

HERBAL
THERAPY
FOR
WOMEN

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Introduction

WHY HERBALISM?

ALTHOUGH HERBAL MEDICINE has been used for a very long time, it is only in recent years that the general public has become familiar with its existence. Increasingly disenchanted with orthodox methods of treatment, people are searching for a different approach to sickness and health. Potent chemical drugs with their dangerous side-effects and courses of treatment which often cause more problems than they cure, have all helped to persuade people to look again at the treatment of sickness and ask themselves if there is not another way.

One of the criticisms of orthodox medicine is that it treats the symptoms but not the cause of an illness. What does this mean? For example, if a woman has cystitis, she might undergo a course of treatment which clears the infection. Another woman might have repeated attacks of cystitis and take one treatment after another. The attacks may become more frequent or severe and either her body begins to build up a resistance to the treatment or side-effects such as thrush begin to appear.

Clearly, the first woman has found orthodox treatment helpful. The second woman is the type of case that arrives at my clinic. Since there is less emphasis on the causes of illness, the orthodox practitioner treating the second woman will probably continue trying one remedy after another, using stronger and stronger forms of treatment and possibly resorting to drastic kinds of surgery such

as cautery. Other conventional practitioners might go into the more psychological aspects of her case to see whether there are emotional problems which are contributing factors. But apart from this, there would be little that orthodox medicine could offer. For this reason, the second woman might well seek out alternative forms of treatment.

I do not intend this to be a polemic against orthodox treatment, since it has its place in the scheme of things and is excellent for emergencies and certain kinds of surgery. However, in the treatment of chronic, long-lasting illnesses, orthodox treatment has little to offer in the way of a solution. This is why an increasing number of people are looking for alternatives to orthodox medicine.

So what does herbal medicine have to offer?

Let's go back to our two cases. In the first case, the herbal approach might seem to be similar. A short course of treatment would be prescribed, which would be designed to clear up the infection and build up the body's general resistance. In the second case, the treatment would be very different. A herbal practitioner would investigate the causes of an illness in far greater detail than would the orthodox practitioner. In looking for causes, the herbalist would want to discover the reasons for the illness and the category of complaint. Orthodox diagnosis might describe only one level of the illness, whereas an alternative practitioner would have several descriptions or explanations for the condition. Cystitis, for example, might be due to a chill in the bladder, in which case a gentle warming remedy would be called for. Alternatively, the infection could be caused by irritation and heat in the bladder and a soothing, cooling herb would be prescribed. Besides these two very different methods of treatment, the practitioner would also look at the general health of the body to check the circulation and the function of the lungs and heart. This would enable the practitioner to adjust any existing imbalances in the body which may have been contributing factors to the

genesis of the illness. Lastly, the herbalist would prescribe a healing restorative tonic, which would gradually restore diseased tissues to a state of equilibrium and health.

So the approach to treatment is completely different. The patient is seen as a whole being and the symptom, cystitis, is viewed in the context of the whole person and the complicated interactions between the different parts of the body, and patient's physical and emotional states. Herbal treatment is aimed at gently aiding the immune system of the body to fight off infection as well as heal the damaged tissue. Because this is a lengthy process, herbal treatment is slow, gently re-balancing the body, healing in a gradual but sure fashion.

This approach is particularly important in the treatment of women's complaints. Over the years, they have developed into a speciality of mine for several reasons: firstly, as a woman I have a certain sympathy and interest in women and an understanding of their problems and preoccupations; secondly, and more importantly, because of my experience with women in a clinical setting.

The majority of my patients have been women; this might be because in general women consult their medical practitioners more than men, or because they are less satisfied with the treatment they receive from orthodox medical practitioners. It has certainly been my experience that gynaecologists and obstetricians often lack sensitivity when dealing with their women patients. I have heard countless stories of patients being ignored, ridiculed or not taken seriously, and more serious accounts of bullying and rough treatment at the hands of insensitive specialists. I have, at this point, to make it clear that it is not only male orthodox practitioners who are guilty on this score; women doctors and complementary medical workers of both sexes do not necessarily behave any better to their female patients. I do not want to look for scapegoats or to lay the blame at any one door, but to explain the value in looking at an alternative approach to the treatment of woman's diseases.

Although the woman's movement has done much to educate both professional and lay people, there is still an astonishing amount of ignorance about women's health and women's bodies. The mysterious and quixotic nature of women's physiology often defies rational understanding, and because woman's emotions are connected to their menstrual cycles and their relationship to fertility and childbearing, emotions run high. For these reasons, there exists a great deal of misunderstanding as to the real nature of women's experience. This needs to be coupled with the realization that modern medicine is no longer an art, but a science: by this I mean a logical linear understanding, or explanation of physical phenomena. This in itself is neither a good nor a bad thing, but given the nature of women's experience of their reproductive cycle, it is hardly adequate. Hormones are not simply miniscule amounts of potent chemicals which whizz around the bloodstream and have physical effects; they affect the mental, emotional and physical balance of the body in both subtle and gross ways. Any woman who is pregnant or premenstrual knows how fractional changes in her hormone levels drastically affect how she feels and behaves. Women often find themselves acting in most uncharacteristic ways, only to discover that their period has started the following day and hormonal changes have brought on this 'madness'.

As I hope I have explained in the chapter on common complaints, these hormonal shifts can be used for good or ill. Depending on the resources and the point of view of the woman, it can be a time of great creativity or awful emotional strain. This wide range of experience does not respond well to physical doses of synthetic hormones. Clearly, such a clash of experiences only leads to misunderstandings, impatience and intolerance on both sides. The women end up feeling that they are crazy or are imagining what they are feeling, and the doctors are intensely frustrated since there is very little that medical science can offer them; they feel that they are unable to help and tend to express this to the women concerned.

From my perspective, anyone treating women's ailments needs to have a good deal of understanding and sympathy for women as well as a wider perspective of their ailments. As practitioners, we also need to counter the implicit belief that what is normal or standard is masculine and what is abnormal is female. When we are pregnant we are healthy, not sick; menstruating women are not unclean, nor are they ill, but are performing a simple biological function; menopausal women are passing through another, equally important stage of life. Health workers need to be educated to appreciate and understand this point of view and to approach the treatment of women's complaints from a more sympathetic and gentle perspective.

The majority of women who arrived at my door came traumatized and often desperate. To them, I was the last chance. They were strong women who refused to put up with their crippling menstrual pain or debilitating pre-menstrual symptoms, and refused to follow the line of thinking that all this was 'Eve's curse'. Not all women have the time to search out a listening ear, or the money to pay for private treatment: for this reason, I wrote this book. I hope that the women who read it take heart and courage from its pages, are able to understand more about their bodies and the phases and cycles they go through and can use the sections containing practical information to help alleviate some of their health problems.

This was my intention in writing this book, and I hope that I have to some extent fulfilled my aims.

CAUTION

While in my professional opinion, all the herbs that I have discussed in the book can be taken safely, provided the doses I have recommended are followed and any contra-indications

strictly adhered to, some people might have reactions to individual herbs which cannot be predicted by generalities. That is to say, each person is an individual and has his or her idiosyncracies which can only be predicted by a skilled practitioner.

Some of the herbs mentioned in this book, notably comfrey and bearberry have been found to have side effects in anecdotal experience and clinical trials.

If you are taking prescription drugs always tell your doctor if you want to use herbal prescriptions as well. Many people are worried about telling their doctors about using complementary therapies, for fear they might anger or upset them. This may have been the case several years ago and some doctors still remain hostile to complementary medicine. However, the majority of doctors are open-minded if not enthusiastic about alternative approaches.

Self-treatment is fine for simple ailments, but is not to be recommended for long-standing or chronic conditions. If you develop an illness and treat it with herbs and it has not cleared up after two weeks, seek professional advice.

It is, however, extremely dangerous suddenly to stop taking certain kinds of prescription drugs, especially barbiturates, tranquillizers, steroids and heart drugs. On no account should patients reduce the dosage of these remedies without medical supervision. Any complementary health practitioner who suggests this is going beyond his or her brief and his or her advice should not be followed.

PREGNANCY

I have not included a section on herbs for pregnancy because I feel it is unwise to self-prescribe at this time. Under individual herbs, mention is made of their use by practitioners for some complaints which might arise in pregnancy, but for safety's sake,

always consult a herbalist for specialist advice. This includes herbal teas, the majority of which are safe and have no side-effects, but my belief is that it is wise to err on the side of caution and avoid anything – foods, drinks or medicine – which might harm the new life. The following herbs should never be taken during pregnancy: pennyroyal, myrrh, barberry, poke root, false unicorn root. If in doubt, contact a practitioner. Do not use herbal remedies during pregnancy without professional advice; especially during the first three months. Likewise, babies and children should only be treated with herbs under the supervision of a herbal health professional.

HOW TO FIND A PRACTITIONER

In the UK, anyone can set themselves up as an alternative practitioner without qualifications. The situation is different in other countries and is generally more strictly controlled. The best way to find a reliable practitioner is through personal recommendation; qualifications do give the public an assurance of a level of competence though they are never watertight, as the disciplinary council of the General Medical Council will testify. Ask your friends or the workers at the local health food store and of course, use common sense. If you trust and feel safe with a practitioner, he or she will be good for you; if you are doubtful, feel them to be unsympathetic or simply do not like the advice that they give you, find another one. Check whether the practitioner has treated similar conditions, and what their results were. Ask beforehand how long your treatment will last, and how long it is likely to take before you can expect to see any improvement in your illness. Also ask what the fees will be and whether there is a sliding scale or reduction for senior citizens or

the unemployed. In London the fees are currently about £20-£30 per hour; in the provinces, slightly less. Don't allow the therapist to blame you for your illness; the genesis of illness is complicated and multi-faceted. It is facile and incorrect to assume we are 'guilty' in this respect. Lastly, miracles do occur, but most healing is a slow erratic process. Your co-operation as a patient is essential to any cure.

In the UK, qualified practitioners have the letters MNIMH after their names. The Council for Complementary and Alternative Medicine, 21 Portland Place, London W1, tel (071) 636 9545 has an information service and a register of complementary and alternative practitioners. In other countries, there are different governing bodies which can be contacted through libraries and health food stores.

AVAILABILITY OF HERBS

I have tried to keep the number of plants discussed as low as possible because I feel it is far more useful to know a few plants well than wade through endless unfamiliar names. With the exception of myrrh and ginger, all of the plants are to be found in Europe. Most of the herbs mentioned in this book can be obtained locally in health food stores in the UK, USA and Australia.

The following herbs are not indigenous to the Americas, but some may be imported: archangel; lady's mantle; lavender; melissa; vitex. These herbs are not found in Australia, but may be imported: archangel; lady's mantle; melissa; motherwort; squaw vine; false unicorn root.