# TILIA MAGAZINE

*putting the heart in herbal medicine*

Volume 3 Issue 2 **Spring 2018**

***In this issue:***


- The Wester Hailes Community Herbal Clinic Report
- Pain
- Some food medicine
- Upcoming courses ...


TILIA MAGAZINE

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# The editing panel

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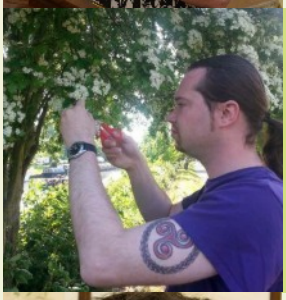
Laura completed the BSc course at the University of East London (UEL) in 2013. Laura is a member of the National Institute of Medical Herbalists (NIMH), is a past editor of NIMH's Herbal Thymes magazine, and past member of the Postgraduate training board. Laura has a passion for native British medicinal plants. She practices from her home clinic in Wellington, Somerset, England.



## Dafydd Monks

Dafydd graduated from the University of Lincoln in 2014 and practices in rural North Wales. An independent herbalist, he is a keen promoter of grass roots medicine making and herbal activism, which he promotes through community engagement and teaching an 8 month course to the general public. He aims to grow most of his medicines and is keen on 'muddy boots' herbalism.

## Marie Reilly MSc MNIMH DipCoun EFR

Marie Reilly has over 12 years experience as a Medical Herbalist. She qualified at the College of Phytotherapy in the UK and subsequently completed the Scottish School of Herbal Medicine Masters Degree Programme, having conducted her research dissertation on the treatment of female functional infertility with herbal medicine. Marie is currently the Director of The Lismore Clinic, a multidisciplinary health centre in Co. Waterford, Ireland, where she also runs a busy herbal medicine practice.

## Dawn Ireland CPP URHP

Dawn Ireland is a practicing medical herbalist in Torbay, Devon, and a member of the URHP and CPP. She has written articles for a number of magazines on herb related subjects. Apart from running her practice in Torquay, Devon, she teaches at the local adult education college, and runs a business creating natural vegan and herbal skincare products established in 2003, Green Wyse. Dawn promotes herbalism by offering talks, herb walks and workshops to various groups in the local area.

## Peter Jackson-Main MA, FAMH, FGNI

Peter Jackson-Main is a Herbalist, Naturopath, Iridologist, lecturer and author. In 1995 he was a founder member, and for eleven years Chairman, of the Association of Master Herbalists (AMH), and is now a fellow of the Association, as well as of the Guild of Naturopathic Iridologists (International). He is currently Course Director for the Herbal Medicine program at the College of Naturopathic Medicine (CNM), and in the autumn of 2015 was also appointed the College's Academic Director. He practises in Cambridge (his home town) and London.

## Susan Warren

Susan Warren studied first at the Scottish School of Herbal Medicine and went on to qualify in 2014 at Coláiste Luibheanna in Cork, Ireland. She is passionate about the use of native and naturalised herbs in Scotland, with keen interest in their historic uses from a Northern European/Boreal perspective. She currently practises in Edinburgh, Scotland.

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**If you'd like to discuss any of the articles in this issue with other subscribers, take a look at our Facebook group.**

# What is Tilia Magazine?

## How was it created?

Tilia magazine was created to unite practitioners of Western Herbal Medicine in a safe space where they can share, learn, discuss and develop as practitioners. The origins of Tilia magazine date from 2015, when its founder Laura Carpenter noticed that, while the UK has an Academic journal on Western Herbal Medicine and several publications available to members of the various professional associations, there was a distinct lack of a publication that could transcend the varying organisations and groups active in the UK and Ireland.

### How is the magazine funded?

Tilia Magazine is a non profit venture. The magazine was given a grant of £500 from the NIMH Education and research fund* to start the project.

"The purpose of the magazine is to improve the practice of Western Herbal Medicine through community and sharing of knowledge, both traditional and research based."

### Where does the subscription money go?

- Web hosting
- Domain registration
- Publishing software
- Any additional funds are held for special projects (or just in case something goes wrong and we need to get it fixed)

## Objectives

1. To provide useful information to practising Western herbalists.
2. To provide useful information to student and apprentice herbalists.
3. To bring a greater sense of community to herbalists Worldwide.
4. To further the practice of Western Herbal Medicine in the UK, Ireland and Worldwide.
5. To provide a space where practitioners of Western Herbal Medicine can come together to share, create and inspire to build stronger foundations for the tradition of Western Herbal Medicine.

*Tilia europea*

# What is Tilia Magazine?

## Who can subscribe?

- Herbal medicine students
- Herbal medicine apprentices )
- Western herbal medicine practitioners

**The submission deadlines are as follows:**

**Spring** deadline – 10th Feb
**Summer** deadline – 10th May
**Autumn** deadline – 10th Aug
**Winter** deadline – 10th Nov

## Submitting articles to the magazine

We welcome articles, letters, poetry, artwork, photos, research reports, case studies and book reviews.

As part of your subscription you are encouraged to submit at least one of these per year. This ensures the magazine remains diverse and also fosters a sense of community within Western Herbal Medicine.

For more information on how to submit an article or case study please visit our website.

For more information about the magazine or to subscribe visit www.tiliamagazine.co.uk

*The NIMH education and research fund was launched on 30th October 1973 and registered as a charity. It set a target of £250,000 to raise, to fund training of herbal practitioners and research into herbal remedies. Fred Fletcher Hyde was the original Chair and the board or trustees included Albert Priest, Albert Orbell and Nalda Gosling (who is still a member today).

Despite many fund raising events the target was not reached. The money was therefore invested and administered by a board of trustees. Any herbalist can apply for funding by submitting a bid, you do not have to be a NIMH member. Two successful bids were the Preston Training Clinic at UCLAN and the initial set up for the NIMH journal. Further information can be obtained from Paul Hambly

# The Wester Hailes Community Herbal Clinic

## Integrated Herbal Healthcare in an area of poverty

By Ally Hurcikova

**Ally Hurcikova**

Ally Hurcikova graduated from Lincoln in 2015 and has since been working as a Medical Herbalist as part of Grass Roots Remedies Co-operative in Edinburgh. The co-op is dedicated to making herbalism more accessible to those usually excluded from it, and so we run a low cost community clinic in an integrated NHS/Council/ Third Sector Partnership within inner city Edinburgh.

She is also a member of the Scottish Radical Herbal Network.

*Since July 2015, Grass Roots Remedies Herbal Medicine Co-operative have been working on and consolidating an integrated herbal healthcare model in Wester Hailes, South West Edinburgh.*

We want to share the model now as an inspiring example of forward thinking, collaborative responses to health inequality by the NHS and local agencies; to encourage discussion about alternative ways of working; and to open up dialogue with herbalists and practitioners in other fields interested in trying to achieve similar things across the rest of the UK. We want to welcome you to share this article if it is useful to do so, and to get in touch with questions & comments.

**The Background & Context**

The Wester Hailes Community Herbal Clinic was set up by Grass Roots Remedies Co-operative (www.grassrootsremedies.co.uk), a workers' co-op dedicated to making herbalism accessible to people who wouldn't otherwise have access to it. Our aims are to rekindle the place of herbal medicine as 'People's Medicine' through community-centred health initiatives and to educate and empower people to feel more control over their own health. We do this through running this clinic, and offering free community education programmes and herb growing projects in areas of poverty, including Wester Hailes.

# The Wester Hailes Community Herbal Clinic

Wester Hailes is an inner city neighbourhood in South West Edinburgh, which is continuously ranked in the top 5% most deprived communities in Scotland. (http://simd.scot/2016/#/simd2016_5pc/BTTTTTT/14/-3.2582/55.9229/).

The city of Edinburgh is marked for its ghettoization following decisions of city planners to build large council schemes on the outskirts of the city, which remain under-resourced and lacking in many features that help to create a sense of pride of place. As a result of social and economic deprivation, residents of Wester Hailes are disproportionately affected by health and social inequality; and unemployment, poor physical and psycho-emotional health, addiction, crime and traumatic life events are commonplace. The life expectancy in some areas of the scheme is as low as 61. This is in stark contrast to the neighbouring wealthy area of Colinton where mortality rates jump by more than 10 years.

The Wester Hailes Community Herbal Clinic is a low cost herbal medicine clinic situated in a flagship NHS and Edinburgh Council partnership building (the Wester Hailes Healthy Living Centre - WHHLC). The WHHLC was the first integrated health & social care centre to be built in Scotland under the SNP Government in 2013. It is a partnership project bringing together a wide range of services in a collaborative effort to tackle the impacts of health inequality. In a cynical light, it is a cost-saving mechanism for government and the health board, but thanks to considerable efforts by workers in the building, the WHHLC manages to bring in a healthy dose of social justice and genuine collaboration, which makes it an exciting place to work. More information about this from the viewpoint of the Medical Practice here: https://livingwellwesterhailes.wordpress.com/2015/12/23/what-is-the-living-well-wester-hailes-project/

Local residents can go to the WHHLC and have access to: local NHS services, Social Workers, Addiction and Recovery Services and community health projects which provide: food co-ops, nutrition classes, a low cost plant-based food cafe, community gardens, art therapy, support groups for women, carers and gamblers; physical activities, person-centred counselling, CBT, reflexology, aromatherapy massage, sports massage and acupuncture.

# The Wester Hailes Community Herbal Clinic

**About the Community Clinic**

Since September 2015 the Wester Hailes Community Herbal Clinic has also been running once a week. From the beginning our presence was welcomed by the Medical Practice and other organisations in the building. This is the only integrated herbal clinic of this kind that we know of in the UK, and is run by two fully qualified Medical Herbalists. (Keen to hear of other models if they exist, so do get in touch!) We offer full length herbal consultations to local residents for a donation of between £5 and £20 (whatever they can afford), but we don't turn anyone away for lack of funds. Herbal medicines are prescribed for free. We treat a wide range of health complaints but the demographic of our client base means that we specialise in supporting patients presenting with: anxiety, low mood, clinical depression, addiction and withdrawal, recovery from trauma and abuse, digestive issues, hormonal issues, chronic pain, auto-immune disease, cancer and bereavement. We have had excellent results so far, and the reputation of the clinic is spreading beyond our efforts of community engagement.

Our target groups are people on low incomes; people suffering from chronic conditions; people in recovery from abuse, trauma and/or substance use; refugees and asylum seekers who can't access GP services; and people referred from our partner organisations like local GP Practices, the Health Agency, the Westerhaven Cancer support project, or Edible Estates community gardening project.

Our biggest referral partner is the Wester Hailes Medical Practice who have directed over 80 patients from their practice to us. The Medical Practice are very open to collaboration, routinely allowing our herbalists to shadow their consultations, and exchanging opinions and case notes with each other to improve patient care. They recognise the limitations of the bio-medical model, and especially in an area with high rates of polypharmacy, are keen to make use of alternatives where possible and practicable. (See more here http://www.grassrootsremedies.co.uk/2017/02/06/working-towards-herbal-medical-collaboration-in-wester-hailes).

Since the winter of 2016, we have been extending our relationship with the medical practice to training and education, and now open our clinic to medical students on placement at the GP practice one morning a month.

# The Wester Hailes Community Herbal Clinic

The clinical lead GP Dr Cairns has also organised a research project into our clinic to evaluate its impact on patient outcomes and reduced load on the GP practice. We have been working now for over one year with Dr Stefan Ecks, Medical Anthropology researcher from the University of Edinburgh who is producing a report and article for publication about this unique model.

Our model is very much based on a person-centred ethos which takes seriously people's lived circumstances and offers them no judgement, but care, respect, and support to make autonomous choices. We aim to contribute to long term social change by providing much needed services to people who would otherwise not have access to them. As the clinic is part of an integrated health centre, we are able to refer our patients on to free counselling, food co-ops, free cooking classes, support groups, massage, free gym memberships & access to growing their own food at a community garden.

**Successes over The First Two Years & Plans for the Future**

So far over two years we have seen 200 patients, and had 600 repeat visits despite only being open one day a week. We've not only had positive responses from the local medical practice, but have also now received referrals from three other GP practices, and have had encouraging letters back from consultants in local neurology and renal departments.

Most recently, we've had contact from another Medical Practice in a similar area in the North of Edinburgh who are interested in understanding more about this model and trying to create similar initiatives across town.

Outside of the clinic, our co-operative teaches workshops and courses about community-centred, bioregional herbalism. We have been heartened to find nurses, GPs and health visitors amongst our students.

As part of our ambitions to work as holistically as possible, for the last two years we have been running free community foraging walks

# The Wester Hailes Community Herbal Clinic

and medicine making workshops in collaboration with local community gardens.
http://www.grassrootsremedies.co.uk/2018/01/26/closing-the-circle-local-medicine-for-local-people/

This year in 2018 we will be running an estate-wide herb growing project called CommuniTea - where we'll be supporting community gardens, schools and individuals to grow a few crops of different herbs, and then we'll come together to harvest them, and process them for drying to be made into blended herbal teas for free distribution around the neighbourhood.

**Support Welcomed**

This project runs on a combination of dedication, hard work, funding and volunteer hours. We are always looking for ways to create financial stability and sustainability, but even if we can't find it, we'll keep it going as long as we can. If you are able to make any contributions financial or otherwise to keep this clinic alive, we'd welcome them with open arms.

**Get in Touch**

We'd be happy to hear from anyone - hello@grassrootsremedies.co.uk

# Some Food Medicine

By Nikki Darrell

**Nikki Darrell**

Nikki Darrell has been working with plants, their medicine and healing, for over 4 decades as her fascination with the green beings started in early childhood and her primary teachers are the plants she works with.

She has worked as a research scientist in the field of plant science; a practitioner of herbal medicine, aromatherapy, aromatic medicine, reflexology, massage and body work; a gardener; an educator at all levels from introductory to 3rd level, campaigner and author of 5 books and many articles.

She holds a Masters in Social and Co-operative Enterprise which she embarked on due to her love of sustainable community development.

*One of the oldest and simplest ways of using herbs and keeping healthy is to use them a major part of our diet. As Hippocrates said "let your food be your medicine and medicine be your food". Preparing great healing food with soul is one of the most magical forms of creativity and nourishes and heals us on many levels. I love devising foods that heal and find that students really engage with this way of learning about the plants and using them. As more and more people struggle with austerity and affording medicines this is part of empowering them to keep healthy.*

Herbs are full of anti-oxidants, anti-inflammatory substances, ones that boost the immune system, facilitate our enzyme systems, encourage tissue repair, cleansing and building the blood and much more. Studies show that including lots of these plants in our food help prevent the diseases of the Western world such as late onset diabetes, cholesterol imbalances, hormonal issues, heart disease, and chronic inflammatory diseases.

Dieting on herbs is a most wonderful way of engaging the gut brain; aligning with nature and connecting with our bioregion when we use local plants so many of the recipes we make use local indigenous plants.

At the same time we live in a multicultural society with an abundance of ingredients and ethnicities woven through it and this is something I love embracing in the kitchen as a person of mixed race to help connect and share with the cultural diversity we are so lucky to be part of.

**Green Sauce**; Place about ¾ litre of loosely pack green leaves in a blender or pestle. Ramsons can be used alone or a combination of summer leaves such as sorrel, borage, rocket, mallow, oregano, cress, chervil, chives, parsley, salad burnet, dill, lemon balm, even daisy, ribwort plantain and dandelion and other soft leaves. Add about 30 ml vinegar or lemon juice and blend to a smooth green paste with olive (or other) oil to desired consistency. Some onion and garlic can be included and in some regions they add some bread to give a thicker consistency.

# Some Food Medicine

**Basic Pesto:** About a litre of gently packed nettle leaves (or 2/3 nettle and 1/3 golden marjoram), or other suitable greens (Ribwort plantain and sheep's sorrel combined works well; wild rocket; parsley; dandelion leaves can be challenging but work well with a sweet vinegar).
1-3 cloves garlic
½ cup of ground almond or hazel nuts, or use whole cashews or pine nuts
1 dessertspoon balsamic or cider vinegar
125-250 ml olive or hemp seed oil, depending on the texture you like. I tend to gradually drizzle the oil into the mixture and it is processed in the food processor.
Salt to taste

Put all the ingredients except the oil in the food processor. Start the processor running and drizzle in oil until the desired texture is achieved. Pesto can also be made using a pestle and mortar.

**Spicy Mustard with stout and honey**
300g powdered yellow mustard seed
9 tablespoons brown mustard seeds
3 teaspoons honey
3 teaspoons allspice berry powder
1 teaspoon cinnamon powder
1 teaspoon clove powder
1 can stout

Mix the dry ingredients together. Add the honey and stout and blend together into a smooth paste. Place in sterilised jars. Leave to sit for a week before using. Best kept in the fridge and will keep for about 6 months.
Good with cold meats or cheese.

**Mallow Soup or Melokhia**
1 onion , finely chopped
2 cloves of garlic, crushed or minced
2 tablespoons olive oil
A colander full of mallow leaves (musk mallow or common mallow are best)
1 litre of stock (or water with vegetable bouillon added)
A handful of fresh oregano, chopped (optional)
Salt and pepper to taste

Sweat the onions and garlic in the olive oil until transparent. Roughly chop the mallow leaves and add them to the pan with the stock and oregano if using. Simmer for 15 minutes, season with salt and pepper. The soup can be blended if wished to give a wonderfully creamy texture.

**Chilli and garlic relish**
250g garlic
250g chillis (deseeded if you want it really mild - I leave the seeds in)
150 ml olive oil
250 ml cider vinegar
1.5-2 tablespoon salt
2 tablespoon ground cumin seeds
1-2 tablespoon chilli powder if you want extra heat
2 teaspoon arrow root (optional as thickener)

# Some Food Medicine

Put all ingredients except arrow root in food processor and process until finely chopped. Put into pan and bring to boil then simmer for 1-1.5 hours until reduced by a third. Mix arrow root with a little vinegar and stir in. Boil rapidly for one minute until thickened. Spoon into sterilized jars and seal. Ready immediately but improves with keeping. Keeps for 1 year, but normally devoured before that.

A great addition to sandwiches, soups and stir fries. If you eat goats cheese then try mixing the relish with a soft goat's cheese and eating with organic tortilla crisps. As well as being warming for this time of year it is an excellent liver detoxifier helping both phase 1 and phase 2 detoxification of the liver.

**Ginger and garlic relish**

250 g garlic
250 g fresh ginger, grated
150 ml olive oil
250 ml cider vinegar
1.5 tablespoon sea salt
1.5 tablespoon ground turmeric
2 tablespoons ground cumin seeds
2 tablespoons ground coriander seed
2 teaspoons arrowroot

Follow the method for the previous recipe

This relish can be used similarly to the one above. As well as being delicious it facilitates the mopping up and neutralizing of endotoxins produced in chronic inflammatory conditions. Two of the people who could not get enough of it were a friend with chronic Lyme and another with a rare autoimmune inflammatory condition.

**Mushroom tapenade**

200g mushrooms, finely chopped
1-2 cloves garlic finely minced
30 ml olive oil
A generous bunch of thyme (5-6 sprigs)
Pinch of sea salt
Black pepper to taste

Sauté mushrooms with the other ingredients until all the water is driven out. It is delicious on toast or crackers. It can also be stored in a jar in the fridge for a week and used as a substitute for stock powder in soups or stews.

This is rich in umami flavours so helpful for people reducing or excluding meat from their diet to reduce savoury cravings. It can be prepared with a range of mushrooms which we know contain mucopolysaccarides and other constituents which help the immune system and tissue repair amongst other things. The other ingredients are also very beneficial for the immune system and for tissue repair.

**Marshmallow root Brownies**

125 g butter
40 g marshmallow root powder
200 g rappadura sugar or maple syrup
50 g self-raising flour
1 teaspoon cinnamon and 1 teaspoon ginger (optional)

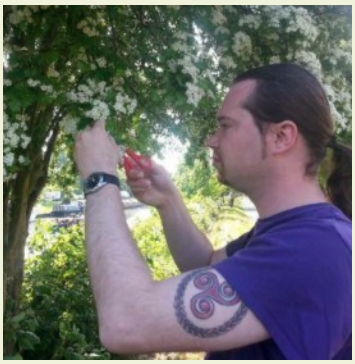
# Some Food Medicine

75g Chopped walnuts (optional)

Preheat oven to 180 oC. Line an 8 inch square cake tin with parchment. Melt the butter and stir in the marshmallow powder. Beat the eggs and sugar together, then add the butter and marshmallow root mixture to it Fold in the flour and spices. Stir in the nuts. Spoon into the cake tin and bake for about 40 minutes until cooked. Allow to cool in the tin then cut into squares

# The Medicine Maker's Journey

By Dafydd Monks



**Dafydd Monks**

Dafydd graduated from the University of Lincoln in 2014 and practices in rural North Wales.

An independent herbalist, he is a keen promoter of grass roots medicine making and herbal activism, which he promotes through community engagement and teaching an 8 month course to the general public.

He aims to grow most of his medicines and is keen on 'muddy boots' herbalism.

Website: www.sbm-cymru.co.uk/en

Facebook: Snowdonia Botanical Medicine

*I have always been interested in medicine making and herbal pharmacy. Since the very first days on my path as a herbalist, I have loved nothing more than 'having a go' at making things and seeing how they turn out, what they do, and how they achieve their effect.*

*When I came within sight of finishing my herbal medicine training and realised that soon I would have a pressing use for herbal tinctures, I turned not to a catalogue but to nature - at the height of the season for herbaceous plants and blossoms.*

I spent far too little time revising for exams, and spent many happy walks along the canal/riverside foraging - I can still remember what I gathered: Cleavers, Nettle, Ground- Ivy, White Deadnettle, Hawthorn... taken home to be made into fresh macerated tinctures in cheap (Student-grade) vodka. This was the true birth of my dispensary, or, as my housemates used to call my room, 'The Apothecary', due to the collection of jars and bottles on my bookshelf.

Apothecary is a term I find actually fits here, as rather than just dispensing, it implies making. When I got home from university, I didn't stop making, either - I must have made about 20 more tinctures that year. Only in small, half-litre batches, but they contributed greatly to setting up my dispensary.

The following year brought a Duty Free Spirits (Alcohol) licence, and being able to access strong grain spirit opened up a whole new side to tincture-making to me. While I initially stuck to (mainly fresh herb) macerations, I pretty soon wanted to do more. So I tried my hand at infused and decocted tinctures, at higher strengths; 1:2s and 1:1s. The results were good, and soon I found myself buying an alembic still, and making aromatic distilled tinctures with hydrolaits. I was addicted to tincture-making.

But this is only one side of the story. To make tinctures, you need plant material - which means either growing it or foraging for it. Each day became a focus of tending and observation.

# The Medicine Maker's Journey

Growing the plants and looking after them, and going for longish walks every day (having Labrador puppies helps in this endeavour), looking for herbs and noting down/learning about what I found got me really noticing the seasons around me. Soon other dog walkers asked what I was doing, and this is how I became known as a herbalist in my area. All these enrichments to my life and place in the world as a herbalist followed on from me bumbling about the hedgerows, just because I wanted to have a go!

When we refer to ourselves as 'practitioners' we must not forget to actually understand the word 'practice'. It means doing something. It also means getting better at doing something through a process of refinement and experience. For us as herbalists this means two things: clinical skills, and pharmacy skills.

I'm passionate about both - but I see both as being essential to make a 'complete' herbalist. It is the two sides of our sometimes dichotomous profession.

Practicing herbal pharmacy is also professional empowerment. Making our own medicine is both an act of rebellion and a statement of independence in times of change. Should we ever lose either the modern economy with its easy access to purchasing goods, or access to openly buy or use our herbs, these skills might just save our bacon!

So go on home, and have a go. Get a litre of cheap vodka and an old (but scrupulously clean please!) jam jar and see what you can make with it. You'll be surprised where the journey may take you!

# Pain

## By Bridget Meagher

**Bridget Meagher**

Soaring Crane QiGong practitioner and Essence maker

Practicing herbal medicine for 22 years in Ballydehob and Cork city. Chairperson of the IRCH for 2 years. Council member of the European association of traditional medicine.

Masters thesis on the use of herbal medicine in the control of pain in RA.

Organised herb walks and talks for the past 20 years.

*Pain is the most common reason for patients to seek medical attention (Gureje, Von Korff, Simon & Gater, 1998; Dannenbaum, 2005; Lohman, Schleifer & Amon, 2010; Phillips, et al., 2008). Patients seek help for pain, for diagnostic reasons, relief of symptoms and to find the underlying cause. In a global W.H.O. study on persistent pain and wellbeing (Phillips et al., 2008), 15 centres were surveyed in 14 countries with 25,916 participants. 21.5% of the participants complained of persistent pain, 24.8% were women and 16.2% were men.*

This study was the first significant cross-national study on persistent pain and results showed that patients with persistent pain have a compromised work role functionality, which could have a significant impact both physically and psychologically on the individual. Persistent pain is a cross-cultural phenomena and the common reason why patients' seek help in primary care centres throughout the world.

Pain as defined by the International Association for the Study of Pain (IASP, 1994), is "an unpleasant sensory and emotional experience associated with actual or potential tissue damage and [as such is] described in terms of such damage". (Mersky & Bogduk, 1994). More accurately, acute pain has been defined as "signals [of] potential tissue damage" (Von Korff & Dunn, 2008). Pain is classified as nociceptive (from primary sensory neurons) which can be somatic, that is pain originating from the skin or musculo-skeletal systems, or visceral, pain originating from visceral organs (International Association Study of Pain, 1994).

Neuropathic pain occurs when a lesion or a disruption of function within the nervous system is present. The American Academy of Pain Medicine (Cohen, Quintner & Buchanan, 2013), identify 2 types of pain: eudynia (good pain) and maldynia (bad pain). The eudynia pain refers to the pain of an underlying pathological disorder and maldynia is categorized by the absence of obvious, continuous pain that fails to heal and repair. The important thing to note in this definition, i.e. maldynia, is that pain is a unique and individual human experience.

# Pain

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This concept is only just beginning to be accepted by medical practitioners. Pain has various etiologies, physiognomies and processes that vary from one individual to another, yet some of these individuals will recover from the pain while others will have severe, persistent pain leading to chronic pain. The IASP definition views pain as a warning to the body, so as to protect life. Yet chronic pain has no physical protective aspect, as chronic pain according to IASP definition has no "obvious on-going tissue damage" (IASP), a naive definition as it does not include the individual experience of pain, yet one that is still used as a basic diagnostic tool. According to the WHO study on pain, Phillips et al., (2008), tells us that 34% of the people in the study were showed to have persistent pain, experiencing a profound impact on the quality of their lives.

Chronic pain (CP) is defined by Smith (2003), "as persistent or recurring pain that persists for at least a month beyond the usual course of an acute disease or a reasonable time for an injury to heal, which does not respond to traditional medical treatment". The IASP definition of CP is 'pain without apparent biological value that has persisted beyond the normal tissue healing time (usually 3-6 months)"(Larner, 2013), whilst the American College of Rheumatology define CP, specific to rheumatoid arthritis (RA) as "pain present in 2 contralateral quadrants of the body above and below the waist and in the axial skeleton that has been present for at least 3 months" (Carnes, et al., as cited in Larner, 2013). Von Korff & Dunn, (2008) argue that defining CP solely by duration does not include the development of CP as resulting from "central and peripheral sensitization in which pain is sustained after nociceptive inputs have diminished". These definitions of pain, particularly CP, are analytically attractive but do not give the practitioner a model or methodology on which to base treatment for clinical practice.

By defining CP primarily by duration does not give the depth or potentiality of the multi-dimensional aspects of CP. Von Korff & Miglioretti, (2005) suggest that the idiom of chronic pain is "a prognostic statement as a description of pain history", therefore CP deserves to be reconsidered and redefined within the context of the multi-dimensional elements which, layer upon layer, accurately explain chronic pain.

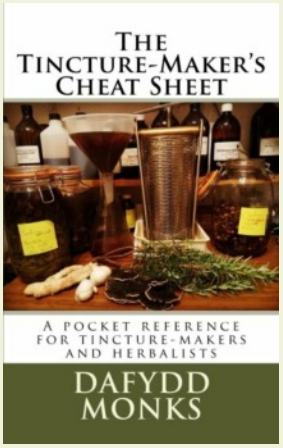
By redefining the notion of chronic pain, the treatment outcome is potentially more successful. Von Korff & Dunn (2008) reject the notion that chronicity of pain is unlikely to change but rather that the complaint, whose impending consequences are fundamentally ambiguous and fluctuating, are not immobile qualities that condemn the patient to the long-lasting burden of chronic pain. That is not to say that the patient will not have periods of their lives without pain, change is possible and redefining chronic pain shifts the influence of uncertainties surrounding long-term pain outcomes and potentially instigates the removal of the stigma attached to chronic pain patients.

This paradigm shift from pain duration to intractable pain allows patients and practitioners to "improve outcomes when pain continues past the normal healing time" (Von Korff & Dunn, 2008). But if pain, as a medical paradigm, is to have a scientific footing we need as practitioners to have some form of theory, model and scales of measurement on which to analyze the myriad of pain experience that patients present with.

The body cannot always repair itself and consequently can lead to crippling pain due initially, to a trivial injury. A prognostic approach to defining CP allows the focus to shift to uncertainty and a constant changing outcome (Von Korff & Miglioretti, 2005), as CP is likely to be experienced in the present and at a later time in the future. Therefore CP severity remains latent because it cannot be measured directly as future pain severity is an unknown. Because of this difficulty in defining CP there is potential for miscommunication among patients and health professionals and between health professionals themselves (Von Korff & Miglioretti, 2005).

It is vital for health professionals to consult working models and theories to assay and evaluate the patient within a CP syndrome.

# Book Review




## The Tincture-Maker's Cheat Sheet

**by Dafydd Monks**

ISBN: 1979500789
Paperback, £10.99

'The Tincture- Maker's Cheat Sheet' is the absolute must for all herbalists. The book is presented in a pocket size format which makes it very easy to bring and store whenever and wherever it is needed.

Written by Dafydd Monks, 'The Tincture-Maker's Cheat sheet' starts with a small introduction and easy know-how. It also gives a list of needed accessories and techniques used for preparing tinctures.

The author also specified what are key differences in kinds of alcohol and mixture used in tincture making.
The second part of the book is dedicated to a of list tinctures that are the most used in herbal medicine along with proper proportions and to avoid any misinterpretation herbs are written with Latin and English names.

Without any further overloaded description the book gives the reader perfectly presented and easily understandable tables giving the exact amount of herbs (dried and fresh), alcohol and water need. This cuts necessity for counting and wasting time on maths. It gives insides to infused tinctures, decocted tinctures, distilled tinctures, ethanolic glycerides.

'The Tincture- Maker's Cheat Sheet' is exactly what it says on the cover. It gives proper measurements without the necessity to calculate proportions. It is a must on every apothecary shelf!

**Agnes Wolff**

Agnes is a student of herbal medicine in The Irish School of Herbal Medicine. And started September 2017.

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3rd - 4th March - Collaborative oncology part 3 - with Chancal Cabrera, London, UK

10th March - Demystifying the internal use of essential oils by Sabrina Biscardi, London, UK

17th - 18th March - Astrology of herbs and the four temperaments by Elizabeth Brooke, London, UK

17th March - Business skills for herbalists by Natasha Richardson, London, UK

24th March - The Phytotherapy of sleep (CPP), London, UK

**April 18**

21st April - Humours and temperaments in Practice with Steve Taylor, London, UK

**May 18**

11th - 13th May - Scottish Radical Herbalism Gathering, Central Scotland, UK

18th - 20th May - Herbfeast, Co. Mayo, Ireland

26th May - A taste of plant spirit medicine with Pip Waller, Shropshire, UK

26th - 27th May - Elements, Humours and temperaments with Jim McDonald. Edinburgh, UK

**June 18**

1st - 3rd June - HerbFest UK, Devon, UK

2nd June - Progressive neurological conditions by Lyn Blythe (NIMH), London UK

30th - 1st - June - Herbal gathering at Elder Farm, Devon, UK

**July 18**

6th - 8th July - URHP Herbal Gathering (Atherstone, UK)

21st - 22nd July - Naturopathic summit, ANP, London, UK

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MSc Herbal Medicine - University of Central Lancashire

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