urhp NEWSLETTER

WINTER 2018



Items in this newsletter include:

SSR Response • *Pukka Herbs Update* • *In praise of Yunnan Baiyao* • *URHP 2018 Conference* • *Herb of the month: blackberry* • *Lyme Disease Conference* • *Diary Dates*

Unified Register of Herbal Practitioners Newsletter

urhp Unified Register of Herbal Practitioners

CONTENTS

2. Letter from the Editors
3. Response from Michael McIntyre to Philip Dunn re statutory regulation situation
3. Update on Pukka Herbs
5. In praise of Yunnan Baiyao
7. URHP 2018 conference
9. URHP Renewal Form
10. CPD Log Sheet
11. Lyme Disease Conference October 21st 2017
13. Herb of the month: blackberry
15. Diary Dates



URHP NEWSLETTER TEAM - WINTER 2018

Editors: Liz Lyden: lizlyden@msn.com
Vicki Pitman: vbpitman@talktalk.net

Proof Reading: Vicki Pitman & Trixie Vorderman

Design / Typesetting: Andrew Mason
info@neterapublishing.com

Copy Deadline for the Herbalist Magazine: April 2018
articles to: Liz Lyden: lizlyden@msn.com
and Vicki Pitman: vbpitman@talktalk.net

LETTER FROM THE EDITORS

As are the seasons, we are somewhat out of time sequence. I explain this as you may be wondering why you received the Autumn Journal after Christmas and this in January with a request for articles for the Spring Journal to be in by March 1st.

So, this newsletter will not be too long. We have a report on the first GNHCT Lyme Disease conference which was held on Bodmin Moor during Storm Brian which cut off all the electricity.

Inside you will find a copy of your renewal letters (students have a different one), information on the upcoming URHP conference which will showcase members' skills (feel free to volunteer), as well as suppliers sharing their wisdom with us; and a few snippets and upcoming events. Please do send in anything of interest for the Spring Journal. For the newsletter we can be much less formal and just share things that have inspired or interested us, anecdotes of things that have occurred with a patient or unexpected results from particular herbs or anything at all related to our practice or your own experiences.

Many of you have been following Annette's progress with the Clinic in South Africa. And possibly linking it to the political situation there. It has deteriorated dramatically over the last four months and is becoming increasingly dangerous for her to be there. If you practise healing or belong to a healing prayer group please remember her and the charity to help guide her through the current challenges.

Liz Lyden and Vicki Pitman



Response from Michael McIntyre to Philip Dunn re statutory regulation situation

Dear members,

You will have recently received via email, the copy of a letter sent out by Philip Dunne MP, the minister of state for health, regarding SR.

I want to redress the balance a little, of how that letter may have landed on you all and dispel some of the gloom it may have brought up.

The EHTPA are renewing the case for SR because we believe our survival as herbalists depends upon it. Our case is as solid as ever and if you look closely at this letter you will see the holes in the arguments put forward.

For example, self employed people, which is the majority of us, are not subject to any employee checks so that's a nonsense for starters! Also, even if you give it just a quick read, it's clear that the ministerial letter seems to parrot the Party line. At least the minister admits that 'Professionals… are not under any obligation to join' the PSA. That, as Michael McIntyre has pointed out, says it all. It is our job to educate these people about the folly of the PSA and how voluntary regulation does not protect us as professionals nor the public.

We are very aware that we have a challenge ahead of us, but that is one we are willing to face, knowing that our principles are based on the best long term outcome for professional Herbalists and Herbal medicine and most importantly, in my opinion, for the plants and herbs themselves.

Michael McIntyre is going to write to Philip Dunne in the next week and I will inform you all of how matters are progressing in the campaign. Only last week, members of the EHTPA council had a successful meeting with 2 members of the House of Lords who are very supportive of SR.

This is a campaign we need to continue to work together on, across professional associations' and the URHP will continue to be part of this move forward to changing our Herbal world for the better.

With best wishes,

Laura Yarham

URHP President

Update on Pukka Herbs

As published on Thursday 7 September 2017 09.15 BST (The Gaurdian)

Pukka tea firm vows to stay ethical as PG Tips owner Unilever takes it over. Bristol-based brand says Unilever will help it expand globally amid rising demand for upmarket organic brews. Unilever says Pukka is the fastest-growing organic tea brand in the world.

Unilever, owner of PG Tips and Liptons, is increasing its presence in the herbal tea market by acquiring Bristol-based Pukka Herbs.

Sebastian Pole and Tim Westwell, founders of the brand known for its exotic flavours such as turmeric gold and mint matcha as well as cleansing and detox teas, have sold the business to Unilever for an undisclosed sum. The pair have agreed to stay on to help drive global expansion.

Mick van Ettinger, head of tea at Unilever, said Pukka was the fastest-growing organic tea brand in the world and offered a "beautiful and great growth opportunity" by using the Anglo-Dutch group's network to increase distribution.

A little steep: why are there no tea bars in the UK?

The sale is likely to raise fears that the independent ethical brand will lose its values after being taken over by a transnational corporation. But Pole said Pukka had agreed "solid iron-clad commitments" from Unilever to stand by its ethical standards including 100% organic, "fair for life" Fairtrade and FairWild accreditation for wild collected herbs.



Pukka Herbs founders Sebastian Pole and Tim Westwell.

"Pukka will remain exactly the same but just be able to reach more people and have a greater environmental impact," he said, adding that the pair had chosen to sell to Unilever partly because of its commitment to sustainability as well as social and environmental change.

Unilever's acquisition comes as Brits are buying less traditional black tea. The volume of sales fell by about 1.6% in the past year, according to analysts Kantar Worldpanel, while fruit, green and herbal tea sales are rising by 2.8% in volume and 6.8% in value.

The value of black tea sales is rising again after five years of decline, according to trade magazine the Grocer, partly because of inflation caused by the weak value of the pound but also as people switch to upmarket brews.

In this changing market, big brands such as PG Tips have found some of their products delisted by supermarkets in favour of the likes of Pukka, Teapigs or Twinings. The company has responded by purchasing the T2 Australian tea brand and launching its new Pure Leaf variety before acquiring Pukka.

Van Ettinger said the market was changing with consumers of all ages looking for beverages to suit different needs. "What's happening is that people don't look at tea as one drink now in one moment. They are discovering tea as a magical product that does different things at different times of day," he said.

"In the morning a lot of people still drink black tea as it picks you up, but in the afternoon or evening herbal tea is wonderful with different benefits." He said Unilever wanted a range of teas to serve people in different moments.

Pole, a herbalist, and Westwell, a business consultant who had been involved in marketing computer systems, set up Pukka in 2001 after meeting through a small ad in a Bristol magazine.

Westwell's offer of "sales and marketing expertise to help your business grow wealthy in a sustainable and healthy way" received only one reply. The pair each invested £2,500 of their savings, asked Pole's wife and friends to invest and borrowed £10,000 from the bank to start the firm.



The brand now has sales of about £30m, controlling just over a fifth of the UK fruit and herbal tea market as well as selling around the world, with Germany and the US its main export countries.

The company employs 110 people in Bristol and next spring is to move into Cadbury's former

Somerdale factory in Keynsham, abandoned after the chocolate maker was taken over by US firm Kraft in 2010. It uses up to 160 herbs grown by a few thousand mostly small-scale farmers in 30 countries.

Last year Pukka made a pre-tax loss of £24,000, down from a £233,000 loss the year before. Westwell said the company did not expect to become profitable for another few years but this was part of a five-year plan.

The company has been investing in marketing and distribution to drive its expansion plans. "We have to invest to grow," he said.

In Praise of Yunnan Baiyao - Yunnan White Powder

by John E Smith F:URHP



Panax notoginseng

San Qi – Panax notoginseng

Many of us will remember the Tiananmen Square massacre in 1989, and the hundreds who were killed or wounded in that horrific event.

A couple of years later I managed to get lost in Beijing (quite easy to do) and it wasn't until I found myself in what was, unmistakably, Tiananmen Square, that I got my bearings and walked to the nearest Railway station, where I was to get my train to Nanjing.

Buying train tickets and booking a berth on an overnight train from Beijing was no mean feat so when a local man offered assistance I readily accepted. My new friend and I spent the evening together and I bought him dinner in payment for his much needed help. During dinner he told me how he'd been arrested during the Tiananmen Square protests and imprisoned and tortured for his part in the protests.....do I digress....well not really. For it was in Tiananmen Square that the formula Yunnan Baiyao received another airing, it was sprinkled on gunshot and bayonet wounds to stop the bleeding (both internal and external) and treat serious trauma and bruising.

Yunnan Baiyao made its name in the battle grounds of Chinese fighting against Japanese invasion in World War II, and of the Vietcong fighting against USA during the Vietnam War by saving soldiers' lives from severe wounds. This potent medicine was invented in 1902 by Dr. Qu Huanzhang in Yunnan, China. Over the past 100 years in China, Yunnan Baiyao has been used as first aid for any kind of traumatic injury or internal bleeding.



In traditional Chinese medicine (TCM) terms, Yunnan Baiyao stops bleeding, disperses blood stasis, activates blood circulation, alleviates pain, clears away toxins, and reduce swelling. Studies show its use shortens the bleeding time and clotting time and reduces inflammatory response.

Doctors in China also let patients take Yunnan Baiyao before surgeries (0 to 5 days) because studies show that it can reduce the amount of bleeding during an operation. When applied after an operation, Yunnan Baiyao may also promote faster healing.

Yunnan Baiyao Formula		
		Amount Per Serving
Proprietary Blend	总成分	500 mg*
Ajuga Forrestii Diels	散瘀草	85 mg*
Dioscoreae Parviflora Ting	苦良姜	30 mg*
Herba Geranii & Herba Erodii	老鹤草	36 mg*
Herba Inulae Cappae	白牛胆	25 mg*
Radix Notoginseng	田七	200 mg*
Rhizoma Dioscoreae Nipponicae	穿山龙	57.5 mg*
Rhizoma Dioscoreae	淮山药	66.5 mg*



Yunnan Baiyao Plaster Packs

While I was training with Michael and Lesley Tierra I remember Michael becoming curious about the ingredients of Yunnan Baiyao and finding that a major ingredient was Tienchi Ginseng (SanQi, Panax notoginseng) known in Chinese medicine as a heart or blood ginseng. Tienchi is becoming increasingly rare and expensive.

The exact ingredients and production procedure of Yunnan Baiyao are still state secrets of China. It is believed (as above) that the main Chinese herb is San Qi, or called Tien Chi, Panax pseudoginseng, Panax notoginseng, Notoginseng.

Currently, Yunnan Baiyao is only legitimately produced by Yunnan Baiyao Group Co., Ltd, one of the top state pharmaceutical companies in China. The formula for Yunnan Baiyao is considered as a national treasure by the Chinese government and guarded as a top medical secret. Nevertheless, on the label of Yunnan Baiyao batches that were exported to the USA market, the formula information is provided (above).

Traditionally Yunnan Baiyao comes as a powder in a small 4gram pot. It was some time before I realized that the cotton wool in the top actually contained a tiny red pill which was to be swallowed to treat internal bleeding and trauma.

Yunnan Baiyao Capsules are also available. The capsule is more convenient for accurate dosage. 4g per package in 250 mg 16 capsules. Each package also contains a bonus red pill for internal use in case of serious injury.

This formulation is also available in analgesic plaster form.

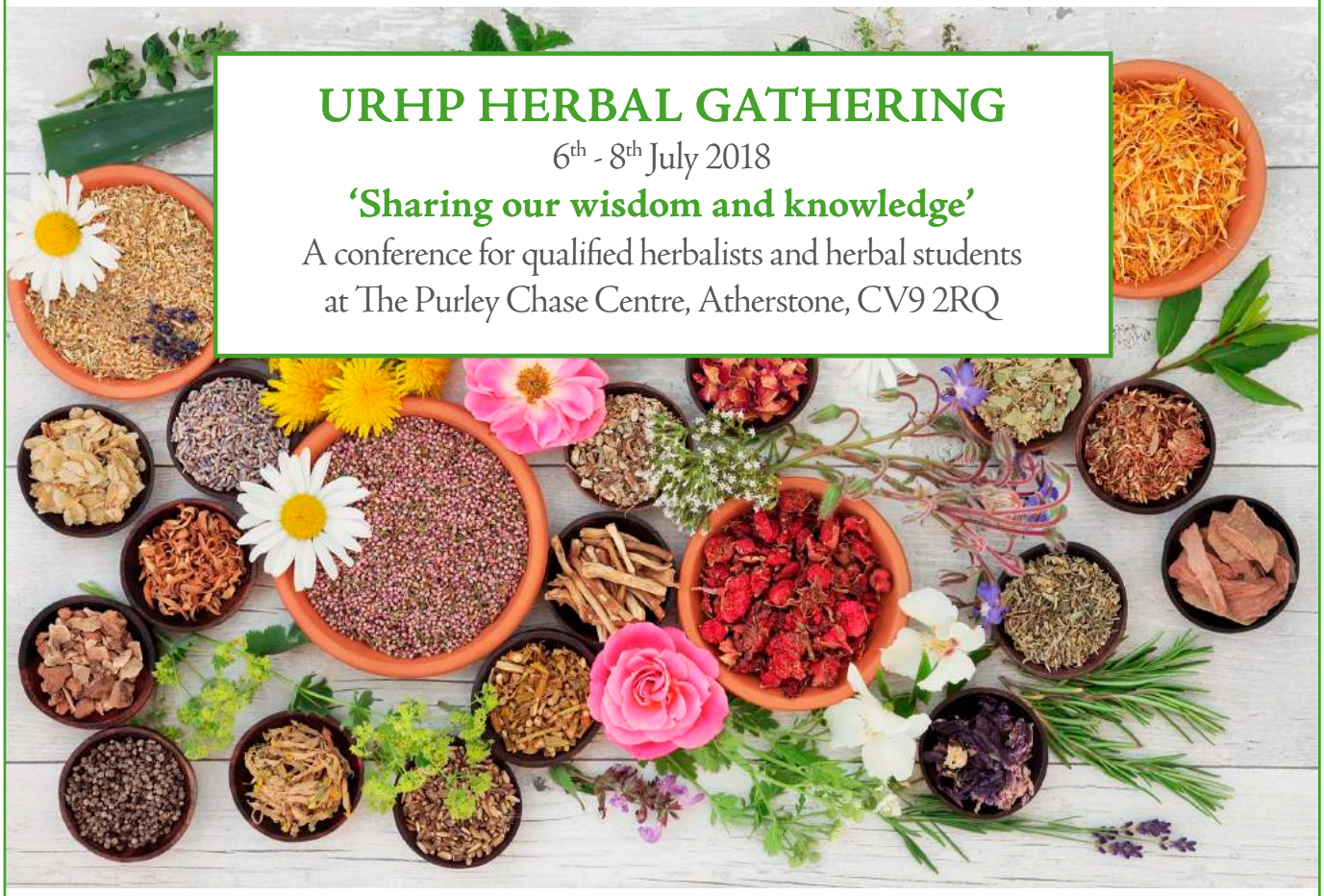
Precautions:

1. Not for use during pregnancy.
2. Not suitable for people with severe irregular heartbeat.

Editors note: I asked John to write this after he had sent me some of the analgesic plasters after I had an accident. I found them miraculous and immediately bought a stock of them to aid my patients who are in pain. I ordered them from http://yunnanbaiyoplaster.com

FREE LECTURES & TEACHING

Unified Register of Herbal Practitioners



URHP HERBAL GATHERING

6th - 8th July 2018

'Sharing our wisdom and knowledge'

A conference for qualified herbalists and herbal students
at The Purley Chase Centre, Atherstone, CV9 2RQ

This years URHP Conference is a dynamic weekend of workshops, talks, walks, market and discussion groups. As a knowledge exchange, this is an opportunity to learn from the wealth of experience of other herbalists as well as letting others gain from your own ideas and understanding. Together with a set programme, there will be open space for spontaneous discussion and skill sharing. Come for 1 or 2 days or the whole weekend!

- **Stands and talks from:**
  Avicenna (Joe Nasr)
  Herbal Apothecary (Hugo Fernley)
  Riohealth (Rose Holmes)
- **Teaching Sessions with:**
  URHP experts
  Plant Spirit Medicine

DEMONSTRATIONS & HERBAL WALKS

Unified Register of Herbal Practitioners

URHP HERBAL GATHERING

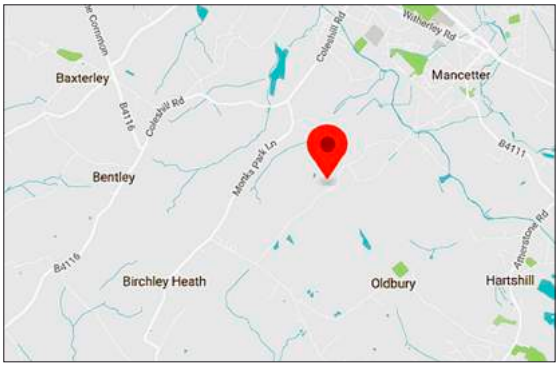
6th - 8th July 2018

'Sharing our wisdom and knowledge'

A conference for qualified herbalists and herbal students
at The Purley Chase Centre, Atherstone, CV9 2RQ



The Purley Chase is located on Purley Chase Lane, which runs between the village of Mancetter and Ridge Lane. Despite its rural location, the centre is easily accessed by road and rail.



For more information please contact URHP Office on: info@urhp.com

For prices and how to get to Purley Chase Centre please visit:
www.purleychasecentre.org.uk

For day visitors, phone Purley Chase in order to book food and refreshments.
Tel: 01827 712370

The event can be booked via:
www.eventbrite.com/e/urhp-herbal-gathering-tickets-42309638267

To book a room and meals go to:
http://www.purleychasecentre.org.uk/booking-event/

- **Stands and talks from:**
  Avicenna (Joe Nasr)
  Herbal Apothecary (Hugo Fernley)
  Riohealth (Rose Holmes)
- **Teaching Sessions with:**
  URHP experts
  Plant Spirit Medicine

Unified Register of Herbal Practitioners

URHP Renewal Form

Dear URHP Member,

I hope this finds you and your families well and your practices thriving?

Renewals time has crept up upon us again!

The simplest way is to renew your membership online, as follows:

Step 1) Click this link and complete the online application form which is automatically emailed to me: http://urhp.com/application_full.php

Step 2) Make payment at end of application form via cheque, BACS or PayPal.

Step 3) Email your completed CPD form(s) (template attached), signed Declaration of Health and Character (form attached) and insurance certificate (Balens or other insurers) to: urhpregistrar@yahoo.com

That's it!

Please note:

- Take care to include all the required documents to avoid unnecessary delays in processing.
- We cannot accept any renewal applications without a valid insurance certificate. If you are on the Balens block scheme and your URHP membership is not renewed on time, your insurance becomes invalid until the membership is activated again.
- Bursaries are available to those in genuine need. Please contact me should you require one and I will review it with Laura Yarham (URHP President).

The deadline for renewal applications is 31st March annually. Any applications made after this date will incur a £30 admin fee which we hate to charge, as we try to keep paperwork to a minimum which means returning your forms on time - many thanks!

All being well you will receive your certificates in the post by the end of April.

Best wishes

Trixie Vorderman

Email: urhpregistrar@yahoo.com
Mobile: 07340 979214

Unified Register of Herbal Practitioners

CPD Log Sheet

Sheet No: **CPD Year:** **Name:**

Date/s of Activity	Type of Activity	How this benefits my practice and/or the herbal profession	Duration (eg hours)

- Complete a line of this form each time you undertake CPD activity. Refer to the CPD Guidance Brief for details about valid activities.
- We recommend that you photocopy spares of this form to allow for additional entries, or for recording activities in future years.
- Keep the forms safely in a folder at home along with copies of any relevant evidence/additional information in the folder as well.
- Scan/email a copy of this form in with your membership renewal to urhpregistrar@yahoo.com by 31st March

Lyme Disease Conference October 21st 2017

by Dilys Griffiths



On a stormy Autumn morning on 21st October about 30 of us gathered at the Waterside Centre, Lanivet, Bodmin, Cornwall, for a one day Lyme Disease Awareness conference given by The Global Natural Healthcare Trust Charity, for URHP members and Lyme Disease patients and their families. The main speakers were Peter Bunyard, an eminent Scientist and world renowned climatologist; Dr Armin Schwarzbach from Armin Laboratories in Germany, a leading world expert on Lyme Disease and Dame Commander Annette Montague-Thomas, Medical Herbalist and founder of the GNHTC.

My reason for attending was after hearing Annette's presentation at the URHP conference in June about Lyme Disease (LD) and its devastating effects on health. I had been especially moved by the story of Tia, an LD patient of Annette's and I was eager to know more about the disease. Currently where I live in Wales, it is not as prevalent as it is in areas such as Cornwall, Devon, Norfolk and Scotland.

During registration and refreshments we had a chance to renew old acquaintances such as Annette Montague-Thomas, Liz Lyden, Judy Evans and Cassie Sherriff and network with new people.

We had a brief introduction by Annette, explaining how she started the GNHTC in South Africa and the work they do there. She also spoke about the establishing of the GNHTC UK in Cornwall to serve the needs of patients and families in the UK who have ongoing health care needs, LD being one such health problem.

She was very glad that Dr Armin Schwarzbach from Armin Laboratories in Germany had been able to attend the conference as a speaker as he does great work in providing specific tests for tick borne diseases worldwide. She was also grateful that Peter Bunyard could also attend to provide us with his vast climate change knowledge with scientific proof regarding the increased problem of LD.

Peter Bunyard began by explaining his background in science and that he had spent some time living in very remote areas of the world with indigenous people, together with his scientific study of climate changes.

The specific type of bacteria which can cause Syphilis and LD is the Borrelia burgdorferi spirochete. Although it has existed for 15 million years, it is no longer a free living bacteria but needs a host in order to survive, one of these being ticks, which then of course move hosts and pass on the bacteria. Also, as we know with all the overuse of antibiotics, bacteria can become immune to them and will lie low in the system only to come back again, becoming more difficult to treat.

Peter described why ticks have increased in their numbers, in particular the type that host on deer, for example. The deer population in Cornwall has increased tenfold: one reason for this is climate change and the milder winters that causes. He explained how a decline in rainfall is caused by deforestation causing more climate changes and a rise in temperature. If the Amazon forest is cut down there will be a 99.5% decline in rainfall which is devastating news for the world climate. This again is an ongoing problem which will cause an increase in the tick population and their hosts and LD and other tick borne diseases. Peter gave us plenty of things to consider and we were all grateful to him for his informative and interesting presentation.

Next up was Dr Armin Schwarzbach, who had previously handed out a leaflet of 'Useful tips for an effective protection against ticks' which was both 'facts and the unpleasant truth'. He explained his scientific background and that he founded and is the CEO of Armin Labs in Germany which specialises in providing diagnostic tests and treatment options for tick borne diseases.

He went on to tell us that a tick has three stages of development - the larvae, nymph and the adult. Life cycle and reproduction figures were phenomenal and all sorts of animals, birds and reptiles could be a host for ticks.

A person would not always realise that they have been bitten by a tick as it injects an anaesthetic. Some will develop the "bull's eye rash" around the area bitten, but this can take up to 3 months to appear, 20% of those infected with LD will develop a feverish reaction but only about 30 - 40% will develop the "bull's eye rash".

Symptoms caused by LD are many and can lead to other diseases. If a patient develops osteoporosis, dry skin, carpal tunnel syndrome, alopecia, dementia, MS, Parkinson's Disease, fibromyalgia, alzheimer's, chlamydia, chronic fatigue, neck pain, shoulder pain, burning feet or hands, they could have originated from an infected tick bite. The illness will start at the site of the bite. The patient might suffer with changing migrant joint and/or muscle pain, mental strain or depression, back pain or sciatica.

This should remind us when we see a patient to be thorough in taking their case history and to ask about any possible tick bites. If there is any doubt, then it would be wise to get them to take the tests that Dr Armin has developed, rather than one offered by a GP.

Next we experienced a patient forum. There were about nine LD patients at the conference in various stages of recovery or treatment for their condition, several of them using various walking and mobility aids, some also had family members with them.

Annette invited each to give a short account of their experience with LD, some of whom she was currently treating. The one sad thing that came though from almost everyone who had been to their GP or various NHS departments, was that they had received some diagnostic testing and treatments but due to the lack of knowledge generally about the bacteria and LD, the NHS could only go so far in their treatment. Several had been told that maybe now their other symptoms were not real, many felt really frustrated with the treatment they had received. Some had been through many operations with no lasting results, and of course, others had gone down the more natural treatment route themselves and had found Annette and Dr Armin's tests. It was also good to see Tia there greatly improved as she is still receiving treatment from Annette.

Dr Armin had his assistant with him and those who wished to take a blood test on the day could do so at a reduced rate. On their stall they had various leaflets and literature about their testing and other LD related information.

Dr Armin then continued with more detail about the tests. The four new EliSpots (enzyme-linked Immunosorbent Spot assays) can test for Babesia, Bartonella, Mycoplasma pneumoniae and Varicella Zoster Virus. Once the test has given the detailed result about which bacteria has been contracted then they can tell the patient which strain of antibiotic (if this is the way the patient chooses to go) is needed to treat it correctly. The patient can then provide their GP with this information. Alternatively they could choose to be treated with herbs.

He mentioned that facial and oral contamination by droplets can also cause bacteria to be passed on. The Bartonella bacteria may be present in infected cats - again a reminder that even our pets could pass on this bacteria if they are infected. What about Christmas trees? Even these brought into the house could be hiding some ticks - he suggested putting down a white sheet around the tree for some hours to see if any fall off the tree due to the rise in temperature.

Annette then took over and explained how she proceeds in treating a patient with LD. Firstly she would take the case history, including assessing their strength or degree of weakness, their

physiology and blood pressure, checking their medication. After ensuring they have the blood tests required, she would use powerful alternatives as blood cleansers. The next step would be to address the digestive systems making sure they have as much food in organic form as possible with as little mucus forming food as possible, use of vermicides and vermifuges as needed. Finally she would address the cardiovascular system, then the bones and muscles. The aim is to get the patient to their optimal health. She said that the new GNHTC centre in Cornwall would provide free treatment and a respite clinic for LD patients and their families.

Fiona, a local vet, went on to explain that local vets were very aware of the tick borne disease problem in the area. She stressed how important it was for us to have our pets treated with a preventative regularly, as they could carry these ticks into our homes. LD is a serious illness for animals and so it is for the sake of their health too. Generally she said that a vet is more knowledgeable about the effect of tick borne diseases than a GP.

Annette thanked all for their contributions and attendance and mentioned that more conferences about LD had been arranged - 2 in Scotland and another at Bodmin.

I would urge anyone needing more information about this subject to make an effort to attend the next conference nearest to them. Just being able to meet and speak with Dr Armin, his assistant and the other speakers there can be of so much value to us and arm us with information which we can pass on to others in our areas.

After digesting all this important and sometimes overwhelming information and seeing the lasting effects of Lyme Disease on patients, it was almost impossible not to feel a bit wary of going back out into our countryside. However, this bacteria has been in existence for a very long time and it is humankind largely that has caused the problem to increase. We need to keep our view of it in perspective while being aware of the dangers. The important thing to bear in mind is that we are well informed and to inform others of the precautions needed and try to look after nature as best we can in the most natural way without chemicals.

My sincere thanks to Annette and Liz for arranging this very informative conference and to Cassie for assisting them on the day.

Editors note: Those wishing to attend Lyme conferences in either Bodmin or Edinburgh, please see Page 16 dairy dates.

Herb of the month: blackberry
by Laura Yarham

BLACKBERRY (Rubus fructicosus)

Early September for me, always brings to mind the excitement as a child of heading out on a Sunday afternoon for extreme Blackberry picking. I say 'extreme' because my Dad was never content to go for the fruits at lower levels: his approach meant clambering up hillsides and precariously balancing on nearby trees while being viciously attacked by the thorns of the plant, in order to get the biggest and juiciest berries. This intrepid way of collecting, did however, mean we came home laden with numerous containers full to the brim with the cream of the crop, along with multiple scratches and hands covered with blackberry juices mixed with blood from our cuts! Mum usually looked aghast at us as we clambered in the back door with huge smiles on our berry stained faces, because we knew that all this blood, toil and tears was worth it for the Blackberry crumble we would be eating later, smothered in custard!

So, enough of memories. Year after year, these medicinal and delicious fruits appear more or less on our doorstep waiting for us to enjoy their delights. So let's take a look at what else



there is to know about this ancient fruit and it's efficaciousness.

Blackberry is edible and medicinal. The plant was used extensively by the Native American tribes for many common conditions as well as using the stems to make strong twine. Another use was as a huge barricade around the village made of piles of the thorny canes, for protection from four and two legged predators. From my early blackberry picking days, I can understand why this would be effective!

Before these times, history reveals the traditional usage of blackberry fruit, leaf, bark and roots by the Romans and Greeks for healing many health conditions ranging from a mild infection to venomous bites. Blackberries were in olden days supposed to give protection against all 'evil runes,' if gathered at the right time of the moon[1,2].



Since ancient Greek physicians prescribed the herb for gout, the leaves, roots and berries have been employed as a medicinal herb. Interestingly, during the 18th century this original Greek cure for treating gout was so influential in Europe that it was famously known as the 'gout berry'[1,2].

Blackberries are not only tasty but they are packed with nutrients. They contain vitamin A, thiamine, riboflavin, niacin, vitamin B6, folate, vitamin C, vitamin E and vitamin K as well as the minerals calcium, iron, magnesium, phosphorus, potassium and zinc[2]. Can you imagine how many health benefits they hold with all these components? Better immune response, digestive health and healthy functioning of the heart, to name a few.

The fruit is also high in antioxidants, primarily due to its anthocyanin content. These can help control the activity of damaging free radical chemicals within the body. Anthocyanins may also help a huge number of other conditions, including improving vision, reducing hypertension, enhancing liver function, increasing memory and mental acuity. Blackberry may also serve as a valuable source of nutrition during pregnancy owing to its impressive list of healthful nutrients[1,2,3].

The leaf and roots have uses of their own. They both contain powerful astringents in the form of tannins, as well as depurative, diuretic, tonic and vulnary qualities. They are therefore effective in treating diarrhoea, dysentery, haemorrhoids, appendicitis, enteritis, sore throats, mouth ulcers and bleeding gums[4].

Is that enough to convince you to stop a while next time you pass a blackberry bush? The hidden constituents reveal a whole range of benefits and who can resist a home made blackberry and apple pie or crumble? It's what Autumn evenings are made for.

References

1. Whittlemore F. (2015) Medicinal uses for blackberries www.livestrong.com
2. Bergeron K. (2017) Blackberry www.altnature.com
3. Organic facts. (2017) 15 best blackberry benefits www.organicfacts.net
4. Bartram T. (1998) *Encyclopedia of Herbal Medicine*. Robinson. London.

Diary Dates

Probiotic bacteria reduce blood infections in newly born
Dr Pinaki Panigrahi in a large clinical trial in rural India has proved that particular probiotic bacteria strain of Lactobacillus if given for even one week reduces likelihood of developing sepsis by 40%. It is crucial to give the right strain as the wrong one could cause sepsis. Other researchers at Western University, London, Canada suggest future trials might prove probiotic even prevents stunting.

The article in the New York Times Tues. Aug. 22 2017, by Donald G. McNeil, Jr. concludes: "But getting the money to do such studies is hard, experts say, because of prejudices against probiotics at many funding institutions, which view their use as naturopathy rather than evidence-based medicine."

In summery, a very interesting online article by Dr. Joseph M. Mercola, DO, and licensed physician and respected writer on health in the USA website www.mercola.com In sum, Dr. Mercola identifies that while disparaging alternative therapies as ineffective, Big Pharma hypocritically at the same time is investing in companies that produce such products. He also shows how the scientists, the pharmaceutical industry and the media effectively use scare tactics against the alternative therapies industry by giving a lot of coverage to any malpractice or manufacturing irregularities while at the same time not publishing the much more extensive data on the failings of pharmaceuticals. The article includes some good links to positive research.

Ghost in the Machine 4: War on Supplements and Homeopathy. Follow this link:
https://tinyurl.com/y9m5nv3q

Herbalists have long known of nettles positive effects on our systems and functions, this research below helps us to understand one of the possible mechanisms: https://tinyurl.com/ybsx7kky

The Herbal History Research Network has a webpage with lots of information of use to those wanting to do research into Western herbal medicine history. www.herbalhistory.org

We have recently begun to publish blogs that signpost resources in different periods of history. See "Archives" . At present we have one by Alison Denham about 19th century sources, one by Vicki Pitman about Classical sources, and one by Julie Bruton and Matthew Seal about Parkinson and also prehistoric sources, one by Anne Stobart about medical receipts. We would love to hear from our members who view the site."

Another event is an exhibition at the Wellcome Centre on "Ayurvedic Man"
https://wellcomecollection.org/exhibitions/WduTricAAN7Mt8yY

Diary Dates continued

Lecture: Byzantine pharmacology between East and West. Maplethorpe Lecture Theatre, UCL School of Pharmacy, 29-39 Brunswick Square, London WC1N 1AX
Monday 5 February 2018, 17:30. Lecture by Dr Petros Bouras-Vallianatos, Wellcome Trust Research Fellow in Medical Humanites. All welcome, no need to book, no admission charge. Refreshments from 17:00. Queries: events@bshp.org

The Byzantine Empire, with its capital in Constantinople (now Istanbul), then a mainly Greek speaking region, constituted a natural crossroads between East and West for more than a millennium (AD 324–1453). This lecture aims to determine the degree of influence on Byzantine pharmacology from Arabic, Persian, and Latin pharmacological traditions, and reassess the notion of the primacy of tradition over empiricism, decisively overturning the view that Byzantine medical tradition was 'stagnant', simply preserving the best ideas from antiquity, and that Byzantine literature consisted of mere compilations, this paper aims to demonstrate that Byzantine pharmacology in particular was far more open to outside influence than has hitherto been thought and that Byzantine physicians were eager to inform their material with observations derived from their daily contact with patients.

Healing Lyme and its Co-Infections. March 9-10th, London. With Julie McIntyre and Jodie Dashore http://gaianstudies.org/Julie_LymeWkshp.html

The Herbal Path. May 5-13th, Portugal. Maureen Robertson and Farida Sharan http://www.theherbalpath.net/herbal-path-2018

Herbfeast Ireland. May18-20th 2018. Lough Lannagh, Castlebar, Co Mayo. https://herbfeast.com

Herbfest. June1st-3rd 2018. Dartington Hall, Devon http://www.herbfest.co.uk

Herbal Retreat in rural France July 19th – 30th 2018. With Julia Graves http://lilycircle.com/workshop/summer-2018-france-2

Lyme Conference in Bodmin, Cornwall on April 21st 2018. Can book here: https://tinyurl.com/y9nv3579. This is a great oppotunity for professionals and patients to learn more about this disease. Or Lyme Conference in Edinburgh, Scotland, on May 19th 2018. Can book here: https://tinyurl.com/yc52g9kn. Another great opportunity for professionals and patients to learn more about this disease.

Botanica 2018. August 31st – September 3rd. University of Sussex, Brighton. http://www.botanica2018.com/

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