urhp "at the heart of Herbal Medicine"

eHERBALIST



AUTUMN 2022

ITEMS IN THIS EDITION INCLUDE:

- HERBAL ALLIANCE 2022
- HOMEOBOTANICAL THERAPY
- COMMUNITY HERBALISM AND CONTINUOUS PROFESSIONAL DEVELOPMENT
- HERBAL ALLIANCE EVENT
- I'M NO BETTER: HOW YELLOW FLAGS CAN SIGNAL PATIENT DISTRESS

UNIFIED REGISTER OF HERBAL PRACTITIONERS eHERBALIST

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URHP Newsletter Team Autumn 2022

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LETTER FROM THE EDITOR



The Autumn solstice is fast approaching and we have been experiencing some major astrological events recently heralding big changes to the way we live. Conflict in Ukraine affects everything. I look at my garden and herbs and they are continuing to flourish despite the lack of rain. No rain in Wales! Unprecedented. So we are all adapting and learning different ways of being. Using less electricity, gas and oil to save money and help planet Earth.

We say goodbye to member Graeme Lichfield who died recently. His friend and colleague Brian Day has given us an obituary for him. And we welcome new members who will carry the future of Herbal Medicine forward.

At this time of harvest moving into reflections during the winter we wish you and your patients to thrive.

Please send me contributions for the next issue by the end of January 2023, **and don't forget our AGM on 20th October 13.00-15.00 via Zoom (see back page for link)!**

Liz Lyden and Trixie Vorderman
Editorial team

I'M NO BETTER - How yellow flags can signal patient distress

Dr Phil Deakin



Dr Philip Deakin
BSc (Sheffield and Lincoln) MB ChB MNIMH MCPP MURHP

Phil's route to herbal practice has encompassed work as a doctor in hospitals, primary care and unscheduled care settings. Although he now identifies as a herbalist, his experiences in conventional healthcare have equipped him to reference a number of perspectives when supporting people with their health and wellbeing as a herbal practitioner.

Some of our patients seem unable to make the sort of progress we hope for. I'm sure we can all think of cases where an anticipated recovery slowly turns into a 'herbs not helping' situation. We find ourselves going around in circles with different prescription choices each time the patient returns for review.

There may be many reasons for this, and exploring patient perspectives, mind-sets, and social issues can sometimes give us clues about what is happening and may perhaps help us to work with them move the situation forward. Lots of herbalists already use this sort of approach instinctively, and the detailed history that we explore with our patients is a real asset in unpicking why some patients perhaps don't respond as positively as we were expecting them to.



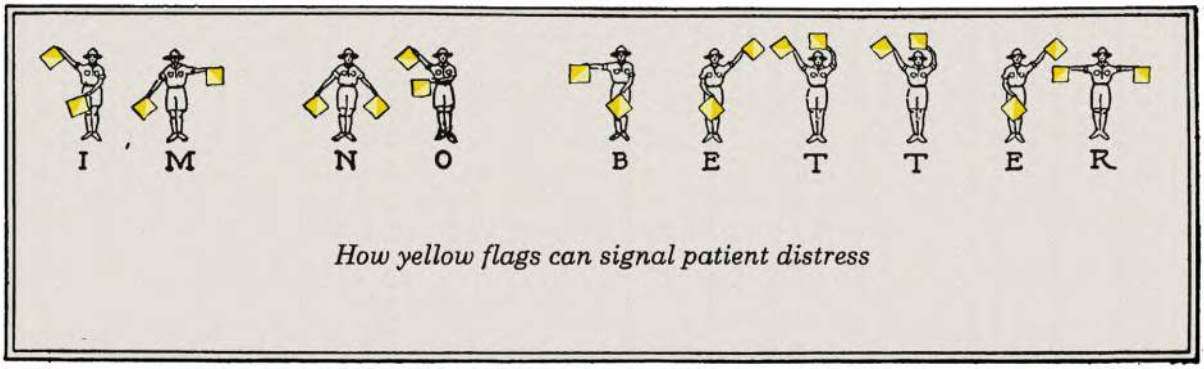
Most of us are fairly familiar with what has become known as the **'red flag'** system in healthcare. This is where certain symptoms or



findings suggest that a serious health problem may need to be investigated and excluded. Red flags usually relate to the physical health of the patient and can often need urgent intervention. They tend to be associated with structural or biomechanical problems or the presence of other health conditions[1], although sometimes red flags linked to mental wellbeing may signal physical self-harming behaviours or risk of suicide[2]. Herbalists are trained to be alert to red flags, and usually respond by helping the patient to see another practitioner who has the resources available to take things further. This is all part of our remit to ensure patient safety.

Yellow flags are different. Very occasionally they are considered to be a sort of warning that a red flag symptom may be evolving. For example, according to this view, a single unexpected nosebleed in an adult may be thought of as a yellow flag. If a patient then goes on to have recurrent nosebleeds the yellow flag becomes a red flag, and high blood pressure, blood clotting problems, and serious intranasal pathologies will probably need to be considered and ruled out. In a similar way certain early behavioural traits can act as yellow flags to predict the emergence of red flags in cases of potential domestic violence[3].

In recent years yellow flags have usually come to mean something different to this. They can



How yellow flags can signal patient distress

be thought of as psychological or behavioural factors which may signal the likely progression of an acute health problem into a chronic health issue which may then go on to become a long-term illness for the patient, and may even generate disability. Yellow flags may also help us to understand more about why a long-term health problem has become resistant to treatment. This is part of what is known as the biopsychosocial model of wellbeing[4,5].

Starting to sound a bit familiar?

This idea of yellow flags as being predictors of poor recovery seems originally to have been suggested in relation to musculoskeletal problems, particularly where physiotherapy or other physical techniques were being used[5], and much of the original work done in 1997 by Kendall and Linden[6] in New Zealand describes yellow flags in relation to patients with chronic back pain.

It is said that around 60% of people with an episode of acute back pain will go on to have recurrent episodes and half of them will develop chronic back pain[7]. Once someone has developed chronic back pain it often becomes resistant to many forms of treatment, including painkillers, manipulation, nerve blocks, and surgery. The patient may be told that there is no evidence of any significant physical problem showing up on x-rays, scans or other tests. The acute adaptive tissue-level pain sensation that might originally have prompted an effective recovery has been replaced by a perceptual maladaptive pain that is now getting in the way of progress[8].

This sort of progression generates many difficulties for patients. When you are distressed by severe pain (or any other unpleasant symptom), being told that 'we can't find anything the matter with you', 'no further treatment is available', or 'you will have to learn to live with it' can often make things worse. Patients come away thinking that their problems are all in their mind, which can usually be interpreted as either that they are making their illness up, imagining it, or possibly going mad - or maybe all three!

Current ideas about chronic back pain and how the mind and body work together in illness have moved away from this mechanistic approach, and together with many other conditions, a more nuanced and integrated approach has evolved. Careful evaluation of risk factors (the yellow flags) can help to predict the likely course of someone's health problem and suggest ways to make things better for the patient without just setting them up to fail.

Other conditions where yellow flags have also been used as predictors for lack of progress in this way in conventional practice include chronic pain[9,10], depression[9,10], chronic fatigue[9,11], anxiety[10], diabetes[12], and disturbed eating behaviours[13].

So what does all this have to do with herbal practice? Can we use this perspective with some of our herbal patients?

Well, for a start we do see a number of patients with these same health issues, and chronic pain is also a significant factor in the lives of many of them. But in addition, together with many other complementary practitioners, herbalists will often see people with long-term health problems who have failed to make progress elsewhere. They may have become disillusioned with conventional treatments for a number of reasons.

Some of these patients may have a formal diagnosis and have issues with the advice and treatment they are given, others may not have received any formal diagnosis and might have only been offered symptomatic treatment, or maybe no treatment at all. There may indeed be some who have been told 'all your tests are normal - we can't find anything the matter with you'. A proportion of these patients may have diagnosed themselves with conditions based on speculation, conversations with others, or online research - a proportion of these diagnoses may turn out to be inaccurate, unhelpful, or maybe even counterproductive[14,15,16]. Consulting a herbal practitioner and using herbal medicines is often an effective way of empowering and energising these patients to make the progress they need, but sometimes other things still remain, holding them back.

They want to get better, but it just isn't happening.

We all know that there is seldom such a thing as a truly straightforward patient, and all of these patients will need to be carefully listened to, have their concerns validated and their views respected. We understand that people don't need to just make up their illness. Within this group there will be chronic pathologies, missed diagnoses, clashes of temperament, lack of resources, miscommunication, rejection of conventional practice, and those who are disillusioned, frightened, angry or hurt by what has happened to them.

There may also be some yellow flags, and there is no reason why this system of predictors shouldn't also be considered by herbalists when patients are 'stuck' and needing a bit of insight and support to get them through. Although using yellow flags like this is not suggested in any way to replace an existing diagnostic process, management framework, or model of wellbeing, it can sometimes offer some clues about why things aren't going so smoothly - and these clues may turn out to be useful for everybody!

Although none of us can see the future, we all tend to use our knowledge and experience to try and predict the best way to help our patients. In conventional healthcare predictive factors are often used when looking at illness. These are things that are shown to be statistically associated with a particular health problem. Where there also seems to be good evidence that a particular predictive factor can actually contribute to a health problem developing, they become known as 'risk factors'. Where a particular disease is already established, those things that might tell us if it is likely to get better or worse are then called 'prognostic factors'.

When we think about prognostic factors, those things that might make illness get better or worse, we can often divide them into two groups. Moderators are a baseline set of factors that the patient is unlikely to be able to change, for example sex, age, history of exposure to a particular substance and so on. On the other hand, there may be other things called mediators which can be changed over time in

ways that affect patient outcomes. These might include the control of other conditions present, environmental factors, or behavioural traits.
When searching for yellow flags with our patients, the ones we need to try and find are the risk factors for chronic illness developing and any mediators that we can pick up on to help improve things for the patient once a problem has become chronic[6].

So what are we looking for? Here are some common examples of yellow flags[4]

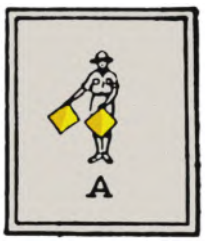
- A belief that pain or activity may be harmful
- Becoming entrenched in 'sickness behaviours (like extended rest)
- Low or negative mood, social withdrawal or social isolation
- Psychological or emotional distress
- Difficulties with claims for money or compensation
- Problems at work, poor job satisfaction
- Heavy or challenging work, unsociable hours
- An overprotective or unsupportive family

And here are some of the types of questions that may help to uncover these things[4]

- What do you understand is the cause of your problem?
- Are you worried about what is causing your problem
- What do you think will help you?
- What are you doing to help you cope with the problem?
- How are your employers, family, and friends responding to you?
- When do you feel you will be able to return to normal activities?

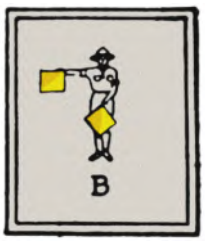
These sorts of questions have become modified and formalised by many researchers into a checklist known as The ABCDEF W inventory[16,17]. This systematically examines seven areas which may contain mediators that can potentially influence the outcome for the patient.

Attitudes

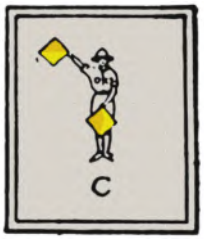


A key question here might be "what do you think is the cause of your problem?". Patients might be fearful that anything that provokes their symptoms will cause further damage (fear-avoidance) and step away these activities as a result. They may catastrophise about their problem, ruminating about it, speaking of it in exaggerated terms, and becoming ever more helpless as a result. They may embrace damaging and inaccurate views about their illness often called 'maladaptive beliefs'. They can develop a sort of victim mentality, with a passive attitude towards recovery where they seek out treatments that are performed on them by others, rather than those requiring their active involvement or participation. They may often feel that any return to work or activity is bound to make their symptoms worse.

Behaviours



Asking the patient "what are you doing to relieve your problem?" can provide important information about the use of extended rest, reduced activity levels, and withdrawal from activities of daily living and social activities as a way of approaching their problem. Other patterns of behaviour may include 'boom-bust' cycles where an extended period of rest is needed to recover from a relapse brought about by 'overdoing it'. These behaviours may result in a poor sleep patterns, or sometimes lead to patients self-medicating with alcohol, caffeine, sugary snacks, or over the counter products to try and keep themselves going.



Compensation issues

Where a chronic health problem is getting in the way of work it may be worth asking the patient "is your problem placing you in financial difficulties?". Where they are being financially supported by others there may be no real incentive to return to work. Conversely, lack of income through disputes and delays in benefit claims may provoke more symptoms and associated negative behaviours. Previous claims for income support and extended time off work in the past can also provide clues about this.

Diagnosis & Treatment



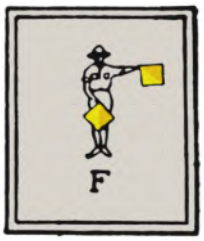
It can be very revealing to ask a patient "are you worried that your healthcare providers may have missed something important?" This can also uncover a tendency to catastrophisation and may often be accompanied by extensive use of medical jargon to describe what has happened. There may be stories of inconsistencies, extensive and complex investigations, conflicting diagnoses, and denial of conventional prognoses with expectation of a 'cure' elsewhere. Where other healthcare professionals have apparently spoken of their symptoms in dramatic terms, there may be a tacit sanctioning of disability, a dependence on passive treatments, and acceptance of advice from others to quit work or other activities.

Emotions



We should consider asking our patient the question "is there anything upsetting or worrying you just now?" Their responses may give insights into matters relating to fear, depression, anxiousness, irritability, stress, social anxiety, and feelings of inadequacy, feeling useless, or of not being needed any more. All of these may provide additional clues about why our patient is not progressing as well as we were hoping.

Family



It is interesting to know the patient's response to being asked "how do family and friends react to your health problems?" This may reveal an overprotective, solicitous, or indifferent partner or spouse. There may be a complex co-dependency generated by their apparent need for assistance with certain tasks. The patient might feel that they are being socially punished or bullied by their friends or family, or pushed towards going back to work. They may experience a sense of isolation and feel that they lack someone to talk to for support.

Work



Asking about any career or work-related issues can be insightful. Take particular note of stories of challenging work, little job satisfaction, an unsupportive or poor work environment, physically demanding tasks, inadequate workplace management of illness-related issues, and lack of interest in them on the part of their employer or manager. Those who perceive themselves as having low educational attainment or low socio-economic status may be more likely to be affected.

So what can herbalists do to help patients with yellow flags to move forward?

We are probably doing quite a lot of helpful things already by being kind to people, listening to them, validating their concerns, and

empowering them. Many specific strategies to achieve reassurance and reactivation have emerged from those who work using this model in conventional practice[18]. Some of these strategies might include[4]:

- Providing positive encouragement that the patient will return to normal activities
- Promoting self-management and self-responsibility
- If the patient is off work due to sickness, encouraging regular communication with their employer
- Shifting away from symptoms to function (by asking "what have you been doing?" rather than 'how bad has it been?")
- Always being prepared to say "I don't know" rather than speculate about things
- Encouraging communication with other care providers and employers
- Being alert for beliefs that life is on hold until a condition is 'cured'
- Watching out for reliance on passive treatments or technological fixes
- Supporting emotional distress rather than focussing on symptom control
- Not encouraging behaviours that might reinforce the idea that symptoms are an indication for prolonged inactivity

By challenging yellow flags in this way herbalists can generate a more proactive approach on behalf of the patient in managing both symptoms and self. This is a significant factor in predicting better outcomes in terms of disability[6]. Some conventional practitioners speak of turning yellow flags into pink flags - where a pink flag represents a yellow flag that has been recognised, reframed, and replaced by a strategy that will have a positive effect on patient outcomes[19].

Other strategies may include setting achievable targets for patients and breaking complex goals down into simpler components[20]. There is something of a paradox here as some workers have suggested that a series of goals presented sequentially may not truly empower the patient, and that a 'shopping basket' of strategies should be created and presented to the patient, thereby giving them an overview and placing them in control of how best to use the insights that you have both gained[21].

Some practitioners have raised a note of caution here, and suggest that there is a danger that these methods can be seen to shift blame for lack of progress onto the patient, and have also be appropriated by those who choose to use them as short cuts and part of reductionist box-ticking agenda[22]. Specific concerns have been raised around the use of the yellow flag system to endorse social welfare policies that blame the victim and thereby effectively justify restriction of entitlements[23].

It feels unlikely that herbalists should ever choose to work in these sort of ways, and respecting each patient's unique experience, their stated needs, and our own knowledge and understanding of how to help them is always central to our work.

So, after thinking about red, yellow, and possibly pink flags, are there any other flags that we might need to be aware of? Yes indeed! They do overlap a bit, but here are a few more to be going on with…

Red flags
Signs or symptoms of serious pathology[6]

Orange flags
Significant psychiatric illness[6]

Yellow flags
Beliefs and behaviours acting as barriers to recovery[6]

Pink flags
A yellow flag that has been identified and reframed in a way that encourages recovery[19]

Blue flags
Specific perceptions and beliefs about the relationship between work and health[6]

Black flags
Obstacles caused by negative legal, financial, family or employment related factors[6]

White flags
Beliefs grounded in cultural, religious, or spiritual traditions and experiences[24]

Green Flags
Evidence of a well-balanced and positive relationship with personal wellbeing, as in those who consult with a herbal practitioner and engage with plant medicine[25]

Amongst this riot of bunting, there is the possibility that I may possibly have made the last one up!

Let's all keep making a difference.

Phil
September 2022

References and bibliography

(1) Welch E. Red flags in medical practice. Clin Med (Lond). 2011 Jun;11(3):251-3. doi: 10.7861/clinmedicine.11-3-251. PMID: 21902078; PMCID: PMC4953318. Download.nbib

(2) Rollman, B. L., & Shear, K. M. (2003). Depression and medical comorbidity: red flags for current suicidal ideation in primary care. Psychosomatic Medicine, 65(4), 506-507.

(3) Hayduk, D. M. (2017). Intimate Partner Violence: Facilitating the Recognition of Yellow Flags as Early Indicators of Red Flags. Journal of Health Education Teaching, 8(1), 33-39.

(4) Musculo Skeletal Pathway Information. (n.d.). NHS West Sussex. https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&ved=2ahUKEwjQrbWA9T5AhXaiFwKHYtuAbQQFnoECAUQAQ&url=https%3A%2F%2Fwww.sussexccgs.nhs.uk%2Fclinical_documents%2Fmsk-yellow-flags%2F&usg=AOvVaw10Fd5Z_87vkKBNcIg564k8

(5) 1997 Guide to assessing psychosocial yellow flags in acute low back pain: risk factors for long term disability and work. (1997, January). New Zealand Ministry of Health National Advisory Committee on Health and Disability. https://www.moh.govt.nz/notebook/nbbooks.nsf/0/5A3CA72D7C51DF1D4C2565D700187CD2/$file/96270.pdf

(6) Nicholas, M. K., Linton, S. J., Watson, P. J., Main, C. J., & "Decade of the Flags" Working Group (2011). Early identification and management of psychological risk factors ("yellow flags") in patients with low back pain: a reappraisal. Physical therapy, 91(5), 737–753. https://doi.org/10.2522/ptj.20100224

(7) Hasenbring, M., I., Rusu, A. C., & Turk, D. C. (2012). From Acute to Chronic Back Pain: Risk Factors, Mechanisms, and Clinical Implications (1st ed.). Oxford University Press.

(8) Scholz, J., Woolf, C. Can we conquer pain?. Nat Neurosci 5 (Suppl 11), 1062–1067 (2002). https://doi.org/10.1038/nn942

(9) Buck, R., Barnes, M. C., Cohen, D., & Aylward, M. (2010). Common health problems, yellow flags and functioning in a community setting. Journal of occupational rehabilitation, 20(2), 235–246. https://doi.org/10.1007/s10926-009-9228-6

(10) Woo A. K. (2010). Depression and Anxiety in Pain. Reviews in pain, 4(1), 8–12. https://doi.org/10.1177/204946371000400103

(11) Meeus, M., Nijs, J., Van Oosterwijck, J., Van Alsenoy, V., & Truijen, S. (2010). Pain physiology education improves pain beliefs in patients with

chronic fatigue syndrome compared with pacing and self-management education: a double-blind randomized controlled trial. Archives of physical medicine and rehabilitation, 91(8), 1153–1159. https://doi.org/10.1016/j.apmr.2010.04.020

(12) Eilander, M. M. A. (2017). Type 1 diabetes in youth: A psychosocial challenge. Ridderprint B.V.

(13) Eilander, M. M., de Wit, M., Rotteveel, J., Aanstoot, H. J., Bakker-van Waarde, W. M., Houdijk, E. C., Nuboer, R., Winterdijk, P., & Snoek, F. J. (2016). Disturbed eating behaviors in adolescents with type 1 diabetes. How to screen for yellow flags in clinical practice? Pediatric Diabetes, 18(5), 376–383. https://doi.org/10.1111/pedi.12400

(14) Black, P. (2009). The dangers of using Google as a diagnostic aid. British Journal of Nursing, 18(19), 1157-1157.

(15) Robertson, N., Polonsky, M., & McQuilken, L. (2014). Are My Symptoms Serious Dr Google? A Resource-Based Typology of Value Co-Destruction in Online Self-Diagnosis. Australasian Marketing Journal, 22(3), 246–256. https://doi.org/10.1016/j.ausmj.2014.08.009

(16) Ryan, A., & Wilson, S. (2008). Internet healthcare: do self-diagnosis sites do more harm than good? Expert Opinion on Drug Safety, 7(3), 227–229. https://doi.org/10.1517/14740338.7.3.227

(17) Diener, I., Kargela, M., & Louw, A. (2016). Listening is therapy: Patient interviewing from a pain science perspective. Physiotherapy Theory and Practice, 32(5), 356–367. https://doi.org/10.1080/09593985.2016.1194648

(18) Liebenson, C. (2002, November 30). What to Do about “Yellow Flags.” Dynamic Chiropractic. Retrieved August 31, 2022, from https://www.dynamicchiropractic.com/mpacms/dc/article.php?id=15493

(19) Davies, L. (2017, June 7). Listening is Therapy! Back To Roots. Retrieved August 30, 2022, from https://backtoroots.community/clinical-corner-articles/2017/2/17/listening-is-therapy-abcdefw

(20) Michie, S., Johnston, M., Carey, R. (2020). Behavior Change Techniques. In: Gellman, M.D. (eds) Encyclopedia of Behavioral Medicine. Springer, Cham. https://doi.org/10.1007/978-3-030-39903-0_1661

(21) The ‘Shopping Basket Approach’ articles. (2013, June 21). Louis Gifford Aches and Pains. Retrieved August 31, 2022, from https://giffordsachesandpains.com/download-material/the-shopping-basket-approach-articles/

(22) Stewart, J., Kempenaar, L., & Lauchlan, D. (2011). Rethinking yellow flags. Manual Therapy, 16(2), 196–198. https://doi.org/10.1016/j.math.2010.11.005

(23) Shakespeare, T., Watson, N., & Alghaib, O. A. (2016). Blaming the victim, all over again: Waddell and Aylward’s biopsychosocial (BPS) model of disability. Critical Social Policy, 37(1), 22–41. https://doi.org/10.1177/0261018316649120

(24) Winkelmann, C., & Schreiber, T. U. (2019). Using’White Flags’ to categorize socio-cultural aspects in chronic pain. European Journal of Public Health, 29(Supplement_4), ckz186-196.

(25) Deakin, P. J. [herbdoctorphil]. (2022, September 2). Sometimes people speak of ‘yellow flags’ representing beliefs or behaviours that can make a simple health problem more complicated. [Facebook status update]. Facebook. https://www.facebook.com/herbdoctorphil-678087902627470

BUILDING YOUR BUSINESS

Gabi Forrester



Biography

Gabi Forrester is a Naturopath, Functional Medicine Practitioner, Iridologist and Herbalist and has been in Practice for 20 years, seeing clients in person, delivering online courses and lecturing for the CNM.

The wake-up call came after qualifying from years of studying - this was now no longer a passion project, but a business!

There have been trials and tribulations, tears, frustration and threatening to give up at least once a quarter with the constant question, "why wasn't I taught how to run a Clinic?"

Gabi has used her 20 years of experience to help fellow Practitioners to bridge the gap in their health practice.

Bridging the Gap is a 3-part system for Nutritionists, Herbalists, Naturopaths, Hands-on therapists and Functional Medicine Practitioners who want to fulfil their desire to help clients whilst effectively running their clinic.

The practical training is to help create a balance between your clinic, your clients, your time, your income and your sanity.

https://bridging-thegap.com/

When the accountant said 'those' words my heart sunk.

"Gabi what you have here is more of a hobby, not a business. I'd suggest going to get a job".

I'd spent five years training in Naturopathy and Herbalism, had built up a great client base, yet the business still wasn't financially viable - something had to change, but there were only so many hours in a day. I couldn't understand what else I could possibly do when I was already working seven days a week.

What a gift 'disappointment' can be - it spurred me to search for new ways to create a successful Practice.

Firstly, I had to discern what the main issues were. They are probably the same issues you may be having yourself:

1. Seeing one client at a time has an earning limit.
2. The Practitioner is the business. Sickness and holidays means that Clinic earnings will pause.
3. Finding clients requires additional time on top of Clinic hours.
4. Too many non-earning tasks in a day: trying to find clients (attending events, giving talks, writing leaflets, following up with potential clients), booking clients, researching and writing reports, ordering herbs.

I set about blasting through each of the issues, made some amazing changes and loads of costly mistakes and finally found what worked.

If I stop to think about it, I feel quite cheated - I was 22 years old and no one warned me that my passion for helping people had to be turned into a business, or I'd never access the very people that needed my help!

One of my passions is in helping Practitioners to bridge the gap in their practice and to create successful businesses, so that they can help more clients - the very reason they trained in natural health in the first place.

I have a physical clinic and an online practice. I'd like to share some insights with you that I've discovered over the 20 years I've been in business.

Seeing just one client at a time within a consultation allows for an element of individualisation, but how many times do you find yourself repeating the same advice?

Think about it. The same fundamental advice applies to everyone:

They need to set their health goals, learn how to shop and prepare healthy meals, support their digestive tract and add fermented food where appropriate. They need to 'open' their elimination channels, move their body more, understand how to sleep soundly, release stress from their body and correctly hydrate. Most importantly, they need to understand how their body communicates with them so they can spot when things are going out of balance again.

I remember getting to a point in my busy Practice where I would think 'did I already say that?' after I'd seen my fifth client of the day.

Seeing clients 10-6pm, seven days a week (I kid you not - I thought that was normal!) led to burn out (obviously!) and a desire to find a more productive way to deliver these fundamental health steps.

So Step 1 in my process was to work on my overall vision. This meant addressing what I wanted from my Practice ten years in the future and I can assure you it wasn't working a 56 hour week!

"Knowing what your goals are for your Practice will uphold and support all that you do in your business and help you to push through any mindset blocks that may be holding you back."

Step 2 was to ensure I had a system in place that meant my earnings were not limited to my individual consultation. To do this meant that I had to automate the advice that I seemed to be saying day in, day out.

"Creating the automated systems and transformational health programme that delivers life-changing results for your ideal clients, will ensure that they shout about you from the rooftops."

Step 3 meant that I could enrol clients easily and consistently without personally picking up the phone or answering emails. I think clients often send enquiry emails when they don't really understand something. When there is full comprehension and working with you is THE obvious choice, the process should be simple for your client. There should be palpable disappointment when you have to turn clients away.

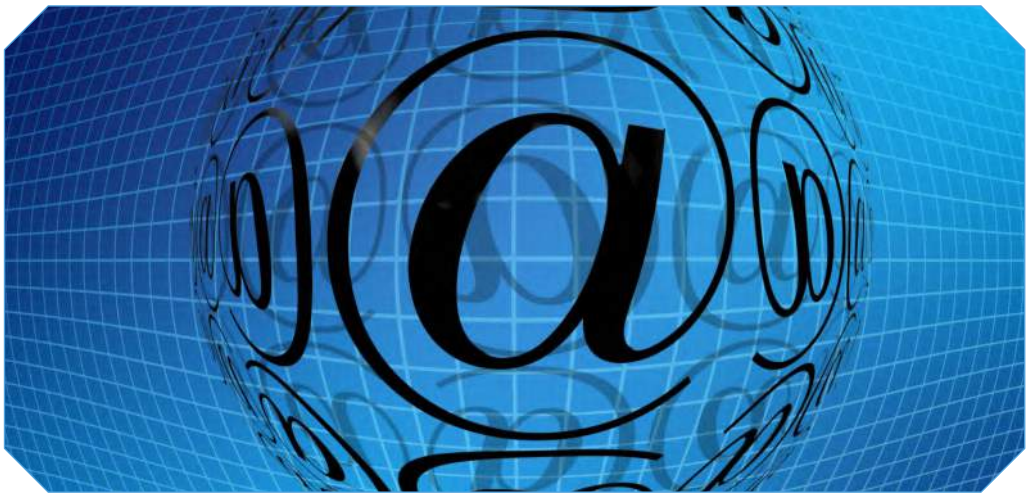
"Understanding effective sales and marketing strategies, then how to track income and expenditure will help you to plan when to enrol clients into your programme and when to offer discounts."

The modern health practitioner should have automated systems in place that allows their clients to trust them, communicate with them, purchase from them, book their appointment, continue to work with them and recommend them to their loved ones with EASE.

That's not a big 'ask', it should be a given, so that YOU have a successful business and your client has a good experience.

So how does all of this fit into running a herbal practice?

I think the best advice I ever heard was "when you speak to everyone, you speak to no one". This was demonstrated by the Blood Donor service who did a TV Advert that blood stocks were low and they needed help. They barely got any volunteers. They changed their message and advertised locally. "Chelsea is low on blood stores and we need YOUR help to save a life - it could be you". The region-specific and reason-specific advice resonated with more people and many blood donors came forth.



Speaking to ‘everyone’ does not help in the natural health or medical field. “Oh go and see Dr Jones, he does a bit of everything” or “Dr Jones is the best in his field for PCOS”. Become known for a specific area of health.

This could be something that has sparked your interest over the years, or maybe you had a great experience when you were training.

Understanding an area thoroughly helps you to hone your advice and prevent burning the midnight oil when doing additional research for a client.

Develop your signature programme.

From my own experience of putting together an online signature programme, I realise how overwhelming the task felt and how complicated it seemed at the time when I had no guidance, but I truly believe it is essential that you package your signature methodology, your blueprint, your road map to health into a SYSTEM that you can take your clients through in order to help them get healing results.

This will allow you to finally help more clients, make a greater impact and enjoy more financial and time freedom.

What should your online signature programme entail?

It should have elements of intrigue, uniqueness, surprise and interest.

In the health field it often entails taking a subject that can be rather boring or even difficult to understand and instead turning it into a format that is very interesting for the client to want to get excited about.

Your signature programme has to effectively deliver results, so that the client feels better. Show them why many of the other strategies that they have tried in the past have not worked for them so far, but your solution will work for them as long as they take the actionable steps.

Your programme must explain the step-by-step Journey that they need to take in order to get from point A - which is the point that they are at right now, their point of suffering and unhappiness; to point B - which is their ideal ‘dreamstate' and where they wish to be.

Where should you begin when putting your signature program together?

You might be asking yourself...How do I put the pieces into place?

The best place to start is to reach out to your previous clients that you have helped successfully with a specific problem that you would like to create a signature programme around. Ask for one-on-one interviews where you can speak with them so that they can help you to validate your unique process. You will gain insight and understanding into exactly what it is that you should create.

The goal is to create one premium-priced signature group programme that you can continually run your ideal clients through. This means that you focus in on a specific area of health.

How does this work in reality?

I still have my physical practice and I also have my online practice as I mentioned. In my physical practice I increased my prices as I started to offer a Health Package. I was no longer delivering 'bits and bobs' of advice, but a package of both professional consultation and advice, plus a six-week automated programme so that they would actually see results.

This was a game-changer for my clients.

Can you imagine sitting there for 90 minutes and being bombarded with lots of Do's and Don'ts? What a disservice! We can't possibly impart the advice that is needed for our clients to see incredible results.

My online programme has a bronze service and a gold service.

The bronze is a self-study online signature programme that is specific to IBS and is all the strategic advice that an IBS sufferer requires in order to see positive results. Notice I say 'strategic' rather than 'everything you know about IBS that you feel your client should know'. Writing an online programme requires key steps.

The Gold programme still involves the element of personalisation - the part that every Practitioner feels would be missing if they developed a group programme.

The initial intake form, specific lab test (if required), a unique herbal remedy, feedback on lab tests, but guess what?

It's the EXACT same self-study online signature programme that is completed over the weeks. That is because these are the FUNDAMENTAL steps to rebalancing health.

Remember when marketing your online signature programme, that it's not about presenting your audience with the features of your programme, but the VALUE and TRANSFORMATION that needs to be emphasised.

This is more beneficial than telling them which PDF documents they will receive and all of the video material and content they can watch. Your client is interested in purchasing a SOLUTION to their problem, rather than your product.

The price that you charge for your programme will be based on the value and the ability to positively transform their lives. Anything that involves working with you personally should carry a higher charge.

Targetted marketing

IBS can express itself in many ways and so I created five guides that I could use when marketing to different types of people who all suffered with IBS. Each guide contained text that was specific to how that person would experience IBS with lots of helpful advice that was 'actionable' and would mean the client would achieve instant results. I produced these so that I could obtain the email address of the potentially interested client. Email is the BEST way to communicate with people that may end up paying you for your services once they feel confident that YOU are the right person to help them.

Interestingly, although the five guides were completely different, they each led to exactly the same online signature programme, with the option of the bronze or silver programme.

Once something has been created once, it can be re-used.

Earning while sleeping

My Health Package for individual clients and the online signature programme targetting my IBS clients were the biggest changes to my business, but I felt as though something was missing. I had trained for years in Herbalism and developed some amazing formulas that were getting incredible results, yet they were a well-kept secret.

I realised I needed an online store.

ECommerce is huge and the beauty about what we do is that we can create formulas that enhance entire body systems.

I packaged the same 12 week herbal detox that I used in the year 2000 into a full detox course, with video guidance.

I emailed my current clients, inviting them into a detox starting on a certain date and ran Ads to this.

I also focused specifically on the needs of my IBS clients, by creating 2-4 products within a range that would work together to improve a certain aspect of health. This would include both physical and digital solutions to their problem.

Imagine buying a taco kit at the supermarket. Included are the tacos, the spice mix, the salsa and the sour cream sachets. They are sold together as part of a complete kit. Each is completely individual, yet works in synergy to create the entire taco.

Earning while you are sleeping means that you have strategies in place to support your clients: Products, Programmes, Appointments, Automated responses and more.

If you feel as though you spend multiple hours working free of charge, it may be time to implement a System. See how you can implement your own system here: https://bridging-thegap.com/flow/1-clinic-flow

COMMUNITY HERBALISM AND CONTINUOUS PROFESSIONAL DEVELOPMENT

Lois Campbell



After many years working in the public sector, I decided a ten years ago to take early retirement. This gave me the opportunity to explore a developing passion – Herbal Medicine.

I have always grown herbs in the garden, along with vegetables – mainly those usually used for culinary purposes. I had not at first realised their therapeutic potential, though I had always been an advocate for holistic health, wellbeing and nutrition. Then about 15 years ago I saw an advert for herbal workshops run by a qualified herbalist. This included a herbal walk, which completely opened my eyes to the abundance of nature – providing us with beneficial plants everywhere. These were the very same plants that I had been weeding up for years. Hooked immediately, I continued with regular workshops until starting the BSc Honours degree in Herbal Medicine with Lincoln University.

One of the reasons I signed up to do the degree was because although I was becoming proficient at making products from herbs and plant identification – I needed to know why they worked and more about their complex properties. I completed the degree course on a part time basis which allowed me the space to attend additional conferences and seminars, plus running our own workshops etc. This builds on my previous work experience which includes facilitating staff workshops, though on very different subjects. I have now been running my own herbal workshops for several years, and one of the things I so enjoy, is passing on knowledge and enthusiasm about herbal health, so that more people can get the benefits for themselves and their families.

Now as a qualified practitioner, I am also specialising in health and wellbeing for post menopausal women, developing personalised treatment packages to support individual patients. I am also a co-founder of Fenland Natural Health, a not for profit organisation engaging with the local community to promote health and wellbeing.

For more details contact me at loiselizcamp@btinternet.com

Lois Campbell BSc (Hons) Degree in Herbal Medicine, and a member of the Unified Register of Herbal Practitioners (MURHP).

Community Herbalism and Continuous Professional Development

In 2016 Fenland Natural Health was set up by myself, Ghislaine Headland-Vanni and Emma Barker. We met at Lincoln College whilst undertaking the Herbal degree course and realised we shared a passion for promoting the benefits of plants and holistic health / wellbeing to the wider community. Some of you may recollect from a previous article the account of our progress. Well like everything else our endeavours came to a full stop in March 2020.

In 2021 we tentatively rebooked the village hall in Sutterton near Boston to restart our monthly herb meetings. Lockdown had given us the space and opportunity to appraise our programme / delivery and marketing strategy and we were delighted to realise that after being cooped up for a year, people were keen and appreciative to attend. Many of the previous attendees came plus a new cohort of followers. We are also always pleased to see fellow herbalists.

We thought long and hard on how to make it accessible to anyone with an interest in herbal medicine – with the new name of Herb Club and the encouragement of hot drinks and cake (healthy recipes of course). We have kept the attendance price as low as possible - £5 but it covers the cost of hiring the hall, refreshments, handouts, demonstrations and free samples etc. We also have a small selection of herbal products for sale which are chiefly to demonstrate what they might learn to make if they attend one of our workshops. These are very popular, sell well, as usually we tie it in with the month's presentation and herbal demonstration.



In addition to our monthly herb club, we have also been commissioned for the last two years to run herbal workshops for Heritage Lincolnshire, ie. seasonal herbal workshops and also on the menopause. These are held in their newly refurbished old coaching Inn in Kirton - The Old Kings Head. We have also run herb walks for Heritage Lincolnshire.

In addition, we are running our own herb walks in Spalding and Boston which are proving extremely popular so we are having to limit numbers.

We attend various events to promote herbal medicine eg. Heckington Show, Bicker Farmers Market, WI talks.

Currently we are in discussion with several other organisations who seem interested in commissioning our services.

I won't deny that planning, preparing for and running the herb club, workshops and other events is not tremendously hard work, however the benefits to us are also huge. We get a lot of satisfaction from seeing the enthusiasm of our participants and learning from their experiences – get to know new people and talk herbs. One of the main spin offs is the contribution to our own learning and professional development hence the title of this piece.

THE PROGRAM THIS YEAR	
April	Understanding Immunity
May	Hearty Hawthorn
June	Essential Energy
July	Arthritis Assistance naturally
August	Marvellous Microbiome
September	Magical Mushrooms
October	Prevention and Protection

In herb club we have a different theme every month, this requires research, updating our knowledge in order to produce and deliver a presentation on the topic and the associated herbal demonstration, which includes plant ID.

So we are regularly having to refresh our knowledge.

We are of course on Facebook (Fenland Natural Health) if anyone wishes follow us!

UPDATE AUGUST 2022

- We had some leaflets printed a couple of years ago, one set for general use and the other for prospective members. Both explain the work we do but have different audiences. If you would like some for your practice please get in touch with Trixie at urhpregistrar@yahoo.com.

- Save the Dates: We have already booked Purley Chase for our Conference for the next two years. The dates are: 7 - 9 July 2023 and 21 – 23 June 2024.

- If you know of any upcoming events that you think members might be interested in attending, please get in touch and we can put the information on the website.

- There is a small amount of money set aside to pay attendance fees for members wishing to attend particular events. These grants are conditional on members writing an article for publication in The EHerbalist. Please get in touch if you would be interested in applying.

- We are always looking for volunteers to help with editing and proofreading our publications. If you would like more information on what is involved please contact us.

URHP CONFERENCE 2022

by Laura Yarham



As all our members know, we positively thrive on the variety and knowledge held within our membership, while also welcoming herbal wisdom from other Registers. This was clearly evident at our wonderful summer conference this year, held at the Purley Chase Centre, a haven of glorious surroundings with Nature abundant everywhere.

We welcomed external speakers Andrew Mason and Christine Herbert, alongside our own members, Dr Andrew Patterson, Liz Lyden, Barbara Wilkinson, John Smith and Sandra O' Neill.

This gave a truly eclectic feel to the whole weekend, bringing all who attended many valued insights and new learning, as well as the joy of being gathered together and sharing our passion for herbs and herbal medicine. We had plenty of fun and laughs too!

As an aside, we have really taken for granted over the years that we will always have sunny weather for these June/July conference weekends. So much so, that the weather forecast wasn't checked until we got there and realised our practical outdoor session on Saturday morning was going to be very wet! With the venue having no outdoor covering available, we had to think fast before attendees started to arrive on the Friday afternoon. A rather rapid visit to a nearby garden centre secured a large pop-up gazebo, and fortunately our Vice President Lloyd was very familiar with erecting this sort of equipment and so, as ever, teamwork secured a happy solution!

The buzz that was felt as speakers and delegates started to arrive was palpable. What amplified this was the pure delight of all attending to see and hug each other in person again, as we gathered together once more under the same roof.

We enjoyed a delicious two course supper provided by the hard-working Purley Chase team and afterwards we began our conference with a session on Spagyrics and specifically how relevant they have been over the last two years, led by our tenacious and hardworking Council member and former President, Liz Lyden. These are evidently very therapeutic alchemical medicines, and it was fascinating to hear how many of the remedies are aligned with numerology. As well as learning more about the remedies themselves, we also had snippets of case studies showing their powerful action.

The next morning, as the forecast had predicted, we had a deluge of rain. This didn't put us off, because we knew we had a very special session ahead of us. Andrew Mason was bringing us a full-on practical demonstration of Ayurvedic alchemy, not seen outside India. Andrew is a multi-skilled practitioner and absolutely passionate about the ancient ways of creating Ayurvedic remedies. We all braved the elements and sheltered under a huge oak tree with all of Andrew's equipment and the fire element of the workshop, protected by the gazebo. We were hardly prepared for the amazing three hours that followed. It was enthralling, as Andrew talked us through some of the history of these almost magical preparations, bringing the crystal rock realm






and the plant realm together in a fascinating synergy.

This all took a huge amount of effort on Andrew's part, initially with the equipment that was needed to accomplish all of this, and throughout the session, as he juggled several processes at once. But, in his usual way of combining efficiency, deep knowledge and humility, we saw the transformation of such raw materials as conch shell, cuttlefish bone, sulphur, milk, serpentine, iron and rose petals in order to produce, for example, rosewater, which the conch shell was then ground into to produce a remedy; we purified sulphur in milk, roasted iron and serpentine In a crucible at about 1000 degrees C and made black salt by combining rock salt and dried amla fruit in a furnace. It really was spectacular, and all explained to us with clarity, as the alchemy unfolded. All of this to be achieved in the pouring rain was a testament to Andrew's tenacity. All our intrepid members who witnessed it were encouraged to participate in some of the preparation techniques along the way. All agreed it had been a fabulous morning's work!

Having shed wet clothes and eaten a hearty lunch, we proceeded into the afternoon sessions.

We were very fortunate to have esteemed herbalist Christine Herbert with us. Christine qualified as a herbalist in 1997, studying Ayurveda, flower essences and iridology, and specialised in food intolerances and allergies. She has now retired from her practice, enabling her to focus more on teaching, writing and tending to the herbs.

On this occasion, Christine focused on how to use muscle testing for food and other intolerances. She gave us a run through of the









huge advantage this technique had given her in her own clinical practice and how it had helped her patients immensely, by discovering the things they may be eating and drinking that were working against their recovery. It was made clear at the outset, the difference between allergy and intolerance. We listened to Christine explain the various common intolerances and she gave us an overview of how these may be detected and treated. We then entered into a full-on practical part of the session, by actively trying the muscle testing on each other, with various substances that we can become intolerant to. Christine came round to each of us to help us out and to give further guidance. This turned out to be a hugely useful and enjoyable for all.

Then our URHP member, Dr Andrew Patterson enlightened us with a fascinating session on nutrigenomics. Andrew has been a herbal practitioner since 1998 with other qualifications as an acupuncturist, nutritionist and naturopath. He has taught on the CNM courses and is currently building the Hippocratic Institute with a growing number of students.

With Andrew's easy to listen to teaching style we dived deep into the world of nutrigenomics, a fascinating area and specifically, in Andrew's talk, how we can use this information in our herbal clinics to assess how the nutrition our patients take in can affect their genes and how their unique genetic make-up can affect the way their body responds to food. It became clear that with the knowledge of how a person's genes are expressing, we can learn much more about how this may affect our client's health and their predisposition to develop certain diseases. Although, he only had time to really scrape the surface of this topic in the two hours allotted, we were able to grasp the elemental aspects of this whole new way of looking at our patient's health and how to use this as a tool in our own practices.







After supper, we had an impromptu time with John Smith, one of our wise herbal elders and an adept storyteller, who weaved the tales of his past travels to bring to life the delights of each of the Attars that he had brought with him. An absolute joy to listen to, we also enjoyed smelling the various and contrasting scents of his huge collection of Attars.

Our social evening was enjoyed by all who came along, with people taking the opportunity to really catch up with each other, as well as enjoying the laughs that were created with a game of herbal charades!

Our final morning was devoted to one of our favourite jaunts, which is the herbal walk, led by our very own Barbara Wilkinson. As well as being a pillar of the Herb Society in all the work she does for them, you can't help but be infected by the enthusiasm and passion that Barbara has for our plant kingdom. She led us through the local paths, pointing out medicinal plants all along the way, and giving us a brief overview of each. It was agreed that we would want to spend more time doing this next year as it is so valuable and not a session to be rushed! We stood at the end of the walk, transfixed by a whole abundant family of foxgloves that were sheltering within a grove of trees. They stood proud, tall, beautiful and connected.

On our return to Purley Chase, we listened to Sandra O'Neill, who we all know best for the wonderful Goldenseal tincture that she and her husband produce. It's always in demand at our conference and this year was no exception. However, Sandra was here, at this point, to tell us about her experiences on her training as a Junior Herbalist course facilitator. This was a course set up by Mel Hornsby a few years ago and herbalists are now being trained to teach this course to school children all over the country. We all agreed that enabling children to be reconnected with Nature and to learn about the medicine that is brought to us by the plants, is a key part of keeping herbal medicine alive and kicking. This generation seems to lap up the delights of how to forage and make herbal remedies, once they are introduced to it in this way. All the course work links with the current curriculum and is a shining example of how to engage the young in discovering this healing world of herbs. We all enjoyed this session and it progressed into a group discussion around how best to bring this sort of knowledge into schools.

We continued to share thoughts and ideas for the URHP and its membership during the members' meeting and this was followed by our final meal together.

We engaged with each other over lunch, soaking up all the shared experiences and reflections on such a thoroughly enjoyable and informative weekend. So much gratitude was due to those that put so much hard work in, to make it happen.

Soon enough it was time to say farewell and to look forward to when we would be gathered together again. There is something very special about the synergy created on events like this, so may they long continue to be part of our herbal learning and interaction.

HOMEOBOTANICAL THERAPY

Dr Andy Patterson



Andy is a Medical Herbalist, Homeobotanical Therapist (HbT) & member of the United Register of Herbal Practitioners (URHP). He is a Doctor of Naturopathy, member of the Complementary Medicine Association (CMA) and Executive Member of the International Practitioners of Holistic Medicine (IPHM). He is a Clinical Acupuncturist and member of the Acupuncture Society (MAcS). Andy is also a Functional Nutritionist and member of the Federation of Nutritional Therapy Practitioners (FNTP). His current project is as Principal of the Hippocratic Institute, developing accredited diploma courses in Medical Sciences, Naturopathic Nutrition, and Master Herbalism.

Homeobotanical Therapy

Earlier this year, I did a short but highly enjoyable postgraduate training in Homeobotanical Therapy (HbT) with Dr Debbie Kerslake, Principal of Homeobotanicals UK & Europe. The course is open to all qualified practitioners, and attracts many homeopaths, plus the occasional herbalist such as myself.

As suggested by the name, HbT lies in the middle ground between the standard herbal range of dosing, and homeopathic remedies. Although HbT embraces both modalities, it is different enough from each to be a unique therapy. It derives from the body of traditional herbal and homeopathic literature, but breaks many of the rules of herbal dosing and homeopathic prescribing. In relation to herbs, HbT recommends doses about 1000x less than standard pharmacopoeias. In relation to homeopathy, using remedies with multiple components (poly-prescribing) is very rarely employed by homeopaths (Watson, 1999).

HbT as practiced today, was developed in the early 1980s by naturopath Brian Murray and his wife Amy in Auckland, New Zealand. Dr Murray was keen to offer a cost-effective herbal therapy which was affordable to his clients. He noticed that common potencies recommended by homeopaths such as William Boericke were in the range of mother tincture (that is, standard herbal tinctures) to 3x, so he adjusted his herbal



tinctures to the middle of this range (commonly 2x) and dynamized the single herb tinctures by succussion (vigorous shaking).

To those unfamiliar with the process of homeopathic potentization, it is quite simple. A mother tincture is diluted at 1-part tincture to 9-parts diluent (alcohol or distilled water) and shaken vigorously. This gives a 1x potency. Then 1-part of the 1x potency solution is mixed with 9-parts of diluent and again shaken. This gives a 2x potency remedy, which is 1/100 times diluted from the original mother tincture. A 3x potency gives 1/1000 times dilution of a mother tincture, and so on. We know from Avogadro's principle, that at 26x, if pure water was used as the diluent, no molecules of the original solution will remain in the water. Quite how such potencies are clinically effective is the subject of a different article, and in the absence of that I recommend the highly cogent book Homeopathic Pharmacology, by naturopath Steve Olsen (see references).

The French homeopath, Dr. E.A Maury (not to be confused with Dr. Brian Murray) is generally credited with setting out the principles of Drainage in Homeopathy in his 1965 book of the same name. Dr. E.A Maury used low potency remedies (mother tincture to 3x) which target liver, bowel & kidney detoxification. This approach is used in HbT, and its principles will be familiar to any traditional herbalist.

Several years ago, when I lived in Leigh, Lancashire, I recall the sad closure of a traditional Napiers herbal store which had been in operation (under independent ownership) since the late 1800's. As far as I know it was the last of its kind. Such herbal dispensaries were popular with the firebrand working classes of the 19th century; many of them Chartists who championed the health freedoms that physiomedicalism had to offer, compared to the long arm (and higher prices) of orthodox medicine.

Offering budget medicine for acute conditions, many 'back-street' herbalists of the period would purge then de-worm their patients, which would quickly resolve most common maladies. And the principles of homeopathic drainage are the same, if perhaps less brutal. As a prelude to more involved healing work with a client, the cells and tissues are gently detoxified, or to use a naturopathic phrase; the channels of elimination are opened. Homeopaths seek this therapeutic window most avidly, since it helps them avoid aggravations when they use the similimum at high potency. The similimum is like the 'bullseye' remedy; that which best fits the patient's constitution, and is likely to resonate strongly with their healing force. Drainage remedies are the Trojan horse in which the similimum sits.

With such talk of opening elimination channels and purgation, you might think that the principles of drainage are therefore at best, fringe medicine, or the product of a bygone age. But in our toxic milieu, drainage in herbal and homeopathic therapy are more important than ever. I was glad to see Matthew Wood's most recent book Holistic Medicine and the Extracellular Matrix, is a scientific exploration of detoxification on the tissue level, using herbs and homeopathics. Matthew Wood famously uses drop doses of mother tinctures, far lower

than the recommendations made in standard herbal pharmacopoeias; a low-dose method referred to by many as Wood dosing. I am very grateful for his work on this occasion, because it nicely illustrates the 'sweet spot' in which HbT sits, and the rationale for drainage in terms of the extracellular matrix. By comparison to Wood dosing, HbT remedies are diluted further by several magnitudes, and potentized in a homeopathic manner.



Since Dr. Murray was additionally trained in the Dr. Christopher herbal system, it was a logical step for him to use Dr. Christopher's herbal poly-formulas at homeopathic potencies, with some repertorial wisdom added in. This therapeutic marriage turned out to be most congenial, and from this a number of HbT remedies were spawned, with a distinctly Dr. Christopher hue (see Table 1). These remedies were systematically road-tested, with great success, at Dr. Murray's Auckland practice. In 2007 Bernadette Bekker took over the running from Brian and Amy and is the current Owner and Managing Director of the Homeobotanical Institute Incorporated, with which Homeobotanicals UK & Europe is affiliated.

Practitioners normally keep their pre-formulated HbT remedies in 30ml dropper bottles at mother tincture to 3x potency. A complete set of the 50 proprietary remedies (Table 1) can be stored in a small box or potable case, rather like Bach flower remedies. It is referred to as a "clinic-in-a-box". The patient remedy can be made up when required, by diluting the herbal concentrate (base) in a 30ml dispensing bottle, using a variety of diluents (Table 3). It is also possible to make up creams and ointments. By varying the combination and proportion of the concentrated (base) remedies, mix-and-match customizable remedies can be formulated and dispensed immediately as required. Dispensing is summarised in Table 2.

A common starting point with HbT is to use a drainage formula known as BLAKE. It is a combination of five proprietary remedies; Blood & Lymph, Liver, Allergies, Kidney, and Emotional Stress. BLAKE has been shown to work gently but reliably to kick-start the detoxification process in a client. Using 5 poly-formulas in a 5ml base works out quite well in a 30ml remedy because they comprise 1ml each in the dispensing bottle (see Table 2).

Because each proprietary remedy contains many herbs (it's based on Dr. Christopher formulas after all), BLAKE actually contains 45 different herb species! Within the HbT system this is not problematic theoretically or practically, but a prescribing herbalist may wish to simplify this constellation of herbs to make a more streamlined HbT drainage remedy. In Table 4, I have suggested two simple drainage formulas to be used at 2x potency and succussed at each stage, as alternatives to BLAKE. Colleagues will hopefully be able to see why each herb has been included.

Summary

Homeobotanical Therapy (HbT) has a lot to offer to a professional herbalist. Since the mother tinctures used are greatly diluted, it is a very economical therapy. Concentrated, pre-mixed formulas can be carried in 30ml bottles, and mixed with herbal vehicles prior to dispensing. The remedies can be mixed & matched in almost infinite combinations to suit

the client's needs. HbT is therefore highly convenient to dispense. In addition to the standard formulas, Hb remedies can be made up from single herbs or bespoke formulas using simple dilution and succussion techniques, so it is a very accessible and practical therapy.

The indications for using many HbT remedies are often exactly the same as for the standard herbal dosage ranges, with comparable results. Clients with chronic conditions, who are sensitive to drugs and foods, or who have detoxification issues, or who are pharmacologically damaged, are well indicated for these remedies. In the three decades in which Hb remedies have been developed, they have proven to be a very safe and versatile option therapeutically.

Not all HbT is about drainage, although this has been focused on in this article since this is often the first port of call in HbT. The dosages employed do seem particularly well suited to drainage and detoxification, in a way comparable to Wood dosing.

Finally, in addition to a very well organised and pleasant training experience by Debbie Kerslake, there is ongoing support for graduates of the course, via a vibrant Facebook group which is festooned with encouraging success stories and helpful advice.

'Each plant thee heralds now the iron laws.
In rising voices hear the flowers disclaim;
And, once deciphered, the eternal law
Opens to thee, no matter what the guise.'

From: The Metamorphosis of the Plants
by Johann Wolfgang von Goethe
Translated from the German by Gordon L. Miller

Table 1: Homeobotanical Remedy Range

HbA Allergies	HbB Blood & Lymph	HbC Colds & Catarrh	HbD Digestion
HbE Emotional Stress	HbF Female Hormone	HbF+ Female	HbG Gastrointestinal
HbH Heart & Circulation	HbI Immune, Infections	HbJ Joints & Rheumatics	HbK Kidney
HbL Liver	HbM Migraine	HbN Neuralgia	HbO Occular
HbP Pancreas	HbQ Quiet Sleep	HbR Respiratory	HbS Skin
HbT Tiredness	HbU Urine & Oedema	HbV Varicose Veins	HbW Worms, Parasites
HbX Expectorant, Coughing	HbY Yeast Infections	HbZ Zest Energy	Cerebra (Memory)
Detoxa (Drainage)	Devils Claw (anti-inflammatory)	Dynama (Stamina)	Dyrea
Emeta (Nausea)	First Aid	Glandula	Lacta (Lactation)
Marina (Metabolism)	Nutria (Absorption)	Orchitis Male (Hormonal)	Plura (Deep Lungs)
Promyr (Pre-antibiotic)	Pulexit (Fleas & Lice)	Serena	Spasma (Cramps)
Spectra (Balancer)	Trauma (Physical Injuries)	Wart	Carcina #21
Carcina #22		Carcina #23	

Table 2: HbT Formula Dispensing	
Remedy Components	**Description**
Base (5ml in 30ml bottle)	Contains the herbal concentrate of alcohol tinctures. The base includes poly-formulas of herbs (See table 1). These are homeopathically potentized at 1x-3x. Different poly-formulas can be combined in any proportion but using 1,2, or 5 formulas together makes for easier maths.
Herbal vehicle (20ml in 30ml bottle)	Herbal vehicles include water tinctures, glycetracts, acetracts and oxymels (See table 3). They are chosen according to practitioner preference or patient indication. Herbal vehicles are designed to preserve and convey the remedy. To dispense, 1/5th of base is mixed with 4/5th herbal vehicle and succussed 30-40 times on a resilient surface. The 5ml 'space' left in the 30ml bottle permits better mixing and potentization.

Table 3: Herbal Vehicles used in HbT	
Herbal Vehicles	**Ingredients**
Herb water tincture	Vodka/ Purified water
Bach water tincture	Commercial brandy/ Purified water
Herb water glycetract	Glycerine B.P/ Purified water
Herb water stabiliser	Glycerine B.P/ Vodka/ Purified water
Herb water acetract	Apple cider vinegar/ Purified water
Modified herb water acetract	Glycerine B.P/ Apple cider vinegar/ Purified water
Herb water oxymel	Glycerine B.P/ Apple cider vinegar/ Liquid organic honey/ Purified water.

Table 4: Two Simplified HbT Drainage Formulas (2x potency)	
Drainage Formula 1 (More Active)	**Drainage Formula 2 (Gentler)**
Barberry (*Berberis vulgaris*) Burdock (*Arctium lappa*) Cleavers (*Galium aparine*) Dandelion (*Taraxacum officinale*) Figwort (*Scrophularia nodosa*) Greater Celandine (*Chelidonium majus*) Liquorice (*Glycyrrhiza glabra*) Milk Thistle (*Silybum marianum*) Nettle (*Urtica dioica*) Poke Root (*Phytolacca americana*) Yellow Dock (*Rumex crispus*)	Barberry (*Berberis vulgaris*) Burdock (*Arctium lappa*) Cleavers (*Galium aparine*) Dandelion (*Taraxacum officinale*) Purple Coneflower (*Echinacea purpurea*) Elecampane (*Inula helenium*) Liquorice (*Glycyrrhiza glabra*) Milk Thistle (*Silybum marianum*) Nettle (*Urtica dioica*) Oatstraw (*Avena sativa*) Yellow Dock (*Rumex crispus*)
Note: *Drainage formula 1 contains some schedule 20 herbs.*	Note: *For both formulas use equal parts.*

References

Boericke, W., 2008. New Manual of Homoeopathic Materia Medica & Repertory with Relationship of Remedies (3rd Ed). B Jain Publishers Pvt Ltd (India).

Christopher, John., 1976. School of Natural Healing (20th Anniversary Edition). Christopher Publications.

Goethe, J.W., Miller, G.L (Trans)., 2009. The Metamorphosis of Plants. MIT Press.

Homeobotanicals UK & Europe, 2022. www.homeoherbs.co.uk

Image Credit: Lavender by Hans 20749 (2016). Free to use under the Pixabay License. https://cdn.pixabay.com/photo/2016/08/15/14/39/lavender-1595604_1280.jpg

Image Credit: Red Leaves by Evie S (2018). Free to use under the Unsplash License. https://unsplash.com/photos/_8vovuZCj0c

Kerslake, D., 2021. Welcome to Homeobotanical Therapy (Training Booklet). Homeobotanicals UK & Europe.

Maury, E.A., and Clement, M. (Trans)., 1965. Drainage in Homeopathy (Detoxication). The C.W. Daniel Company Ltd.

Olsen, S., 2019. Homeopathic Pharmacology. Self-Published.

The Homeobotanical Institute Incorporated., 2006-2022. https://hbinstitute.org.nz/

Watson, Ian., 1999. A Guide to the Methodologies of Homoeopathy (Revised Edition). Cutting Edge Publications.

Wood, M., 2022. Holistic Medicine and the Extracellular Matrix: The Science of Healing at the Cellular Level. Healing Arts Press.

"at the heart of Herbal Medicine"

NEW MEMBERS

Since our last issue we have welcomed two new student members.

Rebecca James, who lives in Newquay, is studying the Medical Herbalist programme at Betonica.

Cathy Maclean from King's Lynn in Norfolk, is currently in her final year of the Heartwood course in Western Herbal Medicine.

Welcome to the URHP ladies. We hope you enjoy your membership.

Good luck with your studies!

THE HERBAL ALLIANCE IS DELIGHTED TO WELCOME YOU TO 'SHINE THE LIGHT' PRACTITIONER EVENT

11th October 2022, 9.30am - 1.30pm VIA ZOOM



The mental health crisis in this time, across the board, is quite rightly being highlighted in the news, as the difficulties faced by so many in terms of their mental health and wellbeing bring with it some devastating statistics. For every person struggling with their mental health, there is a constellation of people around them who either suffer or work behind the scenes to support their loved ones.

Hearing the news can leave us heavy-hearted. To counter this, the Herbal Alliance has created a learning space where we can discover new ways and share experiences on the crucial role we, herbalists, play in supporting people.

As ever, we are drawing on the expertise and experience from our herbal community, from a Western, Ayurvedic and Chinese medicine perspective, to harness the power of our collective wisdom. We are working hard behind the scenes to bring this event together and will complete the schedule and speakers lineup once they are in place. In the meantime, we welcome you to register your space, save the date, and join us in what will be a crucial and useful addition to all our practices.

We also welcome you as these events are turning out to be places where we meet old friends, and make new ones, as a cross-pollination of the herbal worlds brings optimism and hope, banding together to support each other in the precious place where we all meet - bringing Nature's medicine to the people.

About Herbal Alliance

The Herbal Alliance is a community of herbal organisations and herbalists with the aim of promoting and supporting herbal medicine and herbalists. For further information about Herbal Alliance and to sign up to the mailing list and receive a free copy of the Herbal Eye Magazine, visit: https://www.herbalalliance.uk/

Book your ticket here: https://www.eventcreate.com/e/shinethelight

eHERBALIST

SAVE THE DATE!

AGM: OCTOBER 20TH 13.00 TO 15.00 (ONLINE)

https://us02web.zoom.us/j/2848483104?pwd=VUxuYmI3b2RMT3V6TXZUT2c2ZzZadz09
Meeting ID:284 848 3104
Passcode: URHP

MONTHLY SHARING CIRCLE

Our monthly Sharing Circle online meetings continue to be popular. Organised by Louisa Hallowes, Sarah Donoghue and Laura Yarham, they combine exchanging information between practitioners and talks by invited speakers.

All meetings take place between 1.00 and 2.15 pm and will be on: Thursday 6th October / Tuesday 29th November / Thursday 12th January / Tuesday 21st February.

We'd love to welcome you here.

OBITUARY

Graeme Litchfield M;URHP has passed on as we were completing this edition. An obituary, from his friend and colleague Brian Day, will be distributed separately by email.

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