

— INTRODUCTION —

Honoring Traditional Knowledge

Formularies are a long-standing tradition in herbal medicine, the history of which is discussed in Volume I of this set. Formularies grew from folkloric empiricism in which the recipes and remedies were as cherished as any other homesteading tool. They were also essential in times and places where doctors were few and far between. European, Asian, and other immigrants to early America brought along their herbal traditions, if not the plants and seeds themselves, from their homelands, but it must be recognized that Native American healing and plant knowledge contributed greatly to the survival of the colonizers, and thereby to herbalism of present day United States.

At the time of this writing, the cultural leitmotif is one of upheaval and conflict, where long-standing wounds are gaining greater voice and the faulty facade of old thought structures are beginning to crumble. Monuments honoring racist figures are being torn down, and sports teams using monikers offensive to Native Americans are changing their names in response to societally sanctioned shame. It is clearly offensive to wear a native headdress if you are not native and did not earn the right, but where does appreciation and assimilation turn into appropriation? A recent heated public discussion focused on whether the African American population has the sole right to sport dreadlocks. Following this logic, may only Asian women rock a kimono and hold a chignon in place with Japanese Kanzashi hair sticks? Is it crass to adorn yourself with a henna tattoo, just for fun, when mehndi holds deep spiritual significance in India? While these fashions may seem innocent at first glance, the fact is that an African or Asian person may be criticized, or even limited in job opportunities, simply for choosing their natural hairdo, while the dominant white culture is able to adopt the fashion with no consequences. Such cultural “borrowing” makes light of the real struggle that others face each day.

To bring the discussion back to herbalism, what about a New Age white man or woman teaching classes

on herbs that open the chakras, herbs for ceremony, or entheogens as a spiritual path? Again, these endeavors can be pure of heart and may seem to harm no one, until one realizes that an Indian immigrant, an African American single mom, or a Latina may have difficulty in finding an audience or making a profit for the very same offerings. It is all too easy to overlook the oppression, the struggle, and the suffering that others face when trying to start a business, receive financing, rent a community venue, be positively reviewed in the media, or be invited into a networking group, when one has never faced such challenges. What seems like an innocent pursuit becomes an unjust ability to profit from someone else’s culture, while those from the featured culture itself are unable to do so.

When I was in grade school, I learned the romantic definition of the term “melting pot” to be the happy result of different races, peoples, and cultures coming together, appreciating one another, and enriching one another’s lives as a result. But in reality, only some members of the community can skim the cream from the top, while others may only avail themselves to dregs at the bottom of the pot. When some members of society are able to exploit the intellectual or cultural property of others for personal or financial gain, the pot has not melted into mutually beneficial sharing—it has stratified. Commercializing and monetizing that appropriation adds a further degree of injustice and outrage.

In light of the present struggle to address racial inequality, gender bias, and gross infringements of human rights in the world at large, I would be remiss not to mention the lineage holders who contributed to modern herbalism and to my own personal knowledge. In fact, the very term *Western herbalism* co-opts long-standing indigenous knowledge, whereby native wisdom is owned or claimed in giving it a “Western” identity when, in fact, some of this knowledge reached the West only by way of being incubated, developed, and matured within

non-Western cultures. The field of herbal medicine is not exempt from the taint of cultural appropriation, where the conquerors claimed ownership and profited from something they usurped. While the term *Western herbalism* intends to differentiate the discipline from Traditional Chinese Medicine (TCM) and its form of herbalism, it is not hard to see that Western herbalism is a misnomer, given its broad underlying contributions.

I hold a particular appreciation of the First Nations of North America who have been the lineage holders of the beloved plants with whom I live and breathe. And I feel compelled to ask myself: Am I standing and making my living on land that was brutally taken from the first nations? Am I, or are you, gathering medicine whose virtues were lovingly coaxed from the plants by generations of people linked to this land, whose toil, whose observance, and whose generations of experience matured into healing wisdom? I say the answer is yes. Although European immigrants found some familiar cosmopolitan species in North America, we have First Nations knowledge to thank for introducing *Echinacea*, goldenseal, California poppy, American ginseng, black cohosh, gravel root, *Asclepius*, and many other important medicines into our *materia medica*—another term from folklore referring to collected information on individual medical materials, in this case, the plants themselves. First Nation peoples also selectively cultivated certain wild plants and modified entire plant species over the centuries—for example, Great Lakes region peoples, the Chippewa, Ojibwa, and Menominee, cultivated *Zizania aquatica*, a native grass, into “wild rice.” The Inca and Amayra peoples of the high Andes cultivated hundreds of varieties of potatoes (*Solanum tuberosum*), enabling them to thrive in various elevations and ecosystems. By recognizing such millennia-long time frames, we can appreciate the generations-deep connection and the land-based identity that exists and anchors a people to their ways of life. Ethnobotany is the study of such connections a people hold with the plants of their surroundings.

Ethnobotany has fascinated me from a young age, and I began checking out books on Native American lore from the library when I was in elementary school. But to my credit, when I started my study of Amazonian plants, I didn’t wish to read about the plants of the Bora, Matsigenka, and Wachiperi people in a book written by a nonnative scholar—I wanted to meet, live, and learn directly from the people themselves and from the forest itself. It has been my privilege and good fortune to do so, and I have gained knowledge about much more than

ethnobotany. My most powerful lessons have come while sitting around the bonfire, talking with and listening to the feelings and frustrations of the community members. For example, as I described all the places I had traveled to in their fascinating country and through their magical jungle and told of all the people and tribes with whom I had lived and worked, I realized that they were not in the same economic position to easily do the same. “You know our country better than we do,” I was told. As I listened, I learned how their own government had betrayed them. Land supporting the biggest trees, the highest waterfalls, and the most magnificent scenery had been sold to foreign enterprises in profit-driven trade agreements. Expensive lodges and fancy restaurants were built on land that only foreign tourists could afford and that they could never enjoy. North Americans, Europeans, and others with grant funding or research institute backing have come to study flora, fauna, climate, and natural history. The resulting books have been published in English, German, and French—languages the native people cannot read. Those books include photos of their ancestral land, of their sacred sites, and even of the people themselves, but no compensation was offered them, not even simple acknowledgment. Time after time, I have been made increasingly aware of my privilege, my “affluenza.” I was infected, and I didn’t even know it.

Many native communities have been forcibly displaced from their ancestral lands and thereby separated from the plants known best to them. And worse, many communities have been subjected to environmental terrorism—the forced placement of pollution-generating mining operations, oil fields, and pipelines—negatively impacting food and game and corrupting health and traditional ways of life. Actions that threaten health and safety and destroy the environmental resources of a selected population is the very definition of ecoterrorism, and the majority of the indigenous peoples of the world have been subjected to unfair, if not atrocious, and violent seizure of property and other transgressions for corporate gain, which poverty, racism, and power dynamics make difficult for the targeted populations to oppose. One need look only as far as the placement of the Dakota Access pipeline to see how the Sioux were held at gunpoint (or water cannons in freezing temperatures, as the case may be) and forced to accept the oil pipelines they vehemently imposed. While the process was heart-breaking, the Standing Rock Sioux gave us all a lesson in courage and peaceful resistance, and I hold them in great respect.

While conquerors often write history books to spin tales that suit, they have also written herb books. We can see the arrogance of early nonnative botanists in the naming of some Amazonian plant species in their honor. Bit by bit, those in power start to own the wisdom and control the narrative, while those whose ancestors developed the knowledge struggle to survive. It can ring false when one simply restates long-won cultural wisdom stripped down to a square peg of information and forced it into the round hole of a completely different culture. After studying herbal medicine for most of my life, can I comfortably assert that my knowledge is truly “mine”? Have I appreciated the finer points and nuances of the various disciplines such that they can be effectively used? I raise such questions with the endgame of maturing the field of herbal medicine. Maturing a template for a new era will require appreciation rather than appropriation, sophistication rather than simplification, and refinement rather than reductionism—all actions necessitating creative, collaborative, and integrative thinking. This set of volumes represent my own effort to synthesize the various threads that I have tugged on, or perhaps more accurately that have tugged on me like a vigorous vine encircling my ankle and drawing me in.

When you learn to speak another language, the phrases and idiosyncrasies of the language force your brain to think in new ways. So, too, learning the uses of a plant within a certain cultural context offers more information than just the words, or the list of what the plant is “good for.” As one learns how a certain culture uses and relates to various plants, one starts to gain insights into the whole system of thought—a paradigm in which to make sense of the information. When such information is decontextualized, its value is diminished, and when the knowledge base is fractured, there is obviously much that will be lost. For example, saying that an herb promotes *vata* outside of greater understanding of Ayurveda, that an herb has an affinity for the liver *meridian* outside of TCM, or that an herb reduces fluid stasis in those with *phlegmatic* constitutions, is useless information if one does not fully understand these philosophical paradigms. A single word (*vata*, *meridian*, *phlegmatic*) may involve a lifetime’s worth of understanding. If all we have gleaned from various paradigms are the words, the dots without the ability to connect them, the medicine cannot be expected to be effective.

I do not believe that one needs to be a master in all such disciplines or in every culture’s contribution to the field in order to be an effective herbalist. However,

in this information age, even herbal research requires policing to avoid wild extrapolation based on an isolated molecule delivered to an engineered cell culture. There is a great deal of research of this ilk, and some of it may evolve to be of great value, yet we also see such research fueling reductionistic thinking, rather than the vitalistic thinking that most herbalists consider an essential aspect of deep healing. Nonetheless, I scour the published research for the tiny glimpses of insight that it might afford, as well as to give myself permission to think creatively and boldly to synthesize the various energetic models I have studied. I have done so out of a sense of necessity and an earnest desire to help my patients, using all that I have learned or been exposed to. I aim to learn from direct experience what I may lack in broad cultural understanding because “life is short and art is long” (Hippocrates) and I don’t have decades to continue studying—I have patients sitting in front of me. Preferable, however, is interaction, conversation, and meaningful sharing with other herbalists to mature the craft of the entire profession. Such interactions are a prime reason why attending herbal conferences is so soul-nourishing, and reading the books and following the work of others is so thought-provoking.

As the microcosm of herbal medicine reflects the macrocosm of the broader society, herbalists may have a role to play in helping to shift consciousness. Perhaps acknowledging the fact that Western herbalism is not entirely “Western” after all is one important step in moving the herbal profession forward. It would be easy to place blame for the cultural appropriation occurring in herbal medicine on the society at large. Far better, however, would be to engage in deeper soul searching to see the ways in which we have personally contributed to societal mores, whether deliberate and conscious, or undesired programmed reflexes that are within our power to become conscious of and change. As herbalists, we are privileged to work with people of all walks of life, and our work may also allow us to find ways to continue the conversation and enable cultural evolution.

The New Face of Cosmopolitan Political Herbalism

A “cosmopolitan” plant species is a term used in botany to refer to a plant, such as dandelion, that can be found around the entire globe. Perhaps then, a cosmopolitan herbalist is an herbalist who draws from numerous healing traditions of the world. Ancient China, India, Egypt, and Babylonia all had rich herbal traditions

that contributed to present-day herbalism. The Iranian scholar and physician Ibn Sina, better known as Avicenna, was referred to as a prince of physicians and influenced Western herbalism of ancient Greece as early as the eleventh and twelfth centuries. The curanderos of Latin America and healing notions of the many African nations have also contributed spiritual and other ideas to present-day herbalism. Contemporary clinical herbalism has developed through the fusion of many traditions, and maintenance of the underlying philosophical framework is necessary to preserve and hopefully improve upon the efficacy of the medicine. Because of this, there is pressure on modern herbalists to act as interpreters of disparate cultures, while simultaneously needing to bridge the gap between maintaining the vitalistic heart of herbal medicine and the work in the herbal research arena, which is presently seeking to validate the use of herbs via “evidence-based medicine.” This moniker aims to bring scientific rigor to the discipline of herbal medicine that fits the paradigm of the modern medical model. Unfortunately, in most cases, those doing the research and looking for the “evidence” are not culturally competent in herbs. That is to say, they don’t know the traditional paradigms. And in many cases they are doing the wrong kind of research, attempting to remove a plant from the herbal philosophical tradition—and often a single molecule from the plant—and conducting research that fits the drug model. For example, *Echinacea* was emphasized in traditional indigenous folklore for snakebite, for severe tissue decay and gangrene, and for deep abscesses and disseminated infections. Due to media spin, the plant became popularized as therapy for common colds and as an all-purpose, run-of-the-mill infection herb. Sadly, when researchers investigated *Echinacea* for treatment of the common cold in expensive clinical trials, the results were less than stellar. Yet when herbalists prescribe *Echinacea* for specific situations, using it as the long-standing tradition has established, the results can indeed be stellar.

I have noticed that the media acts as a rather incompetent broker of herbal wisdom, and the populace appears to be a willing consumer. Running an herbal apothecary, I have witnessed the public’s fickle buying whims, influenced by whatever Dr. Oz recently said or what a glossy magazine or website is currently featuring. The more simplistic the message and robust the marketing images, the better. I commonly field community requests for specific brands and product names because only those products will “oxygenate the blood,” “work at a cellular level,” “boost metabolism,” and so on.

Behind such requests run the high expectations that the sought-after pill or potion will, itself, do the curing, and thereby removes any personal responsibility for creating meaningful human connection or for addressing lifestyle, diet, stress, or any other obstacles to health. I put a great deal of effort into stocking my apothecary with medicines of the highest quality and serving as a competent community resource available to educate people as to the physiologic reasons for choosing various courses of treatment and to steer them to appropriate medical care and options available to them. But time and again, the temptation of a miraculous medicine without a cultural context or healing paradigm whatsoever is too attractive to be assuaged. The mighty media has put forth an apple of vibrant health to be gleaned from a bottle of pills. It falls to herbalists to intervene in a manner that impacts general knowledge and awareness to maintain the sophistication and specificity of the medicine.

Most of our media streams are controlled by the highest bidder, and Big Pharma is one such bidder—a formidable empire, adept at fearmongering the public to entrust their innate healing capacities to medical authorities. Doctors can even be seen as a modern-day priestly caste, donning white robes, quoting revered texts, and blessing us with the all-important diagnostic code number so that we can receive good favor from the gods at the top of the established system. Empowering ourselves and others to take back power is no easy feat, but learning some rudimentary amount of self-care and herbal medicine skills is a worthy start. Herbalists can help the public to navigate this quagmire and see through the media maelstrom. Integrating the various threads of information and slices of truth falls to alternative medicine practitioners by default. There are no governmental or social agencies doing so while there are many agencies pushing us through the cattle drive of modern medicine.

A challenge for modern-day herbal practitioners is to reweave the failing fabric of the vitalistic paradigm (with whatever energetic or philosophic model that most suits you), while at the same time integrating modern science. In addition, herbalists must discern what plants are ecologically safe to use, and which herbs are medically safe to use in various patient populations (children, pregnant women, diabetics, those with renal or liver disease, etc.). They must understand a plant’s molecular constituents and interpret drug-herb interaction data, discern how a plant affects different people and different constitutions, and what portion of the scientific research-based

evidence is meaningful and how it may be applied for any given individual given their unique energetic, physical, social, and spiritual complexity. As the herbal profession continues to mature, we must make an effort to give everyone who wishes the capacity to contribute to the conversation and blend the various knowledge bases in culturally competent ways. While the medical model offers impressive procedures and technologies, herbalists and alternative practitioners are essential to the health of our communities by offering the vitalistic and deeply restorative therapeutic approaches that the mainstream lacks.

I believe that some of the environmental, political, and cultural disasters of our present era stem from an existential angst where the security of money and comfort soothes the disenfranchised soul. When one has no tribe, when the family is dysfunctional, where neighbors fence the yard and don't know or interact with one another, and where the media is paid to produce obedient, patriotic consumers, many thinking people experience soul pain and yearn for a more meaningful connection to the world. The lack of such connection can result in a willingness to value personal gain and financial power more than the health of our mother earth. Our collective failure to realize that long-term comfort and survival are entirely dependent on the health of the earth is hard to comprehend. It follows then that cultivating connection may be vital to shifting the societal consciousness. When we are separated from the earth, it makes it easier to value self over tribe and artificial riches over the truly precious riches of the earth.

Herbalists have a natural role in helping community members cultivate real and meaningful connections to the earth and in anchoring medical therapy in the riches that truly sustain us: air, water, food, and human and nature-based connections. And, although I have taken this introduction to an herbal formulary into strangely political arenas, I do so with the goal of contributing to a new philosophical roadmap for the next generations of herbalists.

About This Book

This text is the second in a set of five comprehensive volumes aimed at sharing my own clinical experience and formulas to assist herbalists, physicians, nurses, and allied health professionals create effective herbal formulas. The information in this book is based on the folkloric indications of individual herbs, fused with modern research and my own clinical experience.

I have organized this set of volumes by organ systems. Volume I features the organs of elimination—the gastrointestinal system, the liver and biliary system, the urinary system, and the skin. Herbalists know these organs are foundational to the health of the entire body. The treatment of many inflammatory, infectious, hormonal, and other complaints will be improved by optimizing digestion and elimination. With that information as the foundation, this volume takes a closer look at treating respiratory and vascular issues, including both cardiovascular and peripheral vascular complaints.

Each volume in this set offers specific herbal formulas for treating common health issues and diagnoses within the selected organ system, creating a text that serves as a user-friendly reference manual as well as a guide for budding herbalists in the high art of fine-tuning an herbal formula for the person, not just for the diagnosis. Each chapter includes a range of formulas to treat common conditions as well as formulas to address specific energetic or symptomatic presentations. I introduce each formula with brief notes that help to explain how the selected herbs address the specific condition. At the end of each chapter, I have provided a compendium of the herbs most commonly indicated for a specific niche, a concept from folklore simply referred to as *specific indications*. These sections include most herbs mentioned in the corresponding chapter and highlight unique, precise, or exacting symptoms for which they are most indicated. Please note that these listings do not encompass *all* the symptoms or indications covered by the various herbs, but rather only those symptoms that relate to that chapter—the indications for cardiac and peripheral blood vessels and those for pulmonary and respiratory complaints. You'll find certain herbs repeated in the specific indications section of both system chapters in the book, but in each instance, the description will feature slightly different comments. Readers are encouraged to refer back and forth between the chapters to best compare and contrast the information offered.

The Goals of This Book

My first goal in offering such extensive and thorough listings of possible herbal therapies is to demonstrate and model how to craft herbal formulas that are precise for the patient, not for the diagnosis. It is my hope that after studying the formulas in this book and following my guidelines for crafting a formula, readers will assimilate this basic philosophic approach to devising a clinical formula. As readers gain experience and confidence, I

believe they will find that they rely less and less on this book and more and more on their own knowledge and insight. That's what happened to me over the years as I read the research and folkloric herb books and familiarized myself with the specific niche-indication details of a wide range of healing plants. I now have this knowledge in my head, and devising an herbal formula for a patient's needs has become second nature and somewhat intuitive. But from talking with my herbal students over several decades of teaching, I have come to understand that creating herbal formulas is one of the most challenging leaps between simply absorbing information and using it to treat real, live patients. Students often feel inept as they try to sift through all their books, notes, and knowledge and struggle to use "information" to devise a single formula that best addresses a human being's complexities. Thus, I felt that it was high time that I created a user-friendly book to help students refine their formulation skills and to help all readers develop their abilities to create sophisticated, well-thought-out formulas.

Another goal I aim to achieve through this set of herbal formularies is to create an easy-to-use reference that practitioners can rely on in the midst of a busy patient day. In this "information age," it is not hard to track down volumes of information about an herb, a medical condition, or even a single molecule isolated from a plant. The difficulty lies in remembering and synergizing it all. While this text doesn't pretend to synergize the "art" of medicine in one source, I believe it will help health professionals quickly recall and make use of herbal therapies they already know or have read about by organizing them in a fashion that is easy to access quickly.

Naturopathic physicians are a varied lot. Add in other physicians and allied health professionals, and the skill sets are varied indeed. I rely on my naturopathic colleagues to inform me about the latest lab tests, my allopathic colleagues to inform me about new pharmaceutical options, and my acupuncture colleagues to inform me on what conditions they are seeing good results in treating. This text allows me to share my own area of expertise. I have included a large number of sidebars that feature some of the more in-depth research on the herbs and individual molecular constituents, helping to provide an evidence-based foundation for the present era of medical herbalism.

I realize that not all clinicians specialize in herbal medicine, not even naturopathic physicians. I hope that

this formulary will serve as a handy reference manual for those who can benefit from my personal experience, formulas, and supportive discussions.

Creating Energetically Fine-Tuned Formulas

Much like a homeopathic *materia medica*, this set of formularies aims to demonstrate to clinicians how to choose herbs based on *specific indications* and clinical *symptoms* and *presentations*, rather than on diagnoses alone. For example, I do not offer a one-size-fits-all hypertension formula. Instead, I share the many situations that I see in my own practice and offer a formula for each "type" of hypertension: Hypertension Associated with Stress, Hypertension Associated with Metabolic Syndrome, Hypertension Associated with Cardiomyopathy, and Hypertension Associated with Long-Term Smoking. I include supportive research on herbs that helps to explain why a particular herb is chosen for a particular formula as well as endnote citations that provide details of specific studies for those interested. I also provide findings from research on individual herbs that are essential to the treatment of the various conditions featured in a chapter. To make the text as useful as possible for physicians and other clinicians, I also offer clinical pearls and special guidance from my own experience and that of my colleagues—the tips and techniques that grab attention at medical conferences year after year.

The Information Sourced in This Book

The source of the information in these volumes is based on classic herbal folklore, the writings of the Eclectic physicians, modern research, and my own clinical experience. Because this book is designed as a guide for students and a quick reference for the busy clinician, the sources and research are not rigorously cited, but enough so as to make the case for evidence-based approaches. When I offer a formula based on my own experience, I say so. I also make note of formulas I've created that are more experimental, due to lack of research on herbs for that condition or my lack of clinical experience with it.

My emphasis is on Western herbs, but I also discuss and use some of the traditional Asian herbs that are readily available in the United States. In some cases, formulas based on TCM are featured due to a significant amount of research on the formula's usage in certain conditions. I readily admit that TCM creates formulas *not* for specific diagnoses, but rather for specific energetic and clinical situations. However, I have included such formulas, perhaps out of context but with the

overall goal of including evidence-based formulas, with the expectation that readers and clinicians can seek out further guidance from TCM literature or experienced clinicians where possible. In reality, TCM is a sophisticated system that addresses specific presentations, and I have borrowed from this system where I thought such formulas might be of interest or an inspiration to readers. I admit that listing just one formula for a certain condition based on the fact there have been numerous studies on it is somewhat of a corruption of the integrity of the TCM system, which is aimed at precise patterns and energetic specificity. Nonetheless, I chose to do so with the goal of creating a textbook to help busy clinicians find information quickly, while still encouraging individualized formulas for specific presentations.

While I have endeavored to create herbal formulas to address as many different conditions and presentations as possible, this text purposefully avoids addressing specific types of lung cancer because to do the topic justice would require a textbook all its own. And frankly, there is not yet the evidence to cite, nor do I have the clinical experience in dozens of such cases to feel I could pose enthusiastic herbal formula suggestions. Research is also limited in the arena of treating heart failure with herbal medicine, and this text does not attempt to replace the advice of an expert cardiologist. However, there is much written about herbs for cardiomyopathy and the related symptoms in the folkloric tradition. The historic efficacy of *Digitalis* for treating heart failure, tachyarrhythmias, and dependent edema led to isolation of cardiac glycoside, which is still in use to this day. Alternative medicine seeks to recognize the early contributors to heart disease and intervene as soon as possible, but there are some formulas in this volume that can be effective heart tonics for those with early stage cardiomyopathy.

How to Use This Book

Each chapter in this book details herbal remedies to consider for specific symptoms and common presentations of various diagnoses. Don't feel that you must be a slave to following the recipes exactly. When good cooks create a food recipe, they are always at liberty to alter the recipe to create the flavor that best suits the intended meal—the big picture. A formula listed should not be thought of as *the* formula to make, but rather as a guide and an example, inviting the clinician to tailor a formula for each individual patient.

To create an herbal formula unique to a specific person, the clinician should first generate a list of actions

that the formula should perform (respiratory antimicrobial, expectorant, bronchodilator, mast cell stabilizer, and so on), and then generate a list of possible herbal *materia medica* choices that perform the desired actions. If these ideas are new to you, you may want to begin by reading chapter 1, The Art of Herbal Formulation, before you start generating lists.

Look to the formulas in chapters 2 and 3 that address specific symptoms for guidance and inspiration. (These formulas are grouped within the chapter by a general diagnosis, such as “Formulas for Dyspnea” or “Formulas for Hyperlipidemia and Atherosclerosis.”) Regard the lists and formulas I have provided as starting points and build from there. In my commentary on the individual formulas and in sidebars that focus on specific herbs, I offer further guidance as to whether the formula or

Unity of Disease (Totality of Symptoms)

The concept that any given health issues a person may experience are actually one disease, as opposed to a number of disparate diagnoses to be treated individually, is a core tenet of naturopathic medicine and the philosophical underpinning of holistic medicine in general. Any one symptom does not provide the full story, and just because you can label the symptoms with a Western diagnosis and offer the established therapy for that diagnosis does not mean you are really helping a person to *heal*. A careful consideration of the sum totality of all symptoms is important to reveal underlying patterns of organ strength or weakness, excess or deficiency states, nervous origins versus nutritional origins, and, of course, a complex overlap of all such issues. The most effective therapies will address *all* issues in their entirety and involve an understanding of the entire energetic, mental, emotional, nutritional, hereditary, situational, and other processes creating a complex web of cause and effect—the unity of any given individual's “dis-ease.”

individual herbs are safe in all people, possibly toxic in large doses, intended for topical use only, or indicated only in certain cases of that particular symptom. Once herb and formula possibilities have been identified, the reader should then review “Specific Indications” at the end of the chapter to narrow in on choices of which herbs would be *most* appropriate to select and to learn more about how those herbs might be used. Herbalists can narrow down long lists of herbal possibilities to just a few *materia medica* choices that will best serve the individual. In many cases, the reader/clinician will be drawing upon herbal possibilities from a number of chapters and organ systems as the clinical presentation of the patient dictates. Thus you are not making a formula by throwing together all the herbs listed as covering that symptom or symptoms, but you are studying further and narrowing down the list of possibilities to consider based on the sum totality of all the symptoms. In some cases, you will rule out herbs on the list for a particular symptom after reading the specific description of that herb at the end of the chapter. In some cases, you might decide to put one herb in a tea and another in a tincture due to flavor considerations. In other cases, you might decide that you will prepare only a topical remedy. And in other urgent situations, you might come up with a topical, a pill, an herbal tea, *and* a tincture to address the situation as aggressively as possible. Aim to select the best choices, and avoid using too many herbs in one formula. Larger doses of just a few herbs tend to work better than smaller doses of many herbs, which can confuse the body with a myriad of compounds all at once. The use of three, four, or five herbs in a formula is a good place to start; this approach also makes it simpler to evaluate what works when the formula is effective as well as what is poorly tolerated, should a formula cause digestive upset or other side effect.

Learning from the Formulas in This Book

In reviewing the formulas in this book, notice how specific herbs are combined with foundational herbs to create different formulas that address a variety of energetic presentations. There are a handful of all-purpose immune modulators, all-purpose alterative herbs, and all-purpose anti-inflammatories that can be foundational herbs in many kinds of formulas. Such foundational herbs can be made more specific for various situations by combining with complementary herbs that are energetically precise. Notice how the herbs are formulated to be somewhat exacting to address specific symptoms and make a formula be warming, drying, cooling, or moistening and so on. Also, note how acute formulas may have aggressive dosages and include some strong herbs intended for short-term use, while formulas attempting to shift chronic tendencies are dosed two or three times a day and typically include nourishing and restorative herbs intended for long-term use. Also notice how some potentially toxic herbs are used as just a few milliliters or even a few drops in the entire 2-ounce (60 milliliter) formula. These dosages should not be exceeded, and if this is a clinician’s first introduction to potentially toxic herbs, further study and due diligence are required to fully understand the medicines and how they are safely used. Don’t go down the poison path without a good deal of education and preparation. I am able to prepare all of the formulas in these texts upon request, but I can only offer those containing the “toxic” or cardiac glycoside-containing herbs (*Atropa belladonna*, *Aconitum*, *Convallaria*, *Digitalis*, and so on) to licensed physicians.

It is my sincere hope that this book helps you in your clinical work and efforts to heal people.

DR. JILL STANSBURY