

Medical Herbalism

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Influences on Menopause

By Mary Barnes, RH NAIMH CN

Numerous women have passed through my clinic door with a primary complaint of peri- and post menopause discomfort usually with an emphasis on hot flashes accompanied by secondary complaints. In eight years of practice only one client has responded positively to a formula based on four popular herbs frequently used to address common symptoms of menopause: *Vitex agnus-castus*, *Actea* (*Cimicifuga*) *racemosa*, *Glycyrrhiza glabra* and *Salvia officinalis*. In my experience a more individualized comprehensive approach ensures clinical success.

During her reproductive lifetime a women's body makes a major transition twice, first the prepubescent years prior to puberty and secondly the peri-menopause years prior to menopause. Both transitions are characterized by emotional lability and hormonal irregularity. The reproductive years between puberty and menopause are marked by fluctuations in hormone levels in a predictable cyclic pattern. Conversely, during times of transition, hormone levels can shift erratically resulting in both physical and emotional discomfort, heightened stress and may aggravate underlying conditions.

In eight years of my practice only one client has responded positively to a formula based on four popular herbs frequently used to address common symptoms of menopause: *Vitex*, *Actea*, *Glycyrrhiza*, and *Salvia*

Puberty and menopause are specific points in time, the first marking the onset of fertility and the latter marking the end of fertility. The diagnostic criteria for menopause is the complete cessation of menstruation for one year following the last menstrual cycle. Normal occurrence range of menopause is between the ages of 45 years and 55 years. During the reproductive monthly cycle, follicle stimulating hormone (FSH) is inhibited by the presence of estrogen. As a women moves into peri-menopause, FSH levels start to rise. Measurement

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Medicinal uses of Mullein Root

By Christa Sinadinos, Clinical Herbalist

Mullein is a member of the Scrophulariaceae family. The Latin binomial is *Verbascum thapsus*. There are numerous common names for this plant including mullein, great mullein, candlewick, our lady's candle, velvet dock, velvet plant, flannel-flower, Jupiter's staff, blanket leaf, beggar's blanket, woolly mullein, Quaker's rouge, Aaron's rod, punchon, and gordolobo.

HABITAT, LOCALITY, AND CULTIVATION

Mullein is native to central and southern Europe and west Asia, but has naturalized throughout North America. It tolerates poor soil and minimal watering, but requires full sun exposure. This herb grows wild at low altitudes, in gravelly soil near river beds, open fields, hillsides, and on road sides. It is easy to cultivate and thrives in a fertile, well drained soil.

Mullein species are characterized by silver-green, lanceolate leaves that are coated in wooly hairs. It is a biennial herb and the leaves form a basal rosette in a plant's first year of growth. During its second year, a stalk emerges from the rosette and terminates in a slender spike of vibrant, yellow flowers. Although *V. thapsus* is the most common species found in commerce, there are several species which can be cultivated for medicinal purposes. *V. olympicum* (Greek Mullein) is a striking species that is native to Greece, with multiple stalks that are illuminated by light, yellow flowers. It is ideal to cultivate for its prolific flower production. *V. bombyciferum* (Silk mullein) has impressive large leaves that are elliptic or ovate and form a gorgeous, silver rosette; this species is the best choice for an abundant leaf harvest. All species form a light brown colored taproot: the roots of the three species listed previously are suitable for medicinal purposes.

MEDICINAL PREPARATIONS OF THE ROOT

It can be very difficult to find a commercial bulk herb source for mullein root, as it is rarely available in commerce. Thus, it is best to cultivate the root or to harvest the root from the wild, especially if large quantities are needed for regular consumption. Mullein roots are best

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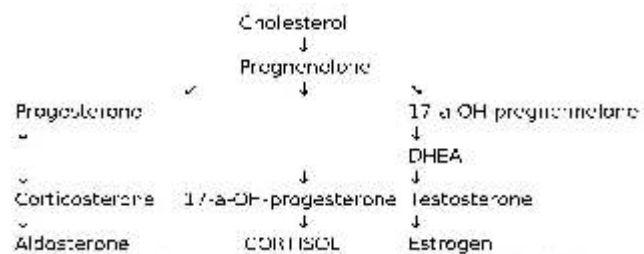
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Menopause (from p. 1)

of serum FSH is useful for differential diagnosis of amenorrhea versus premature menopause in women younger than 40 years. Serum FSH is consistently high after menopause; during peri-menopause FSH levels will fluctuate daily. The standard for peri-menopause is > 10 IU/L day 3 of the menstrual cycle when ovarian reserve can most accurately be assessed.

Peri-menopause is the time period of hormonal changes leading up to menopause. It is characterized by loss of ovarian integrity beginning approximately 3 years prior to menopause. As function of the ovaries declines, the body shifts from the more active ovarian sourced estradiol and progesterone to adrenal gland sourced androgen hormones converted peripherally into the less active estrone in the fat tissues and muscles. It is important to remember adrenal gland hormone pathways during clinical assessment of women in peri-menopause. Any increase in stress load can push the delicate balance from the estrogen precursor androgen hormones and progesterone to a primary focus on stress hormone production.



Irregular ovulation is often a dominant symptom of peri-menopause causing the length, frequency and quality of the menstrual cycle to change. In the absence of ovulation, reproductive tissues are under the influence of estrogen for longer periods of time with decreased exposure to progesterone. Menses can become erratic, with blood flow stopping and starting unpredictably. For most women this is a matter of inconvenience. If any of the following symptoms are present: menorrhagia, continuous bleeding, passing large blood clots and/or between cycle spotting, further evaluation and treatment is appropriate and necessary. Erratic ovulation can lead to chronic over stimulation of the endometrium by unopposed estrogen, changing both the function and integrity of the tissues. The endometrium becomes increasingly fragile, promoting heavier and longer bleeding times. Lack of treatment can result in iron anemia and cancerous tissue changes.

Many other symptoms are commonly associated with peri-menopause:

- hot flashes and night sweats
- insomnia and fatigue
- lack of stamina
- hypoglycemia
- weight gain
- mental fog
- sense of isolation
- altered mood
- decreased libido
- headache
- joint pain
- heart palpitations

Symptoms listed here are not exclusive to peri-menopause and can just as easily be linked to each other or be associated with many different underlying conditions. Health status, cultural philosophy, how fast or slow a woman moves through these changes has an influence the severity and length of the symptoms.

Red Flag symptoms related peri-menopause and menopause:

- bleeding occurring one year after the last menses no matter how light
- bleeding with intercourse
- persistent heavy periods
- mid cycle bleeding
- pain of a different type or timing than usually experienced with the cycle

The presence of any of the above symptoms indicates a need to refer the client out for further assessment.

Effective clinical assessment of women in the menopause years takes into consideration all factors influencing menopause on a case by case basis. Optimal nutritional status supports hormone balance, lowers stress response and provides the base for effective herbal therapeutics. Nutritional deficiencies, especially B vitamins, magnesium, vitamin D, protein and iron are often present in women experiencing adverse symptoms.

Other factors having an influence on menopause transition:

- lifestyle, exercise and dietary habits
- food allergies; undiagnosed or mismanaged

- glucose dysregulation and insulin resistance
- gastrointestinal health and absorption issues
- stress, both emotional and physical
- altered cognitive function
- pre-existing health conditions
- endometriosis
- uterine fibroids
- constitutional imbalance
- low body weight
- cultural influence and expectations
- lack of community and personal support
- lack of purpose or direction

Careful case assessment guides treatment protocols. Effective protocols include three levels of clinical strategies.

- **Core strategies** address underlying health concerns and gastrointestinal health, assess adverse symptoms and provide relief, optimize hormonal balance through nutrition, stress reduction and adrenal gland support, correct hypoglycemia or glucose dysregulation, include an exercise plan, ensure daily rest and quality sleep, support daily balance in lifestyle habits and encourage finding joy in life and relationships.
- **Supportive strategies** address the nervous system, the liver and lymphatic system, support both emotional and physical heart health, provide nutrients and mental exercise to support cognitive function, relieve pelvic congestion and support circulation.
- Positive outcome can be measured by **symptom response** to hormonal irregularity. Symptoms should not interfere with daily activity or rest. Mental outlook should be positive, the client is actively engaged in life and manifesting personal growth.

Materia Medica for Menopause

Achillea millefolium – pelvic decongestant, astringent, stypic, circulatory stimulant, anodyne, protective and healing on all levels

Actea (Cimicifuga) racemosa – antispasmodic, nervine; neuralgia, nervous irritability with muscular aches, spasms and pain, depression of dark nature, conversely can bring on depression, also can exacerbate headache,

should not be used without the presence of specific indications

Alchemilla vulgaris – astringent, anxiolytic, anti-inflammatory; gentle astringent specific for hollow organs, specific for heavy menses caused by hormonal fluctuations accompanied by anxiety

Angelica sinensis – circulatory stimulant, antispasmodic, blood tonic, prostaglandin regulation; blood deficiency with pelvic tension, use in small quantities in balanced formulas as a supporting herb, only when specifically indicated: dizziness, pallor, dry skin, reluctant flow are present with a general weakness, constipation may be present

Avena sativa/fatua – nerve tonic; nourishing nervine, specific for nervous exhaustion, diminished strength of either physical or mental origin

Calendula officinalis – pelvic decongestant, vulnerary, anti-inflammatory; specific for excess menstrual flow with pelvic congestion, especially in the presence of uterine fibroids or endometriosis, anti-inflammatory

Caulophyllum thalictroides – antispasmodic, emmenagogue; specific for nervous irritability with muscular weakness, of use in late stages of peri-menopause with irregular or absence of menses, specific for sharp shooting pain down the legs, heaviness in uterus, general feeling of dullness

Crataegus spp – nutritive, cardi tonic, vascular tonic, antioxidant; supports blood vessels and arteries, supports and opens emotional heart, encourages boundaries with out engaging in conflict, encourages emotional healing, astringent, nutritive, symptoms are worse inside with warmth, better outside in cool air

Dioscorea villosa – antispasmodic; specific for hollow organs especially with shooting spastic pain, especially when present with digestive upset

Eleutherococcus senticosus – adaptogen; specific for Colorado altitude or high altitude in general, not for the severely deficient, supportive during times of transient stress, enhances immunity, increases oxygen metabolism, increases the ability to cope with stressful situations

Glycyrrhiza glabra – adrenal modulator, estrogenic, anti-inflammatory, nutritive, moistening, laxative; will address hot flashes from an adrenal direction, considered estrogenic, immune supportive, adrenal protective, appropriate when sweetness is comforting, contraindicated in the presence of gross hypertension

Hypericum perforatum – nervine, supports hepatic hormone clearance, astringent, anti-inflammatory; specific for melancholy associated with a lack of community,

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-Rosemary Gladstar

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with exhaustion and nervous tension as part of the symptom picture

Leonurus cardiaca – nervine, antispasmodic, diuretic; specific for hot flashes/night sweats with heart palpitations accompanying insomnia, emotional support for those who have provided care for others at the expense of their own well being

Lycopus americanus – astringent, sedative, cooling; later stages of peri-menopause with heat surges and insomnia

Oplopanax horridus – adaptogen; cooling, sweet, specific to provide a sense of strength on all levels; spiritual, emotional and physical, supports the individual facing a difficult task

Paeonia lactiflora – ovarian tonic, hormone balancing, yin tonic, antispasmodic; specific for symptoms arising from relative estrogen excess when accompanied by agitation, nervous excitability and irritability

Panax quinquefolius – yin tonic, demulcent; specific for yin deficiency, dry mucus membranes, specific for hypoglycemia accompanied by hypotension

Pulsatilla patens, hirsutissima – ovarian tonic, antispasmodic, anodyne specific for anemic women with cold extremities, specific for dull ovarian and reproductive system pain, especially in the presence of unstable symptoms and mood

Taraxacum officinalis (root) – hepatic, nutritive, cooling gentle action on liver, supports movement of stubborn symptom pictures

Turnera diffusa – stimulating nervine; warming, calming, stimulating, considered an aphrodisiac, especially when associated with depression

Viburnum opulus – antispasmodic, astringent, nervine balancing sympathetic and parasympathetic response in the presence of muscle spasm, especially reproductive system pain extending down the front of the thigh(s)

Vitex agnus castus – specific for excessively heavy frequent menses with the passing of clots and emotional upset.

Case Studies

CASE 1: PROLONGED SPOTTING WITH ADVERSE MOOD AND CRAMPING

48 yr old female, weight 135#, height 5'6", pale, unable to maintain eye contact, dry skin, sighs frequently during consult, general laxity in tissues, sleep = 8 hrs QD usually undisturbed, recently moved back in with her partner, one adult child, diet low in protein, several days a week caloric intake is low, multi vitamin with minerals, cod liver oil, evening primrose oil (reports EPO calms hot flashes), no medications, no formal exercise program, smoker = 6-8 cigarettes QD on worst days, 1-2 on good days, partner also smokes, tries to limit to evening only, work involves being on feet and inside, walking all day, history of anxiety, recently diagnosed with celiac disease, currently not consuming gluten foods, sweet of some sort daily, does not cook, partner does all cooking, H₂O = 4 - 6 12 oz glasses QD, 1 - 12 oz cup coffee AM, cycle length 28 days, menses normal flow 4-5 days with some small clots, spotting for 3-4 days past end of flow, no mid cycle spotting, PMS = cramping, sometimes debilitating, always interferes with daily activity, adverse mood characterized by anxiety and irritability, tends to dwell on negative thoughts, mood interferes with her relationship with partner and family, usually 1-2 weeks prior to menstruation, peri-menopause ssx for last 1 ½ yrs, reason for consult = help with PMS type ssx

Protocol:

- Increase protein to 3 servings QD, a 6 oz serving is a good goal
- Always eat 3 meals QD
- Limit sweets to 2 servings per week
- Spend time outside everyday
- Try to limit cigarettes to 1 QD after dinner, can aggravate anxiety

Tincture Compound

25 ml *Alchemilla vulgaris*

20 ml *Hypericum perforatum*

20 ml *Calendula officinalis*

20 ml *Dioscorea villosa*

20 ml *Paeonia lactiflora*

15 ml *Angelica sinensis*

Dose 60 gtts TID in water

Follow up at 1 ½ months, ssx greatly reduced when she takes compound regularly, last menses = 1 day post spotting, mood much better, walking dogs after work daily, still smoking, still irregular eating pattern

CASE 2: DEBILITATING HOT FLASHES CAUSING INSOMNIA

58 yr old female, weight 156#, height 5'8", married 32 years, stable relationship, no children, fatigued, feels like she drags herself through the day, pale dry skin, dry sinuses especially in winter, good muscle tone, retired gym teacher (32 yrs), husband and sister = chronic illness, she is primary support, motivated, does not want to take HRT, peri-menopause ssx for last 6 years, familial history of adult onset diabetes, very well educated concerning insulin resistance, daily exercise = walking, core training, golf, diet = grain carbohydrate every meal, meat, veggie and carbohydrate for dinner, lunch often out, favorite is Mexican food, regular sweets in form of ice cream or cookies, 2 liters H2O QD, 2 – 8 oz cups coffee AM, no sodas, insomnia = awakened by hot flashes accompanied by sweats 3 – 6 x night, can take up to an hour to fall back asleep, hot flashes during day more frequent in afternoon, last cycle 4 months prior to consultation, seem to come every 3 – 5 months, just when she thinks she is done another menses comes, ready to be done, bilateral knee pain, occasional low back pain = discomfort not debilitating, BP= 130s over 85 – 90, very occasionally a 140 reading, monitors at home daily at different times during day, concerned but not overly as long as BP stays under 140/90, primary reason for consultation = insomnia and hot flashes, secondary elevated BP

Protocol:

- Recommended insulin resistance dietary protocol, she knows “will go there only if I have to”
- Multi vitamin mineral
- Magnesium 500 mg QD
- Flax seed – 2 Tbl ground QD

Honey Paste

42 gm *Oplopanax horridus*
 36 gm *Leonurus cardiaca*
 24 gm *Eleutherococcus senticosus*
 24 gm *Althea officinalis*
 24 gm *Hypericum perforatum*
 24 gm *Caulophyllum thalictroides*

18 gm *Actea racemosa*

12 gm *Angelica sinensis*

45 ml *Lycopus americanus* (as tincture)

2 cups honey

Dose: 1 tsp TID

Compound

40 ml *Viburnum opulus*

40 ml *Crataegus spp* (berry, flower and leaf)

40 ml *Tilia europaea*

60 gtts TID

Follow up at 5 weeks, sleeping most nights with 1 interruption, usually can fall back asleep, more energy, more spark, no episodes of BP >140/90, sees a gradual improvement in frequency of ssx, no menstruation

CASE 3: STRESS INDUCED HOT FLASHES

45 yr old female, weight 136#, height 5'3", tends towards cold, Raynaud's ssx mainly in feet ever since frostbite in both feet 15 yrs ago, orthostatic hypotensive episodes, Levoxyl 100mcg QD for hypothyroid, 3 meals QD, no snacking, sweets only on special occasions, 1 - 12 oz cup green tea or chai in the AM, 5-6 8 oz glasses H2O QD, mother is terminally ill, difficult relationship with father, onset of hot flashes with the stress of her mother's illness, 2-3 per hour during daytime, 5-6 at night, disturbed sleep, usually can return to sleep after awakening, worried – her mother had hot flashes for 40 years, reason for consultation stress induced hot flashes

Protocol:

- Increase fruits and vegetables, focus on a variety of colors with an emphasis on orange/beta carotene
- Flax seed = 2 Tbl QD
- Cold water fish oil = 1 Tbl QD

Compound

40 ml *Eleutherococcus senticosus*

40 ml *Avena fatua*

20 ml *Crataegus spp*

20 ml *Glycyrrhiza glabra*

Dose: 60 -90 gtts TID

Ongoing: initial response in 1st 2 weeks = increased vitality and sleep, drastic reduction of hot flashes, client

has been using formula for last 5 years during periods of stress.

CASE 4: FREQUENT HEAVY BLEEDING WITH EXTREME EMOTIONAL UPSET

47 yr old female, weight 140#, height 5'9", married 10 yrs, no children, dogs are their kids, long standing client, tends towards heat in skin, very active, peri-menopause ssx last 6 months = minor hot flashes, cycle shortening from 28 days down to 21 days, gluten intolerant, lactose intolerant, recent loss of job, formerly primary financial provider, now husband has that role in relationship, new job = big reduction in income, stress due to change, diet = self medicating with food "I don't care, I just want to eat it!" severe adverse mood = raging, menses are every 21 days, 1 week duration, flooding with large clots = larger than a quarter, either bleeding or having PMS ssx, emotional crisis point, situation is destructive to marriage

Protocol:

- Stop eating food allergens, explained the connection to extreme emotional response

Vitex agnus-castus

30 gtts upon awakening in AM, keep by bed

Compound

30 ml *Eleutherococcus senticosus*

25 ml *Avena fatua*

25 ml *Crataegus spp*

25 ml *Turnera diffusa*

15 ml *Glycyrrhiza glabra*

Dose: 90 gtts TID

Follow up: within one cycle bleeding had decreased, no longer experiencing flooding symptoms, no longer eating food allergens, mood is much better, can communicate negative feelings to husband with out rage.

Mary Barnes is on the regular and clinical faculties at the North American Institute of Medical Herbalism. She has a private practice in herbalism and nutrition in Leadville, CO.

American Herbalists Guild



Blackberry (Rubus) and Clover

American Herbalists Guild

The American Herbalists Guild is an organization for those engaged in or studying the practice of herbal medicine. Founded in 1989, the AHG has 1000 members, and is the oldest and largest botanical medicine practitioner organization in the United States.

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If you would like to find out more about joining the American Herbalists Guild, please visit our www.americanherbalistsguild.org or contact:

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Faculty

Paul Bergner is director of the North American Institute of Medical Herbalism. He has edited the Medical Herbalism journal since its founding in 1989. He was Director of clinical education at Rocky Mountain Center for Botanical Studies from 1996-2003, and is currently clinic director at the Evergreen Center in Boulder, CO. He is the author of seven books on herbalism and natural medicine. Paul has practiced natural medicine for more than 36 years. He is a professional member of the American Herbalist Guild.

Mullein root (from p. 1)

quency of bed wetting (which result from physical not emotional causes) when taking mullein root on a daily basis. I have used the root extract successfully with young children who chronically lack bladder control and feel the need to urinate every 30 minutes. The children can travel longer distances with greater ease; they urinate less frequently, while consuming a similar volume of liquid. Please note that I carefully explain to parents that children should not hold back urine too long, because a urinary tract infection can occur. I also remind them that young children have small bladders and they should urinate more frequently than adults.

When treating children with acute urinary incontinence, it is important to rule out urinary tract infections as the cause of frequent urination. External agents such as laundry detergents, chlorine, and other substances can irritate the bladder, and sometimes cause a bladder infection. Food sensitivities can also inflame the bladder and urethra, mimicking symptoms of a urinary tract infection. Mullein root works primarily to improve the structure and function of the bladder; it does not address the psychological and emotional causes of incontinence.

Children's bladder strengthening compound (60 mls - 2 ounces)

30 mls *Verbascum* root glycerin or alcohol extract (Mullein root)

30 mls *Zea mays* (Cornsilk)

Dose for children

I recommend that children consume 1-3 drops, of this extract per five pounds of body weight, two times per day. For instance, the dose range for a child who weighs 30 pounds would be 6-18 drops. Place the extract in 3-4 ounces of water; and administer the medicine in the morning and before dinner. Additionally, limit or discontinue the child's consumption of beverages 2-3 hours before retiring.

MENOPAUSAL INCONTINENCE

A number of peri-menopausal, menopausal, and post menopausal patients have urinary incontinence related to estrogen deficiency and aging. The gradual reduction of estrogen in the body, which occurs during menopause, causes the urethral and vaginal membranes to shrink; resulting in bladder weakness and leakage. In addition to the use of mullein root, I often recommend using other hormone balancing agents such as Dong quai (*Angelica sinensis*) and Black cohosh (*Cimicifuga racemosa*) to enhance the body's utilization of endogenous estrogen. It is also important to address the declining adrenal function. The adrenals play an important role in retaining accurate amounts of water in the body, via the kidney-adrenal

renin, angiotensin, aldosterone loop. Women who have the following symptoms may benefit from the consumption of an adrenal tonic such as Licorice (*Glycyrrhiza glabra*): frequent urination, night time urination, light colored urine, low blood pressure, chronically dry skin or mucus membranes, and renal hypotension (dizziness when standing). Licorice mimics the effects of aldosterone and increases the secretion of anti-diuretic hormone which increases the retention of salt and water in the body and causes a decrease in urination. These actions are helpful when addressing the deficiency of adrenal cortical hormones.

Compound for women with incontinence due to estrogen deficiency and adrenal insufficiency (120 milliliters, 4 ounces)

Take 30-60 drops, two to three times a day. Avoid use in individuals with high blood pressure or edema (*Glycyrrhiza*). Discontinue using if this formula causes a frontal headache (*Cimicifuga*), a dull ache in the lower back (*Schisandra*) or difficulty sleeping (*Eleuthero* or *Panax*.)

30 mls *Verbascum* root (Mullein root)

20 mls *Angelica sinensis* (Don quai)

20 mls *Eleutherococcus* (Siberian ginseng) or *Panax ginseng* (Ren shen)

15 mls *Cimicifuga racemosa* (Black cohosh)

15 mls *Glycyrrhiza glabra* (Licorice)

10 mls *Poria* (Fu ling) or *Plantago alisma* (Ze Xie)

10 mls *Schisandra* (Wu Wei Zi)

INTERSTITIAL CYSTITIS

Mullein can be used as a long term tonic for individuals with recurring bladder infections and interstitial cystitis (inflammation and irritation of the bladder). I find mullein root to be very useful with individuals who feel like they have a urinary tract infection, but test negative for bacteria. Often the sensation of pain and urgency result from lingering inflammation and also from weakness of the mucus membranes that line the bladder. Mullein reduces lingering inflammation in the bladder, which can cause a sense of urgency, urinary tenesmus (painful straining), and dysuria (painful urination.)

Silica (silicon) deficiency is another reason a person may experience the sensation of a lingering urinary tract infection when bacteria are not present in the urine. Silica is a mineral which increases the integrity of the elastic tissues of the bladder. The fresh extract of Horsetail (*Equisetum*) can be used in low doses (5-10 drop doses) or in a formula context to treat silica deficiency related bladder weakness. Nettle leaves also contain silica and can be used similarly to horsetail. Horsetail speeds healing of the tissues as well. The following compound can

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Modern western herbal medicine is a synthesis of many traditions that creates a model for clinical understanding and practice. This conference will explore the roots of our tradition, the many branches, and will put theory into practice with clinically focused classes highlighting the fundamentals of herbalism ranging from community activism to physical assessment to formulation and clinical strategies. Herbalists of all levels will leave this conference with new clinical skills, an enhanced understanding of botanical medicines for their practices, and new inspiration for teaching and the business of botanical medicine.

Keynote: Mark Blumenthal

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Classes will encompass

- ❖ Community herbalism and health activism
- ❖ Science and herbalism--chemistry, pharmacology, toxicology
- ❖ Sustainable medicine, and human-plant ecology
- ❖ Western herbal materia medica, assessment, and formulating from the Eclectics and Physiomedicalists to the Wise Woman Tradition, Naturopathic tradition, Southern Appalachian tradition, William LeSassier, and Michael Moore
- ❖ Understanding lab tests, clinical intake, and the art of the physical exam
- ❖ Herbal Formulating
- ❖ Ayurveda for the western herbalist
- ❖ TCM diagnosis for the western herbalist
- ❖ Herb-Drug Interactions
- ❖ Business and Marketing for Herbalists
- ❖ Becoming an Herbal Educator and the Art of Public Speaking
- ❖ Cannabis History and Clinical Uses
- ❖ Clinical Practice Panels
- ❖ Herbal medicine for hypothyroidism, cervical dysplasia and common women's gynecologic problems, gastrointestinal disease, dental problems, obesity, Herbs for the Respiratory System: infection, asthma, COPD, smoker's lungs, bronchitis, emphysema, chronic cough, allergies, and much more...

second year. To dry the roots, wash them in water, wipe dry, cut into thin slices, and dry them on well ventilated trays or screens. Once the root slices have dried completely (after 2-4 weeks,) they can be placed in a jar or plastic bag. The dried roots last for several years.

Fresh roots can be tinctured at a ratio of 1:2 (plant weight to menstruum volume) with 95% alcohol (grain or grape alcohol). Dried roots can be tinctured at a 1:5 ratio, with 50%-60% alcohol. Although I prefer to use alcohol-based extracts, I find that the glycerin-based extracts can be administered to children with greater ease. I recommend the following proportions: prepare tinctures with fresh roots at a ratio of 1:2, using a menstruum containing 50% glycerin and 50% alcohol; prepare a tincture with dry roots at a ratio of 1:5 using 40% glycerin, 40% water, and 20% alcohol.

For adults, the dose range of the root extract is 30-60 drops, one to three times a day. To evaporate off the alcohol, add the measured dose to 2-4 ounces of just-boiled water, and wait fifteen minutes; this method is recommended when administering the tincture to children, individuals who are sensitive (not allergic) to alcohol, or for those whom alcohol irritates the bladder or kidneys.

Mullein root tea is prepared as a decoction by placing 4 tablespoons of the root in one quart of water, and simmering on low for a minimum of thirty minutes. Allow the tea to steep for another thirty minutes (or longer), strain, and drink. Consume four to eight ounces of the tea, two to four times daily. The water-based preparations are ideal for addressing urinary tract issues.

ENERGETIC ACTIONS

The thermal nature of mullein root is warming. Its flavor is mildly astringent and slightly bitter. Mullein root has an earthy, robust taste. Mullein root drains dampness in the lower burner, specifically dampness in the kidney and bladder. Mullein leaves and flowers are cooling, astringent, and bitter.

CONSTITUENTS

Although mullein has been used medicinally for centuries, very little research has been done on its healing properties. The roots contain the following constituents: aucubin, heptaose, nonaose, octaose, and verbascone.¹ The leaves contain calcium, magnesium, iron, beta-carotene, mucilaginous polysaccharides, iridoids, triterpene saponins (verbascosaponin), glycosides, acids and flavonoids.^{1,2, 3} The flowers contain triterpene saponins (verbascosaponin), flavonoids (rutin), iridoids (aucubin), phenylethanoid glycosides (verbascoside = acteoside) thapsic acid, crocetin, and mucilaginous polysaccharides.^{1,2,3} The plant contains catalpol, hesperidin, bascoside, and verbasterol.¹ The seeds contain mucilage and oleic acid.¹

Medicinal uses of Mullein Root

URINARY INCONTINENCE

Mullein root is valuable as a bladder tonifying agent for the treatment of urinary incontinence (loss of urine without warning.) It strengthens and improves the tone the trigone muscle (a triangular area at the base of the bladder) and significantly enhances bladder function. It has soothing diuretic properties; it increases the volume of urination, while decreasing the frequency of urination. Mullein root also has mild astringent properties which reduce inflammation in the mucosa of the bladder. It does not irritate or over stimulate bladder or kidney function. Mullein root can be used as a long term tonic for individuals with urinary incontinence, recurring bladder infections, interstitial cystitis, and benign prostatic hypertrophy.

STRESS INCONTINENCE

Mullein root is one of the most effective herbal treatments for mild physical stress incontinence, caused by coughing, heavy lifting, laughing, or running. Stress incontinence is associated with aging or a cystocele (a bladder hernia which protrudes into the vagina) which results from injuries related to childbirth. Mullein root reduces the frequency of urination, decreases leakages and dribbling. It also improves the integrity of the tissues in the bladder and appears to restore the tone of a prolapsed bladder. Although, the single extract of Mullein root works well, I often combine it with Saw palmetto (*Serenoa repens*), Yellow pond lily (*Nuphar lutea*), and Corn silk (*Zea mays*) when treating women with prolapsed bladder and cystocele.

PREGNANCY INCONTINENCE

Mullein root can be used to relieve pregnancy related incontinence and leakage. However, relief during the latter half of the third trimester may be limited due to the constant pressure of the fetus on the bladder.

Bladder strengthening compound for pregnant and nursing women (60 mls - 2 ounces)

Take 30-60 drops, 2-3 times a day.
15 mls *Verbascum* root (Mullein root)
15 mls *Zea mays* (Cornsilk)
10 mls *Serenoa* (Saw palmetto)
10 mls *Nuphar* (Yellow pond lily)
10 mls *Urtica* leaf (Nettles)

CHILDREN WITH INCONTINENCE

Mullein can also be of value for the treatment of urinary incontinence in children, including enuresis (bed wetting at night). Its use is appropriate for children who continue to have problems after four years of age. Children can experience significant decrease in their fre-

be used as a long term treatment for interstitial cystitis, as well as to reduce bladder weakness which exhibits similar sensations to a bladder infection.

Bladder strengthening formula (120 milliliters, 4 ounces)

Consume 60 drops of the formula, two to three times a day, in 2-4 ounces of water. The herbs contained in this formula strengthen the structure and improve the function of the bladder. The mild astringent actions and the silica reduce inflammation of the mucus membranes in the bladder. The herbs also have soothing diuretic actions.

- 30 mls *Verbascum* spp. (Mullein root)
- 30 mls *Zea mays* (Corn silk, fresh)
- 20 mls *Nuphar luteum* (Yellow pond lily)
- 15 mls *Plantago alisma* (Ze Xie, Chinese Water Plantain rhizome)
- 15 mls *Serenoa* (Saw Palmetto)
- 10 mls *Equisetum* (Horsetail)

Urinary soothing tea

Prepare the tea as a decoction, and consume 6-8 ounces 3-4 times a day.

- 3 parts *Althea officinalis* (Marshmallow root)
- 2 parts *Verbascum* root (Mullein root)
- 1 part *Eupatorium purpureum* (Gravel root)
- 1 part *Glycyrrhiza glabra* (Licorice root)

BENIGN PROSTATIC HYPERTROPHY

Mullein root reduces prostate swelling and inflammation and can be very useful for the treatment of benign prostatic hypertrophy (BPH) (enlargement of the prostate gland.) The diuretic and astringent actions have a soothing and anti-inflammatory effect on the bladder, prostate, and urethra. The root decreases dribbling and reduces the sensation of a dull ache in the prostate gland. The root can be used alone or in a compound as a long term tonic to address symptoms of BPH.

The following compound contains herbs with soothing diuretic, astringent, and anti-inflammatory actions; as well as herbs that strengthen the bladder and urinary apparatus. *Serenoa* can reduce the accumulation of dihydrotestosterone (DHT) levels; high DHT levels can be an indicator of BPH. Black or blue cohosh can be used to reduce swelling and pain of the prostate; however, black cohosh is more specific for individuals with high blood pressure, while blue cohosh is more specific for individuals with low blood pressure.

Compound for males with BPH

Take 60-90 drops, up to 3 times a day, in 2-4 ounces of water.

- 30 mls *Urtica* root (Nettles)
- 20 mls *Verbascum* root (Mullein)
- 20 mls *Nuphar luteum* (Yellow pond lily)
- 20 mls *Serenoa repens* (Saw palmetto)
- 15 mls *Galium aparine* (Cleavers)
- 15 mls *Cimicifuga racemosa* (Black cohosh) or *Caulophyllum* (Blue cohosh)

CONTRAINDICATIONS

The plant is non toxic. The wooly hairs on the leaves can be irritating to the skin and may cause a rash in sensitive individuals. One may want to wear a mask and gloves when processing mullein leaves. The leaves and flowers may irritate the mucus membranes in the throat, causing a slight tickle. When preparing a tea of the leaves, consider straining the leaf and flower tea through a fine cloth or a paper coffee filter before consuming.

ADDITIONAL RECOMMENDATIONS

When treating patients with urinary incontinence, a cystocele, and benign prostatic hypertrophy, I always recommend that they practice Kegel exercises at frequent intervals throughout the day. Patients are also encouraged to practice Kegel exercises during urination (starting and stopping the urinary stream intermittently.) Kegel exercises strengthen the pubococcygeal muscles, and are an important part in strengthening the bladder.

In addition to Kegel exercises, patients with chronic bladder and prostate problems will experience a more rapid recovery if they avoid consuming bladder irritants such as coffee, chocolate, alcohol, citrus, soda, carbonated beverages, refined or processed foods, and foods and beverages containing sulfites. It is also important to identify food allergies, as they can sometimes cause irritation and inflammation of the bladder.

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Christa Sinadinos is the founder and director of the Northwest School for Botanical Studies and the proprietress of Alpine Meadow Botanicals herbal extracts. Christa has studied medicinal herbs for twenty years and has practiced clinical herbalism for sixteen years. For more information on herbal programs, please view her website: www.herbaleducation.net

Clinical correspondence

***Eschscholzia californica* and spasmodic cough**

To the editor:

For many years I was never impressed with *Eschscholzia* (California poppy) until a heavy mycoplasma pneumonia went around these parts back in the 1990s. Many patients experienced spasmodic, dry, unproductive coughing leading to secondary infections, and aching sore coughing muscles. Many people I knew here in Oregon had it, and it spread all along the western coastal U.S. states. It left many with lung damage and a 4-6 week recovery period. The MDs around here were giving codeine/decongestant syrup, which actually exacerbated the underlying dryness, and didn't stop the coughing fits.

I had family members who couldn't stop coughing long enough to sleep. I tried *Valeriana*, *Scutellaria*, *Pedicularis* and any other antispasmodics I could find. I tried *Lobelia* in increasing dosages to nausea, but coughing spasms continued. As a last ditch effort I mixed some *Eschscholzia* into the mix and it worked. Even *Eschscholzia* alone seemed to work better than the other herbs. I was quite surprised. I now consider that the alkaloids found in this plant are specific for coughing.

A recent case of H1N1 Swine flu (virus identity confirmed by an MD) lingered for 4 weeks and developed into pleurisy, with continued chronic coughing. The client took a tincture of equal parts of *Verbascum* and *Eschscholzia*, one teaspoon every 2-3 hours and didn't cough again for eighteen hours, and then only coughing a few times a day.

I use whole fresh flowering plant tincture. I have used either just the above-ground flowering parts or the whole fresh plant with roots. The whole plants with

root appears to have more constituents and a different flavor than just the above ground parts Both appear effective for the spasmodic coughing.

Howie Brounstein
Columbines School of Botanical Studies
Eugene, Oregon

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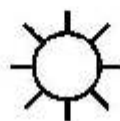
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Garlic and respiratory infections

Paul Bergner

With H1N1 influenza circulating, herbalists are naturally asking what are our best remedies for preventing or treating respiratory infections. This trial reminds us not to forget garlic (*Allium sativum*). Capsules of Allicor brand garlic preparation equivalent to 300 mg day of dry garlic powder were administered in a double blind placebo-controlled trial for five months to 42 children (41 placebo) aged 10-12 years old. At the end of the study, the treated children had 70% fewer respiratory infections. An index of overall health showed the treated children scored 50% higher (Adrianova et al.)

An earlier trial also showed effectiveness at prevention of respiratory infections. An allicin-containing garlic capsule was given to volunteers for a 12 week period between November and February at the height of cold and flu season. Compared to placebo the garlic group had a highly significant 63% fewer respiratory infections, with a 70% shorter duration of symptoms (Josling)

Garlic may act to prevent viral infections by increasing the number and or activity of T-killer cells, a primary defense against virus-infected cells (Abdullah et al; Ishikawa et al) and may also promote the lymphocytes and antigen-presenting cells of the specific immune system (Lau et al).

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Licorice in pregnancy

Paul Bergner

A group of researchers in Finland have measured apparent adverse effects of licorice consumed during pregnancy on the cognitive and mental status of children after birth (Räikkönen et al). The effects on children at 8.1 years appeared to be dose related in a group born to mothers who consumed 500mg or more per week during pregnancy. The proposed mechanism is through enhanced effects of cortisol on the fetus, which is normally protected from the higher cortisol levels in the maternal blood. Licorice inhibits the enzyme that protects the fetus.

Another possible reason to avoid licorice in pregnancy is its potential effect to lower testosterone in a male fetus. The male fetus requires large amounts of testosterone in order for sexual differentiation. Several trials have shown that licorice can inhibit testosterone significantly in males (Armanini et al 2003) and females (Armanini et al 2004). Other researchers, however, have failed to reproduce the result (Sigurjonsdottir et al; Josephs et al.)

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