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THE HERBALIST



Featured in this issue:

Herbs for Pregnancy • *Menopause* • *Enhancing the Function of Vascular Tissue* • *Insights into Organising a Conference* • *Thyme* • *PA's Advisory Ban* • *Psychoactive Substances Bill*

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

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LETTER FROM THE EDITORS

Spring is with us again. Days of glorious sunshine followed by ice, rain, frost and big winds. Our herbs are surviving but seasons are mixing up and they come at strange times. Currently we are facing a voluntary ban on the use of such old favourites as coltsfoot, borage and comfrey leaf (see article by Lloyd Gee) and the psychoactive substances bill which aimed to prevent the sale of legal highs based on herbs threatened our use of many others. That has been avoided now thanks to submissions from herbal practitioners.

As you will see there are a lot of CPD opportunities this year. We had to leave some out as they take up too much space which is so encouraging as full time courses are under threat. Another degree course is closing its doors this year.

Herbal Blessings to you all

Liz and Vicki, Editors

THE HERBALIST TEAM - SPRING 2016
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Insights into organising the URHP AGM

by Giuditta Evans (Judy)

Three years ago I was asked if I would volunteer to take over the organising of the URHP AGM. Like most of us, when put in that position, my initial thoughts were 'OMG!' Do I have time? What is involved? Where do I start? It all seemed very daunting and a bit overwhelming, but something deep inside said just say yes and think about it later. Sometimes it is better to just dive straight in and hope for the best, so there and then I booked Purley Chase for the following year in the usual month of June after much deliberation of the availability of that month – Purley Chase is very popular as we will find out why later.

Feeling quite chuffed with myself as I walked confidently back to the dining table, a little voice was heard from one of our well established and experienced members saying 'you did avoid Father's Day didn't you? A 180 degree turn was hastily made before anyone could say, 'whoops' and the proprietor was once again summoned from her very busy kitchen schedule. With pinney tightly in place and wooden spoon held firmly in hand she exuded clearly the message 'what now?!' With a fraught look of something is ready to boil over any minute.

Oh dear! What a start! How difficult this was all now beginning to seem and I have so much to think about not least who do I know that would be good enough to hire for our next talk? All this came to mind as I walked back to my table for the second time. However, a knight in shining armour was to come to my rescue in the bat of an eyelid and lifted me out of the doldrums. 'I can help with your next speaker Judy. I know Michael and Lesley Tierra and I can ask them if they will travel from America to talk for us.' said our dear member John Smith. How wonderful to have such a high calibre of speakers come over for our AGM. I was over the moon. Now all I have to do is make dialogue with the Tierra's, sort out the booking forms, the programme of events and organise the name badges. Not too bad after all – or so I thought.

I got to work on the flyer/programme which I decided to spice up a bit and as it was Summer solstice weekend. I took on the theme and put a picture of



Stonehenge in and the Yin & Yang logo on the front page representing the Tierra's TCM talk – great all seemed to look good. This was drastically modified at the start to the highly sophisticated programme we have now due to commissioning expert leaflet designers. Ah! But I tried! Still the URHP AGM flyer/programme looks very slick and professional thanks to Liz and her printer contacts.

Next came the actual contact with Michael Tierra who I was not familiar with at all. Now if anyone has met Michael Tierra, you will get the gist of what I mean when I say communication could have been on a par with little green men from Mars even taking into account the transatlantic culture difference. Why-oh- why didn't I think of contacting Lesley first who is solidly grounded to this earth with both feet and so amazingly patient?

Over the weeks and months I became familiar with Michael's quirky ways and he with mine and we managed to meet all objectives somewhere in the middle. Actually, when Jane Woolley and I first met him and Lesley at the train station to take them to Purley Chase, all became clear in a way that black and white emails could never had conveyed. We didn't stop laughing the whole time we were with them. What a delightful and amazing team they make!

Now then, name badges. Ah! Ha! – easy peasy. Yep until you misspell a sensitive sole's name. Wow! NEVER again! This is coming from me whose name is really 'Giuditta' which is not only often spelt wrong – the 'u' is mostly always put before the 'i' when ' i' should be before 'u' not meaning 'you' just to be clear - I'm much too polite – it's often pronounced wrong. Naming me after my Italian grandmother was very sweet until some who were not sure, particularly in crowded surgery of some sort, called me Gooeyditta. Correct pronunciation is 'Ju-dee-ta'.

On the whole, most of the weekend went very well and I had a lot of support especially from my dear friends Iria and Jane. Purley Chase has a lot to offer in terms of great accommodation, homely food, and above all, a warm and welcoming atmosphere. We have the proprietors Anna and Dave Gaffney to thank for this as they always try to make our stay an enjoyable one. Plus it is an idyllic venue for our AGM being so central for most members with extremely reasonable prices. We have to book years in advance just to secure our weekend which I have routinely done – avoiding Father's Day of course!



Judy with AGM team of Iria Schiller and Jane Woolley

Judy is a registered naturopath and medical herbalist with many years' experience working in complementary medicine. She runs a clinic in Somerset where she specialises in natural hormone balancing for women. Judy has been continuously researching the subject of hormones since 1996. Judy is also founder of a support group which provides information to those interested in natural treatments for hormonal imbalances http://www.progesteronelink.com

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Menopause ~ A Case Study

by Dawn Ireland



A small selection of ten women was interviewed and they came up with the following symptoms as suffered over a period of up to ten years. In order of the most commonly suffered symtoms, they reported:

- Hot flushes which vary greatly in severity and duration. The mildest were described as a sudden warmth all over, the worst were described as a feeling of becoming boiling hot, sweat pouring out and running down the face and back, a bright red face and hair becoming wet. The mildest occurred once or twice a day and night, and the worst every 15 minutes or so, constantly through 24 hours. This can cause embarrassment described as 'when in company people assume I am embarrassed at subject of discussion, or ill'
- Insomnia. At its mildest this was described as intermittent waking, sometimes to urinate, or sometimes caused by the hot sweats, sometimes for no apparent reason. At the mildest women could fall asleep again quickly, at the worst they could stay awake for 3 or 4 hours, or wake several times a night for varied amounts of time. A common theme is to go and urinate whether there is a need or not, cooling down by doing so, which in some people is enough to allow a return to sleep fairly soon. Fatigue. This may be worsened by, but not necessarily caused by the insomnia.
- Lowered libido. The mildest instance was described as intermittently less interest in sex, the worst was described as not ever wanting sex. This is unrelated to the relationship or emotional love for the partner. Physical symptoms are sometimes related such as pain or discomfort on intercourse, which is described as more than simple dryness and includes the mucous membranes of the vagina becoming less elastic and flexible causing splitting of the skin.
- Anxiety was described at the mildest as a general lessening of confidence, and at worst being panic attacks restricting activity, social life and work.
- Depression. This may be mild and intermittent and was described as a generally lowered level of enjoying life, though not restricting day to day activities, and at worst as causing severe lethargy and disinterest in life needing medication
- Nocturia is common some women who need to get up to urinate up to 4 times. This seems unrelated to fluid intake.
- Weight gain unrelated to any change in diet or lifestyle.
- Indigestion, cannot tolerate large meals or alcohol.

Most women have tried multiple methods of reducing symptoms including dietary, supplements such as soya isoflavones, evening primrose oil, progesterone cream e.g. Serendipity, orthodox HRT or antidepressants. Influences on day to day life can be negligible, or severe; they may last for only a few months, or may last years. It is often this unpredictability which women find difficult to come to terms with. Comments include; 'I just want to be me' again. Women also said that the negative view often promoted by society of the loss of value is hard to accept, as is the invisibility of age. Another comment was about the loss of the cleansing and emotional release experienced by menstruating.

A Case study

Age 51, office work (director) married, no children (by choice). Menarche at age 12 Progression to menopause with irregular periods, longer gaps between each bleed, some flooding once or twice leading to awkward moments being caught out without being prepared. At consultation no periods for the past 18 months. Symptoms: severe hot flushes approximately once an hour, accompanied by anxiety and causing thirst when sweating a lot. More sweating overnight, improved by getting up and walking around for a few minutes, drinking water and urinating. Panic attacks in situations she found stressful such as crowded places, or places she feels unable to escape from. Insomnia on average for an hour or two every night causing fatigue and loss of

focus at work. Lack of interest in sex, 'wouldn't care if never had sex again except for keeping relationship happy'. Mild intermittent joint aches, worse when other menopausal symptoms worse. Notices when getting up in night, otherwise doesn't affect her.
No other history of note. Average weight (despite advising weight gain) eats all food groups, no hospitalisations or serious illness. Happy with work and relationship. Exercise is moderate, swimming once a week, walks her dog. Always prided self on being healthy, needing no doctor's intervention.

Diet:
Porridge with sunflower and pumpkin seeds, sometimes nut sprinkle (Linwood's almond, walnut, flax seed & goji berry). Water with lemon juice, decaffeinated coffee Morning snack usually nuts, dried fruit. Occasionally cake or biscuits if sharing at work. Herb teas (nettle, chamomile) Lunch brought from home eaten at desk. Salad chicken wraps, tuna, rice salad, cheese salad sandwich on wholemeal, egg etc. More herb teas as above. Afternoon snack an apple or banana. Evening meal stir fry with chicken, salmon, pulses, brown rice or jacket potato salads. Baked apple & custard. Sometimes a glass of wine (no more than 3 glasses per week if that) Water throughout evening. Fluid intake including herb teas and water approx 1 litre to 1.5 litre depending on food (ie if salty or lots of salad) Chocolate as a treat. Sometimes milky drink at bedtime with chocolate or horlicks. Non smoker. Family hx (parents both smokers) Mother can't remember menopause, had an ovarian cyst so had hysterectomy at 42. High blood pressure. Father high blood pressure, high cholesterol.No siblings.

Management plan:
Combat menopausal symptoms, improve sleep, improve libido, reduce anxiety. Rx1 Main mix: Sig 10ml each morning

- Hops 1:3 20ml (nervine, phytooestrogenic)
- Vitex 1:2 10ml (progesterone promotion)
- Dipsacus 1:3 20ml (joint pain, progesterogenic) Sumac 1:4 10ml (refrigerant, liver support to process hormones)
- Achillea 1:2 10ml (circulation for delivery of herbs, pelvic circ)
- Salvia 1:3 10ml (keeps fluids where they should be)
- Matricaria 1:1 20ml (nervine, anti-anxiety)

Rx2 Sleep mix: Sig 10ml before bed

- Lactuca 1:2 25ml
- Escholtzia 1:3 25ml
- Passiflora 1:2 25ml
- Scut lat 1:2 25ml

Recommended add dandelion leaf tea to regular herb tea drinking, for minor weight gain which she thinks may be fluid, plus dandelion root coffee for liver support. Recommended Omega 7 Sea Buckthorn oil capsules for mucous membrane nourishment and tissue flexibility improvement especially vaginal.

Follow up 2 months later: Hot flushes vanished except for when under high stress, then mild and short lived. Sleep almost back to normal, just occasional waking but sleeps again quickly, no sweats at night. Vaginal dryness and flexibility improved 'like a miracle'. General improvement in mood, anxiety and libido though still some panic on occasion if in a high stress situation for her, which would be crowded buses (daily park and ride) deadlines at work. Suggested she continue same medicine for another two months and review at that time.

Herbs For Pregnancy and Postpartum

by Natasha Richardson

Herbalist Natasha Richardson works in antenatal care and shares the Top Five Herbs she recommends for women to help with their during pregnancy.

Before starting my degree as a Herbalist I worked at Neal's Yard Remedies where I would constantly be asked if the products were safe during pregnancy. It's no secret that Neal's Yard is a magnet for 'yummy mummies'. But this repetitive question got me thinking; how do we even know what's safe during pregnancy? By doing my dissertation on the subject of Ginger for Nausea and Vomiting in Pregnancy I came to understand the details of how this is done. Unfortunately, the methodology

for this is impossible to separate from the politics surrounding pregnant women. It seems there are two extreme poles in this matter, people who feel everything natural is safe during pregnancy and people who feel any number of substances, from foods to beauty products, should be avoided 'just in case'. Neither of which is correct. It's simply too difficult for the general public to look into the efficacy and safety of each remedy available to them and therefore, the average pregnant woman ends up googling the safety of something and running with that. I don't really blame them, it's not easy.

As healthcare providers we are cautious by nature. We only want to do the best for our patients. I remember when I first qualified as a herbalist I felt almost frozen in fear about treating pregnant women. That small voice in the back of my head, worrying that I might harm an unborn child; quite terrifying. I decided to train as a Doula and antenatal teacher so that I could understand the anatomy of it more. By doing this I felt gradually more comfortable about the miracle of child-bearing. I began to trust the body more and understand that miscarriages don't just happen at the drop of a hat. I read books by Ruth Trickey, Marylin Glenville, Susun Weed and Anne McIntyre and came to realise there was a wide selection of herbs available to women during pregnancy. The herbs I recommend are mainly native British herbs with gentle, nourishing and relaxing properties. I believe that women are highly receptive to medicines during pregnancy and I have found they don't need a heavy-handed approach. Usually the gentle, nutritive herbs do the job swimmingly well.

1. Nettle can be used throughout pregnancy. It's great for keeping energy levels up as it's a good source of many vitamins and minerals. These include Vitamin A, B, C, D, K and the mineral iron. It's a super-food in its own right. Keeping iron levels up is especially good during the last trimester as it's inevitable that some blood will be lost during labour itself. It's also good for helping with a good milk flow after birth. It's likely to make your patient pee more frequently which can be a bit of a pain but if they get cystitis during pregnancy Nettle can be a 'life saver'. It helps eliminate any bacteria which might be causing the irritation without worrying about the potential side effects of other over-the-counter pharmaceuticals. It's best combined with other home remedies like cranberry juice and apple cider vinegar if they do get an infection. When they've got an infection it's important they drink as much of it as they can. But generally speaking 2 cups of tea each day throughout pregnancy will be enough to get the nutritional benefits mentioned.



2. Raspberry leaf is the most well-known herb for women during pregnancy. You have probably heard about women using it to start labour. But as herbalists we know that this isn't actually very effective. Raspberry leaf is like exercise for the uterus, it takes time to build up strength. Therefore, it's best to take it throughout the last trimester. Some women even start during the second trimester at one cup of tea a day and work up to 3 cups a day in the last trimester. By toning the uterine muscles it helps the speed of delivery and will tone the uterus back to your pre-baby shape afterwards too. Not only that, it also helps with good milk flow for the baby after birth. So I'd recommend combining it with Nettle and having it for a month after giving birth. The mother could continue for longer if she finds it helps her feel better. I often combine the herbs in this list and give it to the women to have from their last trimester all the way through till 1-3 months after birth. It's good to make things simple for the new or expectant mother.

3. Oat tops help to relax and restore the nervous system when stress has taken its toll. It's hard to avoid stress during pregnancy, try as we may, and stress leads to many health problems over extended periods of time. The most common is a lowered immunity and higher likelihood of getting an infection. Oat tops is a good way to avoid this. The mother can use it throughout the pregnancy by drinking between 1-3 cups of tea each day. It can also be used during labour itself if the patient is prone to anxiety. Just a little warning, that if they're intolerant to gluten you'll still need to be sure your oat straw is gluten free as sometimes it's grown next to wheat and gets contaminated.

4. Chamomile is a gentle relaxant. Relaxation is key to a happy pregnancy. Without tapping into the parasympathetic nervous system during labour a vital hormone is hampered: oxytocin. Oxytocin is a powerful pain killer and also helps women bond with their babies. Chamomile can be drunk every day just like the other herbs. It works nicely mixed with the others too.

5. Marigold grows in many of our gardens. It's a great herb to know about for pregnancy as it's perfectly safe from the third trimester as a tea. But it's safe throughout pregnancy if you use it as a cream. It has anti-fungal properties which make it really useful for treating thrush during the last trimester of pregnancy. The only reason I avoid it earlier on is because it is mildly oestrogenic. It's thought best to avoid herbs which change the hormones even if only slightly. If it were really required I could see how the benefits may outweigh the costs. The mother can use the cream to help heal cracked nipples and prevent thrush passing from nipple to baby and back again too. Advise her to apply a little after each feed. I'd recommend the cream by Neal's Yard Remedies as it's simple and has no 'nasties' in. Not only does Marigold help heal nipples but it'll help healing after labour too. The mother can make a cup of tea and add it to your bath water. Suggest that the patient drinks it as a tea as well to really maximise the benefits.

Here's a tea your pregnant patients can drink throughout their pregnancy. It is a gentle nourishing tonic which will help them avoid common problems such as anaemia while reducing their stress levels and the effects it can have. This tea can really be drunk as much as she likes but for full effect I'd really recommend it at least 3 times a day. The worst that might happen would be they find themselves peeing even more frequently!

Nettle 20g
Oat 20g
Chamomile 20g

And here's one to make for their last trimester and beyond. This tea can be drunk 3 or more times a day too. This is particularly nice for helping the healing process in the 3 months following birth. The vitamins in this tea help support breast feeding too. For ease, it could be used in the bath as a sitz to help heal the perineum and vagina topically too.

Nettle 20g
Raspberry 20g
Oats 20g
Chamomile 20g
Marigold 5g

Biography: Natasha Richardson is a herbalist and director of Forage Botanicals Ltd. After getting her Bsc, Hons in Herbal Medicine in 2010 she went on to train as a Doula and Antenatal teacher. She has 2 clinics; one in Bromley and the other in Faversham. Having specialised in women's health she was recently interviewed for an article in The Telegraph on the subject of Red Tents. She blogs and interviews herbalists for her podcast and runs a home-study herbal medicine course too. If you're interested in being interviewed for one of Natasha's podcasts you can contact her at nr.herbalist@gmail.com
Natasha's website is www.foragebotanicals.co.uk

Enhancing the Function of Vascular Tissue

by Annette Montague-Thomas

Annette Montague-Thomas, F:URHP. Founder of the Global Natural Healthcare Trust offering herbal medicine to people in South Africa to combat Aids, HIV, TB and Diabetes amongst many other conditions. Annette also has a thriving clinic in Truro, Cornwall.

Let me take you all on a herbal journey and into a shared successful treatment for those patients with heavy leg and varicose vein problems that we come across in clinic. Many of you know that I do a great deal of flying each month, mostly 22 hours, and at other times 38. Now of course you can imagine it affects the body and mainly the circulation. I have always dreaded "bad legs" as I had watched my darling Mother struggle, from a young woman, with varicose veins that led her more than once into the dreaded phlebitis.

We all know how to treat varicose veins firstly ensuring the patient has excellent bowel movements every day, that they are not carrying too much weight



Viburnum opulus (Cramp bark / Guelder Rose)

thus putting strain on their hearts. Not using too restrictive clothing, as in tight jeans.

Heavy Legs
Lymph drainage is certainly linked to heavy legs. Here I would use the following medical herbs:
Cleavers, Burdock root, Poke root, Uva Ursi.

Varicose Veins
For us all we rather like our legs! And there is nothing more unsightly than bad legs that are cruelly damaged by distorted varicose veins, or masses of ugly thread veins. In the past I have used with success a combination of the following herbs:

1. Hawthorn.
2. Motherwort
3. Prickly Ash
4. Witch Hazel
5. Stone Root
6. Buckwheat
7. Melillot
8. Cramp Bark

And then by chance I discovered in South Africa, the effect of Red Vine Leaf. *Vitus vinifera (Linne)* This beautiful vine leaf has 5 points and contains a rich source of flavonoids – quercetin and isoquercitrin.* Quercetin is really rich dark plant pigment. Isoquercetrin is a powerful anti-oxidant that is also found in onions.

Not only does Red Vine improve the circulation and take down any inflammation but it actually strengthens the walls of the veins. Restless leg suffers also report a marked improvement. This is all due to the high content of flavonoids. Red Vine works wonders on thread veins and quickly.

As I have yet to find a supplier on mass in the U.K. I will be importing this herb in powdered form, which is easier to work with in the dispensary. We will also be planting our own red vines in the next few months in South Africa, to insure we can have a regular fresh supply for our dispensaries.

At present the product Antistax in South Africa and Super Drugs Red Vine leaf capsules are all I can find on the market but they are not organic nor is the capsule. One can take 6 capsules a day. I have used this product on myself and on patients. I have truly seen the difference in my legs which is quite remarkable. Likewise I have treated two male patients that had serious distended veins. One patient was prone to leg ulcers and the other blood clots. Both are now in excellent health; and their legs again have shown remarkable improvement.

Other Uses
I am also interested as I learn that it also can help lower cholesterol levels with speed. Red Vine is said to heal a swollen liver, and be brilliant for haemorrhoids. And I was determined to get this in my diet as its reputed as being anti-aging! When cooked it tastes rather bland, even when I wrapped it up with rice, raisins and plums!

*quercetin-3-O-beta-D-glucuronide and isoquercitrin (quercetin-3-O-beta-D-glucoside) (Ed.)

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Bio: Annette Montague-Thomas F:URHP is a pioneer in the field of herbal medicine managing not only a busy clinic in Truro but also founding and staffing and managing the Global Natural Healthcare Trust Clinic on the Orange Farm illegal settlement in South Africa where her work positively impacts not only upon the physical health of the people there but upon their whole environment and well being as she tirelessly campaigns for and demands their rights to all the necessities for a healthy life. Having travelled there over 180 times in 16 years her legs have taken a lot of stress.

Pyrrolizidine Alkaloids in the Spotlight

by Lloyd Gee

Recently concerns have been raised about the risks of unsaturated Pyrrolizidine Alkaloids (PAs) in foods and medicinal herbs both through contamination and natural occurrence. Several brands of over the counter St John's Wort have recently been taken off the shelves due to contamination and the use of all PA containing herbs is now under threat.

PA containing herbs

As herbalists we are aware of the toxicity and risks of PAs with several being regarded as both hepatotoxic and carcinogenic. Out of the commonly used herbs, Comfrey root displays the highest levels of the toxic unsaturated PAs and in 1993 it's use was banned in UK except for external use. Comfrey leaf, which has lower levels of PAs, was allowed continued use but 'only for a short time'. The use of butterbur *(Petasites hybridus)* has also been restricted by the MHRA. However now the internal use of Coltsfoot *(Tussilago farfara)*, Borage leaf *(Borago officinalis)* and Hemp agrimony *(Eupatorium cannabinum)* are also under question. Coltsfoot contains similar levels of PAs to Comfrey leaf whilst Borage leaf has much lower levels (Dharmananda, 2001).



Borago officinalis

Doses of 1 mg PA per kg body weight per day or more have been associated with acute and short-term toxicity in humans. The lowest known dose to cause acute veno-occlusive disease is 0.015 mg per kg body weight. For long-term toxicity, the lowest known dose is reported to be 15 µg PA/kg body weight per day. The most recent research (COT 2008; Schulz et al.) suggests that the maximum long-term daily exposure should be less than 0.007 µg per kg body weight, in order to avoid the possibility of cirrhosis of the liver occurring. This would mean a maximum PA dose of 0.42 µg for an adult who weighs 62 kg. The Committee on Herbal Medicinal Products (HMPC, 2014) of the European Medicines Agency, concluded that the short-term (maximum 14 days) daily intake of 0.35 µg toxic, unsaturated PAs/day from herbal medicinal products might be acceptable. This would be equivalent to a tiny dose of between 0.19 mg and 1.8 mg Comfrey leaf or approximately 34 mg Borage leaf. In many European countries, the internal use of PA containing herbs is not allowed at all.

It has to be said here that the figure of 0.007 µg per kg body weight is a very cautionary level and follows a methodology commonly used by toxicologists. Essentially they have taken the lowest level of lasiocarpine, an isolated single PA that in a rat study has been found to cause a 10% increased tumour incidence, to set a lowest benchmark dose of 70 µg/kg b.w. per day. They then divide this by 10,000 which is the Margin of Exposure at which the risks are "of low concern". However, if it is known that 0.015 mg PA/kg from plant ingestion has caused acute illness in humans then a daily dose of comfrey leaf as low as 500mg for an adult could have serious consequences. Longer term use has many more risks. A report by the World Health Organization (The WHO 1988) states that the effects of PAs in human beings are cumulative at very low intake rates.

There is not currently any evidence that shows harmful effects through external use. However, in Germany there is a maximal daily dose of 100 µg through cutaneous application for a duration of maximum 6 weeks and 10 µg without any limitation in the duration of use. A study by Brauchli et al. (1982) shows that in rats, the dermal absorption could be 20-50 times less than absorption via the gut.

PA contamination of herbs

In February, this year, the MHRA issued a precautionary recall of six batches of St John's Wort Tablets containing 91,800 packs because of product contamination with PAs. The products affected by the recall in the UK all contained St John's Wort extract supplied by a single extract manufacturer in 2013. They are branded Asda St John's Wort, HRI Good Mood and Superdrug St John's Wort.



Eupatorium cannabinum

The recall was precautionary and based on analytical results showing the presence of PAs in the products. The recall was not caused by reports of adverse reactions to the affected products.

A common contaminant is Common Ragwort *(Senecio jacobaea)* which can easily hide in a crop of St John's Wort or other herbs. This can contain toxic PAs at levels of 30 g per kg. Seivers (2016) demonstrates how just one Senecio plant per hectare of, for example, a St John´s Wort culture may be sufficient to exceed the HMPC recommendations in the contaminated harvest! Other weeds that can contaminate crops include *Senecio vulgaris* (Groundsel) and Heliotropium spp.

In a recent report by the Food Standards Agency (2016), the risk of PAs being ingested by contaminated foods was highlighted. They say that potential sources of PAs include:

- Honey - If bees harvest pollen of PA-plants
- Salad crops contaminated with PA-plants such as Senecio vulgaris
- Herbal products, supplements and teas prepared from, or contaminated by, PA-containing plants
- Products of animal origin (meat/milk/eggs) if food producing-animals graze on PA-plants or feed contaminated with them
- Cereals if grain crops are contaminated with PA-plants

The only way to be sure that herbs and their preparations are not contaminated is testing. Where there are known risks of contamination, some of the herb suppliers in UK are beginning to test for the presence of PAs as standard.

Toxic effects of PAs

In humans, PA poisoning is usually manifested as acute veno-occlusive disease (VOD). This is typically characterized by a dull dragging ache in the right upper abdomen, liver enlargement and ascites. Vomiting and diarrhoea may occur as well as generalized oedema and jaundice. The disease may progress rapidly with death occurring after a few weeks. It can also manifest as subacute disease with more vague symptoms, possible ascites and enlargement of the liver and sometimes the spleen. This can progress to fibrosis and to a chronic stage which usually leads to cirrhosis of the liver. In some cases, a single episode of acute disease has been described to progress to cirrhosis. PAs are also known to be carcinogenic. The onset of cancer from PAs is likely to occur years after exposure and so not be associated with exposure that may have occurred years previously.

Conclusion

The evidence does show that the risks of PA toxicity are much greater than previously thought. This risk is heightened if the PA intake through contaminated foods is also taken into account. Doses of comfrey well below the normal therapeutic range have been found to cause disease so it would appear the risks outweigh the benefits. The advice here has to be that the internal use of toxic PA containing herbs should be avoided.



Senecio jacobaea

Note

Plant doses have been calculated using PA levels in plants as described by Dharmananda, (2001). Determining PA levels in plants is problematic as there is significant variance between plants of the same species, how old the leaves are, the preparation and extraction method as well as a lack of knowledge of absorption levels. Therefore the doses given here are purely illustrative so that the reader has some sense of how much plant is needed to reach the PA levels stated in the research.

Lloyd Gee practices as a herbalist and naturopath in London and Cheltenham using an East West approach to herbal medicine. He is Vice President of URHP andsits on the EHTPA council.

References

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Lloyd Gee practices as a herbalist and naturopath in London and Cheltenham using an East West approach to herbal medicine. He is Vice President of URHP and sits on the EHTPA council.

Thymus vulgaris (Thyme)

by Laura Yarham F:URHP



Laura Yarham

A hot diaphoretic herb (and much much more!)

"Are you going to Scarborough Fair? Parsley, Sage, Rosemary and Thyme."

The many delights and uses of this wonderful warming herb have been known to mankind since pre-recorded times (1) and its potent qualities keep it among my top twenty of favourite and most used herbs. The fact that it grows so easily is a huge advantage; it's hardy and will flourish in most soils and gardens so there is no excuse not to have some close at hand(or foot). I add the latter because it is so resilient and springs back up with a dogged determination, even when trodden and tramped on.

Thyme has quite a history! The ancient Egyptians used it for embalming and the Greeks and Romans used it as both a culinary and medicinal herb (6). There are several derivations of its name. The Latin name is Thymos which came from the Greek 'thymon' meaning spirit or smoke. This reference is probably due to the strong smoky odour of Thyme. It has been used for many centuries to cleanse and clear the home using a 'smudging' method of burning the herb and allowing the smoke to waft around the space or person, clearing bugs as well as any negative energies (7). This is an ancient but simple technique we can use at any time in our own homes.

Without even depending on its therapeutic effects, it brings a unique depth of spice and pungency to any dish you may be preparing in your kitchen. I am often found dashing out into the garden mid food preparation and leaning over into my herbs to cut a sprig or two to chop fresh and throw into whatever concoction I am putting together.

So, as a herbalist, it brings even more pleasure to know that there are medicinal properties running alongside its individual taste, that benefit us all and can be used to treat clients in dried or herbal tincture/ syrup form.

Thyme is a hot diaphoretic. It contains essential oil with thymol, cavacrol, borneol, tannins, flavenoids, cymol, linalool and triterpenoids (2,3). Its warming ability helps to eliminate mucous and phlegm. It acts as an antiseptic,anti-microbial, anti- rheumatic, antispasmodic,

carminative, emmenagogue, expectorant, rubifacient, anthelmintic, vulnerary, astringent and tonic (1,3,5).

The high content of volatile oil makes it a great carminative for dyspepsia and sluggish digestion. It also helps to eliminate worms (2,6). The oil is a strong antiseptic, which is why it can be used as a vulnerary for infected wounds, boils and dermatitis. This property also makes it useful internally for digestive and acute and chronic respiratory infections (2). This is enhanced by being antispasmodic and an expectorant, so can be used in asthma, colds, flu, spasmodic coughs bronchitis and sore throats (2,3). It can increase the propensity of white blood cells, increasing the power of the immune system (6). It has a soothing sedative action on the nerves, in fact, taken before sleeping, it is a remedy against nightmares (1,3). In addition, it strengthens the nerves and stimulates brain cells in order to help memory and concentration. It helps eliminate uric acid from the body, so conditions like gout, sciatica, arthritis and rheumatism will be eased by Thyme (6). Its properties of being both stimulant and relaxant, means, like many herbs, it is amphoteric in its action and will tend to regulate the system as needed (3).

Research is quite extensive with regard to its antibacterial, antiviral and anti-fungal actions. Thyme oil has been proved to kill anthrax and typhoid bacillus, meningococcus and the agent responsible for tuberculosis. It is also active against salmonella and staphylococcus bacteria. Its contraindications are that it may cause irritation to sensitive skins and should not be used when pregnant or for a client with high blood pressure (6).

Thyme can be happily combined with other herbs and lends itself to herbal home preparations. Here is an example of one I use regularly during the winter and spring time:

A cough mixture:
Aniseed seeds (1tsp)
Liquorice root (1 tbsp)
Simmer in 600mls of water for 20 mins.
Pour over:
Thyme (1tsp)
Coltsfoot(1tsp) (currently advised not to take internally, see article in PA's)
Cover and infuse for 10 minutes. Strain and take 1 cupful tds (4).
I really value this herb for all that it brings into my conscious awareness and for its springy nature that makes me smile every time I choose to cut some from my garden.
So next time you happen to pass by a clump of Thyme, it could be a huge advantage to stop, reflect on the numerous properties that this tiny leaved plant has within it and use it for yourself, your family, in the home and in your dispensary.

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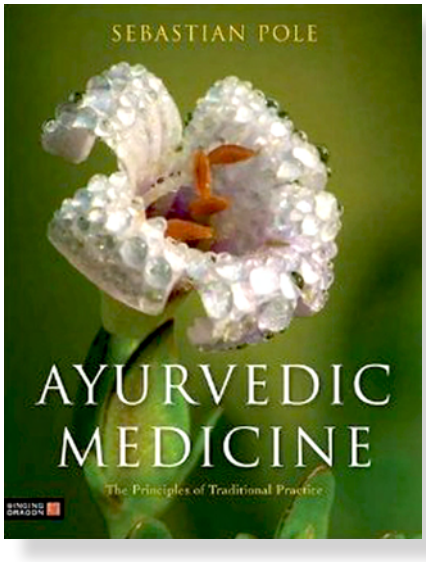
BOOK REVIEW

By John E Smith F:URHP

Ayurvedic Medicine - The Principles of Traditional Practice by Sebastian Pole

It is with great pleasure that I review this wonderful text by my old friend and fellow student Sebastian Pole. Sebastian has worked for many years, not only studying and practicing Ayurvedic medicine and allied approaches to health and healing, but also has contributed greatly to improving awareness of ethical growing and harvesting practices in India and the West.

This book not only provides the reader with a detailed history and introduction to the fundamental concepts of Ayurveda but includes a materia medica unequalled in modern ayurvedic texts, complete with excellent photographs, showing not only the plant itself, but the parts generally used in medicine.



The author also describes many of the commonly used formulations together with their energetics and actions.
The Two Appendices (a great work in themselves) go on to discuss the imbalances responsible for many disorders, and the herbs and formulae used to treat these conditions.

Ayurvedic Medicine – The Principles of Traditional Practice, is well worthy of in depth study for students, scholars and practitioners of Ayurvedic Medicine.

Ayurvedic Medicine is available from
www.singingingdragon.com

HERBWATCH

by Vicki Pitman F:URHP

What is the Best Dose of Nature and Green Exercise for Improving Mental Health? A Multi-Study Analysis

Environ. Sci. Technol., 2010, 44 (10), pp 3947–3955
e-mail:jpretty@essex.ac.uk.

'Green exercise is activity in the presence of nature. Evidence shows it leads to positive short and long-term health outcomes. This multistudy analysis assessed the best regime of dose(s) of acute exposure [sic] to green exercise required to improve self-esteem and mood (indicators of mental health). The research used meta-analysis methodology to analyze 10 UK studies involving 1252 participants. Dose responses for both intensity and duration showed large benefits from short engagements in green exercise, and then diminishing but still positive returns. Every green environment improved both self-esteem and mood; the presence of water generated greater effects. Both men and women had similar improvements in self-esteem after green exercise, though men showed a difference for mood. Age groups: for self-esteem, the greatest change was in the youngest, with diminishing effects with age; for mood, the least change was in the young and old. The mentally ill had one of the greatest self-esteem improvements. This study confirms that the environment provides an important health service.'

Aromatherapy in Mouth Care and Oral Cavity Growth Research.

New research published in February 2015 has shown that special mouth care using Aromatherapy can be an effective oral health nursing intervention for elderly patients with stroke. Two groups of 30 underwent the clinical trial, one group received oral care with the added aroma solution and that other received 0.9% saline solution. Oral cavity microorganism growth was assessed, an oral swab taken. The results showed that the oral microorganism growth was significantly lower in the experimental group than in the group with added aromatic solution. To read the full research paper view the following link:
http://www.ncbi.nlm.nih.gov/pubmed/25743733

Attitudes of medical students toward the practice and teaching of integrative medicine.

J Integr Med. 2015 Nov;13(6):412-5

The General Medical Council encourages the integration of complementary and alternative medicine (CAM) teaching into basic medical education. To explore the attitudes of medical students to CAM and its inclusion in their undergraduate curriculum, medical students were invited to complete the validated Integrative Medicine Attitude

Questionnaire (IMAQ) and to state whether they considered it appropriate for them to learn about CAM in medical school. The questionnaire was completed by 308 students (65.8% response rate). CAM had been received by a majority of respondents and their families. Participants believed that doctors with knowledge of CAM provide better patient care and that it is desirable for physicians to exploit the placebo effect. Most students expressed the view that doctors should be able to answer patients' questions about herbal medicines. There was a belief that patients should be warned to avoid using supplements which have not undergone rigorous testing. Students who were current or previous users of CAM or whose family members used CAM had higher total IMAQ scores and openness subscale scores than those who did not report use of CAM. Two-hundred and nine (68%) students expressed a desire to study CAM as part of their medical curriculum. This study reveals a positive attitude towards a holistic approach to patient care which embraces CAM. Medical students believe that integrative medicine should be taught in medical school.
PMID: 26559366 [PubMed - indexed for MEDLINE]

Artemesia dracunculus, Tarragon explored for anticoagulant effects.

Bosn J Basic Med Sci. 2015;15(2):9-14

The authors cite that tarragon leaf is used in the daily diet of many Middle Eastern countries and is well known for its anticoagulant activity. Preliminary work was done to obtain extracts and fractions with the highest coumarin content. 'These were then investigated for their anticoagulant activity by determining prothrombin time (PT) and the international normalized ratio (INR), expressed in relation to the coagulation time of the healthy person. Purified extracts and fractions obtained from plant residue after essential oil distillation, concentrated in coumarin derivatives, showed the best anticoagulant activity, using samples of human blood. INR maximum value (2.34) and consequently the best anticoagulant activity showed the methanol extract at concentration of 5%. The INR value of normal plasma in testing this extract was 1.05.'
PMID: 26042507 [PubMed - indexed for MEDLINE]

Anticancer Effect of Ginger Extract against Pancreatic Cancer Cells.
PLoS One. 2015;10(5):e0126605



'The anticancer activity of the ginger extract in pancreatic cancer is poorly understood…We demonstrate that the ethanol-extracted materials of ginger suppressed cell cycle progression and consequently induced the death of human pancreatic cancer cell lines, including Panc-1 cells…The underlying mechanism entailed autosis, a recently characterized form of cell death, but not apoptosis or necroptosis. The extract markedly increased the LC3-II/LC3-I ratio, decreased SQSTM1/p62 protein, and enhanced vacuolization of the cytoplasm in Panc-1 cells…these results show that ginger extract has potent anticancer activity against pancreatic cancer cells by inducing ROS-mediated autosis and warrants further investigation in order to develop an efficacious candidate drug.
PMID: 25961833 [PubMed - indexed for MEDLINE]

Article in Hong Kong journal summarises current orthodox medical treatment for eczema.

Hong Kong Med J. 2015 Jun;21(3):251-60
Abstract

Eczema or atopic dermatitis is a common childhood atopic disease associated with chronicity and impaired quality of life. As there is no cure for the disease, treatment relies on topical and systemic anti-allergic or immunomodulating therapies. Topical corticosteroid, macrolide immunosuppressants, and oral immunomodulating drugs for recalcitrant disease have been the mainstay of therapy. Management of atopic dermatitis must consider the individual symptomatic variability of the disease. Basic therapy is focused on patient/family education, hydrating topical treatment, and avoidance of specific and non-specific provocative factors. Anti-inflammatory treatment based on topical glucocorticosteroids and topical calcineurin inhibitors is used for exacerbation management and more recently in selective cases for proactive therapy. Systemic immunosuppressive

treatment is an option for severe refractory cases. Microbial colonisation and superinfection may induce disease exacerbation and justify additional antimicrobial treatment. Adjuvant therapy includes ultraviolet (UV) irradiation preferably with UVA1 or narrowband UVB. Dietary recommendations should be specific and given only when food allergy is confirmed. Allergen-specific immunotherapy against aeroallergens may be useful in selected cases. Parallel use of traditional and proprietary topical and herbal medicine has also been popular in China and many cities in Asia. Complementary and alternative medicine may have a place but evidence-based data are lacking.
PMID: 25904389 [PubMed - indexed for MEDLINE]

Triphala may aid eye disease.

Triphala aqueous extracts (active compounds chebulagic acid and chebulinic acid) help with vitreoretinopathy (PVR) that often leads to retinal detachment, in vitro study shows.
PLoS One. 2015;10(3):e0120512 PMID: 25793924 [PubMed - indexed for MEDLINE]

Herb-drug interaction between an anti-HIV Chinese herbal SH formula and atazanavir (ATV) in vitro and in vivo.

[SH formula contains Morus alba L., Glycyrrhiza glabra L., Artemisia capillaris Thumb., Astragalus membranaceus Bge., and Carthamus tinctorius L]
J Ethnopharmacol. 2015 Mar 13;162:369-76

This in vivo pharmacokinetic study '…demonstrated for the first time that there is no metabolism-based herb-drug interaction and ATV in rats, but this combination enhances the inhibition potentials against HIV protease activity. This observation may support the combinational use of anti-HIV treatment in humans.'
PMID: 25614104 [PubMed - indexed for MEDLINE]

Chemical characterization and biological activity of Chaga (Inonotus obliquus), a medicinal "mushroom".

J Ethnopharmacol. 2015 Mar 13;162:323-32
The authors investigated extracts of Chaga from several different countries and tested for anti-quorum sensing (AQS) and effects on tumor cell lines. Their findings:

'All extracts showed definite AQS activity.…All the extracts demonstrated cytotoxic effect on four tumor cell lines and not on primary porcine liver cells PLP2.…As the Inonotus obliquus presence in Chaga conks is limited, further purification is necessary to draw quantitative conclusions. The presence of AQS activity in medicinal mushrooms suggests a broader anti-infectious disease protection than only immunomodulatory effects.'
PMID: 25576897 [PubMed - indexed for MEDLINE]

Evaluation of in vitro anti-angiogenic effects of Hemidesmus indicus in hypoxic and normoxic conditions.

J Ethnopharmacol. 2015 Mar 13;162:261-9

The authors conclude: 'Hemidesmus might represent a promising therapeutic strategy for diseases in which the inhibition of angiogenesis could be beneficial, such as cancer. The antiangiogenic activity of Hemidesmus is based on multiple interactions with critical steps in the angiogenic cascade. VEGF expression stimulated by HIF-1α as well as endothelial cell migration and differentiation represent important targets of Hemidesmus action and might contribute to its cancer therapeutic efficacy that is presently emerging and offer a scientific basis for its use in traditional medicine.
PMID: 25560668 [PubMed - indexed for MEDLINE]



Hemidesmus indicus

Psychoactive Substances Bill (enough to make you crazy!)

by Lloyd Gee

The Psychoactive Substances Bill is now law and it is a blanket ban on anything that has a psychoactive effect unless it is exempt in the bill. Many consider it to be an ill-thought-out, knee-jerk reaction to legal highs. New Scientist describes it as "one of the stupidest, most dangerous and unscientific pieces of drugs legislation ever conceived".

At first, it looked like numerous herbs would simply be banned as a result of the Bill as many are "capable of producing a psychoactive effect in a person who consumes it" which is how the Bill defines psychoactive substances. The relevant exemption only covered licenced Traditional Herbal Products. This was raised at the European Herbal and Traditional Practitioner's Association and chair, Michael McIntyre managed to get some Lords on the case. He was then able to talk to the people drafting the bill and the good news is that the wording has been changed so that herbs that we give to our patients are now exempt.

The wording was simplified so that it exempts medicinal products as defined by the Human Medicines Regulations 2012. The definition of medical products in those regulations includes herbal medicines prescribed in a one to one consultation by practitioners to patients. Therefore, herbal medicines covered by the regulations are excluded from the scope of that Bill.

Foods, alcohol, tobacco, caffeine and licenced drugs are all exempt, but there are many grey areas. Anyone who finds themselves falling foul of the law can face 7 years in prison. It goes far beyond recreational "highs". Selling a completely harmless substance that can enhance, for example, cognition could land you in jail. It effectively bans every single psychoactive compound that hasn't even been discovered yet!

BOOK REVIEW

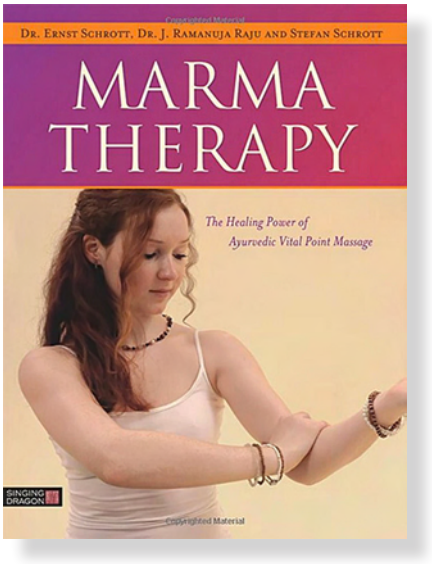
By John E Smith F:URHP

The Healing Power of Ayurvedic Vital Point Massage by Dr. Ernst Schrott, Dr J Ramanuja Raju and Stefan Schrott, translated by Marek Lorys

This beautifully clear and well presented book provides a simple to follow introduction to the profound science of Marma Therapy, described as "one of the greatest healing secrets of Ayurveda".

The text is largely based on a system described as "Sukshma Marma Therapy" derived from traditional Vedic knowledge and oral Marma tradition.

The "Susruta Samhita" lists 107 key energy points (108 if we include "Atma" the self as the primordial



Marma) which act as control points throughout the body. The "Marmas" are easier to locate than acupuncture or acupressure points as they often cover larger areas.

In Ayurvedic philosophy "everything is connected to everything" so treating a control marma e.g. the 3rd eye or brow chakra we treat the whole head, and vice versa. Marma points can be stimulated, balanced or tonified through the application of touch, pressure or the use of gem stones, oils etc.

"Marma Therapy" is beautifully illustrated and provides a systematic approach to both self and partner treatment; outlining massage techniques, "mudras" (hand gestures) and "asanas" (yoga postures) useful in promoting harmony to body and mind.

This is a book which will remain part of my collection and be referred to avidly in updating my own knowledge and influencing my practice.

"Marma Therapy" was published by Singing Dragon on December 2015 and is priced at £17.99

Unified Register of Herbal Practitioners

URHP ANNUAL CONFERENCE & AGM

Friday 3rd, Saturday 4th and Sunday 5th June 2016
Open to non-members

The venue is: Purley Chase Centre, Purley Chase Lane, Mancetter, Atherstone, Warwickshire CV9 2RQ Tel: 01827 712370 or visit www.purleychasecentre.org.uk closest main towns are Nuneaton and Tamworth. The cost of the full event is £75.00 for URHP members and £85.00 for non-members. The cost for a part session is £30.00. The outstanding costs must then be paid by? A part session is for any one day attendance. The AGM meeting is free.

Purley Chase has 60 beds available in single and shared rooms. If you would like to stay there overnight and include meals, please book the accommodation as soon as possible directly with them. The booking form can be found on their website. A £30.00 deposit is required with the outstanding balance to be paid by 5th June 2015. Please state your dietary requirements and those attending part sessions please book meals or snacks as needed.

The nearest alternative accommodation is Bed and Breakfast on the A5 at Dordon called the Chestnuts or at Mancetter on the A5, or The Bull (3 miles away). There are many others to be found around Atherstone.

The nearest main line railway station is at Nuneaton, about 10 kilometres away. Nuneaton is on the main line between London and Lancashire, and trains also serve Atherstone about 2 miles away. For more information, please contact Judy Evans Tel: 01935 474343 Mobile: 07747753189

Speakers for this years' AGM are:

Dr Edward Thompson

Dr Edward Thompson is both a medical doctor and a herbalist. He is one of our very own, being a member of the URHP. He is a seasoned speaker who thoroughly engages his audience with his eloquent and very articulate style of communication. He makes it easy to understand many of the complexities of integrated health and medicine and it is a great pleasure to have him as our key speaker for this years' main lecture.

The talk is entitled: "An Integrated Approach to Mental Health". Edward will include the following subjects:

- Western medical diagnosis and approach to mental health including a particular focus on

depression, anxiety and stress.
- A pharmaceutical approach in terms of understanding as well as discussing drug and herb interactions.
- An integrated herbal approach which will use an understanding of traditional, energetic and modern scientific paradigms of herbal medicine.
- Diet, lifestyle, and psychological therapies.
- Western Red flag symptoms and when to refer.
- Interplay between herbal medicine and other CAM therapies in managing mental health conditions.

URHP members will be speaking in turns to give us more insights into their own practices. It will be interesting to see and hear how some of our members use their own skills, knowledge and specialities to practice in their own particular way using herbal medicine and anything else that encompasses natural healing.

Conference programme:

Friday
4:30 pm – 5:30 pm Registration
5:30 – 6:30 pm Dinner
7:00 – 9:00pm URHP members' insights into their own practices

Saturday
09:30am – 1:00 pm Edward Thompson: An Integrated Approach to Mental Health
11:45 am – 12:00 pm tea break
1:00 pm – 2:00 pm lunch
2:00 pm – 5:00 pm Edward Thompson: continued…
3:45 pm – 4:00 pm tea break
5:30 - 6:30 pm dinner
7:00 – 9:00 pm Social drinks at the bar

Sunday
09:30 am – 11:45 am AGM
11:45 am – 12:00 pm tea break
12.00 pm – 1:00 pm AGM
1:00 – 2:00 pm lunch
2:00 pm Short herbal walk identifying native herbs

NB All hand-outs will be sent nearer the time.

EHTPA Conference

Thriving as herbalists, building our strength as a profession

Saturday 19th November 10 am to 4.30 pm (registration at 9.30), Student Central (formerly the ULU Building), Malet Street, London, WC1E 7HY

How can we better promote what we do to the public? How can we support each other as herbalists?

These are some of the vital questions that will be addressed at this EHTPA conference which aims to generate a range of practical ideas and initiatives to advance the scope and profile of herbal practice. These proposals can subsequently be utilised by individual herbal practitioners, Professional Associations and/or the EHTPA.

Keynote speaker, Simon Mills will provide food for thought to engender active discussion throughout the break-out sessions that form the backbone of this conference. In addition, Lucy Jones will give a presentation on marketing your herbal practice. Come and join us to help create a stronger, better recognised and more widely used herbal profession. Sign up to this conference now. See www.ehtpa.eu for the full programme.

Herbalists and herbal students across all traditions are most welcome. The cost of attending this conference has been kept low to make it accessible to all herbal practitioners and students. Places are limited so please book early.

EHTPA members - £25
Non-members - £35

EHTPA includes members of CPP, URHP, RCHM. APA and BATTM

Refreshments provided. You will need to bring a lunch or eat out locally.

Visit www.ehtpa.eu for booking information

All Herbalists and Herbal students across all traditions are welcome. By keeping costs down, EHTPA want to make the conference accessible to all herbal practitioners and students. Places are limited so book early.

Saturday 19th November
10am to 4.30pm

Student Central, Malet Street,
London, WC1E 7HY

EHTPA members - £25
Non-members - £35

Visit www.ehtpa.eu for booking information

BSc (Hons) HERBAL MEDICINE

Academic Year 2016-17 (Lincoln College)

Provides a comprehensive education and training in the principles and practice of herbal medicine. This incorporates the 'energetic' understanding of the cause of illness and the therapeutic actions of medicinal plants as well as the orthodox disciplines of anatomy, physiology, pathophysiology and nutrition. It is integrative in approach, linking traditional herbal medicine with modern science and holism.

Our teaching methods cover a rich mixture of theoretical study, reflection, the use of intuition and practical experience including professional practice in our on-site Complementary Medicine Clinic. Our aim is to ensure that you become a competent and confident practitioner of herbal medicine.

The course is delivered by block learning, which means that the attendance requirements for the academic modules are met through eight full three day weekends per year, plus attendance at the Complementary Medicine Clinic for clinical training. Year One of the course requires 100 hours of clinical training, (achieved during term time, ½ day per week or the equivalent) and Years Two and Three require 200 hours of clinical training (1 day per week or the equivalent). There are a variety of ways in which this attendance can be achieved.

The course is accredited by the EHTPA (the European Herbal and Traditional Practitioners Association) and graduates are eligible to become members of NIMH (the National Institute of Medical Herbalists) or other professional bodies of medical herbalists.

A minimum of 180 UCAS Tariff points from the following:

- GCE A levels and AS Levels
- BTEC National (Diploma or Extended Diploma) in a relevant subject
- Access to HE
- Scottish Higher/Advanced Higher with at least one subject at Advanced Higher.

For mature applicants some experience may be taken in lieu of A Levels / BTECs. Plus GCSE English – grade C or above GCSE Maths – grade C or above. All applicants are interviewed.

The successful completion of BSc (Hons) Herbal Medicine will provide you with the qualifications to set up in professional practice as a herbal medicine practitioner.

For further enquiries contact:
Robyn James
Herbal Medicine
Lincoln College
Monks Road
Lincoln
LN2 5HQ

Tel: 0300 303 2435
Email: enquiries@lincolncollege.ac.uk

DIARY DATES

The Herbal Path March 26th – April 3rd, Algarve, Portugal. Essential oils and hydrosols with Maureen Robertson; Herbal approaches to digestive problems and cancer with Christine Herbert; herb walks and plant ID with Fernanda Botelho and shamanic herbalism with Rocio Alarcon (includes sweat lodge). Contact Maureen Robertson http://www.theherbalpath.net/

Free webinar on medicinal mushrooms, 20th April 2016 for more deetails see newsletter@naturalhealth-institute.eu

Herbal Lotion & Potion Skincare Workshop
Sunday 24 April 2016 10 am – 4 pm. If you are looking for an alternative treatment for skin infections or want to restore the appearance of your skin, how about learning to make your own cosmetics with medicinal plants. To book a place call Frances on 01923 674050 or 07976 609848. Alternatively, email f.watkins596@gmail.com

Making Cases Count with Claire Relton FSHom, senior research fellow University of Sheffield. Looking at why people consult herbalists, who they are, why they seek help and whether they improve; and writing case studies.
Sat 30th April 10.30-4.30. Venue: Birmingham.

Herbfest 2016 will be in the Algarve, Portugal April 29th – May 2nd. Speakers include Anne McIntyre and Maureen Robertson 01451 810096 http://www.herbfest.co.uk

Back to the future: the antibiotic sparing role of herbal medicines in the treatment of acute infections. A research day to consider the evidence base for the antimicrobial role of herbal medicines. 23rd May 2016 Chelsea Physic Garden, London.

The Community of Irish Herbalists hold the 5th annual **Herbfeast** on 27th -29th May at La Scala, Black Rock,Cork http://herbfeast.com

URHP Annual Conference and AGM: Friday 3rd, Saturday 4th and Sunday 5th June 2016 Open to non-members (see page 17 for more details)

EHTPA Conference
Saturday 19th November, 10am to 4.30pm
Student Central, Malet Street, London, WC1E 7HY

Afternoon seminars at the Royal College of Physicians:

- June 13th Jeffrey Aronson, Clinical Pharmacologist **Medicinal Plants, an introduction** with Rod Flower, William Harvey Institute, Hallucinogenic Plants.
- July 18th Michael Black, Kings College, **Botany and Imperialism.**
- September 19th Elisabeth Hsu, University of Oxford **Qinghao (Artemesia annua) in Chinas medical history.**
- Steven Harris, University of Oxford, **American plants in Bobarts medicinal garden in the 17th century.**

Address: Royal College of Physicians, 11 St Andrews Place, London NW1 4LE starting at 2pm. Each session will include tours of the medicinal garden. Contact: henry.oakeley@rcplondon.ac.uk

3rd International Congress on Naturopathic Medicine
ICNM Barcelona July 1-3rd "Global Patient care: preventing chronicity naturopathically"http://icnmnaturopathy.eu

PCOS Herbal Therapeutics. A one-day seminar led by Anne Marie Reilly MSc MNIMH DipCoun. An experienced herbalist with a special interest in Polycystic ovary syndrome. Saturday August 13th 2016 10.30 am – 4.30 pm Registration from 10.00 a.m. To book please contact NIMH office: NIMH, Clover House, James Court, South Street, Exeter, EX1 1EE. 01392 426022 info@nimh.org.uk Venue: University of London Union, Malet Street, London, WC1E 7HY

Botanica 2016, University of Sussex, Brighton, September 2-5th. Celebrating herbs and clinical aromatherapy. http://botanica2016.com/

The Wiston Lodge Gathering is back! 4-7 August 2016: The Immune System, a residential event in Lanarkshire in August which grew out of the SSHM annual summer school. It is a chance for herbalists around the country to come together to brush up on skills, advance our learning and renew a sense of community and professional pride. The beautiful Wiston Lodge, near Biggar in Scotland is the venue. Wiston Herb walk Pathophysiology & Clinical Notes with Anita Ralph Herbs, energetics and drug interactions with Christopher Hedley Goethean Plant Study Bonfire and party Saturday night. For more information email: wistongathering@gmail.com

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