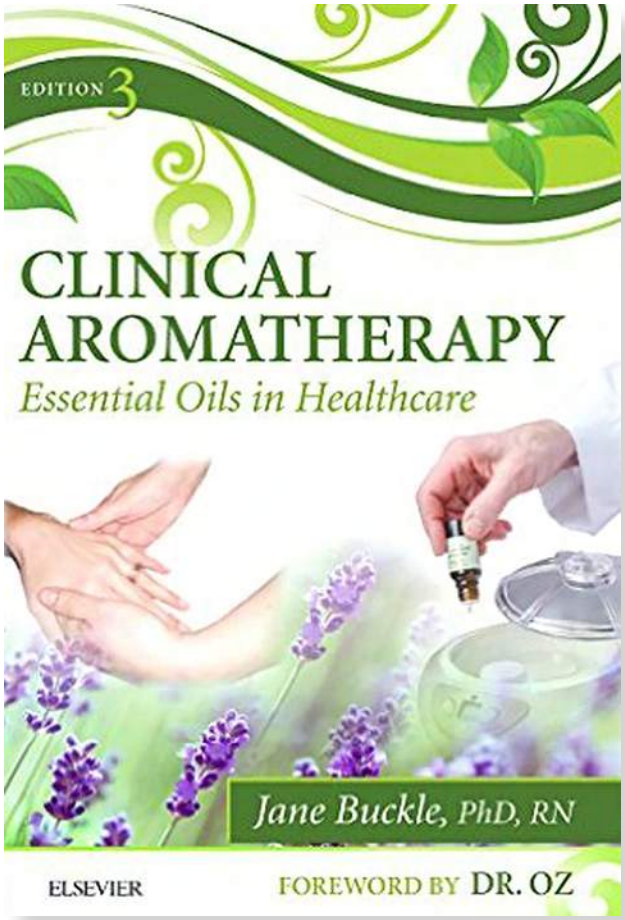
In the foreword Charles Buck refers to the "I Ching" quote - "go hunting without the forester and you will soon be lost in the forest". Guo Hui Liu's new commentary provides the reader with a valuable guide in an otherwise impenetrable forest, this text draws from a profound knowledge of his subject, he clarifies many points raised in the original text, deals with many questions raised in "The Yellow Emperor's Classic of Internal Medicine", and draws from the work of other great modern scholars including Chen Yi Ren (author of "Search for the Truth for Discussion of Cold Damage" and other related writings), My gratitude to Michael McIntyre for reminding me of this text, for Guo Hui Liu for making it more accessible and to Singing Dragon for this new publication.

BOOK REVIEW by Vicki Pitman, MPhil, URHP

Clinical Aromatherapy, Essential Oils in Healthcare, Jane Buckle, PhD, RN Third edition, 2015 Elsevier/Churchill Livingston

Early in her nursing career, Jane Buckle heard a presentation by Helen Passant on the effectiveness of essential oils and gentle touch for patients on a geriatric ward in an English hospital. Since that time, over several decades she has pursued her goal of integrating the use of essential oils, grounded in the holistic approach, into orthodox healthcare. She combines this with her gentle touch massage, the "M Technique". Having gained a PhD in (Biostatistics and Epidemiology) she has been able to conduct research with medical teams at hospitals in the USA, and has thus garnered the attention and respect for aromatic medicine that essential oils deserve. Buckle originated the first course in holistic aromatherapy training for nurses in the USA which is accredited by nursing authorities.

Hundreds of nurses are now using essential oils in practice. The course includes training in how to conduct studies and trials of using essential oils on



hospital patients which is also being done. Buckle has gone a long way to realising her goal.

The third edition of Clinical Aromatherapy revises the organisation of the second edition. There are now three sections: Overview, with six chapters on such topics as essential oil chemistry, extraction methods and safety issues; Clinical Use, with five chapters on infection, insomnia, nausea-vomiting, pain and inflammation, and stress and well-being; and Clinical Specialities, with nine chapters on such areas as elder care, critical care, mental health, oncology, paediatrics. The new edition is improved by inclusion of extensive references to solid research evidencing the "curing side" (vs. the "relaxing side") of essential oils: their effectiveness against pathogenic agents, in reducing pain and inflammation, relieving asthma and COPD, and in intensive care units. It includes tables to summarise information handily. There is a chapter about how to introduce use of essential oils to a hospital and guidelines on how to conduct small scale trials and audits. (The book offers many examples of research conducted by Buckle's graduates working in hospitals and hospices.)

While not a how-to handbook, Clinical Aromatherapy provides much information on using essential oils in a clinical setting with background guidelines on methods and safe use, and condition-specific suggestions - information which, along with guidance on conducting research, is useful to the clinical herbalist. Examples include: a paper from a double blind RCT reporting that an oral preparation of lavender oil was as effective and safe as Lorazepam in adults with generalised anxiety disorder; the formula of essential oils currently used via diffusion or skin application for patients at the Brooklyn Chest Hospital; and successful use of an aqueous extract of Melissa officinalis, not of the essential oil, and of a Melissa cream for Herpes labialis.

Buckle's background includes not only nursing, research and training but study with exceptional teachers, both in aromatherapy-aromatic medicine, such as Pierre Franchome, and Daniel Penoel (also a naturopathic doctor), and in herbal medicine including Dr John Christopher. She gained a BA in Complementary Health Studies at Exeter University. Her focus is to combine good science with the best of natural healing. She offers a concept of "Evolutionary Pharmacology" to encourage a paradigm shift in research thinking that takes account of the natural complexity and synergy of 'non-standardised' essential oils, that is actually responsible for their effectiveness and continued effectiveness over time. Such synergy and complexity help plant medicines overcome the acute problem in conventional drug therapies: the ability of pathogens to develop drug resistance in their manifold ways. She also calls for the implementation of "practice-based evidence", i.e. clinical experience of what works, along-side evidence-based medicine. Buckle aims for the book to give an overview to conventional healthcare professionals of what essential oils "could do" for patients, if they were put to use in clinical settings and suggests that the healthcare industry is guilty of "willful blindness" in not using knowledge that is credible and readily available.

The section on the history of plant medicine could be improved and it is curious that "wrinkles" is included in the dermatology chapter when the space could have been used for another more clinically significant condition. That said, the combination of up to date research references, practical experience of effective uses in serious conditions, and its holistic heart, make this book valuable for herbalists who want to use essential oils more extensively in their practice.

HERBWATCH

by Donald Purves, John E Smith and Vicki Pitman



Artemisia annua

Artemisia annua (Sweet Annie) has been very much in the news because of the Nobel Prize for Medicine being jointly awarded to Prof. Youyou Tu for her work on malaria. John E Smith has written a digest of things Artemisia below:

Artemisia annua and Malaria

Back in the 60's the US Military in Vietnam were dealing not only with the many physical and psychological effects of war, but also struggling with malaria. Efforts to eradicate malaria had been failing - older drugs were losing their potency - and the disease was on the rise. Prof. Youyou Tu, who in the 1960s had recently graduated from the Pharmacy Department at Beijing Medical University, looked to traditional herbal medicine to find a potential therapy. She took an extract from the plant Artemisia annua, or sweet wormwood, and began testing it on malaria parasites. The component, later called artemisinin, was highly effective at killing them and has earned Prof. Tu a Nobel Prize in Physiology or Medicine in 2015.

(Interestingly enough the plant was found growing almost on the doorstep of The White House, a plant known for centuries by herbalists as a versatile herb with many uses).

Artemesinin and Cancer

Artemisia annua (Sweet Wormwood) which has been used in Chinese medicine for centuries, contains a compound called artemesinin which has been shown in clinical settings to selectively kill cancer cells, intelligently leaving the majority of normal cells unharmed.

According to studies published in Life Sciences, Cancer Letters and Anticancer Drugs the compound found in Wormwood kills 12,000 cancer cells for every 1 normal cell. In clinical research, Dr. Lai and his team have developed a method for updating that compound in order to make it more potent than it is naturally found in the plant.

Life Sci. 2005 Jan 28;76(11):1267-79. Epub 2004 Nov 23. ***Effects of artemisinin-tagged holotransferrin on cancer cells.*** *Lai H1, Sasaki T, Singh NP, Messay A.*

Artemisinin blocks prostate cancer growth and cell cycle progression by disrupting Sp1 interactions with

the cyclin-dependent kinase-4 (CDK4) promoter and inhibiting CDK4 gene expression.
Willoughby JA Sr, Sundar SN, Cheung M, Tin AS, Modiano J, Firestone GL.J Biol Chem. 2009 Jan 23; 284(4):2203-13. Epub 2008 Nov 17.

Note from JS – The wormwood family have been used for centuries by herbalists to treat fevers (including malaria) and poor digestion. I buy my artemisia from Moroccan markets; many of the wormwoods (A. annua, A. absinthum, etc) are used in Morocco as teas to aid digestion (see my article "Herbs of Morocco").



Zingiber officinale

Efficacy and safety of ginger in osteoarthritis patients: a meta-analysis of randomized placebo controlled trials.

Following on from Herbwatch Summer 2015 which described Ginger's effectiveness in treating heavy menstrual bleeding and migraines, Bartels et al (Osteoarthritis Cartilage. 2015 Jan;23(1):13-21) have reviewed the literature on Ginger and osteoarthritis and concluded that it reduces pain and disability. In their own words "Ginger was modestly efficacious and reasonably safe for treatment of OA. We judged the evidence to be of moderate quality, based on the small number of participants and inadequate "Intention to treat" (ITT) populations".

Two papers on anti-infective herbs:

In vitro activity of heather [Calluna vulgaris (L.) Hull] extracts on selected urinary tract pathogens.

Bosn J Basic Med Sci. 2014;14(4):234-8
Authors: Vučić DM, Petković MR, Rodić-Grabovac BB, Stefanović OD, Vasić SM, Comić LR

Aqueous extract of Calluna vulgaris was tested in vitro for antibacterial activity against a number of organisms. It was most inhibitory to Proteus vulgaris but was also active against Escherichia coli and enterococcus faecalis.
Inhibitory effects of Pinus massoniana bark extract on hepatitis C virus in vitro.
Pharm Biol. 2015 Mar;53(3):451-6
Authors: Wang C, Zhang L, Cheng P, Zhang Q
PMBE, an extract from Chinese Red Pine bark, was found to suppress the replication of hepatitis C virus.

Integrative use of herbal medicine

The use of Chinese herbal products and its influence on tamoxifen induced endometrial cancer risk among female breast cancer patients: a population-based study. Tsai, Lai and Wu Journal of Ethnopharmacology Volume 155, Issue 2, 11 September 2014, Pages 1256–1262.

This retrospective study, from Taiwan, selected patients, between 1998 and 2008, who were newly diagnosed with invasive breast cancer and receiving Tamoxifen treatment. They analysed the use of Chinese Herbal Products (CHP) and concluded that CHP consumption decreased the risk of subsequent endometrial cancer. The two most commonly used formulae were Jia-Wei-Xiao-Yao-San (Augmented Rambling Powder) and Shu-Jing-Huo-Xue-Tang (Channel-Coursing Blood-Quickening Decoction).



Trigonella (fenugreek)

And finally, eat your beans and lentils (and let's hear it for Trigonella): **Inverse association of legume consumption and dyslipidemia: Isfahan Healthy Heart Program.**
J Clin Lipidol. 2014 Nov-Dec;8(6):584-93 Authors: Mohammadifard N, Sarrafzadegan N, Paknahad Z, Nouri F.

Frequent consumption of legumes enhances HDL Cholesterol, lowers triglycerides and generally helps with dyslipidaemia. This was concluded from data gathered in the Isfahan Healthy Heart Program in 2007 from nearly 10,000 Iranian adults.

Autumn Journeys
by Vicki Pitman



Stourhead Lake with view of the “Pantheon”

'It is not so much for its beauty that the forest makes a claim upon men's hearts, as for that subtle something, that quality of air that emanates from old trees, that so wonderfully changes and renews a weary spirit.'

Robert Louis Stevenson

This autumn we have been experiencing an exceptional Indian summer which has lasted even to towards the end of October, at least in the southern part of the country. I have been amazed at seeing wild plants displaying a second flush of leaves or even flowers, giving the herbalist a second chance to gather again, or just enjoy seeing familiar friends flourishing still.

Recently a visit to Stourhead Garden in Wiltshire renewed my appreciation for trees and tree medicine as well. The garden, first started in the eighteenth century, has an outstanding collection of trees both native and many ‘discovered’ and samples brought back from China, the Himalayas and South Asia, and North America. These are growing around a beautiful lake which itself is decorated, as it were, with neoclassical Greek temples inspired by originals in the ancient Greek or Roman world. The air feels charged with the energy of the trees. Their stature, longevity, and stability engender a deep and therapeutic effect on the soul. Here are a few highlights of my recent sojourns.

Thuja plicata / Western Red Cedar

Its natural vegetative reproduction, by layering of branches which droop and root in the soil, creates an enchanting grove inviting play and or contemplation among the boughs. Pacific coast Native Americans use the wood for canoes and beams, for cooking items; the inner bark and roots for ropes, and woven items. They call themselves the People of the Cedar. The needles are fragrant when crushed. This cedar would likely have very similar properties to T. occidentalis, the Eastern White Cedar, that is be used as for respiratory conditions. It is also now



Liquidamber styraciflua

known to have antitumour properties, and antiviral properties, including for human papillomavirus (HPV). The Stourhead specimen has Champion Tree status.

Liquidamber styraciflua /Sweet Gum (Eastern USA) Being from the southeastern US, I always love to see trees I've known since childhood, such as the Sweet Gum (and the Liriodendron tulipifera or Tulip Tree, of which Stourhead also has several fine specimens). I always give them a hug. The tree (not the one shown of course!) was first planted at the Garden in 1791. It has a stunning autumn colour. The leaves are star-shaped and fragrant. Members will recall Jill Davies showed us the L. orientalis, the Turkish or oriental Sweet Gum on our visit to Cambridge Botanical Gardens in 2011.



Filipendula ulmaria

The gum or resin, which exudes naturally, or can be made to, was used by Native Americans as a chew for sore throats, coughs, colds, diarrhoea, dysentery and ringworm and applied externally for wounds, sores and skin afflictions. It is antiseptic, anti-inflammatory, anti-microbial. It is mild enough to be chewed by children, the original chewing gum.

Filipendula ulmaria, Meadowsweet
What delight to find Meadowsweet in her glory growing beside the beautiful lake formed from the springheads of the Stour river. Mentioned in Chaucer as Meadowort and also called Queen-of-the-Meadow in Europe, her soft and gentle puffs of fragrant florescence provide a soothing anti-inflammatory for fevers, gout, infections, stomach acidity. It was one of the original sources of salicylic acid., which was isolated from the flowerbuds in 1839. Queen-of-the-Prairie, Filipendula rubra, is the related N. American species.



Thuja plicata

Other medicinals at Stourhead include: Castanea sastiva, Sweet Chestnut; Tilia x europeaea, Common Lime, Sequoiadendron giganteum, Giant Redwood; Ginkgo biloba, Maidenhair Tree, Fraxinus ornus, Manna Ash; (source of manna, a traditional S. European laxative, found in Swedish Bitters); many species of Rhododendron and Magnolia, some of which may be in the Chinese pharmacopoeia, but they are not identified; Colchicum autumnale, Autumn Crocus – the corms contain colchicine, made into a drug approved for gout and familial Mediterranean fever.

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DIARY DATES

Research activity for practitioners: A one-day seminar led by various speakers including herbal medicine research presentations, an introduction to research methodologies, Clinical audit as a tool to improve the service you can offer your patients; what you need to record in case histories; how to do a case study/report with a view to publishing. Saturday 21st November 2015 10.30 a.m. – 4.30 p.m. Registration from 10.00 Venue: University of London Union, Malet Street, London, WC1E 7HY Booking form: http://members.nimh.org.uk/wp-content/titkosuploads/2015/01/Research-activity-seminar-booking-form-21.11.15.doc

Yogic Medicine: An Introduction to Ayurveda. Saturday November 21st 10am -4pm Bristol Folk House.
Bookings: 0117 9262987 Cost: £25 approx.

Patients and Patience: Case Histories for Clinical Practice with Christopher Hedley Sat 5th December 2015, 10am to 5pm (registration from 9:30am).
More details: guy.waddell@virgin.net
Venue: Conway Hall, 25 Red Lion Square, London, WC1R 4RL Cost: £50 cheques to Guy Waddell (CH Seminar), 98 Vassall Road, London, SW9 6JA

Eastern Aromatherapy: An opportunity to smell and experience Middle Eastern Attars, as prescribed by Avicenna (10th Century Persian Mystic and Alchemist). Sat 12th December. 10am – 4pm. Bristol Folk House.
Bookings: 0117 9262987. Cost: £25 approx.

Spagyric Medicine Seminar: With Dr. James Naidu. 29th November 2015. Regents College.

THE HERBALIST TEAM - AUTUMN 2015

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