# TILIA MAGAZINE

*putting the heart in herbal medicine*

Volume 2 Issue 1 **Winter 2016**

***In this issue:***

- case study – arthritic gout
- new projects – Herbal activism and Radical Herbal Network Scotland
- book review, upcoming courses ...

TILIA MAGAZINE

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# The editing panel

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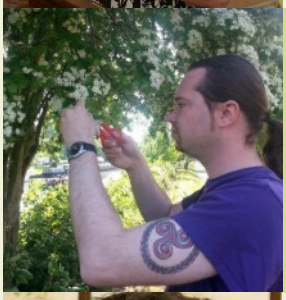
Laura completed the BSc course at the University of East London (UEL) in 2013. Laura is a member of the National Institute of Medical Herbalists (NIMH), is a past editor of NIMH's Herbal Thymes magazine, and past member of the Postgraduate training board. Laura has a passion for native British medicinal 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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Tilia Magazine is a therapeutics magazine for Western herbalists. 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.


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**Arctium species: Drying burdock leaf**

Henriette Kress shows how to prepare burdock.

**The Scottish Radical Herbal Network**

Ally Hurcikova introduces the Scottish Radical Herbal Network.

**Reclaiming Western Herbal Medicine's Mushrooms (Part one)**

Dafydd Monks delves into the world of medicinal mushrooms from Western and Eastern perspectives.

**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

# Arctium *species*: Drying burdock leaf

**Henriette Kress** (AHG)

Arctium tomentosum

It's hard work to dig up burdock root, and while it's far tastier than the leaf, far more nourishing and far less diuretic, the leaf actually works as well. And if you dig up a root, you'll see that what you manage to get up is piddly tiny in comparison to the prime leaf that you got gratis, as it were. (The cut-up leaf stems are a tasty boiled green if picked early enough in summer.)

You don't get much root when you dig up burdock. You do get lots of leaf, though.

However, if you just lay your burdock leaf out to dry, you'll end up with one flat mouldy mess.
And if you dry your burdock leaf whole, spread out one by one by one by one on one or the other old bedsheet, you'll end up with inferior quality, because the midvein of the leaf sucks life out of the leaf for as long as it's still moist.

*Burdock root*

*Prime burdock leaf*

# Arctium *species*: Drying burdock leaf

One way to dry burdock leaf is to cut the larger ribs of each leaf and then hang the leaves on strings. Separate the leaves so they're not up close and cosy when you hang up your strings, as they dry better that way.

The problem is, you end up with whole burdock leaf that you then have to chop up. Try a blender. Then jar and label: Burdock leaf, *place*, *month*year*.

*Burdock leaf with cut midribs*

*Burdock leaf on a string*

Nowadays, I use a large chopping board. A dozen or so leaves can be processed in one go: slice them into 1 cm squares and throw the result in the dehydrator.

Once dry, jar and label: Burdock leaf, *place*, *month*year*.

*Slicing burdock*

Use burdock leaf as a tea, but warn your clients not to drink it before bedtime, as it is very diuretic.
The leaf is especially good on all sorts of skin problems.

If you're in burdock country, like me, you see those burdock seed heads beckoning in early fall. There's lots of them and they're so easy to pick!

Processing, however, is another matter altogether. The seeds are covered in itchy hairs, and the seed balls are covered in sharp hooks. Don't go picking burdock in your best woollen sweater ...

*Burdock seed balls*

# Arctium *species*: Drying burdock leaf

Go outdoors, pour your seed balls into a bucket and grab a baseball bat (or a wooden potato masher, which is much the same). Start pounding the mess in the bucket. Really apply yourself, let your frustrations out, it'll do you good!

Don't look too closely at what you're doing, because if you happen to get a burdock hook into your eye, it's doctor time. Burdock hooks only go in deeper on their own, they don't come out. Once it's all one felted mess, get thick gloves. Really. Those hairs are infernally itchy.

Pick up the mess and massage it above that same bucket. You'll hear seeds falling down, plop plop plop. Once you've massaged out all the seeds, throw that mess underneath a bush, preferably one that you or your pet(s) won't walk into for a nice long time. (Those hooks are still sharp).

*Burdock flower buds. Look at those hooks!*

Next, pour cold water over your seed'n'chaff mess. All the light bits will float; let the heavier bits settle and pour off the water. Repeat until you only have seeds left in the bottom of your bucket.

Throw them into your freezer for a day or three, to kill off any leftover larvae. (There's usually quite a few in burdock seed, even pounded).

Next, spread them out to dry. Once dry, jar and label: Burdock seed, *place*, *month*year*.

*Burdock seed, pounded, cleaned and dried*

The seeds are quite bitter. They work much like the root, but give results faster. Use them in any intractable eczema you might encounter. They're also fatty and because they're bitter, they help the digestion more than the root does.

# Herbal Activism

**Edwina Hodkinson**

Edwina Hodkinson BSc(Hons) MNIMH HMAR has a background in Nursing, has been involved in complementary therapies for the last 20 years, specializing in cancer care.

She trained as a Medical Herbalist at UCLAN in 2010 and is a registered GAPS practitioner. She is passionate about making Herbal Medicine accessible to all and keen to promote Herbs as the people's medicine and part of social change and community resilience.

She also teaches hands on courses in Herbal medicine as well as being an activist.

Passing between the makeshift metal fence that separates the homeless camp from the rest of the city, I say hello to a young girl living in a tent. We had a brief conversation a week ago about the fungal infection on her feet and I checked in with her about how the treatment was helping. Scrambling between the numerous hotch potch of tents and signs proclaiming the homeless problem in Manchester, I knocked on the door of a derelict pub at the corner of an ex-slum that is being newly developed for luxury apartments.

This squat is under threat of eviction and was locked down and secure. The people here know me, as I bring herbal medicine and whatever I can make that helps.

Inside, the ground floor is covered in piles of personal belongings, boxes and sleeping bags. A man lies draped in a duvet on the settee and his friend is asleep on another. I go upstairs to a large room filled with sofas, beds, chairs, food and lots of laughter. There is a warm feeling of community here and many of the people are young adults. I've been supporting the homeless squats in the city for the last year. These places are usually resident to about 30 people being supported and cared for by committed activists. Unfortunately these squats are only ever temporary as many are evicted after a few weeks by bailiffs and they all end up moving to another empty building or end up back on the streets.

I do all I can to help by offering my skills as a herbalist and health care practitioner.

This consists of taking in batches of medicine I've made at home

# Herbal Activism

or by doing the odd consultation, which is often a very complex mix of mental health problems, poor nutrition and physical illness. Tonight I'm bringing in a few bottles of homemade elderberry syrup, warrior drops and someone's personal prescription. The warrior drops are a mix of Valeriana, Scutellaria and Rosa with a dash of rescue remedy and were originally devised for the frontlines of Barton Moss. The activists in the squat like to keep a few bottles of these handy and they are used to help those coming off legal highs (Spice), which can cause a lot of extreme anxiety and bodily discomfort. They find the warrior drops really helpful and make a difference.

I ask how they have got on with the calendula, myrrh and tea tree foot soak that I brought in last time and they say it's cured everyone's foot rot, and I'm really pleased to hear this. One man tells me how they all like to watch the tincture go in the water as it fascinates them as it all clouds up. Another tells me how the cough medicine I made has helped him come off spice.
"I knew it would work the moment I felt it in my belly" he says "and it brought all the toxins out of my lungs too". I ponder on this for a while, wondering which of my herbs has helped him with such difficult withdrawal symproms! Licorice? Plantain? Marshmallow? It takes me a while to realise that maybe it was just the energy of herbs themselves that are helping, after all, most of it was made fresh from my garden with love and of the faith he had in them to work. Love is really important here, and most have a lack of it in their lives until they come to live in a community in the squat.

The people here like me bringing in herbal medicine, and they tell me it's because they know someone cares and the herbs help. Chris, one of the residents of the squat, a small, wiry, very intelligent man, who has been homeless for a while, tells me how much they value the medicines. They feel that herbal medicine and natural healthcare would be difficult to access otherwise. In the dark city pub, scheduled for demolition,he says " It's like nature is finding its way here into the poverty and dereliction and it brings healing and hope."

It's been a busy week for me; the big pan of elderberry syrup I made the previous week has found its way

# Herbal Activism

into the squats of Manchester, and has also been part of a box of creams, tinctures and syrups sent to support the Badger Cull activists in Gloucester who are suffering from viral infections, sleep deprivation and stress. On social media I hear that fracking has been allowed to resume in Lancashire and we make plans of how we are going to best support camps in the North- west when it starts.

At the moment there is such a lot that is wrong and unjust in the world, and as aware, caring individuals it's easy to feel overwhelmed, angry and powerless with the extreme suffering and destruction around us. Looking on social media and talking to others, the problems of the world can seem so immense and it's difficult to know what to do or where to start to make a difference. We are also living in amazing times, where others like us are waking up and becoming active in many ways. As herbalists we are in a unique position to help! We have at our fingertips a very useful set of skills that can make a massive difference in whatever area we chose to work in during these times of transition and we should never underestimate the value of what we do. As healers, medicine makers, growers, connectors to the land, counsellors, teachers and reachers out to those who need us, we can be there at the frontlines of change.

We are in a position to be able to act and respond in a very practical way that makes a difference and not just to react and be angry with what's going on around us. By becoming active in this sense we become Herbal Activists.

# The Scottish Radical Herbal Network

**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.

Inspired by four years of Radical Herbalism Gatherings taking place in England, in the summer of 2015 a diverse group of Scottish lay & medical herbalists, health activists & herb growers came together to form the Scottish Radical Herbal Network.

Our ambition is to bring folks together across Scotland who are interested in the meeting of herbalism with radical approaches to health, social & environmental justice. We want to celebrate all that is already happening in Scotland, to work on creating short local supply chains between growers & herbalists, and nurture a fertile ground for further projects & collaborations to emerge.

**Why Radical Herbalism?**

For us radical herbalism is about placing herbal medicine in is wider social and political context – socioeconomic status remains the largest single determinant of individual health, along with race, immigration status, sexuality, and (dis)ability. UK studies routinely show that people who come from low income backgrounds in deprived communities on average die seven years younger than their wealthier counterparts. The North South divide in health & economic inequality is currently at its widest for 40 years, and the lowest life expectancy in the UK is found in Glasgow. Beyond the social, even if we were to live in a fair and equal society, as we continue to pollute our air and water and fill our neighbouring habitats and ecosystems with concrete, all of our chances of living healthy, happy and non-toxic lives are deteriorating. Radical herbalism for us seeks to address the root causes of health inequality, social injustice and environmental destruction. We want to encourage herbalists and health activists to take part in community struggles to create a fairer, more equal and healthier society for all.

**The 1st Scottish Radical Herbal Gathering**

In September this year we held the first Scottish Radical Herbalism Gathering at Tombreck -a beautiful hill farm in Perthshire. 150 folk

# The Scottish Radical Herbal Network

gathered, not just from Scotland, but incredibly also from as far as Denmark & Switzerland for three days of workshops, learning & sharing. The Gathering's workshops were grounded in three themes: Radical Health & Herbalism; Sustainability, Environmental & Social Justice; and Scottish Health & Herbal Heritage. The workshops were aimed at collective empowerment – the idea being that we are all teachers & all students.

The workshops included explorations like Creative & Meditative Approaches to Herbalism, Fixing Our Food System, approaches to Land Reform in Scotland, Extractive Industries & their impact on our health, stories of Herbal Activism from refugee camps to community clinics & teachings of how to incorporate rituals of synchronicity into our daily lives. There were practical sessions on Botany, Mushroom Identification & Dyeing with Scottish Chaga, Preserving Nutrition in Wild Foods, Herbal Pharmacy as Direct Action, and Herbal Constituents & Energetics. There were also discussions aroundMen's Health & Responses to Patriarchy, the struggles of LGBTQIAP* people in the asylum system and how solidarity can be offered, Trans Inclusive Womxn*'s Health spaces, and the role of the sole midwife in approaching death & the end of life. You can see the full programme here.

Alongside the workshops & serious discussion, we nourished ourselves & our new friendships with food & merriment. A showcase of local produce

came from various farms & community projects, and the 'Saturday Kitchen Takeover' brought in two groups to cook for the gathering and share information about their projects. We had the 'Real Junk Food Project' using 'intercepted food' which would have otherwise been wasted, and the Unity Sisters from the No Borders Unity Centre in Glasgow, a group of women supporting each other through the asylum process.

And of course, in true Scottish tradition, we had a ceilidh, and a mixture of a great tent-destroying-yet-community building storm with gorgeous sunshine to make sure enough dips in the Loch & the waterfalls were had.

# The Scottish Radical Herbal Network

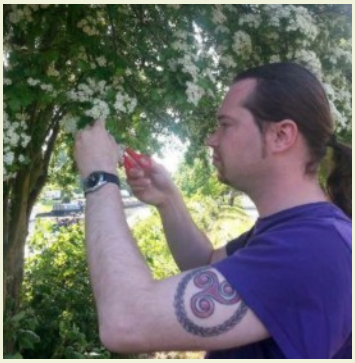
**Next Steps To Build A Movement**

The first gathering created a healthy appetite for more action to take place, and there was particular enthusiasm for more gathering and more focus on gaining practical medicine making skills & herbal knowledge. There were a few practical steps that came out of the event: some local groups are currently holding small scale medicine making events to provide much needed herbal remedies to Herbalists without Borders UK. They will send the medicines to support refugees affected by the eviction of the Calais camp. We also have some volunteers working on building a good online resource of projects in Scotland, and others offering to host medicine making skillshares at different communities across the country at the four cross quarter festivals. The first will be at the Polbeth & West Calder Community Garden at Imbolc (tbc). There won't be a full Gathering again next year, in 2017. Instead we are going to move it to the early summer of 2018, and focus next year on encouraging regional groups to establish.

Look out for an Edinburgh gathering in the spring of 2017 and a Glasgow & West of Scotland gathering in the autumn.

**How To Get Involved**

For news of what we are up to, or to get involved with running regional events in 2017, then email us on hello@radicalherbalscotland.co.uk.



**Dafydd Monks**

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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.sbmcymru.co.uk/en

Facebook: Snowdonia Botanical Medicine

# Report: Scottish Radical Herbal Gathering

The Scottish Radical Herbal Network is a new project that aims to facilitate grass roots interaction between medicinal plants and people, and to find innovative and creative ways of using this relationship to help make the world of human experience a little bit fairer, nicer and kinder to those living through it. As the Network's first project, they started big and organised the Scottish Radical Herbal Gathering, a three day event held at Tombreck on the shores of Loch Tay.

**Held at:** The Big Shed, Tombreck, Aberfeldy, Scotland. September 9th - 12th 2016.

I became aware of the Scottish Radical Herbal Network and the Gathering through a friend and course colleague from Lincoln University, Ally Hurcikova who invited me to speak. So it was particularly lovely to be there to help birth an idea: and an idea for, and in, a country that is very much like my own. Seeing what this group has achieved in only a year of operation, and the gathering being its first expression of community made manifest is hugely inspiring and a good reminder of what we can achieve when we all pull together.

I didn't get the opportunity to attend any of the events on the Friday as I'd spent the day riding up to Scotland, but after dinner there was a screening of the excellent and inspiring film 'Juliette of the Herbs' a documentary about the life and work of Juliette de Bairacli Levy. This served as a signpost to the kind of hands on, direct action that the rest of the weekend brought.

On Saturday, I was a contributor to a group discussion called 'Herbal Activism: Stories from camps, campaigns, & community clinics' talking about my experiences in the Calais refugee camp back in the spring. This event took the form of 10 minute mini talks about what different people were doing 'on the ground' with herbs and herbal medicine in such acute situations to help those in need. It was really interesting to hear what others are doing, and very inspiring to touch base with others involved in such work. I found it particularly interesting to learn how herbal medicine has helped on our very doorstep by ministering to those in protest camps and the homeless in larger towns and cities.

Later that day brought a lovely talk, demonstration, and taste test of the various seaweeds that can be found on our rocky shorelines, and how to forage and use them.

# Report: Scottish Radical Herbal Gathering

Medicinally I only use one seaweed, Fucus vesiculosus in my dispensary, but it was fascinating to learn how other seaweeds can be used - both in folk medicine, in a more modern setting as nutritional supplements due to the phenomenal store of minerals they contain. I have always eaten seaweed since I was a small child (The Welsh are prone to eating it in several ways, the most prevalent being laver bread - seaweed paste rolled in oatmeal and fried), but learning more about how I could integrate it into my clinical practice beyond my solitary bottle of focus has directly changed my clinical practice. Thanks so much to Roísin and Séamus 'The Twa Corbies' for such an interesting talk filled with life, love of the wild, knowledge and above all else an unmistakable and authentic Celtic soul.

Sunday saw me give my talk, which went well - I won't go on about it as you can look it up if you want. The afternoon brought a lovely workshop on Constituents and Energetics - stuff that I was taught in University, and already knew really but I'm nosey and I love to see other people's teaching styles. The workshop was pitched at a more layman's level but was in no way lacking for that. Though I am afraid I did get a stern look when I shouted 'anthrocyanins' from the back of the room (Rather than the more generic 'flavonoids' that was expected) when fruits were discussed. Sorry Clare.

Then a lovely big meal and a chance to chat with the hangers-on on Sunday morphed into staying over into a Monday morning filled with a lazy breakfast and helping pack up the event stuff before throwing my leg over the bike once more and heading south and back home. I think this was some of the most valuable time for me - to be able to meet other Scottish herbalists who organised the event and to make contacts and friends there. It is so interesting for me to see how this kind of organisation and interaction between professionals work up there as there are a lot less herbalists, and they are spread out over longer distances - which closely mirrors life for me as a practitioner in rural North Wales.

So, we came together and made something special. We made community, laughter, learning and started forging a shared vision for how we can help to make this world better by using our modern and ancient skills, and our traditional strengths and background from these rocky shores of Ynys Prydain. I can honestly say I was privileged to be a part of it, and can't wait to see how the Network changes and grows in the future. Or how I can take lessons learned from this workshop and maybe apply them to organising something for our community here in North Wales...

# Seaweed recipes

**Charm Elakil**

Charm worked in Community Development but a change in her career outlook led her to explore holistic approaches to health. Charm trained with the College of Natural Nutrition and Middlesex University. Over the last 15 years, Charm has worked with individuals, groups and organisations including Breast Cancer Care, Sure Start, Age UK, and Neal's Yard Remedies.

Her work is to encourage participants on empowerment and self-awareness to health. Charm runs workshops, herbal walks and talks on health for a range of audiences. She now lives in Margate and enjoys exploring and living near the coast.

**Seaweed Omelette**

Serves 1

Ingredients: 1 egg, 1 sheet of un-roasted nori seaweed, olive oil

Seasonings: a pinch of sea salt

*Method*

1. Soak seaweed in a ¼ cup of water in a bowl for 2 minutes,
2. Add an egg, salt and pepper and mix them all together
3. Fry the mixture on a pan with the oil

**Seaweed Noodles**

Serves 1

Ingredients: a handful of noodles (rice or wheat not egg)

A small handful of dried arame

1 spring onion

Seasonings: 1 dessertspoon of miso paste, hot pepper sauce (optional)

*Method*

1. Add miso and seaweed in 2 cups of water to boil
2. Meanwhile, boil 2 cups of water in a different pot to cook noodles. When the noodles are half-cooked, rinse them in cold water
3. Put noodles in the miso pot to boil
4. Transfer noodles in a bowl and add 1-2 drops of hot pepper sauce and chopped spring onions

You can also add sprouts, onions, vegetables etc.

**Avocado Sushi Rolls**

Serves 1

Ingredients: 1 sheet of nori, ½ avocado cut into strips, ½ cup of cooked short grain rice (soak for 30 minutes before cooking)

Seasonings: brown rice vinegar, pinch of sea salt, sesame oil, roasted sesame seeds.

*Method*

1. Add seasonings to the rice whilst it is cooling
2. Once cooled, spread the rice over nori sheet
3. Place avocado strips into the centre of rice
4. Roll into a cylinder shape
5. Slice into bite size or eat whole

You can add other vegetables e.g. cucumber, ginger, etc if you wish.

**Minted Split Pea Soup**

Serves 1

Ingredients: ¼ cup dry split peas, 11/2 cups water, ¼ cup Wakame Sea Vegetable rinsed and soaked for 4-5 minutes, 1 medium onion diced

Seasonings: pinch of sea salt, finely chopped fresh mint

Garnish: fresh bread croutons, cucumber slices

*Method*

1. Wash the split peas and place in a heavy cooking pot with the water and the wakame
2. Bring to the boil and add the onions. Skim the foam that arises to the surface several times
3. Reduce flame, cover and simmer for 45 minutes. Check regularly to ensure the peas are not sticking to the bottom of the pot.
4. Add the sea salt and fresh mint when the peas are almost disintegrated. Cook for a further 5-10 minutes

# Seaweed recipes

5. Serve with garnish either hot or cool

**Quick Scrambled Tofu**

Serves 1-2

Ingredients: ½ fresh tofu and ½ smoked tofu, (crumbled by hand with a fork, onions (small diced), a small handful of arame seaweed (soaked for 5 minutes)

Seasonings: olive oil, turmeric, umeboshi/plum vinegar, sea salt,

Garnish: chopped spring onions

1. Heat a frying pan; add some olive oil and the onions and sauté with a pinch of salt for 10 minutes
2. Add the tofus, seaweed, a small pinch of turmeric and a few drops of umeboshi vinegar. Cover and cook on a low heat for 10 minutes
3. Serve with freshly chopped spring onions

You can vary the recipe by adding some grated carrots, sweetcorn, peas, fish etc

**Dulse Crisps**

Serve 1

Ingredients: ¼ cup Dulse Sea Vegetable straight from the packet (no washing required), olive oil for deep frying, lemon slices to serve with the crisp

*Method*

1. Heat the oil and drop the dulse into the hot oil (do not let it smoke). It will take 5-10 seconds for the colour to change from bright purple to a light golden brown and become crispy.
2. Remove immediately and drain on a paper towel. Serve with lemon slices or sprinkle some red pepper (optional)

# Case study 12 - Arthritic gout

**Laura Carpenter**
MNIMH

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.

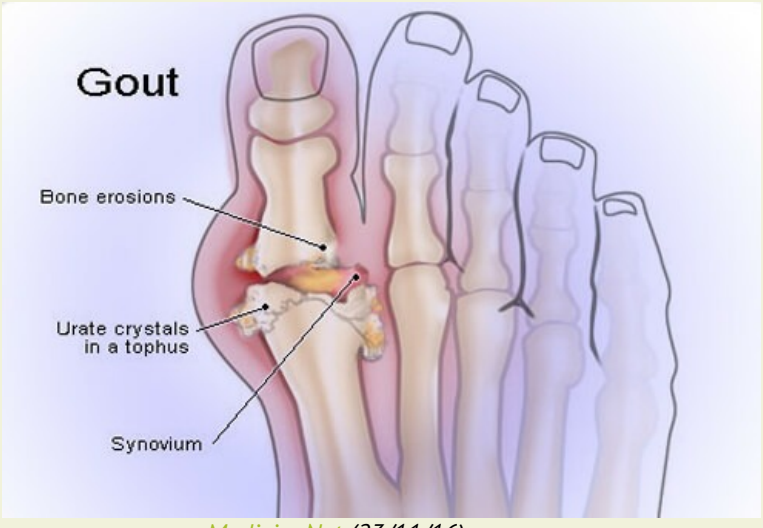
Website: www.lauracarpenter.co.uk

"Gout is a form of arthritis which can be intensely painful; and it's caused by having sodium urate crystals in your joints. These may be present for years without you knowing they're there, but on occasions they can trigger an attack of gout.

Attacks of gout usually come on very quickly, often during the night. Doctors describe this sudden development of symptoms as 'acute'.
At one time it was thought that gout was caused simply by overeating and drinking too much alcohol. While this can make attacks of gout more likely, it's not the whole story.

Gout is caused by chemical processes that take place in your body. A substance called urate builds up, sometimes because your kidneys aren't able to get rid of it quickly enough. Over a period of time this leads to urate crystals forming in and around your joints.

Once there are a lot of crystals in your joints some of them can trigger a sudden painful episode of severe joint inflammation ('attack') which usually settles back to appear normal within a week. If untreated these attacks get more common and spread to involve new joints."
Arthritis Research UK (2016)




*MedicineNet (23/11/16)*

# Case study 12 - Arthritis gout

**Initial consultation - Oct 15**
44Y M

**PC**
Diagnosed with gout in the right hallux 3 years ago. Recent flare up, uric acid level high, given NSAIDs by GP for one month. No change at second blood test (4 weeks later), stiff joints reports "all over pain".

**PMH**
NTN

**FH**
Mother - "arthritis"

**SH**
Non smoker, 16 units of alcohol per week (Guinness)

**DH**
No mediations taken (stopped taking NSAIDs after the 4 weeks as Px felt "they didn't work".

**Diet**
Px had already cut out red meat on recommendation from GP, and stopped all alcohol.
One coffee and one tea per day, lots of water. "Meat and two veg diet".

**Exercise**
Px had a very active "outdoor" job.

**CVS** - varicose veins on L leg

**RS** - NTN

**GIT** - "IBS" previously but resolved after removing milk from diet. 2 BM per day

**U** - NTN

**N** - sleep "disturbed", sleeping 4 hours then waking, then restless sleep. Mood - "generally good".

**MS** - PC

**D** - "occasional heat rash"

**PE** - right toe inflamed and painful to touch but not overly swollen.
BP: 120/70 Pulse: 56

**Rx1 - Main medicine**

| | | | |
|---|---|---|---|
| Urtica dioica (fol) | (1:3) | 30 | (diuretic, anti-inflam) |
| Apium graveolens (sem) | (1:3) | 30 | (diuretic, anti-inflam) |
| Taraxacum officinale (rad) | (1:3) | 10 | (improve liver function) |
| Phytolacca decandra (rad) | (1:5) | 8 | (diuretic, lymphatic) |
| Betula pendula (fol) | (1:3) | 20 | (diuretic, anti-inflam) |
| | | 98ml | |

Sig. 10 mL sid (as this was the only way the px could remember to take the medicine)

# Case study 12 - Arthritis gout

**Rx2 - Tea**

| | | |
|---|---|---|
| Urtica dioica (fol) | 30g | (diuretic, anti-inflam) |
| Taraxacum officinale (fol) | 20g | (diuretic, anti-inflam) |
| | 50g | |

Sig. 2 tsp per cup tds (made in a litre bottle and drunk at work cold)

**Recommendations**

- No processed foods, cabbage, Solanaceae fruit/veg, alcohol, sugar
- Add cherries and celery to the diet in as large amounts as possible

**Follow up 1 - Nov 15**

Summary: The Px had made all of the dietary changes, and taken the medicine "religiously". No pain killers had been used in the 6 weeks since the last appointment.

Soreness in other joints now completely gone, right toe no longer painful to touch but still some inflammation (on examination).

Px reported feeling he had "more bounce" and was very happy with the treatment.

Px had been for further blood test, potassium levels were now normal. Uric acid levels had decreased from 481µmol/L to 440 µmol/L. (No change in BP)

**Rx1 - Main medicine**

| | | | |
|---|---|---|---|
| Urtica dioica (fol) | (1:3) | 20 | (diuretic, anti-inflam) |
| Apium graveolens (sem) | (1:3) | 20 | (diuretic, anti-inflam) |
| Taraxacum officinale (rad) | (1:3) | 10 | (improve liver function) |
| Phytolacca decandra (rad) | (1:5) | 8 | (diuretic, lymphatic) |
| Betula pendula (fol) | (1:3) | 20 | (diuretic, anti-inflam) |
| Piptoporus betulinus | (1:3) | 20 | (diuretic, anti-inflam, immune modulator) |
| | | 98ml | |

Sig. 10 mL sid (as this was the only way the px could remember to take the medicine)

**Treatment**

I decided to keep the majority of the medicine the same due to the excellent effects found by the patient. I added in Piptoporus betulinus for an additional boost of betulinic acid, as well as it's immune modulating effects.

# Case study 12 - Arthritis gout

**Follow up 2 - Dec 15**
The PX has visited his rheumatologist and scans revealed minor degeneration (arthritic), but nothing to need treatment. They concluded that as the gout had resolved without further treatment it may not have been 'gout'.

Px reported "feeling like a teenager", no pain and no problems at all.

(No change in BP)

RX1 - Nov 15 was repeated, and the RX2 tea (Oct 15).

**Follow up 3 - Jan 16**
Px reported toe a bit sore after Christmas diet, but had gone back to the 'gout diet'.
Tea repeated only, for one month.

**Follow up 4 - Feb 16**
Px reported "feeling like dancing and cheerful". No longer taking the tea or tincture. Most of the anti-inflammatory diet has been kept.

The Px uses the tincture if a minor flare up occurs (usually from a dietary, or stress related cause).

# Reclaiming Western Herbal Medicine's Mushrooms

## Part one

**Dafydd Monks**

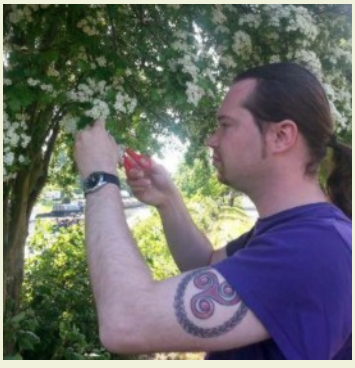
Dafydd graduated from the University of Lincoln in 2014 and practices in rural North Wales.

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.sbmcymru.co.uk/en

Facebook: Snowdonia Botanical Medicine



*Amanita muscaria*

**Introduction**

Traditional Chinese Medicine is one of the oldest medical traditions currently practiced. It has a very large materia medica and formulary, which includes many herbal, mycological, mineral and animal products. In recent years, Western Herbal Medicine has borrowed many herbs from the Chinese materia medica, and certain classes of herbs (most notably the adaptogens) have become cornerstones of Western Herbalists' treatment strategies for many conditions. However, much lesser used are the non plant based medicines: Mineral and Animal drugs are not considered for use by Western Herbalists, although dietary supplementation could be said to be a use of minerals/trace elements. The exception to this rule is mycological drugs - 'mushrooms' or fungi, which, though originally categorised as plants, and thus covered in the scope of botanical or herbal medicine, are actually an entirely different kingdom of life[1].

The use of extracts of microscopic fungi in Western Medicine is widespread: indeed, many of the most widely used and profitable drugs of the 20th Century have been derived from microscopic fungi: the list includes antibiotics, such as penicillin, hypocholesterolaemics such as statins, and immunosuppressant drugs such as cyclosporine[2].

However, macroscopic fungi have seen little use in Western Herbal Medicine. Due to the wider scope of Chinese and oriental medicine, and the use of many substances which are considered to be foodstuffs in the west, the line between medicine and food is blurred in a western viewpoint, and many fungi would fall under the category of medicinal food.[3]

One exception to this is two tincture-extracts used relatively extensively in

# Reclaiming Western Herbal Medicine's Mushrooms

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Western Herbal Medicine: Cordyceps spp. and Ganoderma lucidum. Both are fungi, with differences in biochemistry compared to botanical drugs, and there has been great interest in their use with research conducted into the mechanism of action and clinical efficacy. Both of these drugs make an interesting topic for discussion, though there are more forgotten medicinal fungi/mushrooms, some of which may literally be growing in your back garden without you knowing it!

As many herbalists will have Cordyceps and Ganoderma at their disposal, we will start by looking at them from an Oriental and Western view and deepening our understanding of these valuable medicines before looking at the use of four common British fungi/mushrooms that should also grace the shelves of every herbalist's dispensary.

**Cordyceps**

Cordyceps is a genus of about 400 fungi that are endemic to Eastern China and Tibet. They grow in the woods of the cool, forested mountains and hills. The Cordyceps fruiting body grows from the mummified corpse of a previously infected invertebrate: usually a caterpillar which lives underground and is vulnerable to attack by the fungal spores when it sheds its skin in late summer. The fungus grows on the corpse of the caterpillar until the next summer when the fruiting body emerges from the soil as a stalk-like growth (Cordyceps means 'club headed' in Latin).

The principle active constituents of Cordyceps are immune stimulating polysaccharides (galactomannins, cordycepic acid), also present are amino acids, fatty acids, polyamines and ecdysterones[4].

**In Chinese Medicine**

Cordyceps has a 2000 year history of usage in traditional Tibetan medicine, and was introduced to the Chinese materia medica in the 1600s[5] [6].

It is primarily a relaxing restorative with some degree of astringency: It has affinities with the respiratory, endocrine, immune, reproductive, musculoskeletal and digestive systems (in western terminology), or lung and kidney Ying or Yang deficiency with stagnation of the air and fluid bodies (In Chinese terminology)[7].

It is primarily used in Chinese medicine for Lung and Kidney Yang deficiency with a symptom picture of 'wheezing, fatigue, and loss of stamina'[7]. This symptom picture is analogous to adrenocortical deficiency in Western Terminology: this is an adaptogenic adrenal tonic use in Western terminology.

It is indicated in Lung Yin Deficiency: this is a symptom pattern of coughing

# Reclaiming Western Herbal Medicine's Mushrooms

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with blood tinged sputum and a fatigued state[7]. It is also used in cases of 'genitourinary cold with Yin deficiency' - a symptom pattern of weakness, fatigue, night sweats, seminal incontinence and impotence [7].

From these symptom patterns, it is clear that Cordyceps is a strongly restorative drug, possibly with tonifying properties. Holmes[7]. states that it is comparable to Ginseng for its life extending abilities. This suggests that it has a profound effect on building and maintaining foundation energy.

**In Western Herbal Medicine**

In the University of Lincoln herbal medicine clinic, Cordyceps is used as an immune-stimulating adaptogen. Its western usage is not well established, with TCM informing the Western use. However, compounds from Cordyceps have been the subject of research and much interest in therapeutic use. It is interesting to note that Cyclosporines, the immunosuppressant drugs often used to inhibit organ rejection were discovered in, and originated from Cordyceps subsessilis a European variety of Cordyceps found in Norway[8]. Given that C. sinensis is used as an immune tonic, and that C. subsessilis is used in an inhibitory way, one could extrapolate an amphoteric, balancing effect on the immune system, rather than a purely stimulatory effect.

In addition to adaptogenic properties, Cordyceps is described as having anti asthmatic, antileukemic, antioxidant, hepatoprotective, hypocholesterolaemic, and sedative properties.[4]

Two small studies have been conducted on the reno-protective effects of Cordyceps. In the first study, 54 patients were given aminoglycoside, and a random sample was given a placebo and the other random sample were given an extract of Cordyceps[9]. The group given the Cordyceps extract developed less prominent nephrotoxicity than the placebo group; this was determined by lower levels of NAGase and ?_2-microglobulin in the urine of the Cordyceps group [9].

In a similar trial of 21 patients who were given amikacin sulphate for 6 days, a random sample were given a Cordyceps, and the remainder were given a placebo [10]. As in Feng's [9] study, the group which took the Cordyceps had lower levels of NAGase and ?_2-microglobulin, indicating lower kidney toxicity [10].

The above two studies make the same conclusion: that Cordyceps reduces toxicity to the kidneys and thus can be described as renoprotective [9] [10].

Cordyceps has been shown to improve the TH1 immune response leading to a reduction in the

# Reclaiming Western Herbal Medicine's Mushrooms

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reoccurrence of genital warts in a study by Gao et al [11].

In an interesting study of 28 patients with chronic renal failure, 3 to 5 grams per day of Cordyceps was shown to improve both renal function and potentially raise immune function which is diminished in chronic renal failure[12]: Thus it could be said that through a supportive action on the tissues of the urinary system the traditional Chinese affinities with toning the kidneys (either as an energetic/constitutional system or the physical organs/tissues) are valid and translatable into the western medical paradigm.

**Ganoderma**

Ganoderma lucidum is fungus with a large, polypore fruiting body. It grows in China's coastal regions, and in the northern Forests of North America, though its morphology there may be different[4]. It grows on rotting tree stumps and fallen branches[4].
The principle active constituents of Ganoderma are triterpenes, notably ganoderic and ganoderenic acids, which have a structure similar to steroids[14]. Also present are immune stimulating polysaccharides known as beta glucans, and proteins, specifically a protein known as ling zhi-9[4].

**In Chinese Medicine**

Ganoderma has been used as a medicine in China for at least 2000 years: It was first collected in the 'warring states' period (3rd Century BCE onwards) and was so rare that it was collected exclusively for monarchs[15]. It was held in such regard in Japan that it is still referred to as the '10,000 year mushroom' or mannentake[16].

Since the earliest days of its use, Ganoderma has been associated with long life and good health, to the extent of being classed as an 'elixir of life'[7]. It is also strongly associated with psycho-spiritual wisdom and potency[7], it's Chinese name, Ling Zhi actually means 'Spirit Plant'[4].

Ganoderma is bitter in taste and has restoring, calming, relaxing and dispersive actions[7]. It has affinities with the nervous, immune, endocrine, digestive, respiratory and circulatory systems; it tones the lung, spleen, liver, heart, and kidney organ systems and moderates the yin/yang balance in those systems[7].

It is specific for liver and adrenal Yin deficiency, functionally manifested as a blood and Qi deficiency[7]. This presents as a pattern of chronic, or frequent acute infections, asthenic constitution, fatigue, loss of motivation and low stamina, and exhaustion[7].

# Reclaiming Western Herbal Medicine's Mushrooms

**References:**

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It also is indicated in Qi stagnation and constraint - symptom patterns that include fatigue, tight chest, coughing, allergies and a stress response; possibly with circulatory constriction and cold extremities[7].

The effect on the 'Chinese' heart is important here; it stores Shen. This is a balance of psycho spiritual function that includes consciousness, memory, dreams, emotions and subconscious function which combine to form a person's psychological function[4]. When this balance is disturbed, symptoms such as anxiety, insomnia, listlessness and night-terrors occur[4]. Ganoderma is often prescribed for these conditions alongside other nervine, sedative or adaptogenic herbs as required for the individual case[4].

**In Western Herbal Medicine**

Aside from Adaptogenic properties, Ganoderma is hypocholesterolaemic, anti-inflammatory, antioxidant, antiviral, cardiotonic, hepatoprotective, and nervine[4].

In western herbal medicine, Ganoderma tends to be used for conditions where immune function needs improving[11]. The Chinese constitutional use however could inform a western constitutional application for cases of centrally congested immunological heat: This fits with the diffusive action of the herb which could be said to act as an immunological diaphoretic[7]. Bartram[12] lists Ganoderma as being hypotensive; this supports the dispelling of congestion via relaxing the circulatory system; as such one can deduce an amphoteric action on the parasympathetic nervous system through via a reduction in visceral tone. Holmes states[7] that Ganoderma balances immune function and improves the efficiency with which the immune response occurs: this is a rationale for the anticancer effects seen in animal studies. As such it could be seen as an immune-system adaptogen in addition to an immune system stimulant[4].

**Research**

Ganoderma has caused interest and excitement due to its apparent anti-cancer and anti-tumour properties. One study examined the effect of Ganoderma on epithelial ovarian cancer cells: an interesting target for evaluation due to that type of cancer being the most fatal gynaecological malignancy[17]. The results were encouraging: there was a strong dose-dependent reduction in the number of malignant cells, and importantly, the tendency of those cells to form into a colony was greatly reduced[17]. This effect applied to both chemosensitive and chemoresistant strains of cancer cells [17]. The study indicated that Ganoderma induced cell cycle arrest, and induced apoptosis by activating caspase 3 - suggesting that the antitumour effects of ganoderma work through several different

# Reclaiming Western Herbal Medicine's Mushrooms

vectors[17].

A review of Ganoderma suggested that though evidence for clinical use in humans is currently inconclusive, it should certainly not be underestimated and could become a valuable future treatment[18]. The authors concluded that not only does Ganoderma improve immune function, but also has some degree of in vivo anti-tumour activity[18]. In one of the quoted studies, 65% of patients with lung cancer reported an improvement in their quality of life, they were also found to have a raised cellular immune response to the cancer cells[18].

The adaptogenic qualities of Ganoderma were demonstrated in a trial by Tang et al[19]. in which a Ganoderma extract was given to 132 patients suffering with fatigue, depression, and chronic fatigue immune deficiency syndrome. The reduction in fatigue on the group receiving Ganoderma was 28% less than baseline after 8 weeks of treatment, with wellbeing increasing by 37% [19].

**Discussion**

It is interesting to compare Cordyceps and Ganoderma with the more widely known Japanese culinary mushroom 'Shiitake' (Lentinus edodes), which has also shown almost 'miraculous' health giving properties. Lentinus has been found to be antibiotic, anti-carcinogenic and antiviral[20].

Various compounds have been isolated intracellularly (fruiting body and mycelia) and extracellularly (culture media) from Lentinus; some of these substances were lentinan, lectins and eritadenine[20]. Comparing both the actions and the constituents of Lentinus with Cordyceps and Ganoderma is interesting: in Lentinus it is a polysaccharide (Lentinan) which has been attributed with inducing the immune stimulating action and anti-tumour action[21]. Cordyceps also has an immune stimulant polysaccharide component. This makes an interesting connection to the botanical immune stimulants, as it is a similar polysaccharide, inulin, that is found in the roots of Inula helenium which gives it immune stimulating properties! By comparison, despite having similar effects to Lentinus, Ganoderma principally produces triterpenes which have been attributed with exerting the therapeutic effects, although polysaccharides are also produced[14].

Given the regard in which Cordyceps and Ganoderma are held by practitioners of Oriental medicine especially for strengthening and maintaining vitality, these medicinal 'mushrooms' deserve more attention from the Western Herbal Medicine Practitioner.

Since the term 'Adaptogen' entered

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# Reclaiming Western Herbal Medicine's Mushrooms

the vocabulary of the Western Herbalist a generation ago, and the widespread adoption of oriental herbs such as Panax ginseng, Eleuthrococcus senticosus and Schisandra chinensis, and their subsequent inclusion in many western herbal prescriptions, the mind set of western herbalists has changed somewhat. Although Cordyceps and Ganoderma are expensive in tincture form, there are undoubtedly cases in which they are very strongly indicated. Evaluating cases in which adaptogens and immune supportive herbs are used in our clinic, at least half of them could also benefit from the inclusion of one of the aforementioned medicinal fungi. Cases in which cancer, long term immune impairment, and deficiency in the body's vitality immediately spring to mind.

**Coming in part two**

**"Four British Fungi We Should Reclaim"**

# Hilda Leyel and The Herb Society

**Barbara Wilkinson**

Hilda Leyel was born on 6th December 1880, a Sagittarius, and true to her sign, went on to be a very independent woman. Her family were both wealthy and academic, with her father being a housemaster at Uppingham school and her uncle F. G. Dawtrey Drewitt, a physician. On his retirement he wrote The Romance of the Apothecaries' Garden at Chelsea, which is about the origins of the Chelsea Physic garden.

*Hilda Leyel, 1880 – 1957, founder of the Herb Society*

Life at Uppingham helped Hilda develop a love of botany, which she writes about in the preface of A Modern Herbal: "I was only four and much too young to enjoy searching in the heat for rare plants like Ladies' Tresses and Green Hellebore, the names of the plants, like the dates of the English kings, were impressed upon my mind so vividly it has been impossible for me ever to forget them". A testament to starting young with a developing minds pays off, as they soak up information quickly whether good or bad.

Hilda had her sights set on becoming a doctor, however she met and married Carl, an actor manager who died young, leaving her with their two sons. Hilda continued to pursue her interest in plants and developed an interest in the medicinal use of herbs.

In January 1927, she established The Society of Herbalists, the following month she opened her first Culpepper shop in Baker Street, London. The shop sold cosmetics, food and herbal medicines. Later that year, she collaborated with Maude Grieve to produce The Modern Herbal, which is still on student reading lists today.

Hilda worked as a consultant herbalist in rooms above her shop. As demand grew she opened more shops with one in Knightsbridge and travelling to Brighton, Bath, Edinburgh, Glasgow, Guildford and Oxford. Hilda had many famous and influential friends that served on her board of directors, one of these was the author of The Divine Origin of the Craft of the Herbalist by Sir Ernest Budge. This book was written for the society and published in 1928, to give a history of herbs from antiquity.

With an awareness of the struggle to keep herbs alive and in use, Hilda kept a keen eye and ear on politics of the day. In 1941, the Pharmacy and Medicines Bill forbade the sale of many herbal medications to the

# Hilda Leyel and The Herb Society

public. Hilda's response was to get the bill amended with the help of her friends in high places. She also created a member's club, calling it The Society of Herbalist, which permitted members to access herbs on joining the non-profit society. So nothing is new in the world of herbal medicine, as for centuries, some have frowned upon people having choices both about their health and who they choose to treat them.

In 1943, Hilda wrote a book named The Truth About Herbs, which was in direct response to the act of parliament that rescinded the medicine stamp duty and prohibited advertising any claims about products. This act also required manufacturers of herbs to label the active ingredients on their products and restricted the sale of herbal medicines in shops. This independent woman was passionate about herbs, and thanks to her, our pursuit for freedom of the use of plants took another path.

As a knowledgeable herbalist, Hilda knew that herbs are very different to pharmaceuticals and she felt people should have a choice about their own health. She treated the whole person, and worked with the healing force within, advising on lifestyle as well as herbal medicine.

During her life Hilda amassed a huge library and wrote several books on cooking and herbs. After the Second World War in 1946, Compassionate Herbs was published and dedicated to 'all those who have been wounded or whose health has been injured in this war'. This book focused on herbs to heal wounds, control pain, fight fevers and the antiseptic and astringent properties of herbs.

She was a great advocate for herbs and gave talks and lectures, as well as working tirelessly to encourage herbal use in everyday life. This remarkable lady died on the 15th April 1957, and in 1974 the Society of Herbalists became a registered charity renaming it The Herb Society.

Her extensive library was sold by her family and the Culpepper shops declined as chemist shops increased, however her lasting legacy remains today.

The aim of the society was not only to support the practice of herbal medicine, which is still true today, but also to increase the understanding and use of herbs for health and well-being.

**The Herb Society's aims today are:**

*- To provide information, knowledge and news on all aspects of herbs*

*- Bring together all those with an interest in herbs, from amateur to the professional*

*- Provide a worldwide forum for the exchange of ideas and information.*

# Hilda Leyel and The Herb Society

The society has developed through its members' local groups for people interested in all aspects of herbs. These groups offer an opportunity to network, attend events and workshops, talks and visits, in fact whatever the members arrange for their interests and others.

In addition to supporting the work of the society, members also receive the magazine, regular e-newsletters and bulletins, exclusive member benefits including special offers and discount codes, reduced fees at Herb Society events, invitations to an AGM held in different parts of the country, and volunteering opportunities include supporting stands at shows, festivals, community projects and education projects.

For anyone working with herbs and a shared passion, networking with the community is vital. The Herb Society advertises events, walks, workshops etc, in the diary published in the magazine. Members have the opportunity to write for the magazine and e- newsletter, as member-led inclusion is the aim.

There is also a speakers list on the website that members can be added to. One of the best ways to educate and network is through people, the society offers an opportunity for individuals to come together for the same goal as Hilda did so many years ago.

# Book Review

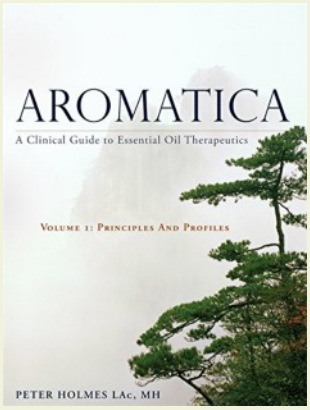
**Christine Herbert**

Christine Herbert MAMH has been practising as a herbalist, iridologist and allergy therapist since 1997, and is a smallholder in her spare time.

She has specialised in treating people with allergies and intolerances, and also helping those with cancer. She was a council member of the Association of Master Herbalists for several years, and, together with three other herbalist friends, she organised Herbfest for seven years.

Previously she worked for the NHS for nearly 20 years as a biomedical scientist in haematology.

Website: http://www.christineherbert.co.uk/




**Aromatica**

**A Clinical Guide to Essential Oil Therapeutics**

**Volume 1: Principles and Profiles**

**by Peter Holmes Lac, MH**

Published by Singing Dragon 2016

ISBN: 1848193033

Hardcover, £40.00

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As I am a great fan of Peter Holmes and his two volume seminal work "The Energetics of Western Herbs" I have been keen to see this book ever since I heard he was writing it quite a few years ago now. My only disappointment is that it is also in 2 volumes and the second volume is not yet out, and there are many frustrating references in the text to the second volume. From what I have seen of the first volume Aromatica will also be a seminal work.

Holmes describes essential oils as being "delicately poised between serving as a perfume and remedy, between a source of inhaled olfactory inspiration and a source of internal physical treatment. Moreover, in their role of perfume and their activation of of limbic system and peptide responses in the brain, aromatics have more recently opened yet a third pathway to healing: their effect on the psyche and the soul."

He describes Aromatica as his "attempt to clearly differentiate between essential oils as physical and psychological remedies; between acting as agents for internal and topical use in the case of physical conditions, and acting as agents for internal and topical use in the case of mental and emotional conditions."

For those who know their plant remedies we are told not to assume the action of the essential oil is the same as the decoction or the infusion, we need to learn the use of the essential oil separately.

Holmes looks at each essential oil in the materia medica from three perspectives, or three lenses as he puts it - "each is important and speaks its own clinical truth", and together they give a good overview. There is the psychological lens "perhaps the oils' most precious gift" which looks at mental, emotional and spiritual actions; the physiological lens to determine action on endocrine, tissue and organ functioning; and the Chinese medicine lens so we can learn to use essential oils as "modulators of energy, allowing us to scoop up issues of body and soul in a single gesture through its unitary

# Book Review

*"There is a nice section on historical uses of essential oils showing that essential oil therapy is by no means new and writings on the subject go back to very early days."*

description of energetic syndromes of disharmony". He prefers to call it "essential oil therapy " rather than aromatherapy, as it is not simply the aroma that is acting in the therapy - and sees it as a natural extension of herbal medicine.

There is a nice section on historical uses of essential oils showing that essential oil therapy is by no means new and writings on the subject go back to very early days. Cordus' Dispensatorium from 1592 includes 61 essential oils for example.

In order to use essential oils accurately it is very important to know that it is the right oil - four criteria are given that need to be considered - the biological identity, genus, species and sometimes chemotype, as well as the geographical specificity which will have a bearing on the chemical makeup of the plant; the purity, it must not be contaminated with any other oil, examples of possible natural and industrial adulteration are given; integrity of the source material and the manufacturing process. So great attention needs to be paid to sourcing essential oils.

Safety considerations are looked at - with regards to cumulative toxicity, acute toxicity, skin irritation and sensitisation and so on.

The oils chosen for inclusion in volume 1 are oils that can be used as constitutional remedies, and it is possible to chose the constitutional remedy by looking at the symptom picture in the materia medica and where more than two thirds of the remedies specific symptomatology fits the person this is said to be their constitutional remedy and treatment is likely to be long term. If around a third of symptoms fit then it would be a remedy for short term use. Holmes has collected this information from French practitioners of the 1950's to the present day, and increasingly from more recent US and European practitioners.

A useful addition to the symptomatology are the combinations with other oils that he suggests - both synergistic and complementary. Examples of synergistic oil pairing include tea tree and thyme ct. linalool for enhanced antifungal action; and black spruce and scotch pine for stronger neuroendocrine restorative action. Complementary combinations combine different actions which enhance each other, for example lavender and marjoram both act as relaxants but because they have different properties they complement each other and are more effective for treating painful spasmodic conditions of the heart, circulation and digestion.

Interestingly he says that most essential oils are fairly neutral regarding heating/cooling effects on the body, and suggests that this might be because they interact

# Book Review

"When volume 2 of Aromatica is published - which should be around April 2017, and will contain a repertory to make looking up oils and uses much easier, then this book will be much more useful as a reference. It is a fascinating read, and is a subject that very much needed covering in English (it is well covered in French already) and Peter Holmes has done it with his customary thoroughness and attention to detail."

mainly with the neuroendocrine system rather than the systems related to warmth (thyroid, circulation, liver). Choosing a favourite essential oil a flavour of the information given in the materia medica is as follows:
Vetiver: specific symptomatology: anxiety, over sensitivity, insecurity, vulnerability, spaciness, listlessness, low vitality, chronic tiredness alternating with restlessness, frequent infections, weight loss, scanty periods, long cycles, PMS, hot flushes, hot spells with red complexion, arthritic pain
psychological: diffuser or massage: relaxant in overstimulation conditions. Useful in anxiety states, ADD, OCD, dissociative disorder, stabilises the mind and promotes realism, promotes cognitive flexibility and emotional security.

Physiological: inhalation, gel cap, suppository, pessary, liniment: acts on neuroendocrine, digestive, reproductive, urinary, musculoskeletal and vascular systems to restore, calm and cool. All of these are expanded upon in the section. One synergistic combination suggested is with patchouli as a gastro-intestinal restorative, anti-inflammatory and anti-fungal in chronic dysbiosis, food sensitivities and weight loss.

An example of a complementary combination is with geranium as a pancreatic restorative and blood sugar regulator.

Topically it is useful for dry dehydrated skin, and it has no precautions. Dosages and dilutions are suggested.

In terms of Chinese medicine it is sinking, stabilising, cool; affects liver, kidney, spleen and heart meridians, and it's essential function is to nourish blood, yin and essence, clear heat and calm the shen. When used for blood deficiency with menopausal symptoms, with hot flushes, fatigue and irritability it is suggested that it should be used in combination with clary sage, geranium and/or rose. When used for liver yin deficiency with restlessness, irritability, ringing ears, dizziness and palpitations a combination with blue tansy, lavender and/or spikenard would be good.

Holmes considers vetiver to be an aromatic for chronic deficiencies arising from long term stressors - a classic for physical burn out resulting in debility; also for hormonal deficiencies particularly in regards to PMS and menopause; useful in chronic inflammation, toxicity due to connective tissue weakness; and general heat rising from the head and going down the body. "Ultimately, Vetiver oil is about the gifts of mother earth to humankind....[it] represents the nurture and self empowerment given us freely by our earth mother, our planet Gaia".

# The Betonica Herbal Apprenticeship

The Betonica herbal apprenticeship programme is a four year course combining traditional knowledge and modern science.

The main aim of the course is to create an alternative learning experience in herbal medicine, combining community, sustainability and organic principles.

**Laura Carpenter**

Laura Carpenter MNIMH is the Betonica Herbal Apprenticeship course leader; she has a private practice in Wellington, Somerset, and is the creator and editor in chief of Tilia Magazine.

**Website:**
www.betonica.co.uk

The apprenticeship scheme was really born from people asking for further training, I already ran distance learning courses of varying levels in herbal medicine and my students wanted to know how they could train to become a medical herbalist.

**Why is an apprenticeship needed?**

An apprenticeship scheme already exists in Ireland and those who are able to travel to Cork and train there have done so, but obviously not everyone has that financial flexibility. With many of the BSc courses in herbal medicine closing and the ones that remain charging up to £9000 a year to train the number of people able to commit to that for three years is very small, those small numbers have meant a reduction in courses to only two, Westminster and Lincoln.

Many traditional professions would have been taught as an apprenticeship and herbal medicine is no different. The degree courses have only existed since the mid 1990s and before that there were several small independent schools that taught what became a diploma. Traditionally herbalists would have had a shop as well as a clinic and apprentices would work there for the chance to eventually become a herbalist and in some cases take over the shop and practice from their teacher once they retired.

Today in herbal medicine we are redefining what we mean by apprenticeship. There are some skills and some knowledge that really lends itself to be taught in a one to one session with a qualified medical herbalist, e.g. medicine making, clinical skills and dispensing. There are however other skills that can be taught in small groups e.g. anatomy and physiology and biochemistry and pharmacology.

**What does the apprenticeship involve?**

The Betonica herbal apprenticeship is a four year course, with the first year as a stand alone course for those wanting to learn more about herbs and health.

The seminars are taught by expert medical herbalists one weekend a month throughout the academic year

# The Betonica Herbal Apprenticeship

which for us runs from September until June. The teaching takes place in the Wellington area of Somerset at various locations including Elder Farm, an off grid organic herb farm.

*Elder Farm*

Clinical training is undertaken in addition to the seminar days and can take place at a variety of locations including primary care and first aid settings, working with local qualified medical herbalists in their own clinics, working in herbal teaching clinics and at the Betonica Community Clinic.

The course is subject based rather than modular, with skills built upon throughout the apprenticeship.

A final project and final clinical exam (to a panel of one doctor and two medical herbalist examiners) is required to qualify as a medical herbalist (as well as 500 hours clinical training).

*The Old Heathcoat School Community Centre - location of our new community clinic*

**Who is the course aimed at?**

The course is aimed at anyone with an interest in becoming a medical herbalist, but in particular people looking for a more economically viable training option that can fit in with work and family commitments. We also have a strong ethos of ground to dispensary; the plants we grow (and gather) will be used in the community clinic.

**What benefits do apprentices get from training in this way?**

Herbal medicine is both an art and a science and that is often what is neglected with the university degrees. We have the best of both worlds now that we can look to ancient texts for their herbal wisdom, as well as to our elders within the herbal medicine community, and we can also look to modern science and the research trials that are available.

Our apprentices learn in groups of a maximum of eight, ensuring a close relationship with tutors and each other.

**How was the course developed?**

The course got started from necessity really, there was an interest in an apprenticeship style course and previous students of mine encouraged me to run one. It really grew from there. I have a background in education and training and so it was not difficult to take that leap and begin running a herbal apprenticeship

# The Betonica Herbal Apprenticeship

**“Is the course accredited?**

The course is not currently accredited but we may work towards accreditation at some point in the future. Even without accreditation, apprentices qualifying from the Betonica Herbal Apprenticeship will be able to gain insurance as a medical herbalist with Balens and will be able to join a selection of professional associations.”

**What if others want to train apprentices themselves?**

Firstly ensure that your apprentice will be able to be qualified and insured at the end of such a training course. I was very lucky to have a very good relationship with my insurance company and they talked me through the legalities and what was required to meet their standards.

Alternative training methods are essential to promoting a diverse practice, no matter the modality that is being taught. Not everyone benefits from a mainly classroom based form of learning, but that doesn't mean that they shouldn't have the opportunity to become excellent practitioners.

**Who are the tutors?**

The tutors who teach on the apprenticeship are all medical herbalists who are experts in their fields. They are a diverse group of tutors with differing backgrounds; they work in their own private practices, in the UK and around the world, as well as the NHS. We recently interviewed 10 new tutors, taking our total up to 15 for the whole course. We believe that having a diverse range of tutors teaching on the course allows the apprentices to experience the vast knowledge and skills held within the herbal medicine community.

**Why a community clinic?**

The community clinics side of the apprenticeship really came from working as a medic in the 'Jungle' in Calais, working alongside nurses and doctors to diagnose and treat a wide range of conditions. It was the first time I'd worked in that way and it opened my eyes to the fact that there are a lot of people who require treatment and would like to take herbal medicine but for whatever reason cannot afford to see a herbalist.

Most community clinics operate a sliding scale so that everyone can access herbal medicine regardless of their background.

*Apprentices hard at work with plant ID*

**Why is it important for apprentices to learn in a clinical setting?**

Apprentices must complete 500 clinical hours before they can take the final clinical exam and become a medical herbalist. Working within primary care, first aid and private clinical settings is essential to learn the skills required to become a medical herbalist able to function alone in practice.

## Do you run courses for herbalists?

If so please get in touch and advertise here for free.

We are keen to promote skill sharing within our community.

## Herbalist lead CPD

Herbalist lead CPD is an independent group of herbalists sharing skills and knowledge.

You can join the group here.

# Courses and Workshops for Herbalists

***Please note:*** these courses have been sent in to Tilia Magazine and are not endorsed by it, they may not be suitable for every subscriber, please check with the course leader if they have any prerequisites. The course fees may also differ depending on your PA and qualification, so please do check with the course provider.

**December 16**

3rd December - Out of fashion herbs by Christopher Hedley (London)

**January 17**

**February 17**

25th February - Big Bad Alkaloids by Chanchal Cabrera (London)

25th - 26th February - Plant Spirit Medicine for Herbalists by Pip Waller (London)

**March 17**

10th - 12th March - Collaborative Oncology with Chanchal Cabrera (London)

12th March - The 50 Native Herb Dispensary by Kit Acott (London)

**April 17**

8th April - Problems with PPIs by Richard Adams (London)

29th April - 2nd May - HerbFest (Portugal)

**May 17**

26th - 28th May - Herbfeast 2017, Cork, Ireland

**June 17**

19th - 21st June - Herbalists retreat, Uckfield, UK

## Postgraduate study

MSc Herbal Medicine - University of Westminster

MSc Herbal Medicine - University of Central Lancashire

MSc Herbal Medicine - Middlesex University London

College of Naturopathic Medicine

Heartwood CPD courses (free to medical herbalists)

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