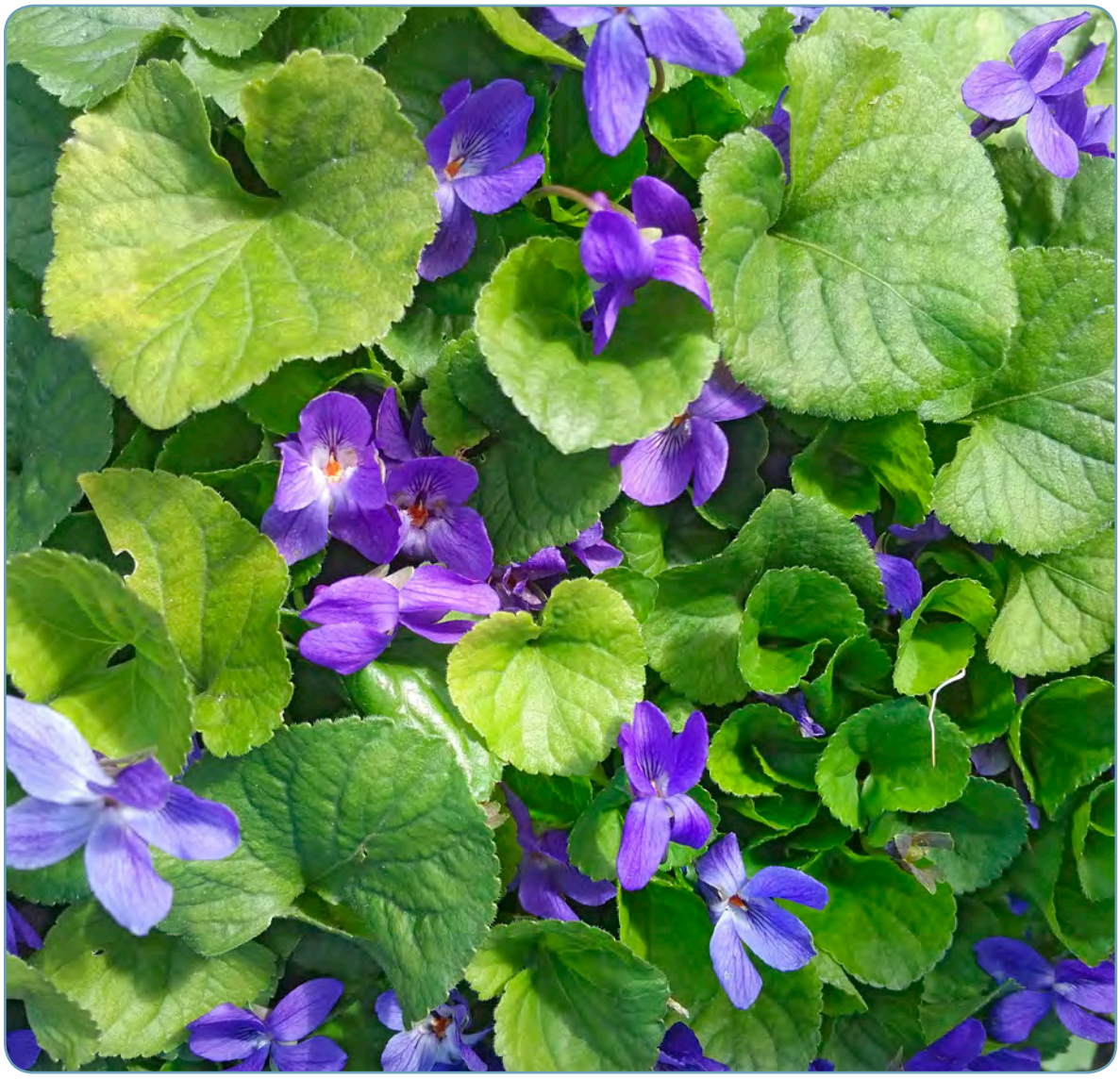
Volume 9 Number 1 Spring 2017 £5.00 (where sold)

THE HERBALIST



Just Some of the featured articles in this issue:

EHTPA Conference & Initiatives • *Herbalist.org.uk* • *Medieval Herbal Practice Enactment* • *Herbwatch* • *Gallbladder Cleanse* • *Saving Wild Ginseng* • *App Review iPlant*

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

CONTENTS

2. Letter from the Editors
3. EHTPA Conference & Initiatives
4. Herbalist.org.uk
5. Medieval Herbal Practice Enactment
9. Gallbladder Update
11. Gallbladder Cleanse
12. Plantain, Wormwood & Dog Rose
15. Saving Wild Ginseng
16. Herbwatch
18. App Review: iPlant
18. Health Mapping is the Future!
20. AGM's (URHP and AMH)
21. Herbal Medicine History Matters
22. Medical Tree Information Sheets
22. AMRIT: Ayurvedic Medicine Research Initiative
23. Balens Annual CPD Conference
24. Diary Dates



Artemisia absinthium (Wormwood)

THE HERBALIST TEAM - SPRING 2017
Editors: Liz Lyden: lizlyden@msn.com Vicki Pitman: vbpitman@talktalk.net
Proof Reading: Vicki Pitman & Trixie Vordemann
Design / Typesetting: Andrew Mason info@neterapublishing.com
Annual Subscriptions: Kelly Holden - kellyholden.amh@gmail.com
Copy Deadline for the next issue: September 30th 2017 articles to: Julie Bruton-Seal julie.brutonseal@btinternet.com and Christine Herbert c@christineherbert.co.uk
Photo acknowledgements: Cassie Sherriff, Vicki Pitman, Liz Lyden and Laura Yarham

LETTER FROM THE EDITORS

We are experiencing a Spring of weather extremes which seems to be producing good crops of healthy herbs already. The cover photo is Sweet Violet – *Viola Odorata* – which has been in full flower since early January. This brave little herb is so versatile and often underrated.

In this issue we have continued our focus on the gall bladder begun in the Autumn edition. Cassie Sheriff has shared her experience of being the medicine woman in medieval re-enactments around the UK over many years. She is absolutely authentic in how she does this. Laura Yarham has shared 3 of the herbs of the month from the URHP Facebook page and the wonderful Annette Montague Thomas, who is taking a few days out of her incredibly busy schedule to be our keynote speaker at the URHP conference this year, has introduced us to the concept of disease mapping which she has used for many years to help target her resources. In this vein we have information about a mapping project being carried out by the APA. This was also an item looked at the EHTPA conference and will provide another form of data in relation to the use of herbs.

The EHTPA hosted a conference on promoting the herbal profession in February which generated lots of good ideas and presented the new website for promoting herbal practice and the herb mark both described in articles by Lloyd Gee who originally proposed both of these and worked very hard to produce them. This first quarter of 2017 has been an exciting and productive one so far. Looking at the Diary events this will continue. If you require more information about any of these events you will find them on either the URHP or AMH websites.

The URHP has 2 posts to fill – one is as joint Editor of the Autumn edition of this journal. The other is for a new Registrar as Rachel has finished her term this June. If you would like to volunteer for this new experience do contact us

Liz and Vicki

EHTPA Conference & Initiatives

by Vicki Pitman F:URHP

Thriving As Herbalists: Building our strength as a profession. EHTPA Conference 18 February, 2017

What an excellent conference this was. The speakers were leading herbalists who put their experience at our disposal for the day. Alongside this the organisers had prepared ample time for us to learn from and engage with each other, through targeted small group exchanges. Although many challenges we face are not new, and we have discussed these within the URHP many times in various ways, it was well worth it to approach them together for a whole day. Above all the day focused on what is practical, on identifying concrete actions that can be taken forward and on identifying those who are able and willing to help in the efforts.

Simon Mills, CPP began by harking back to his early days prior to becoming a herbalist when he farmed a small holding in Cornwall: he had an early introduction to animal herbal medicine from his goat Emily who he watched selectively gathering herbs in the hedgerows for her metabolism. He grounded us by presenting a SWOT analysis of where our current situation and context as a profession. The strengths are considerable, especially in a climate of immense pressures on NHS services but combined with the lack of answers of orthodox medicine has for many health problems. We have weaknesses, not least the fragmentation of the profession and the lack of credibility within many parts of society, and especially the most powerful. We are facing threats, such as the loss of thriving tertiary level training programmes, personnel changes both within the profession as older herbalists retire and fewer young people join, and the uncertainties in the politics of medicine, not least after Brexit. Still opportunities are there and we have ways to adapt and move forward.

Lucy Jones, our own URHP member, cut to the quick of marketing a herbal practice by outlining the keys to successful planning and execution. After explaining how marketing is not the same as promotion, she outlined a Seven Step Plan, and emphasised working with a global awareness but also researching and adapting to our local context and the needs of specific groups within our communities as well, then focusing and communicating what we can offer each one. Although some herbalists felt that using social media as part of communicating with potential patients did not serve them well, Lucy has had the opposite experience. But it must be done in the right way. Always be positive.

Anita Ralph, as a professional who grew from being the owner-manager of a dispensary in Canterbury to becoming a full member of a healthcare team headed by a gynaecological consultant, distilled the essentials of strategies for growing a practice. “Patients are amazing”, she said and emphasised that a key task is considering how the patient is experiencing what we do as herbalists, and not only on what the herbs are doing. She recommends writing a letter to the GP of every client, even if you don’t send it! This can be seen as training in how to communicate with doctors and nurses in a way that nurtures their respect and acceptance of us as professionals and experts. We need to “learn their language”. She also advised us to learn to deal with our failures, just as all healthcare professionals also must do.

‘Break-out’ group discussion topics included: Marketing and promotion of the profession, Building Confidence, Working together to Support Each Other, Making Use of Social Media, and Building Success - Spreading the Word.

Many good ideas and experiences emerged. An important theme was working collaboratively, and this included across the barriers of PA affiliation. I sensed a real commitment for inclusion and learning from each other. It was emphasised that this can / and should mean starting locally. For example, each of us could call or contact other local herbalists and arrange an informal chat/ meet for herbal tea. Even if it goes no further than the occasional get together, it is a way to support and sustain each other. Such contacts could lead to peer support or even supervision, study groups, or a group event to expand contact with the public, or … whatever! Other interesting suggestions included: Holding Q&A sessions or giving talks at community ‘hubs’ or to local groups such as those with arthritis - but under the banner of ‘natural medicine/health’ or similar, as a way of attracting

more attendance. Teaming up with foragers to teach about the medicinal value of wild foods and herbs, an area they are less skilled in. Contacting the GP practice manager and offering to give a very short presentation during doctors' lunchtime. It may take some time and persistence but it can happen; preparation is key, and bringing in some foods and herbal teas, as well as tinctures so they can have a direct, physical experience of herbal medicine can help. On a broader scale, ideas included an online site where mentors and mentees can find each other, conducting an audit or mapping of herbal medicine practice (how many herbalists and how many people are consulting them), hosting another training day or online event to give specific training in media skills and presentations.

This is just a taster of the myriad suggestions. They will take determined effort to bring to fruition, both by us as individuals and by our PAs and the EHTPA, with our help. But I felt the commitment is there and developments will come. The EHTPA will produce a summary documentation of the day which will be made available to all whether your association is a member of the EHTPA or not. Other work the EHTPA has accomplished recently is to complete legal work necessary for a "Herbmark" – a kitemark, which signals the public that the professional has been highly skilled. It will be available soon. A website has been created to give the public information about herbal medicine practice, www.herbalist.org.uk. It is literally very new and will be improved and developed further. There is ongoing work with the Department of Health over the Walker Report on SR. The EHTPA website has also added pdf that collates the best research into herbal medicine. This is a great asset for us when communicating what we, uniquely, can offer. The presentations from Simon, Anita and Lucy will be put up on the EHTPA website shortly. They will be in the members' area, the user name is ehtpa and the password is 'reflect'.

Finally, we can be proud of our colleagues Lucy and Lloyd Gee. Lucy gave a brilliant presentation, full of wit and key insights from her marketing experiences. Lloyd conceived and 'project managed' the idea for this EHTPA sponsored gathering to collaboratively marshal our experiences and support networking. Ideas into action was the theme, collating ways we can take this effort forward. He also thought up the Herbmark kitemark, and the idea for the new herbalist.org.uk website, working with with Michael McIntyre and others to get it up and running. A round of applause and Thank you to the EHTPA and in particular Lucy and Lloyd.

See Lloyd's following article explaining the details of the new schemes.

Herbalist.org.uk

by Lloyd Gee M:URHP



herbalist.org.uk promoting herbal practice

An initiative that I have talked about now for some time has finally come to fruition as a new website at www.herbalist.org.uk. The idea was to create a website that is an "educational" site for the public to learn more about herbal medicine and the benefits of seeing a herbal practitioner. It covers the different herbal traditions and will also show relevant research links.

As it is not selling anything, it does not count as advertising and therefore can say more about health benefits than we can on our own websites. Herbalists are encouraged to link to the website which gives more information to potential patients. The website links to all the herbal professional associations so that people can find herbalists. The more herbalists that link to the site, the higher the search engine ranking.

The site will evolve and we hope to start giving information on approaches to particular conditions ideally with some patient feedback. EHTPA (European Herbal and Traditional Practitioners Association) have supported this

venture and thanks are due to its council members who have contributed to its development. There is a contact form on the website (bottom of home page) for any feedback on the site.

Herbmark: a trust mark for herbalists.

With no statutory regulation on the horizon, this EHTPA initiative is about encouraging trust within self-regulation. HerbMark is a quality assurance scheme which means participating herbal practitioners have an easy way to show they have the relevant education, professional membership, professional insurance and other standards of professional practice necessary. Herbmark is a collective trademark (pending registration) so only herbalists that are part of the scheme can display the logo or use the term, Herbmark. All members of EHTPA (European Herbal and Traditional Practitioners Association) affiliated associations will be enrolled into the scheme and will be able to use the mark on their websites, leaflets and labels. Currently other herbalists will not be able to use the mark, but this may be reviewed in the future.

Medieval Herbal Practice Enactment

by Cassie Sherriff M:URHP

"Merry it is while summer lasts and birds sing; but now the winds blast and the weathers strong"… go the words of one popular medieval song. So it's the 27th of August, 2016 and I find myself - once again - standing in a muddy field (this time in Kenilworth). Rain is drumming on the canvas above me, thunder rumbling in the distance as I stand close to the fire-box, keeping at bay the chill wind promising autumn is on its way. The pottery bowls holding cloves and saffron, and petals of rose and marigold now collect water, dying the muslin beneath them a lovely shade of orange-yellow. The leaves of my latest display droop under the barrage of raindrops.



Such is the life of a historical demonstrator.
And still, in the foul weather, people come and ask about the display of flora atop the table and hanging from the awning. That might, perhaps, have something to do with the promise of a little shelter from the elements, however it's a comfort that equal if not greater interest was shown by the visitors drifting through the event earlier in the day while the sun still shone.
.
There is something, I find, quite enchanting about the Middle Ages. For all the mud and troubles and toil of those times, there was also a much closer connection to nature - I expect it's hard not to have when living and working in the environment more than we typically do now. It's reflected in everything from their songs to the intricate carvings in church masonry, to the borders of their manuscripts.

And herbs would no doubt have been a much bigger part of people's daily lives than they are at present: from the plants that made cloth and the plants that dyed it, to the herbs strewn on the floor



or scenting the air, to the herbs stewing in the pot, and, naturally, the medicines commonly available; whether from physician or monastery, apothecary, cunning folk or field.

Speaking of which, by pure chance the spot of parkland we'd set our tent upon at the Kenilworth event was over where the Medieval Infirmary had been - a coincidence not lost on the public. Sadly, it's all park land now, but in some places where medieval herb gardens (often attached to centres of healing) once stood I've heard the plants have naturalised into their surroundings, telling of history by their simple presence.

Beside the high use of herbs in medieval life was also a greater appreciation of health and factors affecting it. They recognised, even then, how the different foods we ate, the materials we wore and activities we participated in influenced our temperaments - and yet here we are in the modern world, faced with "news" of such recurring revelations.

Nothing changes.
And so it is that at many a weekend during the summer months I hop in the car, travel across the country and travel back several centuries to simpler times, filled with fresh air, soft earth and wood smoke.

I can't entirely recall how long I've been re-enacting, but my first battle was at age eleven and I'd been re-enacting a few years before that. However it's the living history events that I prefer to the battle ones: you've seen one battle, you've pretty much seen them all, but doing demonstrations and talking with the public is ever engaging. I do a range of displays, from music to textile work, archery and weapons to basic barber-surgery (battlefield first aid, essentially), so it was only natural to start including herbs as my interest in them grew. A desire to talk knowledgeably about the herbs to the public in-part inspired my decision to study a Herbal Medicine degree in Lincoln, and I feel blessed it covered humoral theory and to have learnt to look at health and herbs practically, as a herbalist rather than from a more detached, historical perspective.

What I mainly do, as with most living history displays is "show and tell" throughout a day: I have on display a selection of herbs, some spices and resins, which to the best of my knowledge were available and used during the middle ages. It mostly consists of repetitive plant identification, introducing the plants with comments on usage and actions both past and present.

For herbs out of season or of foreign origin, dried samples are on show - just as the physicians of Myddfai recommended should be available to medieval herbalists for those plants unavailable fresh.



Typically, though, I have as many fresh plant samples available as possible and thankfully the summer months in which I demonstrate offer many. There is something about having a live plant that feels so much better for a display, at least in settings such as those I work in. I don't know entirely what it is: perhaps it's simply the fact the plant is in a state that's more recognisable and that the leafy, floral display catches the eye of the public as something different. Personally, though, I can't help but feel a life force there that is still interacting with the world around it, that may even be helping to convey understanding. Certainly having them fresh helps, as they are, I think, a bit more tolerant of weather conditions and are more interactive: getting people to not just see but feel the leaves and rub the scents of wormwood and mint, Balm of Gilead and chamomile on to their fingers helps to enchant the mind and person so much more than a collection of crumpled-beyond-recognition leaf fragments.

Most of the samples I bring from home to ensure a variety, but I do also try to get a chance to walk around the site and see what I can forage - if I get time. Being able to point out to people that this is where I sourced a sample of Burdock; that there grows



a linden tree; to pick from in among the carpet of grass at my feet a leaf of yarrow and demonstrate just how surrounded we are with wonderful plant life… it's rather pleasant seeing people look in surprise as if only just realising the existence of a world hidden within our own that they usually overlook.

Beside simply showing the herbs, I also often show them being prepared: an alembic offering freshly made mixed floral water and essential oil and salves being prepared by bain-marie in a cauldron over the fire. The salves have been put to good use at events too, being used by a few fellow re-enactors for cuts and bruises. Offering authentic herbal remedies to those interested in history is something I hope to explore further in future: a little of me wonders if some people are naturally drawn to certain time-periods, and whether offering treatments more in line with that of those times would be more congruent with the individual - in a similar way to bioregion-alism offering what's natural to the client's natural environment.

On a similar note, many who approach the display seem at first to hold the view that medicine of those times was practically… well, the phrase would typically be "medieval", which by definition it is. The public often seem to think infection and illness could barely be fought against - even though we face them with herbs still. Pain killing is another aspect people seem to think was non-existent beyond strong drink: tales of the Soporific Sponge of Arabic Medieval Medicine, of Mandrake and of recorded recipes supported by archaeological findings in Medieval hospital latrines, showing use of Henbane, Hemlock and Opium in combination as a general anaesthetic lasting around three days soon show the medicine of the middle ages to be anything but primitive. In fact, having evidence of usage of dangerous plants (presumably effectively) seems to show remarkable knowledge, skill and understanding of herbs in the past, especially when lacking the modern advances of science explaining phytochemicals and physiology.

The history aside, I find displays like this at re-en-actments a brilliant way to engage the general public and bring herbal medicine to their attention.

Unlike workshops, talks and herb walks, where people are more likely to already have a developing interest in herbalism, at re-enactments people tend to visit because they're either interested in history or are having a day out locally: there's the potential to reach a different and wider audience than those we'd normally talk to. The public often seem to come over out of pure curiosity - and who can blame them when there's lots of curious people recreating things from bygone ages so far departed from modern life. The setting is open and relaxed, making it easy for the casual passer-by to take an interest.

As mine is one of several displays, the audience is ever shifting, allowing more people to see the display and thus more people to talk with - and learn from. The conversations that arise with the public are one of the things I enjoy most at such events. By being recognised in an open setting as someone interested in traditional herbalism, people often share their own experiences with me; the remedies they, their family and friends have used with amazing results.

I've heard of splinters being drawn forth from a donkey's chest using the a marshmallow poultice; of the crushed stalk of borage treating psoriasis; of someone managing to completely stop taking conventional medication for diabetes and reversing it using a small selection of supplements, Ginger, Green Tea and Boswellia. Comfrey seems to have been a friend to many: halving the time of healing broken ribs, healing bad scrapes quickly and cleanly; in one case a horse had suffered a wound which a vet considered would at the very least leave bad scarring and the horse unrideable, the vet even suggesting it should be put down - the horse is still alive, well and rideable, thanks to a poultice of comfrey.

Perhaps it's still because of how early I am on this path, but I find such tales deeply inspiring. To hear often first hand experiences of herb use based on traditional knowledge rather than education, in some cases thanks to a grandparent's knowledge from times when herbs were better known, or their



more traditional home countries where herbs are still more commonly used - to me - is invaluable.

It's comforting, too, that in this age when Herbal Medicine is considered among "alternative" or "complementary" medicines and faces opposition from mainstream science, industry and medicine, strangers still recall the use of herbs as home remedies - as has been the case for centuries - and show enthusiasm towards the idea of visiting modern herbalists.

And with events like these, that's partly what I'm trying to encourage: to raise awareness among the public that herbalism is both a traditional and modern practice, that it is alive and well, and to encourage an appreciation of the herbs and their potential uses as an option for health. Perhaps, just one day out can help someone see the natural world afresh.

Because, ultimately, nothing changes. Herbs are as relevant now as they've ever been in human history, as relevant as in the times I help to bring alive at the weekends, even if people no longer usually think to see the herbs in the hedgerow and the herbalism growing in the background of health care. And so, my hope is that a little bit of casual plant ID and open discussion at events like these, looking to the past, may go a long way to help clients, herbs and herbalism in the future.

Editors note:
We requested some recipes from Cassie that she would use and below is her reply – note the conference in June on medieval herbalism in diary dates if this stimulates your interest.

Recipe wise, I must admit at events I've generally kept things quite simple: you never really know what's going to happen with the weather or crowds, and at events where we're the sole demonstrators (like Chirk Castle - we'll be doing it again this year on the 29th/30th July, 5th/6th and 12th/13th of August) the day can get interrupted by special scheduled activities (like archery and combat demonstrations), so it can be hard to get/keep things going (without boiling dry, boiling over or burning) when it comes to making remedies.

Part of the reason I didn't include any recipes already is they're so simple, I hardly want to go advising those far more experienced than myself in making things: I dabble, and need to experiment more.
The main simple recipe I've used is roughly equal parts dried comfrey and yarrow, infused in oil in the bain-marie over the fire; keep that going for a fair while till the oil seems to have taken the colour and its well heated through. That's then strained through muslin and the oil heated again, this time with beeswax (not much - a teaspoon or two, if I recall), ensuring it's well melted in before dropping a sample of the mix in (cool) water to check the consistency.



The accuracy of the technique I do wonder... it's essentially recreating the modern methods of making salves with old tools. However, I have to work within a bit of a time limit at events - and the method I know to have been authentic (which involved leaving the oil/fat and herb in a pot beside a fire for a long period of time) would be a bit more impractical for active displays. I'm thinking of trying a few different methods though in future, and the radiant heat infusion method may well be possible at Chirk (especially if I've got the alembic on the go and/or it's as hot as it was last year).

Being basic comfrey and yarrow, this is the main one I keep on hand for bruises and cuts.

The other thing I've been, well, experimenting with is Honeysuckle flowers. After reading about it's use in the 1600s (ok, later than medieval, but then so are many useful sources that capture earlier knowledge) for sunburn I did some reading up on it in modern

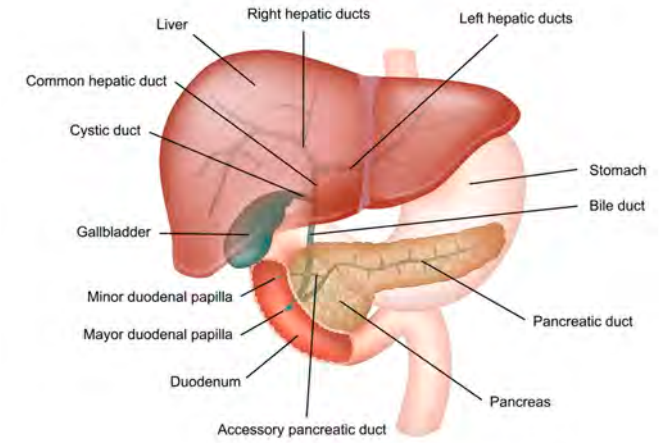
research articles. Couldn't find much for sunburn, but did find one article mentioning it's been found to improve the UV resistance offered by woollen clothing (why one would wear warm wool in hot sunlight, I must wonder).

Based on this, I've been using a simple infusion of the flowers in the place of sunscreen and after-sun: at Chirk last year I used it and tanned far more lightly than the other re-enactors I was with - some of whom go quite sun burnt. The other useful thing about the Honeysuckle flowers is their use for sore throats - something we re-enactors are quite prone to on busy days (I recall occasions where I've talked in circles several times as people have drifted into a display half-way through, which means I had to repeat the first half of the talk for them, at which point more people have come over and missed the second half.... and on it went!).

Anyway, as a result Honeysuckle has become one of the key things I forage during summer and keep a stock of handy at events.

Gallbladder Update

by Barbara Wilkinson M:URHP

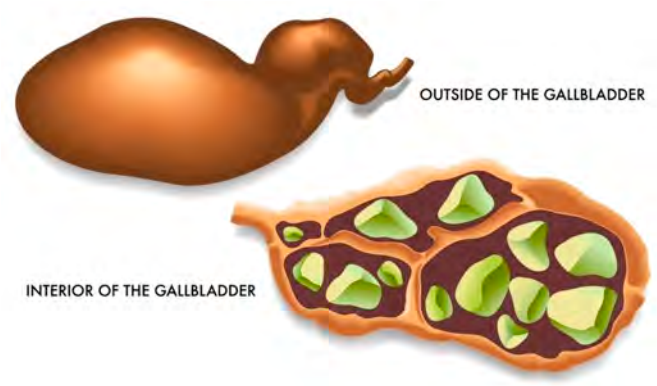


Just before Christmas I had the unfortunate experience of a trip to A+E and admission to hospital with suspected gallstone problem. I felt a pain in the right side of my back below the ribs, which rapidly developed into extreme pain across the back and front with no way of easing it. I will not bore you with the hospital procedure and reasons why I was in for 5 days on a surgical ward, other than to say that I was scheduled for surgical removal of my gallbladder as everyone is with an admission such as this. As we know the NHS system is one size fits all and surgery is their answer.

I very quickly developed obstructed jaundice as a stone had moved into the bile duct, however after the first 12 hours I was pain free and remained so. I was advised I needed an ultrasound scan which I agreed to the following day. I had known I had GB weakness for 20 years. Sure, enough I had a GB full of stones of all sizes, no thickening of the bladder walls, and the liver and other organs looked healthy with no visceral fat or inflammation. I was told the ducts were also good with no sign of a blockage, however I would need a magnetic resonance scan to confirm that. Day 5 I had the scan, after which I asked to see all my results and the consultant within 2 hours to discuss all my results including blood tests.

At this point I was not popular as it appears that is not how things are dealt with in the institution/ hospital. However, the conversation happened and I decided to leave against the consultant's advice. Although my scan showed all OK and bloods revealed I was returning to normal, I was not quite there. As I had no medication after the initial IV paracetamol in the first 4 hours, no pain, food or drink while admitted, as I had "self-catered", I agreed to a further blood test the following week as an outpatient; I left after waiting 2 hours for discharge papers.

As for the other 6 women, I met on the wards with GB problems, each one had their GB removed and was in for 6 days minimum, each had the same tests and scans as myself, however they took all the medications prescribed and ate the hospital food and drink and did no exercise. When I asked if patients are given dietary advise I was told there is a leaflet somewhere. A nurse brought me a copy which advised against all fats being removed from the diet. It seems that no one is told that if the gallbladder is removed, the stones will still form and deposit in



other areas of the body, especially the soft tissues. Naturally a healthy gallbladder helps digestion, but also decreases the risks of other conditions such as heart disease and arteriosclerosis to name but a few possible outcomes.

Over the years, I had given up alcohol, cow's milk and products associated with it, I occasionally have either goats and sheep's cheese and eat plenty of nuts and seeds and other 'healthy fats' daily. The main reason for this was as my mother had gallstones removed in her 40's, and the problems I had experienced from my late 20's led me to believe that was also a problem for me. As I learned more and trained in herbal medicine, I became aware of the importance of stomach acid and found mine was low, so I have worked on that, but not really devoting the full commitment I needed.

So 'practitioner heal thyself', but I also decided to consult others too as you can't know it all and it's good to have help in life.

While incarcerated, I had Taraxacum Root brought in a large cafeteria so people thought I was having coffee. This is a herb I have used on myself and others for years and I am lucky enough to grow and make my own supply. I increased my quantity of Silybum marianum/Milk Thistle powder, which again I have used for used years, I put it on porridge, muesli, or kefir. I was also lucky enough to have my friend and fellow herbalist bring in to hospital tinctures specific to my condition, these were brought in a bag that disguised them as a gift, which of course they were. It is standard hospital policy that it doesn't matter who you are you cannot treat yourself, as Harold Gaier found recently and states in his article in the magazine What Doctors Don't Tell You , in March 2017. I also exercised several times a day and walking the corridors and stairs regularly, with many side stretches etc much to the surprise of staff.

Since then I have been more focused let's say, and take tinctures twice a day, using herbs that are antilithic, as I do not want to flush the GB and move stones out unless they have been reduced to sediment.

There is the Dr Christopher GB flush one could use, but I have chosen to be cautious, likewise there are several herbs one can use but I have chosen: *Chamaelirium luteum*/false Unicorn root, *Chelidonium majus*/ Greater Calandine, *Collinsonia Canadensis*/Stoneroot, *Chelone glabra*/Balmony, also, *Berberis vulgaris*/ Barberry, *Dioscorea villosa*/ Wild yam and *Leptandra virginica*/ Black root.

I have not had any pain or problem since and hope that I am working towards a gallbladder flush at some point in the future perhaps, in a way, I am doing that gently each day. I use a lot of organic extra virgin olive oil each day in its raw state for example on vegetables and salads and in hummus etc. Each day I have homemade fermented cider vinegar before meals to increase stomach acidity and an apple a day as this softens stones and I have lemon juice in many forms. I have developed a treatment guide based on lifestyle choices, diet/nutrition, vitamins and minerals, exercise regime, and emotional wellbeing to guide the patient and reaffirm discussions during consultations. I am happy to share this if you would like to get in touch, likewise if you have any further knowledge to share.

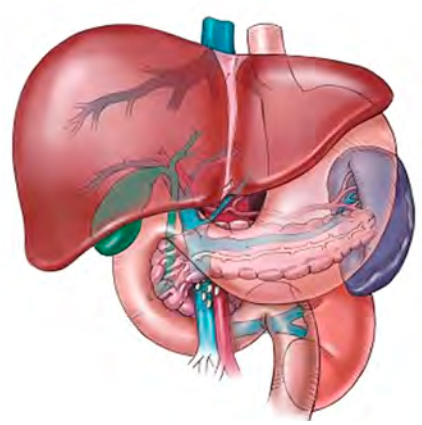
It is worth noting that the week before my incident, I had a very emotional time that tested me to the limit. As we know the connection with mind and body is huge and in my case the result was clear. So, practitioner take your own medicine and heed advise, and learn to step away from things you cannot do anything about. Meanwhile I continue to treat the condition in the hope that stones do not form in the first place and those already there are now being broken down for the body to pass.

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

Contact Kelly Holden on
kellyholden.amh@gmail.com

Gallbladder Cleanse

by John E. Smith F:URHP



Spring is the Growing Season buds start to appear and later in the season they open out. The wind becomes strong and this can cause a weakening of the immune system and you can catch colds easily. Viruses become very strong, Liver becomes overactive and upsets the digestive system causing you to feel sick or nauseous and in some climates can cause hepatitis.

Time to address all problems related to the liver. Anger! Drinking, drugs, addiction; stress, high blood pressure, cholesterol, colds and flu, viruses are very aggressive and strong at this time as they have been dormant through winter, higher level of stroke and heart problems, eczema can often become worse due to allergies developing and also Liver Qi stagnation.

Many years ago when staying with friends in Munich, a friend showed me the recipe for the Dr Hulda Clarke gall bladder cleanse and asked me my thoughts. I replied that I thought it looked pretty good, but that I might be able to improve on it with the addition of a couple of herbs.

My extra inclusions are: Turmeric* and Quebra Pedra**.

Some years before in Madeira I came across the herb *Quebra Pedra* (otherwise known as "Stone Breaker") – it felt very relevant to the following formula/strategy.

Gall Bladder Cleanse: (H.Clarke – modified)

You will need:

- 40 gm bittersalz (Mag. Sulphate)
- 125 ml. Olive Oil
- 1 large red grapefruit
- 10 gm *Quebra Pedra* herb
- 1 tsp ground turmeric

Start: - on the evening after full moon with a non- fat meal. Continue with non-fat breakfast and lunch (next day). Fast from 2pm – 4pm (no vitamin supplements etc., no liquids).

- 5-30 pm --- **Prepare**: bittersalz (Glaubers salts or Epsom will do) 40 gm (3 soup spoons) in 3 cups (800ml) of tea (made from the Quebra Pedra and turmeric - well steeped and strained. The tea herbs should be simmered in the water for a few minutes
- 6pm – drink 200ml of mixture
- 8pm – drink second cup
- 9.45pm – take 125 ml olive oil, add the juice of the grapefruit and mix together, shaking well in a closed jar
- 10 pm – go to the toilet – drink oil/juice mix – go immediately to bed – lay on back for at least 20mins



Next Morning: – take a third dose of the salts (not before 6am) then lay down for 2 hours. Then take final dose (rest again if required). 2hrs later drink some fruit juice – half hour later eat some fruit – half hour later return to normal food.

Can be repeated every month throughout the spring and early summer – up to 2000 stones may be safely removed from gall bladder.

I have tried the above myself and found it very effective (although I do recommend making sure you have 2 or 3 days free, a good book and easy access to the toilet). I have also recommended it to clients (in one case avoiding the scheduled removal of the gall bladder).

1. Grapefruit: is rich in Glutathione which assists in naturally cleansing the liver, stimulating the immune system and neutralizing free radicals.
2. Turmeric: assists the bodies ability to process glutathione.
3. Quebra Pedra (*Phyllanthus niruri*) known by the

common names gale of the wind, stonebreaker or seed-under-leaf. It is a relative of the spurges, belonging to the Phyllanthus genus of Family Phyllanthaceae.

4. Common names for *Phyllanthus niruri* include chanca piedra in Spanish, bhumyamalaki in Ayurveda, sampa-sampalukan in Tagalog, and quebra-pedra in Portuguese.
5. To obtain this try : Quebra Pedra comes from South America - I have it - Pukka may have it under its ayurvedic name Bhumiamla - Amazonian import companies often have it as tea (maybe Tree Harvest)

Glutathione – references - Wu G, Fang YZ, Yang S, Lupton JR, Turner ND. "Glutathione metabolism and its implications for health." J Nutr. 2004 Mar;134(3):489-92.

Plantain, Wormwood & Dog Rose

by Laura Yarham ND Dip Herb M:URHP

Plantain *(Plantago major)*



I was fortunate enough, at the beginning of the month, to be involved in leading a group of school children from the local primary school for a walk of discovery across the surrounding countryside to search for medicinal plants and to sketch the beautiful views all around. I noticed as they were foraging for particular plants, that they kept bringing me plantain leaves and asking what the plant was called. The leaves of this plant were literally abounding at our feet. I had to smile as this thought came to mind, as its name comes from the Latin,' planta', a foot, in reference to its appearance and habitat[1]. Several children were fascinated by its shape and the veins running through it. They had noticed, when a leaf was picked, there were fibres running though the leaves that hung like strings from the broken stem.

I decided to revisit the properties of this abundant plant and renew my acquaintance with it. Plantain contains flavonoids, allantoin, mucilage, tannins, silicic acid and glycosides. This makes it a demulcent, cooling, moistening and softening, while also being astringent.[1,3]

I knew it was a great drawing agent, viewed as one of the best in Western Herbalism. It was used in Greek times as a medicine that could draw out pus and infection. Still today it is valued for this property, soothing irritated membranes and in mucky wounds, drawing out the dirt and infection to leave it in a clean state.[1]

But what else did this humble plant at our feet have to offer us? It has another name, 'snakeweed' and for good reason. The little seed stalk that grows from the centre of the wide, flat leaves, sometimes resembles a snake's head, but, more importantly, it is used to draw out venom from a snake bite. In fact, it is an important remedy for the bites of bees, mosquitoes and poisonous spiders too.

Its drawing qualities also make it very useful for teeth abscesses or inflammation around the roots of the teeth. It has even been known, on many occasions, to save a tooth where it was thought to be lost. It is therefore a useful mouthwash to use before or after root canal surgery.[1]

Nicholas Culpeper described it in 1653 as a herb which," prevails wonderfully against all torment or excoriations in the guts or bowels and stays all manner of fluxes."[2] Some types of plantain are used today for cooling and moistening the bowels and for bacterial enteritis, diarrhoea and haemorrhoids.[1]

It's a great soother for sore membranes while acting as an expectorant and so is ideal for coughs and mild bronchitis.[3] Back in Culpeper's day it was seen as," an especial remedy for those that are troubled with consumption of the lungs, or ulcers of the lungs,or coughs that come of heat."[2] This property, of course, still holds true today: it pulls water and mucus up from deep in the lungs and is used to treat emphysema and fibrosing alveolitis. It also works well if you want

to give up smoking as it can make the taste of cigarettes unpalatable and cleanses the lungs too.[1]

All parts of the plant can be used (roots, stems, leaves and seeds), either in a syrup, decoction or infusion. It's best collected in the summer and autumn; leaves can be dried for use over the winter. If you happen to be needing it urgently for an insect bite or similar while out walking, just chew or rub the leaf vigorously and place on the affected part.

So when you next take a stroll in the countryside, look down at your feet and see if you may be stepping on this multi-purpose healing plant!

References:
1. Wood M. (2008) *The Earthwise Herbal* North Atlantic
2. Culpeper N. (1979 edition) *Culpeper's Complete Herbal* Gareth Powell
3. Hoffman D.(2002) *Holistic Herbal* Thorsons

Wormwood
(Artemisia absinthium)



When the chilly season tries to creep up on us (well, we have had a few frosty mornings) and many plants are going into their dark winter sleep, there is an herb in my garden that rebelliously shakes its beautiful silvery leaves at me when I walk past and shows no signs of wanting to rest. This is my treasured Wormwood, which may not be familiar to many, but it is surprisingly common. I met this plant first when I was training as a herbalist in the middle of Manchester. Our herbal teacher decided to challenge us with a herb walk in the city, just to demonstrate how many of our friendly flora were lurking amongst the busy streets. As we walked up the road, we spotted a few wormwood leaves sprouting out between 2 bricks in a wall! We were most impressed.

Wormwood is one of the bitterest herbs known and herein lies its wonderful stimulating and invigorating properties.[2] It contains flavonoids,phenolic acid, lignans, bitter sesquiterpene lactones, acetylenes and volatile oils including thujone. It is this last component that is toxic in large amounts and why great care is needed in the dosage of this herb. Even when making aqueous extracts such as tea with the parts used (leaves and flowering tops), you should only have one cup for a few days. Matthew Wood advocates that a dose as small as 1 drop of tincture a day or even a week is usually all that is required for treating most conditions![1]

Wormwood has quite a history. It dates back to the Greek 'Artemis' or Diana who was said to have originally found the herb. A very ancient proverb notes that things might be 'as bitter as wormwood'. It had a high reputation centuries ago, being used in the 16th century to keep fleas away in bedrooms and to ward off moths and insects from furs. According to folklore, Wormwood counteracted the effects of poisoning by hemlock, toadstools and even the biting of the sea dragon![4] Wormwood was used in the drink,absinthe, which was popular in the 19th century. When drunk in excess, the person would suffer from the toxic side effects of the thujone, leading to dizziness, seizures, delirium and hallucinations. Vincent Van Gogh was probably addicted to absinthe and many scholars believe that the brilliant yellows in his paintings were the result of hallucinations and intoxication from the drink.[5,6]

Bringing us more up to date, wormwood is primarily used as a bitter and effects the whole digestive process in stimulating and invigorating,so it will encourage appetite, promote digestion and correct stomach disorders.[2] It is a powerful remedy for worm infestations, especially roundworm and pinworm.[5] It will tone and regulate the liver and also regulates the menses as well as treating arthritis and anaemia. [3] It also acts as a febrifuge and helps the body deal with fever and infections.[2] Externally, it makes a very stimulating liniment and can be applied to poorly healing wounds, ulcers and insect bites. A wash of the tea will relieve itching from rashes.[3,5]

On the psychological level, it is a specific remedy for depression and hopelessness when due to severe physical trauma and abuse.[1]

I have always loved the shape and colour of the leaves which gives this useful plant, in my opinion, a kind of magical quality. Spend some time with this bitter and beautiful plant when you can and see what you make of this ancient species that has been helping us through the centuries.

References:
1. Wood M. (2008) *The Earthwise Herbal* North Atlantic
2. Hoffman D.(2002) *The Holistic Herbal* Thorsons
3. Tierra M. (1988) *Planetary Herbology* Lotus
4. Grieve M.(2016) Wormwood www.botanical.com

5. Holistic online (2016) Wormwood www.holisticonline.com
6. Dog T.L. (2002) *Safety, Toxicity, Drug Interactions and Contraindications of Botanicals* Proline

Dog Rose/ Wild Rose *(Rosa canina)*



This may not be the plant that springs immediately to mind at this time of the year. However, on my meanderings around the local countryside, I happened upon a thorny bush, with very little on it, but still bearing the juicy fruits of this wayside flower. This is not the usual time to be gathering rose hips and, of course, they are past their best in terms of efficacy, but their resilience to come through the winter so far, struck me as rather appropriate given their use as an immune booster. I have a feeling they were also shouting at me to get my act together and take care of my own immune system as yet another cold was threatening to render me horizontal.

Message duly received, I decided to look a little deeper into the use of this plant through the ages.

Looking back to Roman times, dog rose was the standard remedy for rabies. According to Pliny, the use of dog rose was introduced by the mother of a centurion, who dreamed that her son had been bitten by a dog and that the root of the wild rose would cure him. He recovered with this treatment and so its usage became more widespread.(1)

We are probably all familiar with rose hip syrup as a remedy for wintertime, because of its high levels of vitamin C, which protects against infections. In fact, it is in this plant that vitamin C was first discovered. What we may be less familiar with is that Rose Hips help to maintain a healthy collagen- the gelatinous substance that holds trillions of individual cells together and which offers protection against viral infection.(2)

So what else do these lusciously red hips contain? Tannins, flavonoids, sugars, pectin, fruit acids and fatty oil. All these ingredients add to their various uses as anti gall and kidney stone; diuretic, astringent and mild laxative.(2,3) The petals and hips are also used for acute inflammatory conditions of the respiratory tract and for chronic inflammation. They make an excellent spring tonic and aid in general debility and exhaustion. They are indicated in the weakness of convalescence, old age and delicate children.(1,3)



For me, as well, rose, either its petals or fruits, are linked to the heart. The flowers contain essential oils and anthrocyanides, the latter of which have a cooling effect to an overheated system. When the heart is feeling full of emotions and may become too 'hot', energetically speaking, rose brings calm and tranquility. It also delivers ease to a melancholic heart. It is why my herbal teacher always referred to his rose tincture as 'a hug in a bottle'. This, I think, is a perfect description of this multi-talented plant.

So, I listen to its message, as I sit by this beautiful bush, with its dagger like thorns and tempting ruby red rose fruits. I accept that I need its healing and its wisdom, even just to stop for a moment of the day and figure out how to look after myself better. We could all use its properties at this time of year, so take time to sip on a rose hip and hibiscus tea, as you go about your daily routines.

References:
1. Wood M.(2008) *The Earthwise Herbal* North Atlantic
2. Hoffman D.(2002) *Holistic Herbal* Thorsons
3. Bartram T. (1998) *Encyclopedia of Herbal Medicine* Robinson

For more information regarding other 'herbs of the month' articles from this year, check out my Facebook page at
www.facebook.com/healingsynchronicity

Saving Wild Gingseng

by Reid Creager



The clamor for wild ginseng can make people do wild and crazy things. The History Channel's "Appalachian Outlaws" has chronicled daring, illegal ginseng poaching on public and private land - to the dismay of many conservationists. Officials at the U.S. Attorney's Office in the Western District of North Carolina say rangers at the Great Smoky Mountains National Park seize between 500 and 1,000 illegally poached ginseng roots each year.

State researchers recently got new energy in their quest to reduce over-harvesting and poaching, thanks to a $98,872 grant UNC Asheville received from the N.C. Biotechnology Center. UNCA faculty member David Clarke says there's a shorter-term goal: Work with the N.C. State Mountain Horticulture Crops Research and Extension Center to identify genetic markers that will enable selective breeding of plants to produce specific compounds, increasing the chances that growers can produce wild-simulated ginseng in forested areas.

Ginseng has long been coveted for its medicinal qualities, from boosting energy to helping with Type 2 diabetes and sexual dysfunction. In Asia, buyers can spend close to $1,000 per pound.

Although the plants are mostly harvested for their roots, UNCA students want to determine whether the plants' shoots and leaves have enough levels of ginsenoside - medicinal compounds whose presence could lead to harvesting ginseng without destroying it.

"Ginseng is under threat because the market is so crazy," says Clarke, who has researched the herb since 2008 with faculty members Jonathan Horton and Jen Ward. "Even if we find the perfect genetic key and all the different chemical profiles out there of medicinal compounds they produce, the value of it is still determined by the appearance of the plant."

Appearance matters, too

Jeanine Davis, associate professor and extension specialist at N.C. State's horticulture center and a partner in the project, explains: "Ginseng is like no other horticultural plant we work with. Every other horticultural plant, to make it more valuable we try to make it bigger and smoother and prettier.

"When we cultivate ginseng - say we grow it under artificial shade, we build beautiful raised beds, we fertilize it, we tend it very carefully - the roots get big very quickly and they get very smooth. They'll look gorgeous; they'll look like carrots. That's not what the China market (the main buyer of U.S. ginseng) wants.

"So that kind of ginseng is very good to grind up and put into capsules or make little bottles of extract. But the roots that really bring the value, when you read these articles or watch these reality shows on ginseng, are shaped like a man (thick with leg-like roots), with a very long neck showing they're very old and that they've been wild."

Being able to produce a wild-simulated ginseng also has economic advantages, Davis says. "The reason a grower would want to produce a wild-simulated ginseng instead of a normal cultivated ginseng is that the closer we can get that plant to resemble a wild ginseng plant, the higher price we'll receive for it."

As the plant's characteristics are rare, so is the current research location, Clarke says: "What we're looking at is in the North Carolina mountains. Most of the research has looked at West Virginia plants and northern plants, but there's been less in the southern Appalachians. We already have some preliminary data that show the chemical profile that we're finding in our plants has a unique signature compared to what's found in most terrain."

The grant-fueled project involves many partners, as does general ginseng research that goes back decades. "We're just a little fish in a small pond," Clarke says of UNCA's work. "There are tons of researchers on ginseng."



Prominent among these is United Plant Savers, a group Davis belongs to; its mission is to protect native medicinal plants in the U.S. and Canada.

"It's interesting that you're working with a plant that you're trying to save at the same time you're trying to sell it," Davis says. "One of the mottos the group has is that we can help conserve ginseng by cultivating it. If we can get our consumers to better understand the plight of wild ginseng and show them that we can cultivate it and give them just as high quality of a product, we think we can reduce demand on that wild plant."

American ginseng
What it is: A leafy herbaceous perennial plant, with red berries during digging season and yellowing leaves toward the end of the season.
Where it's found: Native to deciduous forests (those that lose their leaves each year) in the U.S. from the Midwest to Maine, mostly in the Appalachian and Ozark regions but also grown on farms. In North Carolina, it grows naturally in the western mountains and foothills.

The law: Harvesting ginseng is legal in North Carolina and 18 other U.S. states, but only during certain periods and with many rules and restrictions. The N.C. harvest season is between Sept. 1 and the first frost. It's illegal to take ginseng from any national park.

For information on growing Ginseng, visit:
www.nfs.unl.ed/documents/specialtyforest/persons

HERBWATCH

by Vicki Pitman M.PHIL F:URHP

All items are searchable on PubMed. If you put in the title in the Pubmed search window you will also get related articles on the right side and can browse further: https://www.ncbi.nlm.nih.gov/pubmed

Brazillian Peppertree is effective against antibiotic-resistant MRSA
http://news.emory.edu/stories/2017/02/esc_quave_peppertree_antibiotic/campus.html

Schinus terebinthifolia is a weedy invader of Florida, but Dr. Cassandra Quave and her team, at Emory University, Atlanta, who listen to traditional healers, first identified then tested the components against pathogenic bacteria to discover the mechanism of their traditional use and effect on tropical infections and skin diseases. The team chose to investigate an extracted flavone-rich component that inhibits formation of skin lesions in mice infected with MRSA bacteria. They found that S. terebinthifolia works not by killing the bacterium outright but – which only fuels antibiotic resistance – but by repressing a gene that allows quorum quenching. In her previous research



she discovered the same abilities from chestnut tree extracts. Quoted in an eScience article, Dr. Quave said, " … instead of always setting a bomb off to kill an infection, there are situations where using an anti-virulence method may be just as effective, while also helping to restore balance to the health of a patient. More research is needed to better understand how we can best leverage anti-virulence therapeutics to improve patient outcomes…The latest classes of antibiotics introduced to the market were actually discovered between the 1950s and 1980s…Scientists have just been building off the same building blocks of earlier classes and modifying them slightly to create new antibiotics. Examining the extracts of plants used by traditional healers for infections may open up discovery of new chemical scaffolds for drug design, and provide important pathways for battling antibiotic-resistance."

Hypoglycemic and pancreatic protective effects of *Portulaca oleracea* extract in alloxan induced diabetic rats. BMC Complement Altern Med. 2017 Jan 11;17(1):37



Portulaca oleracea

This research adds to the list of benefits of this common herb/ 'weed', Purslane. As well as having bronchial-dilatory, cholesterol-lowering and antifungal effects, it is here shown to increase beta-cell mass and therefore improve glucose metabolism, making it useful in treating diabetes.

Efficacy of citronella and cinnamon essential oils on *Candida albicans* biofilms.
Acta Odontol Scand. 2016 Jul;74(5):393-8

In denture-induced oral infections, the authors found that "citronella and cinnamon essential oils have potential for daily anti-candida denture cleansing" by reducing the number of viable micro-organisms and the accumulation of biofilms".

Polypodium Leucotomos--An Overview of Basic Investigative Findings.
J Drugs Dermatol. 2016 Feb;15(2):224-8

The authors reviewed uses of *Polypodium leucotomos*, a fern beneficial in the treatment of atopic dermatitis, vitiligo, and psoriasis, and for prevention of polymorphic light eruption, sunburn, and squamous cell carcinoma. Their results provide scientific rationale and basis for the protection and effectiveness afforded by *P. leucotomos* in cutaneous diseases.

New herbal composition (OA-F2) protects cartilage degeneration in a rat model of collagenase induced osteoarthritis.
BMC Complement Altern Med. 2017 Jan 03;17(1):6

The authors, in rat models, found that an oral ingestion of a combination of *Sida cordifolia* and *Zingiber officinalis* compared very favourably to Diclophenic in reducing C-reactive protein and other markers of knee swelling.

Urtica dioica dichloromethane extract induce apoptosis from intrinsic pathway on human prostate cancer cells (PC3).
Cell Mol Biol (Noisy-le-grand). 2016 Mar 31;62(3):78-83

The authors evaluated the effects of *Urtica dioica* extract on prostate cancer PC3 cells, showing that it can successfully induce apoptosis in these cells and could be a novel therapeutic agent for prostate tumour treatment.

Neuroprotective Role of Natural Polyphenols.
Curr Top Med Chem. 2016;16(17):1943-50

The authors reason that anitoxidants found in herbal medicines and food plants can be therapeutic agents in neurodegenerative diseases such as Alzeimer's, via an ability of their polyphenol compounds to give neuronal protection against neurotoxin injury and to suppress neuro inflammation. "We critically reviewed here the therapeutic potential of pure herbal compounds (e.g., green tea polyphenol (-)- epigallocatechin-3-gallate, resveratrol, curcumin, quercetin and others) and extracts enriched in polyphenols showing the most promising neuroprotective effects. We are also presenting data on the ability of an extract derived from elderberry, *Sambucus nigra*, possessing elevated polyphenolic content and antioxidant capacity to protect neuronal cells against oxidizing agents."



Corriander Seeds

Hypoclycemic and hypolipidemic effects of Coriander seed extract confirmed in animal study.
J Ethnopharmacol. 2011 Sep 1;137(1):652-61. doi: 10.1016/j.jep.2011.06.019. Epub 2011 Jun 28.

This is not a new study but I felt it worth a mention.

Researchers set out to test a traditional Moroccan remedy for diabetes. They tested a single dose and a 30-day dose on normal and obese rats. In the 30-day period they found improvements in blood glucose levels, a reduction in insulin resistance and a cardioprotective effects via lowering of triglycerides. They concluded their study 'validated' the traditional use of coriander seeds in diabetes.

APP Review: iPLANT
A Wild Plant Reference Guide
with Bridgett Mars, AHG



I'm feeling very savy reviewing an app. Bridgett Mars, an experienced American herbalist and author, has devised an ideal app for herbalists. It is very inexpensive at just $ 2.99 and puts an encyclopaedia of knowledge on an iPhone, iPad or iTouch that can be consulted or browsed for pleasure and knowledge anywhere you are connected to the internet. Organised as an alphabetical list by common name, each herb's entry comprises: the scientific name and family, the etymology (lineage) of the name, which often gives historical gems; edible uses, medicinal uses, physiological effects, parts used, other uses, constituents, contraindications, plant's range and appearance. Photographs are by the outstanding botanical photographer, Martin Wall.

Each entry has an excellent photo and with the app there is a window to browse the photos only. As well as a facility to log your favourites there is a reference section that includes videos with Bridgett such as on how to make tinctures, or working with Violet, and a link to a toxic plant information and a wilderness survival information site and "The Rule of Three". The iTunes entry says that entries are of North American herbs but this is not the case in fact.

All in all this is a well thought out app that is packed with useful things and handy to use in different contexts, for reference, learning, teaching and plant walks, gathering, even survival! The only negative is that the app is only available on Apple devices and not other tablets and phones.

Bridgett also has a wonderful facebook page for her own or shared posts on herbal medicines and varied items.

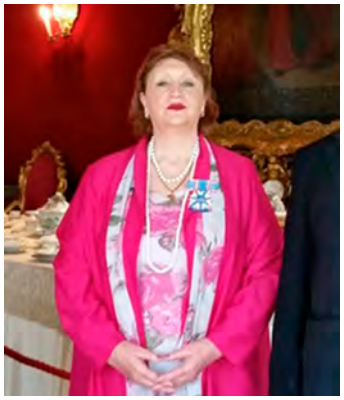
Thank you Bridget!

For more information see:
http://digitalherbs.com
available via iTunes:
https://itunes.apple.com/app/iplant-brigitte-mars-wild/id302363747?mt=8

Health Mapping is the Future!
by Dame Commander
Annette Montague-Thomas

Thirty-eight years ago I worked for UNICEF in Nairobi Kenya, quietly in a back room with the most frantic boss you could ever meet, I nicknamed him Hitler! I often say I think Hitler himself was probably nicer than my boss, although to be fair we are still friends today; and he is now long retired! And me … well I am going like a train as I have not reached my final destination, which is a 300 bed hospital in Africa, and to get our formulas out all over Africa, where our charity works its little socks off with HIV/AIDS and AIDS related disorders. www.gnhct.com

Back to the moment:
UNICEF at that time had over 32 different countries under their wing. The Information office in those days had no internet and no e-mails; only fax or mobile phones; land line phones which seldom worked; the mail either did or did not arrive as often several of



those countries UNICEF was active in, were at war or in the middle of some dreadful conflict.

My job was to work under the Chief Information Officer, and come up with facts and figures and necessary emergency supplies at the drop of a hat. File cabinets abounded every inch of the office and phones rang nonstop. In other offices fund raising/campaign documentaries were being edited and it was forever hectic to say the least. Then some member of staff would arrive tired and dusty, and almost screaming that funds or supplies were not reaching them in a disaster zone. Oh it was frantic at times. I would make endless notes; and open up files that could not be found in haste as some new member of the team had borrowed them. No wonder much wine was consumed, as stress levels were high!

So I devised a plan and with a huge map of Africa, I pinned where the conflict was; then next to it what the needs were, who were the country representatives, and the means of any communication, right down to a village shop or post office. No one would surely pull down my huge wall map, and to be fair they didn't!!

It all made sense to me, it also helped me see what diseases were happening where; and what might happen in a different season as in the monsoons, or winters or droughts. One day whilst I was happily making my boss a cup of herbal tea I heard him saying, "Yes good woman, she seems to have devised some sort of Health Mapping which is proving useful". Health Mapping I thought? Was I Health Mapping? Yes indeed that is exactly what I was doing. Sometime later with WHO, The World Health Organisation, I again applied the same procedure, whilst assisting my boss with a consultancy. They were thrilled and still apply Health Mapping today.

I am certain I had NOT invented this procedure for one moment, as today if you Google Health Mapping you will see that it is used all over the world, even right here in the UK, and possibly even in your own county or home town. The NHS uses it now to monitor when certain orthodox drugs need to be ordered! Yes well! We in the URHP would question that type of prescribing for sure.

But the benefits/pros of Health Mapping truly outweigh the cons; and you will find once you get into it, you will enjoy it; it will help you manage your practice more efficiently and help you plan further maintenance appointments with your clientele.

1. Health Mapping helps you to understand your practice better and the needs of your patients at certain times of the year.
2. It can improve your practice's income with maintenance appointments, showing preventative medicine at its best. Even after 30 years in practice I recall all my patients four times a year, to give them a check-up, which is half the price of a normal appointment; and they have a Herbal Prescription for that season.
3. Have they gained weight? Are they in any pain? Blood pressure checks and so on, the sort of normal things we would carry out. Often the patient needs a couple of things, and this will show you how Health Mapping will improve your practice.
4. It allows you as a Practitioner to be one jump ahead, so it's professional marketing at its best!
5. It also allows you to understand your area/location/country/continent and what its needs are.
6. It helps in development of hypotheses to understand variability in diseases that may relate to the environment/location or lifestyle.

We all know that during the autumn/winter months some patients will no doubt go down with a cold/chesty cough/flu, these take them off work and cause added stress if they have young children to get to and from school. Much more holistic sense is to send out an e-mail, text or What's App, advising them that the cooler months are coming; their immune systems need building up; and it is wise to cut down as much mucus producing products as possible, showing them alternatives to improve their immune systems.

Having cold mixes and chest mixes already in their fridges from your clinic in advance is again not only preventative medicine at its best, but keeps your practice ticking gently over with repeat orders coming in.

We are NOT scaremongering like the NHS adverts on TV and radio. "If you're 60 and over, then you must have the flu vaccine, or the phenomena vaccine as a preventative!" What total rubbish, I am 66 years

old in April and haven't had a cold for 32 years! As for Pneumonia, I rode the entire Rift Valley on a horse in the worst four-week monsoons in African recorded history and did not get a sniffle because there was no build-up of old mucus waste. However I did get a sore rear end!

The beauty of today is that we all have computers and can Health Map quite easily. I am always saddened when practitioners say "My practice is very quiet at the moment". This is you my dears, not your patients. It is you not managing your practice and not keeping in touch with your patients.

To start Health Mapping; and maybe on a quiet day or evening you might like to look at your file cabinets or computer and start to put your patients ages in order. Birth-10, 10-15, 15-20. And so on.

Next look at those files and see who needs what and when. Do they come once a year? Have you not seen them for 5 years? Has the little 12-year-old girl now started her menstruation, and might she require any support prescriptions? These are all worth a professional phone call, to her Mother/Parent, which I call Care Calls.
When you get to the retirement files of people aged 60 plus, their needs change, and your management of your mature patients needs to change with them. By Health Mapping you will have their needs ready and waiting, showing them diet/lifestyle/exercise and reminding them how important it is to stay out of the NHS systems and to consult you first.

I certainly believe in Integrated Medicine, but I am saddened by how many patients that are simply lonely make a regular visit to their GP, when really they just really need to see a professional and registered Medical Herbalist like yourselves.

Enjoy your practices each and every day.
Later on at the URHP Conference in June, I will talk more about Health Mapping and show you my work in Africa; and how Health Mapping helped to save thousands of lives.

Dame Commander
Annette Montague-Thomas

Unified Register of Herbal Practitioners

AGM AND CONFERENCE JUNE 23RD TO 25TH AT PURLEY CHASE RETREAT CENTRE, WARWICKSHIRE

SPEAKERS:
DAME COMMANDER ANNETTE MONTAGUE THOMAS speaking on disease mapping and her experiences running a charity and an herbal clinic in South Africa.

JUDY EVANS SPEAKING on progesterone and fertility treatments.

To book go to www.urhp.com for booking form or contact the URHP office (see back page)

2017 AMH Conference and AGM

"Celebrating 22 years of our herbal community, friendship and heritage!"



Our 2017 AGM will take place on Saturday 16th September, at Hampton Court in Surrey. Our speaker this year will be Nadia Brydon, who has been teaching & practising complementary medicine for over 25 years and completed her Masters degree in International Public Health Nutrition at the University of Westminster in 2012. The day will include a two-hour guided tour of history of medicinal plant usage at Hampton Court. Nadia's lecture in the afternoon will overlap with the tour and cover aspects of using food and herbs for various ailments. Check our website for up to date details!

Herbal Medicine History Matters

The Herbal History Research Network now has a website. Members are invited to visit www.herbalhistory.org Details of their next conference on 7 June 2017, "Preservation Matters in the History of Herbal Medicine" at Birmingham Botanical Gardens can be found there. The site will continue to develop. Please visit and give them your feedback.

Professor John Scarborough, of the School of Pharmacy and Ancient History at the University of Wisconsin has uploaded many of his papers on the pharmacy of ancient Greece and Rome onto the acedemia website: https://wisc.academia.edu/JohnScarborough. At one's leisure one can read many of his well-researched papers including on anaesthetics, mandrake, thornapple, the pharmacology of sacred plants, herbs and roots, Theophrastus and many more topics. Dr. Scarborough is not one of those who thinks ancient medicine was ineffective and practitioners were incapable of 'really' helping their patients.

Alan Touwaide and Emanuela Appieti created the Institute for the Preservation of Medical Traditions (IPMT) (http://medicaltraditions.org) at the Smithsonian Institution, Washington, DC. Over the past fifteen years they have assembled a unique library collection on ancient medical traditions, particularly the Mediterranean tradition (http://medicaltraditions.org/collection/library). Dr. Touwaide has been a visiting scholar at Bastyr University. See also https://www.researchgate.net/profile/Alain_Touwaide

Medical Tree Information Sheets

News from Holt Wood Herbs. We now have a page for the Medicinal Forest Garden Trust and have added information sheets about medicinal trees, including Ginkgo (*Ginkgo biloba*) and Witch Hazel (*Hamamelis virginiana*). A new medicinal tree information sheet has been added for Prickly Ash (*Zanthoxylum americanum*) to the website section on medicinal trees and shrubs. www.holtwoodherbs.com

And the **Herbalist without Boarders** project from Bristol: http://www.crowdfunder.co.uk/herbalists-without-borders-bristol

A.M.R.I.T

Ayurvedic Medicine Research Initiative

AMRIT
Ayurvedic Medicine Research Initiative
Connecting • Understanding • Growing

This article was 1st published in the APA Newsletter this Spring 2017. It is reproduced here with there kind permission.

In order to capture the breadth and width of Ayurvedic practice in the UK, one of the most suited methods is to take a Health Services Research (HSR) approach. For instance in order to determine who uses the NHS, what the most common health issues are and what health support people can receive, the NHS applies a HSR approach. HSR has been common in conventional medical and health research around the globe, but the use of HSR for systematic mapping of health care utilisation is still new for the traditional complementary and alternative medicine professions.

With the AMRIT research taking a HSR approach, it is possible to describe the landscape of Ayurveda in the UK. I still remember the words of Stephen Covey in his famous book "Seven Habits of Highly Effective People"; he says that it is important to have a map before you set out on a journey. A wrong map will lead to the wrong destination. Similarly, if we do not understand the map of Ayurveda in this country, we would be failing to determine what the current and future strategies for Ayurveda should be.

The APA are excited to be the organisation implementing this research project and on having the opportunity to work with Ayurvedic professionals as we take the first steps in systematically mapping the widest possible circle of Ayurvedic professionals

in the UK. You will be contacted soon to link with the AMRIT website, which will describe the project and share updates. Currently the research team is busy working with ARCCIM on developing the survey, setting up the project website and preparing the application for ethical clearance in order to be able to administer the survey to Ayurvedic professionals.

EDITORS NOTE: this is an effective way of establishing how herbal medicine is used. Maybe other traditions could follow suit?

BALENS

5th Annual CPD Conference 22nd May 2017
NEC Birmingham



Balens are delighted to announce we are holding our 5th annual CPD Conference on Monday 22nd May 2017 at the NEC in Birmingham.

Bookings open soon!

As previously our CPD event will be supported by Balens and our Insurance partners, ensuring exceptional value for you, our clients.

We have some truly inspirational speakers this year, including our key note speaker Jo Marchant, the highly acclaimed New York Times bestselling author of the investigative book Cure. Jo is an award winning writer who originally trained as a Scientist with a PhD in genetics and medical microbiology. Her writing explores a number of approaches to examine whether the mind can heal the body. Jo researches in depth, uncovering evidence that leads to conclude thoughts, emotions and beliefs can have a very real effect on our health. Cure has was awarded Best Book of the year 2016 by a number of respected journals, including the New York Post, Sunday Times and Economist.

This year we also have one of the world's leading natural health authorities Jayney Goddard from the Complementary Medicine Association speaking on business skills, plus Robert Vekerk (Alliance of Natural Health International), Nicola Brough (Warwick University) and Paul Grant (BSG Solicitors).

The event is highly praised each year and looks set to be better than ever for 2017. We are just finalising the program details, and will send further information soon regarding bookings.

Full details will be posted on our website at http://balens.co.uk/cpd Alternatively, you can contact events@balens.co.uk or Telephone: 01684 898995.

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

Contact Kelly Holden on kellyholden.amh@gmail.com

DIARY DATES

Distilling Herbal Waters 22nd April, Norfolk, with Julie Bruton-Seal and Matthew Seal. Learn two methods of distilling, with a saucepan and with a copper alembic.
info@hedgerowmedicine.com or 01508 489256.

HerbFest 2017 29th April–2nd May, Monte Mariposa, Tavira, Portugal
http://annemcintyre.com/herbfest
Speakers include Anne and Michael McIntyre and many others.

Association for the Study of Travel in Egypt and the Near East, 13-14th May at the Royal Botanic Garden, Edinburgh. Travellers in Ottoman Lands: The Botanical Legacy will be a fascinating weekend conference of lecture sessions, book displays, and opportunities to view the herbarium and gardens of the RBGE. The Conference Programme can be found at www.astene.org.uk from 1 March 2017. Contact ottomanlandsastene@gmail.com for further information or if you have any questions.

Herbal History Research Network Day Seminar: Preservation Matters in the History of Herbal Medicine. 10.30–4.30, Wednesday 7th June 2017 Birmingham Botanical Gardens, Westbourne Rd, Edgbaston, Birmingham, B15 3TR, UK

Herbalists' Retreat 19th–21st June, Uckfield, Sussex
https://www.facebook.com/events/224437774645358

URHP AGM AND CONFERENCE JUNE 23rd to 25th Purley Chase, Warwickshire. Keynote speaker Dame Commander Annette Montague Thomas F:URHP. Disease Mapping and working with the Global Natural Health Care Trust in South Africa. See www.urhp.com for booking information.

ICNM 4th International Congress on Naturopathic Medicine
30th June–2nd July 2017, London. See http://icnmnaturopathy.eu/en

AMH AGM AND CONFERENCE SEPTEMBER 16th at Hampton Court Palace, Surrey. Specialised Hampton guide who will give us a fascinated historical talk on the use of Medicinal and Culinary herbs used at the Palace. Afternoon lecture with Nadia Bryson who will share her vast knowledge of foods that heal. Watch for more details on the AMH website www.associationofmasterherbalists.co.uk For event details and bookings: Alicia Sawaya aliciasawaya.uk@gmail.com 01932 344 604.

Fêtes des Simples, A wonderful celebrations of all things herbal will be held in Rosans, Haut Alps, France September 30 - 0ctober 1, 2017 http://www.syndicat-simples.org/fr

https://www.facebook.com/events/1893975497553210
Botanica 2018 medical herbs and aromatherapy. University of E Sussex.

URHP Office
Andy Roche
28 Clifton Road
Worthing
Sussex
BN11 4DP
Tel: 07539 528857 / Email: info@urhp.com

AMH Office
Adam Smith
7 Dormans Close
Dormansland
Lingfield, Surrey
RH7 6RL
Tel: 07974 936742 / Email: feedle1@inbox.com

Printed on 100% recycled paper with non-GM vegetable based inks by Octopress Printers, Poole, Dorset: 01202 622220, print@octopress.co.uk Photo credits for this issue:
The views expressed in '*The Herbalist*' do not necessarily reflect the views of the editors or of the Association of Master Herbalists and the Unified Register of Herbal Practitioners.