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botanical medicine*

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VETERINARY BOTANICAL MEDICINE ASSOCIATION
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Welcome TO OUR INAUGURAL ISSUE

The *Journal of Veterinary Botanical Medicine* is the first veterinary medicine herbal publication. We aim to make it an international, modern, peer reviewed and clinically relevant journal, with a solid foundation in both tradition and science.

Issued quarterly, the *JVBM* publishes material on all aspects of veterinary medical herbalism including clinical application of medicinal plants, case studies, philosophy, phytochemistry, pharmacology, drug herb interactions, book reviews and contemporary issues in veterinary herbal medicine. Copies are distributed to the entire Membership of the VBMA, with limited sample copies available for those interested in finding out more and joining the Association. And in the interests of saving trees, an on line version is available for quick access and space saving storage.

2005 has started well for the future of Veterinary Herbal Medicine. The new VBMA website is up and running and is a continued source of information and resources for veterinary herbalists both new and experienced. Drs Nancy Scanlon and Susan Wynn have worked tirelessly to have this new membership forum ready for this year. Make sure you visit www.vbma.org. The members only section is password protected and this journal will be downloadable from the site with additional information and follow ups to the journal. A directory of international veterinary herbalists is available.

With participants from all over the world, the first spring Veterinary Botanical Medicine Symposium was held in Callaway Gardens, Georgia in May 2005. The meeting was an outstanding success thanks to local member Dr Susan Wynn and helpers, the speakers, participants and with support from industry. One of the most enjoyable sessions was the Practice Pearls, where veterinarians and herbalists shared their clinical gems at the meeting. Just some of these are included in *Practice Pearls* in this journal.

In the *Practice Insight* section, Dr Allen Schoen, author, presenter, clinician and elder in integrative veterinary medicine is interviewed in this issue, sharing his philosophy and insights into his professional life. This will be a regular column to explore integrative and herbal medicine practice and philosophy, the aim is to inspire our use of plants and to spread their benefit!

Herbal Fodder is a regular section summarizing and reviewing some of the most useful, important and interesting articles published in the international herbal research journals such as *Planta Medica*, *Fitoterapia*, *Phytomedicine* and *International Journal of Pharmacognosy*. A great way to keep up to date quickly and easily.

Another regular feature is *The Thymes* where new publications and books in the field of herbal medicine are reviewed herbalists for their relevance, accuracy and usefulness.

As well we have a new *Monograph* each issue beginning with 'A for Aloe vera'. This is a review of relevant research that supports medicinal plant use clinically as well as possible veterinary indications.

continued overleaf

The Goals and Resources OF THE VBMA



- 1 to represent member veterinarians and herbalists as political and professional issues arise;
- 2 to develop certification standards;
- 3 to encourage ethical clinical research in herbal veterinary medicine;
- 4 to institute an adverse event reporting system;
- 5 to explore cultural traditions such as TCM, greek/western herbalism and ayurveda for their proper translation to and application in modern day animal conditions;
- 6 to compile databases of existing science; ethno-veterinary medicine advances; and eventually a library;
- 7 to liaise with manufacturers so that they have an expert body to advise them on the needs of veterinary herbalists and quality control concerns; and
- 8 to support sustainable environmental, agricultural and husbandry practices.

Our Purpose

The Veterinary Botanical Medicine Association is a group of veterinarians and herbalists dedicated to developing responsible herbal practice by encouraging research and education, strengthening industry relations, keeping herbal tradition alive as a valid information source, and increasing professional acceptance of herbal medicine for animals.

We invite you to use our referral directory to find member vets in your area, and are pleased to offer a library of public information, including links, books, and herbal database and more.

Services include:

- A members-only listserv
- Professional certification for notable education and career achievements

Certification of Competency

The VBMA seeks to provide animal owners, farmers, and veterinarians with some standard of competency by which to choose a veterinary herbalist. For certification by VBMA, the herbalist must pass a competency examination with a grade of 75%. In addition, the herbalist must submit and have accepted 3 case reports that are publication quality. Veterinarians certified by VBMA will earn the title "Certified Veterinary Herbalist". Nonveterinary herbalists will earn the title "Certified Veterinary Herbalism Educator".

In *Case Study* veterinarians present a clinical case for discussion. While veterinarians who aim to become certified must present three case studies as part of the program, all veterinary herbalists are invited to submit cases. In this issue immune-mediated vasculitis is treated successfully with herbal medicine. You will also find information on submission of case studies or papers for peer review at the end of this section.

We hope you enjoy our very first VBM *Journal* and welcome your feedback, suggestions and contributions. A big thank you to Dr Karen Goldrick of Sydney Australia for summoning up the courage to be the journal's first editor and helping the VBMA to achieve their goal of publishing this journal for the first time.

With kind regards

BARBARA FOUGERE, PRESIDENT

Regional Reports

VETERINARY HERBALISTS FROM AROUND THE GLOBE SHARE THEIR LATEST NEWS

Veterinary Herbal Medicine Update From Australia

Complementary and Alternative Veterinary Medicine is slowly gaining acceptance in Australia. The Australian Veterinary Association now has two 'alternative' special interest groups: the Australian Acupuncture Association, and the Australian Association of Holistic Veterinarians, which currently has 88 financial members.

There is no formal training at undergraduate or post graduate level in VHM, although a course in introductory VHM run by Barbara Fougere is planned for early 2006.

Our main competition comes from human naturopaths or herbalists calling themselves animal practitioners. Although AVA guidelines state that animals cannot be treated by non-registered veterinarians, this is difficult to enforce.

The Australian natural health industry suffered a huge setback in April 2003, when Pan Pharmaceuticals, Australia's largest contract manufacturer of complementary medicines, was ordered by the Therapeutic Goods Association to recall more than 200 products. TGA tests revealed substitution of ingredients, manipulation of test results and substandard manufacturing processes. As a result, the TGA is currently formulating new guidelines for the manufacture and prescription of herbal products in Australia and New Zealand.

There are now a handful of veterinary practices which advertise alternative approaches, mostly acupuncture, but some in homeopathy and VHM. With a proper professional approach, it is hoped VHM will gain recognition as a viable treatment option both amongst qualified veterinarians and the public in general.

KAREN GOLDRICK

VHM in the U.S.

As the VBMA was founded in the U.S. and currently has most of its meetings based here, we have been busy. The 2004 conference and general meeting were well attended, and our first Spring Symposium was a great success, with approximately 45 attendees. All of our speakers have been well received, and we have even more new faces to present at the 2005 Fall Conference, September 17-18 in Ogden UT.

As the VBMA grows, we have used the American Herbalist Guild as a model and guide for our development (which is not to say that Australian, European, Chinese and other human and veterinary herbal associations cannot inspire us as well!). The AHG is aware of our presence and supportive of our efforts. We also have a manufacturer liaison, Beth Lambert of Herbalist and Alchemist, who has kept us abreast of U.S. regulatory issues and changes that are being addressed by the American Herbal Products Association.

Last year, we sent letters with the VBMA masthead to all state veterinary medical associations, alerting them to our function as a body of experts should they have disciplinary cases involving someone practicing herbal medicine. We had 2 replies, one appreciating the contact but reminding us that nonveterinarians practicing herbal medicine were essentially practicing illegally.

From the U.S. to the rest of the world, VBMA has offered continuing education through the Veterinary Information Network, an international web-based educational and communication network with 20,000+ members worldwide. These programs were very popular and VIN has requested that they be taught again.

Veterinary schools in the U.S. are beginning to offer survey courses in integrative medicine. Of the 23 schools in the U.S., I'm aware of six or seven that offer an elective course to students, and more that incorporate some information within another course. Interestingly, University of Georgia has an herbal medicine elective sponsored by their Physiology and Pharmacology Department, which I've been honored to design and help teach. Additionally, Tufts University has offered a continuing education course that has grown to 100 hours, and taught by Steve Marsden, Allen Schoen and myself.

While I paint a rosy picture, we have vocal skeptics in the U.S., and with the recent publication of a skeptical look at 'alternative medicine' (*Complementary and Alternative Medicine Considered*, by David Ramey and Bernard Rollin, Iowa State Press, 2004), we face challenges that require our constant attention to the dialogue and publications of state veterinary boards, specialty organizations, and professional meetings.

We remain busy planning meetings, possible ecotours, and political action, and encourage our U.S. members to take part. We also hope that we can grow stronger bonds with our colleagues in Europe, Australia and the rest of the world.

SUSAN WYNN

Veterinary herbal medicine in the UK

Herbal medicine is rapidly re-emerging as a serious treatment option for animals in the UK. Veterinary surgeons here are looking for evidence-based alternatives and clients are requesting them more and more. (Vets in the UK are "surgeons" and so referred to as "Mister" rather than "Doctor" according to tradition dating back to the 1500s.)

In the UK, veterinary herbal medicine is restricted to veterinarians by law. In the last few years we have seen an explosion in the number of companies producing over-the-counter herbal products for animals and vets are under increasing pressure to know at least a little about the safety and effectiveness of these remedies. There are not many herbal products used by vets as prescription medicines, however the nutraceutical industry has grown dramatically, with products like glucosamine being prescribed routinely. The Royal College of Veterinary Surgeons makes it clear that, although only vets can treat animals with herbal medicines, vets have a professional responsibility to receive appropriate training before using any new therapeutic modality.

In response to this need, the first European course in western herbal medicine (as far as I know) ran in October 2004, and has been repeated twice since then with around 30 vets attending. A truly international course, we have had vets attending from the UK, Spain, France, Ireland and Norway. The introductory 4-day course runs two or three times a year, and introduces vets to the fundamental concepts in herbal medicine. The course adopts an integrative approach, drawing on traditional wisdom, scientific research as well as clinical studies and experience. The materia medica and therapeutics sections explore 15 A-list herbs and their application in veterinary practice. Practicals give vets hands-on experience in setting up a pharmacy and dispensing; making herbal tinctures, creams and poultices; and identifying and harvesting herbs on herb walks. Many of the vets now want to study further and we intend to begin the systems-based, 6-module course in the New Year.

This new group of vets, with a special interest in plant medicine, is now looking to form a European veterinary herbal medicine association. This is still in its early stages, but there is already plenty of excitement within the human herbal medicine field. I will update you as things develop in future reports.

Best wishes to herbal vets everywhere!

JIMMY SYMMONDS

Case Report

IMMUNE-MEDIATED VASCULITIS IN A DOG

Signalment

Callie is a 3 year old female spayed Toy Manchester Terrier, weighing 8.6 lbs at presentation.

History

Callie was adopted from her breeder at 9 months of age. She had begun showing signs of ear margin vasculitis at 6 months of age, and was treated successfully for a time with tetracycline and niacinamide. At 2 years old, she reacted adversely to her rabies vaccine and still had a circumscribed alopecic spot where the vaccine was administered one year later. Her vasculitis had flared again about 5-6 months after that vaccine was given, and was currently being treated with topical panalog. When the owner stopped the panalog at the behest of a dermatologist, the ears improved, but did not resolve.

Her diet had always consisted of Balance Diet, a fermented, whole foods kibble. The owner was also giving some ground chicken wings and the occasional raw egg. She was on no medication other than a commercial flavored ivermectin heartworm preventive.

Exam findings

WESTERN EXAM

Callie had a body condition score of 6/9, and the only abnormalities seen on exam were referable to her skin. She had a moderate alopecia over her ventral neck, ventral thorax and ventral abdomen, and her ears were essentially hairless. The ears were leathery, and there was scaling and crusting mostly on the lateral margins, equally on both ears. She also had a 1-1.5 cm circumscribed alopecic area in the right flank area, where the rabies vaccine had been given 1 year before. She was not pruritic.

TCM EXAM

Callie was a timid and suspicious dog. Her tongue was dry, pale and slightly grey/lavender in color. Her pulses were string-taut and quite thin. The general alopecia centered on the Ren meridian from chin to pubis, in addition to the alopecia on the ears. The circumscribed alopecic spot was located approximately on the gallbladder meridian near GB27.

Her skin was generally cool and thin, but there was little dandruff and no discharge, heat or smell. The crusting and scaling on the ear margins was dry, though there was a slight waxy feel to it in places. There were 1-2 scabby spots, but the owner claimed that these were due to the other dog attacking her. There was no heat found in the ears – the ulcerated scabby spots appeared when a crust was disturbed.

Diagnostics

WESTERN MEDICAL DIAGNOSIS

This owner was not yet able to biopsy Callie's ear for definitive diagnosis (the dermatologist asked her to wait for a time after the topical steroid had been discontinued). However, these signs are very typical of vasculitis disorders found in this breed and other terrier breeds such as the Jack Russell Terrier. Treatment is not uniformly successful and ranges from Vitamin E plus niacinamide to pentoxifylline 15mg/kg TID. A newer experimental treatment being discussed is topical calcium channel blockers such as diltiazem. Some doctors use laser to stop bleeding and essentially amputate effected parts of the ear. Acupuncturists have recommended the use of low level laser to stop the vasculitis without damaging the ear, but results of case reports are not available at this time.

TCM DIAGNOSIS

Blood nourishes the skin and haircoat, and Blood deficiency leaves the skin vulnerable to invasion of external wind. Signs of blood deficiency include:

- Σ Pale or pale-lavender tongue
- Σ Thin and possibly string-taut pulse
- Σ Alopecia; sparse hair coat
- Σ Restless sleep, vivid dreams
- Σ lesions along the sides of the body, in the axillae, and in the inguinal region
- Σ fine dandruff
- Σ Dull or dry coat
- Σ Fearfulness, fear aggression; timidity; anxiety
- Σ Keratoconjunctivitis sicca

Callie's generalized alopecia, timid disposition, dry scaling of the ears, pale dry tongue and thin taut pulse pointed to blood deficiency. The fact that her alopecia was generalized over the cranial chest and ventral thorax (Ren meridian) even suggested liver involvement (since the Ren meridian is related to the Liver, especially in females).

Treatment Principles

Callie's TCM diagnosis was Blood deficiency, and I was suspicious of Liver Blood deficiency. Treatment was aimed at tonifying Blood. Si Wu Tang was prescribed at 2 teapills twice daily until finished (approximately 6-7 weeks worth).

We also changed Callie's diet from Balance Diet to a raw diet of ground chicken wings and vegetables. Aside from the obvious increase in moisture compared to a kibble diet, raw meat may provide a dietary source of blood, adding an additional dimension to the treatment regimen. Since this dog was deficient and cool, the use of chicken, which is a yang, warming meat, is ideal.

I also prescribed an antioxidant combination (Cell Advance) and fish oil. Callie was prescribed 1 regular strength fish oil capsule daily.

HERB SELECTION AND RATIONALE
(Bensky, 1993), (Huang, 1999)

Si Wu Tang is comprised of:

- 1 Shu Di Huang (Rehmannia glutinosa root)

Known constituents: beta-sitosterol, mannitol, stigmasterol, campesterol, rehmanning, catalpol, arginine, glucose

Energetics: sweet, slightly warm

Meridians: liver, kidney

Actions: nourish yin and blood; tonify essence and marrow

Traditional Indications: pale complexion, dizziness, palpitation, insomnia, irregular menstruation due to blood deficiency; tidal fever, seminal emission or diabetes due to kidney yin deficiency; dizziness or blurred vision, tinnitus, grey hair d/t kidney deficiency

Studies: Rehmannia root has immunomodulating activity and is used to treat anemia secondary to hemorrhage to enhance hematopoiesis.
- 2 Dang Gui (Angelica sinensis root)

Dang Gui's components include butylidene phthalide, ligustilide, n-butylidene-phthalide, sesquiterpenes, carvacrol, dihydrophthalic anhydride, sucrose, vitamin B12, carotene, and beta-sitosterol

Energetics: sweet, acrid, warm

Meridians: liver, heart, spleen

Actions: tonifies blood, invigorates blood, stops pain, moistens intestine

Traditional Indications: general blood deficiency; special blood deficiency; blood stagnation, Bi syndrome; sores, carbuncles and other skin infections; constipation due to blood deficiency

Studies: a polysaccharide contained in the herb is said to stimulate hematopoiesis. Extracts have been shown to influence cytokine activity and profiles (IL-2, TXA-2 and PGE2). It has also been shown to influence IL-2 in lupus patients and is used in treatment of SLE.
- 3 Chuan Xiong (Ligusticum wallichii root)

Known constituents: tetramethylpyrazine, perlolyrine, ferulic acid, chrysophanic acid, seanoic acid, 4-hydroxy-3-butyphthalide

Energetics: Spicy, Warm

Meridians: Liver, Gallbladder, Pericardium

Actions: Moves blood, promotes movement of Qi. Use for any pattern of blood stagnation, or pain from stagnation. Expels wind, stops bi pain.

Traditional Indications: Classic herb for treatment of vertex headaches. Dizziness. For painful menstruation. Skin problems caused by wind.

Studies: An extract of Chuan Xiong may enhance blood flow similar to the retina, and inhibits platelet aggregation. It was shown to reduce pulmonary artery pressure and pulmonary vascular resistance in dogs.

- 4 Bai Shao Yao (Paeonia lactiflora root)

Known constituents: paeoniflorin, paeonol, paeonin, albiflorin, triterpenoids, sitosterol

Energetics: bitter, sour, slightly cold

Meridians: liver, spleen

Actions: tonify blood, astringe sweat, smooth liver and stop pain, suppress the liver Yang (not as moistening as dang qui, does not *invigorate* blood like dang qui)

Traditional Indications: irregular menstruation due to blood deficiency; sweating due to deficiency; hypochondriac pain due to liver Qi disharmony; headache due to liver yang rising

Studies: may have immunomodulatory activity

Si Wu Tang itself is not well represented in the Western peer reviewed literature. In an interesting study, mice sensitized to the anti-DNP IgE developed typical ear swelling when challenged with DNP. Administration of Si Wu Tang and two of its individual constituents (Chuan Xiong and Dang Gui) inhibited swelling and pruritis associated with the allergic reaction (Tahara, 1999).

Discussion

I rechecked Callie 6 weeks after her initial visit. The old vaccine reaction spot was smaller, and she appeared to be growing some hair. More importantly, the crusting and scaling of the ears was much improved. Her tongue was still pale, but wet, and her pulses still thin and string-taut or wiry, but more forceful this time.

The owner's only complaint was that Callie had lost weight. I asked the owner to characterize Callie's skin improvement using a visual analogue scale. From 1 to 100, her signs were rated:

	August 14, 2001	September 27, 2001
Scaling	10	60
Alopecia	25	75
Vaccine reaction	65	85

continued overleaf

The herbal combination, Si Wu Tang, appeared to fulfil its promise as a blood tonic, beginning to improve the cutaneous signs of blood deficiency. Her tongue and pulse were slightly improved, but I expected these to be the last signs to normalize. If the scant studies available on the action of Si Wu Tang are applicable, it may be that the immune modulating effect common to the herbs in the formula began to normalize the immune-mediated inflammation manifesting in Callie's ear pinnae. Of course, we also changed her diet and added the antioxidant and fish oil supplements, which complicates our assessment of the herb action alone.

The role of reactive oxygen species (free radicals) in the generation and maintenance of autoimmune disease is unknown (Bauer, 1999), but is suspected to contribute to pathology. Antioxidants may help reduce inflammation in immune mediated disease, and are frequently used as part of a treatment protocol. Herbs frequently contain antioxidants, though in this case, high levels were provided by the antioxidant supplement.

Diets low in fat, or high in fish oils increase survival and reduce severity in spontaneous autoantibody-mediated disease. Linoleic acid-rich diets (an n-6 fatty acid) appear to augment severity in antibody-mediated autoimmune diseases. In T-cell-mediated autoimmune disease, diets supplemented with n-3 fatty acids increase disease symptom, whereas n-6 fatty acids prevent or reduce the severity (Harbige, 1998). Fish oil may have other beneficial effects, however, as it tends to block production of inflammatory cytokines. In this case, the raw diet was high in chicken fat, which qualifies as a linoleic acid rich diet. The dose of fish oil recommended, while high for a dog this size, probably did not impact the n-3/n-6 ratio positively or negatively and may not have been necessary.

Finally, Callie may not have had immune-mediated vasculitis at all, since a biopsy was not done. During the course of treatment, the owner preferred not to have this procedure done because of her improvement. It is possible that her unidentified disease would have resolved on its own, although this is not likely considering the length of time it had been present and the fact that administration of panalog had not resolved it previously.

To address the concern that Callie had lost weight, I recommended adding grains to the diet.

Summary

A case of presumed immune-mediated vasculitis responded well to a combination of homemade, raw diet, antioxidants, fish oil and Si Wu Tang. This case illustrates how rapidly difficult-to-treat conditions may respond to chinese herbal therapy. Unfortunately, it was lost to follow-up approximately one year after the last visit, but Callie was still doing well at that time.

SUSAN WYNN

Selected References are available on the website (www.vbma.org)

From the Jungle

OPENING UP TO THE SPIRIT OF PLANT MEDICINE



Herbal Medicine lives outdoors, where nature spirits arouse our enchantment, and our vitality is naturally quickened.

- James Green, Herbalist

Imagine reading books and taking seminars on Love and Relationships, but never having a human to relate to, nor to Love.....just proven theories. What kind of Lover would you be? What kind of relationship advice could you provide?

Ridiculous you say? What does this have to do with anything?

But many of us study medicinal plants and herbology this way and prescribe formulas to treat illnesses in animals without understanding these plants in their "whole."

We use our minds to study herbs, but many of us don't experience them in our bodies. In lieu of science, we have become disconnected from Nature and discount intuition, meditation and our senses and fail to develop them in our practices.

Our Relationship to Plants is limited by our minds

To facilitate the minds of those critical of herbal medicine, we have focused mostly on "rational therapeutics" which have some proven scientific course of action within the body. In doing so, we have discarded "empirical therapeutics" of plants that have long been used traditionally but yet remain unexplained scientifically.

Somewhere along the way we educated humans have lost our inner connectedness to plants and we believe that they are separate from us. For too many of us, they are just a safer substitute for drugs. But there is value in establishing relationship to plants in Nature, observing them in their environments, as well as using them ourselves for our own well being.

Generation upon generation of intellectual development and subsequent technology has instilled within us an inherent sense of independence from Nature, and as a result we are now naturally inept creatures. - Gregory L. Tilford, Herbalist

Constantly striving for knowledge of the mind to become smarter and better veterinarians, we have become "flabby" in

our hearts and spirits and have lost our innate abilities to recognize and use plants beyond the text book and classroom information. We are only scraping the surface and really do not know the fullness of what plants have to offer us.

We can recite the formulas in Chinese and Latin, but what of the plant's "spirit", within the formula do we know? How it grows? How much better could we utilize them if we observed them growing in their natural habitats, or experienced them within ourselves?

Plants, on the other hand, are not under the illusion that they are separate from the rest of creation. Observe how any plant interacts with soil, water, minerals, animals and insects. Everything around it is enriched and benefited by its presence. - Eliot Cowan, Ethnobotanist

Because of our culture's feeling of difference to the natural world around us, we are indifferent and cause the destruction, exploitation and extinction of forests, ecosystems and plants for profit and the "betterment" of mankind. Unfortunately, this creates some heavy duty karma which affects the quality of life on the planet. How can we become more conscious of the environmental and social impact of the herbs we use?

Plants live in harmony with Nature. Out of their relationships to the living beings that make up nature comes their incredible generosity to us and to all their other fellow creatures.

The Spirit within

There is something special about young children growing up in awe of nature's splendor. A bug, a flower, a leaf or a sunset is so special and so precious. Children as well as young animals live with a "fullness of spirit". As adults, we have lost our "spirit" because someone has broken our hearts or wounded us physically or emotionally and we have constructed barriers of protection. Self-esteem is shattered and we hold onto fear and anger. The opportunity arises to reclaim our spirit through Nature and the powers therein. To do this we have to reconnect with the natural world.

Only plants can reconnect you back to the Mother of all that is and was...Creation through their "spiritual powers" that nourish, heal, remove pain, and help you to live a more fulfilled life

The most amazing differences between plants and synthetic drugs are not only their ability to heal, whereas drugs do not heal anything, just manipulate symptoms, but the opportunity to enter a different state of consciousness.

This could be in the form of a phyto-psycologic-enlightenment regarding emotions that are negative causing physical "dis-ease", or in the form of dreams where the subconscious is enabled. - Eliot Cowen

How did the early non scientifically minded herbalist discover the power of plants?

The first step to knowing plants is knowing oneself. How do we do that? This can be a life long journey such as Don Quixote's Quest.

By learning to use our physical body as a conduit for sensations along with Meditation practices, we can gain insight into the plants we come in contact with during field trips.

To gain an "organic understanding" of plants, one has to go out into the fields and forests, find their habitats and be filled with Nature. Does Nature have a divine plan?

By "working" on our own personal development physically, emotionally, and spiritually, we can become better healers through our understanding of the deeper side of plants.

If you want to actually use a plant yourself, the spirit of the plant must come to you in your dreams. If the spirit of the plant tells you how to prepare it and what it will cure you can use it, otherwise, it won't work for you. - Shaman from the Amazon

Perhaps this is how medicinal herbs were discovered: trial and error with the learning of meditation, preparation, separation of toxic elements,

concentration of the active ingredients and self trial. Should we pursue such a quest, or just stick to information extracted from books and proven clinical studies?

To gain a deeper understanding of plants and how they work, we must take the time to explore the processes of observation, cultivation, and preparation of live herbs and try them ourselves, and on our own animals.

It does not matter what plant you first choose in this process. Just look outside your door. It may just be a dandelion, but what a powerful plant!

Find the time to visit your nearest forest, pasture, or empty lot. There is much to be discovered.

IHOR BASKO

The VBMA offers at least 2 field trips every year. Please take advantage of them. Other opportunities for trips are advertised in the *Herbal Gram* and other publications. Learning the ecosystems of plants located in different habitats will enrich your understanding of the power of plants.



Monograph

ALOE

Aloe vera (L.) Burm.f. or its synonym, *Aloe barbadensis* Mill AL-oh VER-uh or AL-oh bar-buh-DEN-sis

Distribution: Native to Africa and introduced and naturalized in the Mediterranean region, the tropics and warmer areas of the world including America, Central America, Asia, China and India.

Family: Aloaceae.

Parts Used: Aloe vera gel is the viscous, colourless, transparent liquid from the inside of the leaf. Aloe vera juice arises from the juice in the cells of the pericycle and adjacent leaf parenchyma and flowing spontaneously from the cut leaf, it is usually dried. To obtain aloe vera gel, the leaf is processed and aloin is removed. The cape aloes preparation consists of dried latex from bundle sheath cells within the leaf, which is high in hydroxyanthrone derivatives of aloe emodin (such as aloin) and is the source of laxative preparations.

Constituents: Aloe vera gel consists primarily of water and polysaccharides (glucomannan, acemannan, mannose derivatives, pectin, hemicelluloses) as well as amino acids, lipids, sterols (campesterol, B-sitosterol, lupeol) and enzymes (Bruneton 1995). Mannose-6-phosphate is a major sugar component (Davis 1994). Cinnamoyl, p-coumaroyl, feruloyl, caffeoyl aloesin, and related compounds have been isolated from Aloe species (Yagi 2003). Aloe juice contains as its major and active principles hydroxyanthrone derivatives (Bruneton 1995).

Clinical actions: Laxative, vulnerary

Energetics: Gel slightly bitter, juice sour and very bitter

History and Traditional Use

Aloe vera was used in the Middle East and Egypt reportedly as early as 1500BC, and has been used for centuries as a topical treatment for various conditions and as a cathartic. Aloe vera gel is widely used as for the external treatment of wounds, burns and skin inflammation. Aloe vera has been described in folk medicine for the treatment of seborrhoeic dermatitis, peptic ulcers, tuberculosis, fungal infections, psoriasis, anaemia, glaucoma and blindness (WHO 1999). American Eclectic doctors used aloe as a tonic, purgative, emmenagogue, and anthelmintic. The specific indication for its use was: "Atony of large intestine and rectum, mucoid discharges, prolapsus ani, pruritis ani, ascaris vermicularis ... Difficulty in evacuating the lower bowel."

Modern clinical use of the gel began in the 1930s, with reports of successful treatment of X-ray and radium burns, which led to further experimental studies using laboratory animals in the following decades (Grindlay 1986).

Modern veterinary use was first reported in 1975 (Northway 1975) however in Europe it was a popular ingredient of physic balls, in combination with ginger as purgatives for horses used for horses coming off grass to undergo training. It was also a common ingredient in "condition" balls to condition a horse for training to aid assimilation of food, improve skin and to help cast the coat. Also used for the treatment of colic in horses (RCVS 1920). In dogs, aloe was incorporated into "alterative balls" and condition pills (RCVS 1920). It has been advocated for the treatment of constipation, indigestion worms and urinary ailments in farm animals and externally for the cure of corneal ulcers and keratitis (de Bairacli Levy 1963). Aloes is the purgative in general use for horses. It is also used in veterinary practice as a bitter tonic in small doses, and externally as a stimulant and desiccant (Grieves 1931). Aloe nuttii has been used to treat Newcastle disease in poultry, worms, dystocia; Aloe perfoliata has been used to treat pneumonia in livestock (Kambewa 1997). Aloe vera is one of four major medical plants used to treat health problems in poultry in Trinidad and Tobago (Lans 1998).

Published Research

Laxative effect

Aloe's mechanism of action is twofold. The juice (not the gel) stimulates colonic motility, augmenting propulsion and accelerating colonic transit which reduces fluid absorption from the faecal mass and it also increases in the water content in the large intestine (de Witte 1993). The laxative effects are due to the glycosides aloin A and B (formerly known as barbaloin). These are hydrolysed in the colon by intestinal bacteria and then reduced to the active metabolites which acts as a stimulant and irritant to the gastrointestinal tract. The laxative effect of Aloe is not generally observed before 6 hours after oral administration and sometimes not until 24 hours or more, after (WHO 1999).

Wound healing activity

Clinical studies indicate that Aloe vera gel accelerates wound healing and in vivo studies demonstrate that Aloe vera gel promotes wound healing by directly stimulating macrophage and fibroblast activity (Davis 1994). The polysaccharide mannose has been suggested to be responsible for the wound healing properties of the gel (Davis 1994).

Other mechanisms include the hydrating, insulating and protective properties of the gel (Bruneton 1995). The gel acts as an inhibitor of thromboxane A₂, a mediator of progressive tissue damage (Davis 1994) produced in burned dermal tissue and pressure sores (Swaim 1987, 1992). Angiogenesis is essential in wound healing and Aloe vera gel has been shown to be angiogenic (Moon 1999). Allantoin enhances epithelialisation in

suppurating wounds and resistant ulcers (Swaim 1992). Acemannan stimulates macrophages to produce the cytokines interleukin 1 and tumour necrosis factor which, in turn, stimulate angiogenesis, epithelialisation and wound healing (Cera 1980). It has anti-inflammatory and analgesic activity due to the presence of a salicylate-like substance (Swaim 1987).

Topical

A. vera has been compared to the therapeutic effects of systemic pentoxifylline in the treatment of frostbite on the ears of 10 New Zealand white rabbits. Tissue survival was notably improved with pentoxifylline (20%), better with A. vera cream (24%), and the best with the combination of both (30%) (Miller 1995). Wounds were induced in mice skin using a biopsy punch. A 62.5% reduction in wound diameter was noted in mice receiving 100 mg/kg/day oral A. vera and a 50.8% reduction was recorded in animals receiving topical 25% A. vera. These data suggest that A. vera is effective by both oral and topical routes of administration (Davis 1989).

Swaim et al (1992) compared the effects of A. vera gel with triple antibiotic ointment on foot pad wounds in dogs. Beagle dogs were anesthetized, and a full thickness, 0.7 cm square defect was incised on one pad of each rear limb. In 12 dogs, one defect was treated with a dressing of A. vera gel, and the other was treated with a dressing of triple antibiotic ointment. Three control dogs received no treatment. The size of the wounds was monitored on day 7, 14, 21. While there was no difference in wound size on days 14 and 21, the aloe-treated wounds were smaller on day 7. Both treatments resulted in faster healing at day 14 compared to control wounds, but the control wounds were equivalent in size to the treated wounds by day 21. The investigators concluded that A. vera gel appears to stimulate early wound healing.

Inflammatory bowel disease

A double-blind, randomized, placebo-controlled trial of the efficacy and safety of A. vera gel 100ml twice daily for 4 weeks for the treatment of mildly to moderately active ulcerative colitis in humans was conducted. It produced a clinical response more often than placebo; it also reduced the histological disease activity and appeared to be safe (Langmead 2004).

Ophthalmic activity

A study using pig's cornea showed that biologically active aloe substances could not overcome this biological barrier. Therefore eye drops containing aloe and neomycin sulphate may be useful in the treatment of inflammations and infections of external parts of the eye, such as conjunctiva, eyelid edges, lacrimal sac and cornea (Kodym 2002).

Burn treatment

A. vera could inhibit the inflammatory process following burn injury in rats (Duansak 2003) and promote wound healing in second degree burns in rats (Somboonwong 2000).

A. vera gel treated guinea pigs with induced burns healed in 30 days compared to 50 days for controls, silver sulfadiazine and salicylic cream treated animals (Rodriguez-Bigas 1988). In a human placebo controlled study A. vera gel treated lesions healed faster (11.8 days) than the burns treated with petroleum jelly gauze (18.2 days) (Visuthikosol 1995). However, the Aloe preparation may influence healing as one preparation of A. vera gel hindered the healing process of a burn wound model when compared with 1% silver sulfadiazine cream (Kaufman 1988).

Antithyroid activity

A. vera (125 mg/kg) for the regulation of thyroid hormone concentrations in male mice was investigated. Serum levels of both T(3) and T(4) were inhibited by A. vera, it is thus suggested that A. vera may be used in the regulation of hyperthyroidism (Kar 2002).

Grass sickness in horses

Brotizolam, acetylcysteine and A. vera gel were evaluated as ancillary treatments for 29 cases of equine grass sickness. None of the treatments had any significant beneficial effect on the survival of the horses (Fintl 2002).

Acemannan activity

Acemannan is one of the major carbohydrate fraction of the gel. It has several important therapeutic properties, including acceleration of wound healing, inhibition of inflammation, and antiviral effects. It has also been shown to have antitumor activity; injection of acemannan has been shown to offer increased immune protection against implanted malignant tumor cells (Merriam 1995). Acemannan in the presence of IFN induces apoptosis in cancer cells (Ramamoorthy 1998).

Potential veterinary indications

Aloe vera gel

Externally and internally:

Following surgery to aid wound healing, topically and orally; allergies, eczema, abscesses, fungal infections, pyoderma and many types of dermatitis.

Conjunctivitis and keratitis.

Herpes conjunctivitis in cats.

Gingivitis, periodontal disease, extractions sites by packing sockets if necessary, acute mouth lesions, glossitis.

Aloe juice

Non complicated constipation.

Notes of interest: Aloe is used as an ingredient in aquarium water conditioners.

Contraindications

A. vera gel is contraindicated in known allergy to plants in the Aloaceae.

Continued overleaf

Aloe-containing products should only be used if no effect can be obtained through diet change or bulk forming products. Stimulant laxatives should not be used when abdominal pain, nausea or vomiting are present or in patients with intestinal obstruction or stenosis, atony or dehydration or chronic constipation, nor should it be used for inflammatory intestinal disease (unlike the gel). It is also contraindicated in patients with cramps, colic, haemorrhoids, nephritis or undiagnosed abdominal symptoms. Chronic use may cause dependence, electrolyte disturbances and atonic colon.

Note: Laxatives containing anthraquinone glycosides should not be used continuously or during pregnancy.

Toxicology and Adverse effects:

There have been a few reports of contact dermatitis and burning skin sensations following topical applications of *A. vera* gel to dermabraded skin, probably associated with anthraquinone contaminants in the preparation (WHO 1999).

Drug Interactions:

Decreased intestinal transit time with aloe juice may reduce absorption of orally administered drugs. Hypokalaemia from long term use can potentiate cardiotonic glycosides and antiarrhythmic drugs. The induction of hypokalaemia by diuretics, adrenocorticosteroids and licorice root may be enhanced.

Preparation notes

The use of fresh *A. vera* gel is recommended for external use. Harvest leaves, wash them with water. Remove the outer layers of the leaf including the pericyclic cells leaving a "fillet" of gel. Care should be taken not to tear the green rind which can contaminate the gel with leaf exudates. Some herbalists simply cut a leaf and send home with the owner to make fresh cuts daily. The yellow gel in the pericyclic tubules is dried into a red black mass and used internally as a laxative. For internal use capsules, infusions and tinctures are used.

Dosage:

Fresh Gel: may be applied topically as directed; when using directly from a plant, cut the leaf lengthwise, scrape out the gel and apply.

Juice: may be applied topically and because it degrades quickly, many herbalists simply keep an aloe plant in their office. When administered orally, use 0.20 – 1 tsp TID after meals.

BARBARA FOUGERE

Selected References are available on the website (www.vbma.org)

Large animal practice

TIPS FOR THE USE OF HERBS IN EQUINE PRACTICE

Horses are herbivores, so their digestive tract is made to digest the cellulose and fiber present in plant material. Consequently, adding herbal medicine to an equine treatment protocol is usually quite easy. Herbal medicine can be used successfully along with almost any form of medicine, conventional or complementary. Clients must understand that herbs must be fed for at least several weeks before clinical improvement may be seen, and may take months of use before complete resolution has occurred.

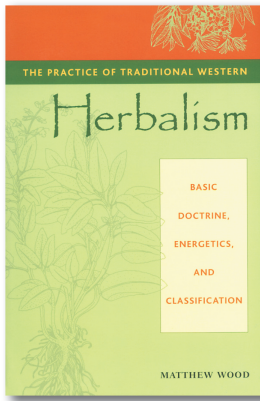
Horse compliance is as important as client compliance. Some horses will not eat herbs under any circumstances, while others will eat them with a bit of additional flavoring. In my opinion, a horse's refusal to eat herbs in many cases means the formula is not correct. If a formula is not eaten, the case is revisited and a new one selected. In most instances the horse will eat the correct formula.

An example of how this works was demonstrated by a gelding with chronic severe degenerative joint disease of his pastern. He was on a warming Chinese formula for arthritis when the

farrier trimmed his feet too short, creating a mild but significant laminitis. During and after the laminitis, he would not touch his food if there was a teaspoon of the herbal formula present. Three months later, when his feet were normal and cool again, he ate the formula without any hesitation.

I usually dose horses with approximately two to four times the human dose of an herb or formula. Most larger animals require a smaller dose per pound of body weight than a small animal, and horses seem particularly sensitive to herbs. It amazes me sometimes to see how small a dose will get a good response. If I need to mix herbs with something that tastes good but is not harmful (such as excess sugar), I use unsweetened apple sauce, soaked beet pulp without molasses, sometimes apple cider vinegar and as a last resort some sort of sweetener such as blackstrap molasses or honey.

It is my policy to allow returns of herbal formulas that the horse genuinely will not eat as this encourages the client to accept a new formula prescription. The opened container can be sold to another client at a discount so it is not wasted.



Book Review

The Practice of Traditional Western Herbalism by Matthew Wood 2004

North Atlantic Books

It's easy to get caught up in the science of herbal medicine, but a new book by Matthew Wood takes us back to the heart and roots of plant medicine and how it ultimately connects with science.

Drawing on theory from *The Philosophy of Physiomedicalism* (1920) by Dr JM Thurston and on the work of David Winston, AHG registered human herbalist and guest teacher at the May 2005 VBMA symposium, this book clearly pulls together the tastes, energetics and pharmacological actions of herbs. Here is a book that talks about the forgotten language of energetics, connecting the different systems of herbal medicine and sharing information on herbs that it would seem has been waylaid along the path to modern herbal medicine. It's a fascinating look at individual herbs categorized into traditional actions such as sedatives, nutritive tonics, astringents, alteratives or blood purifiers and stimulants.

Anyone who feels a bit intimidated by the energetics of herbs will find this read easy, a book you can easily sit down in one or two sessions and find that time has passed quickly. I particularly liked the specific indications for some of the herbs I use on a daily basis. Wood differentiates them extremely well based on historical and empirical evidence. It's definitely a book on traditional herbal medicine and focused on human herbal medicine but veterinarians interested in energetics and herbal history and tradition will find this a good addition to their library.

REVIEWED BY BARBARA FOUGERE

Instructions for Contributors

The VBMA invites contributions to the *Journal of Veterinary Botanical Medicine*. The *JVBM* publishes material on all aspects of veterinary medical herbalism with emphasis on the clinical application of medicinal plants in veterinary medicine, the philosophy of veterinary herbal medicine, and the phytochemistry, pharmacology, herb drug interactions and research that applies to veterinary botanical medicine.

Editorial Policy

Subject material must relate to veterinary botanical medicine. Accepted articles become the property of the *Journal of Veterinary Botanical Medicine*. Contributions are subject to peer review and editing. Contributions to the *Journal of Veterinary Botanical Medicine* must not be submitted elsewhere.

Contribution Requirements

Contributions should be word processed and forwarded by email to the editor, with the file(s) saved in plain text or Microsoft Word formats. All statements must be referenced and a full reference list must be included (if references are lengthy, they may be published in full on the VBMA website rather than in print). If the statement is the author's observation or opinion, this should be made clear. All statements should be of a professional nature and exclude any inappropriate style of writing. An abstract of the article should be included. A brief profile of the author should be included.

Peer Review

All feature articles will be reviewed by two independent peer reviewers. Reviewed articles will be returned to the author for modification if required.

Referencing

Textual citation method should be employed. Requires the name of author and year of publication in brackets at the end of statements or paragraphs. The reference list should be arranged in alphabetical order using the following format:

JOURNALS

Author's surname Author's initials. Year. Title of article. Journal name volume; issue:page numbers.

for example:

Bauer V, Bauer F. Reactive oxygen species as mediators of tissue protection and injury. *Gen Physiol Biophys* 1999 Oct;18 :7-14

BOOKS

Author's surname Author's initials. Year. Book title. Edition. City of publication: Publisher.

for example:

Bensky, D. and A. Gamble, 1993. *Chinese Herbal Medicine: Materia Medica*. Eastland Press, Inc. Seattle, WA.

Treatment of Geriatric Disharmonies with TCVM Herb and Food Therapy

In addition to the common TCVM disharmonies associated with aging, we will introduce Food Therapy Formulas for the treatment of Aging due to Blood Stasis. Dr. Yan De-Xin, one of the *lao zhong yi* (old Chinese doctors), is one of the most famous in the People's Republic of China. Although most of the TCM medical texts have emphasized Kidney and/or Spleen Deficiency as the most common cause of age-related degeneration, Dr. Yan believes geriatric changes are mostly due to Blood Stagnation and an imbalance between Qi and Blood. With this in mind, most of Dr. Yan's treatment protocols involve rectifying the Qi, moving the Blood and transforming Stasis (Yan, 1995). Along with the traditional classical Spleen and Kidney formulae and their rationale, we will introduce some basic TCM herbal formulae for the treatment of aging due to Blood Stasis and the Food Therapy formulas based upon them in the following lecture.

General Note on Food Therapies for Geriatric Disharmonies in TCVM

Geriatric animals may commonly have some degree of Spleen Qi and or Yang deficiency. Further, if they are being treated by Western Biomedicine they are commonly ingesting one or more drugs that may damage their Kidney or Spleen/Stomach system. If the drugs damage their Kidneys, the animals will also have damage to their Zhi Will and may not easily accommodate changes in their foods or lives. If the drugs damage their Spleen/Stomach systems, not only the animal's Yi Intention is weakened, but both the foods and herbs with which we attempt to treat them may wreck havoc on an already weakened system. And if the Blood is damaged both the Hun Ethereal Soul and Shen Mind may be undernourished leading to timidity and lack of coordination of all other bodily functions. Thus it is incumbent upon us practitioners to be both patient and mild in the recommendations and changes we make in the life of geriatric animals.

If, in fact, Blood Stasis is at the root of many age-related changes then not only is moving the Blood via the Qi essential, but generating the Blood becomes paramount. This is yet one more reason to tonify the middle burner and keep the Spleen in excellent health since the Gu Qi from the Spleen is the first post-heaven origin of new Blood. The astute veterinarian can already see that Raw Foods, although commonly healthful for young, active, warm animals, may be too cooling and stagnating for geriatric, inactive, cool animals. This is compounded when there is a concurrent Spleen Qi or Yang deficiency.

Geriatric disharmonies are commonly a mixture of deficiency (Yang, Qi, Yin and/or Blood) and excess (Stagnation of Qi or Blood). What do we treat first in these complex cases? The Chinese say that the Ben Root of a disease should be treated if

we are to permanently change the Biao or Branch (Clinical Sign). But it is also true that clients come to us with Biao problems to be improved or resolved. The art is in both managing the Biao to alleviate suffering in the patient and accommodate the client while also addressing the Ben to initiate a cure. Another viewpoint from one of my human acupuncture professors when dealing with complex disharmonies is to "treat what is going to kill them first".

Classic Patterns of Geriatric Disharmonies and their Food Therapy

Kidney Qi Deficiency: Suo Quan Wan Shut the Sluice Pill for Kidney and Bladder Qi deficiency with frequent, clear and prolonged urination.

Tongue: pale with white coating; Pulse: submerged and frail; Function: Warms the Kidneys, dispels cold, shuts off urinary frequency and stops leakage.

- Primary Herbs: Yi zhi ren *Alpinia* warms the Kidneys and helps them grasp the Qi of the urinary bladder and warms the Spleen. Wu Yao *Lindera* disperses cold in the lower burner and helps transform the Bladder Qi and secure the urine. Shan Yao *Dioscorea* strengthens the Spleen, tonifies the Kidneys and binds up the essence.

- Food Therapy Example: This is a simple and elegant formula that is fairly easy to replicate with foods. An appropriate food therapy formula palatable to carnivores might include Chicken Gizzard Lining which is used for treating urinary incontinence, improving digestion, securing the essence and serving as the envoy. I add whole chicken gizzards which also are sweet, warm and tonify Qi. Yam is sweet, neutral, enters the Kidney, Liver and Spleen and benefits Yin and Qi. Yam is one of the few foods that both benefits the Spleen and consolidates the essence. Like *Alpinia*, cardamom is sweet, pungent, bitter, and warm and helps the Kidneys secure the urine. If a grain was desired, warm, sweet oats enter the Kidney and Spleen and benefits both Qi and Blood.

- Western Biomedical Disorders: enuresis, leucorrhea, spermatorrhea.

Kidney Yang Deficiency: Jin Gui Shen Qi Wan Kidney Qi Pills from the Golden Cabinet for Kidney Yang deficiency with cold and pain of the lower back and hindlimbs and urinary disorders.

Tongue: pale, swollen, with thin white moist coat; Pulse: empty, frail, deep; Function: warms and tonifies the Kidney Yang.

- Primary Herbs: Shu di huang *Rehmannia* nourishes Yin and tonifies the Kidneys and Blood as well as replenishes essence. Two of the deputies, Shan zhu yu *Cornus* and Shan yao *Dioscorea*, tonify the Liver and nourish the Spleen to further benefit the Blood and essence. The other two deputies which are the essential difference between Jin Gui Shen Qi Wan and Liu Wei Di Huang Wan Six Flavor Teapills with *Rehmannia* are Fu zi *Aconite* and Gui zhi *Cinnamon* twig.

Both are warm to hot and tonify the source fire while warming the channels and Kidney Yang. The three assistants are Ze xie Alismatis, Fu ling Poria and Mu dan pi Moutan and their purpose is to regulate the Kidneys, Liver and Spleen. Ze xie unblocks the water pathways, Fu ling strengthens the Spleen and mildly drains Damp, and Mu dan pi clears Heat and soothes the Liver fire.

- **Food Therapy Example:** An appropriate food therapy formula palatable to carnivores might include neutral, sweet Duck which enters the Kidney and Liver channels and nourishes Yin. Sweet, neutral Yam strengthens the Spleen, stabilizes the Kidneys and nourishes the essence. Cool, sweet Job's Tears enter the Kidney and Spleen channels, tonify Qi and Blood and help drain Damp that may accumulate with Kidney Yang deficiency. Of course warm, we may use pungent Cinnamon twig as in the original formula. However it may be wise, if tolerated by the patient, to substitute Cinnamon bark for twig since it is hot (as is Aconite), enters the Kidney and Spleen channels, tonifies Yang and regulates both cold and damp conditions.

- **Western Biomedical Disorders:** chronic glomerular, interstitial or diffuse nephritis, chronic urethritis, diabetes mellitus, primary hyperaldosteronism, hypothyroidism, neurasthenia, arthritis, and chronic bronchial asthma.

Kidney Yin Deficiency: Liu Wei Di Huang Wan Six Ingredient Pill with Rehmannia for Kidney and Liver Yin deficiency with soreness and weakness of the lower back, diminished hearing, and excessive body heat and restlessness at night.

Tongue: red, dry, little coating; Pulse: thin and rapid; Function: enriches Yin and nourishes the Kidneys.

- **Primary Herbs:** This formula is a variation of Jin Gui Shen Qi Wan without the Yang Tonifying herbs Shu di huang Rehmannia nourishes Yin and tonifies the Kidneys and Blood as well as replenishes essence. Two of the deputies, Shan zhu yu Cornus and Shan yao Dioscorea, tonify the Liver and nourish the Spleen to further benefit the Blood and essence. The three assistants are Ze xie Alismatis, Fu ling Poria and Mu dan pi Moutan and their purpose is to regulate the Kidneys, Liver and Spleen. Ze xie unblocks the water pathways, Fu ling strengthens the Spleen and mildly drains Damp, and Mu dan pi clears Heat and soothes the Liver fire.

- **Food Therapy Example:** An appropriate food therapy formula palatable to carnivores might include neutral, sweet Duck which enters the Kidney and Liver channels and nourishes Yin. Sweet, neutral Yam strengthens the Spleen, stabilizes the Kidneys and nourishes the essence. Cool, sweet Job's Tears enter the Kidney and Spleen channels, tonify Qi and Blood and help drain Damp that may accumulate with Kidney Yang deficiency. A small amount of cold, sweet and salty nori serves to clear Heat from the Liver.

- **Western Biomedical Disorders:** neurasthenia, diabetes mellitus, hyperthyroidism, chronic nephritis, chronic glomerulonephritis, urinary tract infection, hypertension, failure to thrive, optic nerve atrophy, optic neuritis, and central retinitis.

Spleen Qi Deficiency: Si Jun Zi Tang Four Gentlemen Decoction for Spleen Qi deficiency with low, weak vocalizations, reduced appetite, loose stools, and weakness in the limbs.

Tongue: pale, may be moist; Pulse: weak or thin; Function: tonifies Qi and strengthens the Spleen.

- **Primary Herbs:** The chief herb warm sweet Ren Shen Ginseng tonifies Spleen Qi. The deputy herb bitter, sweet and warm Bai Zhu Atractylodis strengthens Spleen Qi and dries Dampness. The assistant herb neutral, bland Fu Ling Poria leeches out Dampness and mildly Tonifies Spleen Qi. The envoy warm, sweet Gan Cao Licorice warms and regulates the middle burner.

- **Food Therapy Example:** A food combination palatable to carnivores that would have similar actions to Si Jun Zi Tang could include warm, sweet chicken to tonify Qi. Warm, sweet oats strengthen the Spleen, dry Dampness and tonify Qi and Blood. Cool and sweet button mushroom enter the Spleen and Stomach to leech Dampness and mildly tonify Spleen Qi. Cardamom directs the actions to the middle burner and mildly warms the Spleen and Stomach.

- **Western Biomedical Disorders:** neurasthenia, chronic gastritis, peptic ulcer, irritable bowel syndrome, diabetes mellitus, muscle atrophy and weakness.

Spleen Yang Deficiency: Li Zhong Wan Regulate the Middle Pill for Spleen Yang deficiency with loss of appetite, no increase in thirst, watery diarrhoea with undigested food and cold or painful limbs.

Tongue: pale with white coating and tooth marks; Pulse: deep, thin, slow; Function: warms the middle burner and strengthens the Spleen and Stomach.

- **Primary Herbs:** The chief herb Gan jiang Dry Ginger warms the Spleen and Stomach Yang and eliminates interior cold. The deputy Ren shen Ginseng tonifies the Yuan Qi and middle Jiao. The assistant Bai zhu Atractylodis tonifies and strengthens the Spleen while drying Dampness. So the first three herbs combine warming, tonifying and drying qualities while Gan cao Licorice augments the Qi of the middle Jiao.

- **Food Therapy Example:** A food combination palatable to carnivores that would have similar actions to Li Zhong Wan could include warm, sweet chicken to tonify Qi. Warm, sweet oats strengthen the Spleen, dry Dampness and tonify Qi and Blood. Warm and sweet squash enters the Spleen and Stomach and tonifies Qi. Hot and sweet dried ginger functions as it does in the original formula but at a lower and more palatable dose.

- **Western Biomedical Disorders:** acute or chronic gastritis, gastric or duodenal ulcers, irritable bowel syndrome, chronic colitis and chronic bronchitis.

Part Two will be featured in the next issue of the JVBM.

BRUCE FERGUSON

Selected References are available on the website (www.vbma.org)

Practice Pearls

PRACTICAL TIPS FROM HERBAL MEDICINE VETERINARIANS

Gifts of knowledge and ideas from veterinary herbalists who participated in the VBMA Spring Symposium Callaway Gardens, Georgia USA. April 30, 2005. They do not however, reflect the views or endorsement by VBMA.

Wanda Vockeroth: Metamucil works as well as linseed to move bone shards along the GIT. Soak it with chicken broth.

Wynn: for beginners, use formulas at first. Don't forget to use Culturelle on GI and allergy cases (and only Culturelle). Nettle seed, as first described by David Winston, may be effective for renal failure cases. Use Henriette's Herbal Homepage to search historic texts for info about conditions and individual herbs.

Cynthia Lankenau: For organic feed (which is not supplemented), she uses yeast bound selenium. It is FDA generally regarded as safe, passes the placenta. She also uses it for tied up horses and cats with cystitis. Company is Alltech. (ed: Sel-Plex by Alltech)

Steve Marsden: Uses saw palmetto for blocked cats. He's found it to work well to abort impending obstruction. He uses a glycerite – 3-5 ml q30-60 minutes until the cat urinates, then scales back. He says the liposterolic components are indeed extracted into glycerin. He has confirmed urethral relaxation via ultrasound.

Product recommendations:

Julie Roos: Derma-Strength (ed: Vetri-Science) for severely atopic and recurrent staph infection dog – so far n-of-1 but worked well with no other changes to regime.

Liz Hassinger: likes Animal Essentials EFA for skin problems and Vetri-Science Acetylator for bowel problems.

Margo Roman: Likes the RxVitamins line, especially Nutrigest. Adds spirulina for bowel problems.

Steve Marsden, on osteosarcoma: In addition to systemic treatment, instead of using Vitamin A/D injections (which can lead to Type I hypersensitivity reactions), start oral vitamins. Use same dose orally daily. No hepatotoxicity seen with this dose and no hypercalcemia as might be seen with injection. To promote ossification of tumor, give orally and also clip lesion – apply DMSO gel on top of clipped area. Apply the dose of A and D, and leave on to absorb once daily. A temporary side effect may be temporary itching. It hardens tumor in about 1 week, reduces pain and reduces inflammation.

He also says that DMSO increases cell differentiation. Dose of vitamin A is 5000 IU/lb, and Vitamin D3 is 1 IU/lb. Has not observed any toxic effects at this dose. Remission is rare, but expect control and extension of life expectancy 2-3 times what is expected.

Bruce Ferguson: Aloe vera for squamous cell carcinoma. Has used on 1 dogs and 3 cats, and always uses George Warren's brand called Active Aloe. Gel is 99.5% pure, from Texas, and he uses 6-10 times daily. Differentiation to hyperplasia has been observed. Also uses topically for gingivitis and sees a 70% reduction in lesion severity. Someone mentioned that Standard Process's aloe product tastes great and is sweetened with stevia.

Lee Simpson: question about proper ratios of N6:N3 fatty acid. Susan Wynn explained that as long as they are eating food, it's hard to control for the amount of N6 in the diet, therefore, it's important to use the highest dose of N3 to get the ratio correct. She recommends 1 extra strength capsule per 10-20 lbs of body weight daily. Extra strength capsules contain approximately 500-600mg of combined EPA and DHA.

Cynthia Lankenau discussed heartworm prevention. She uses 1 drop black walnut daily for a big dog, and 1 drop every 2-3 days for a small dog. Also, 1 pinch daily of wormwood for a large dog and a pinch every 2-3 days for small dogs. The frequency depends on the owner's fear level and the intensity of the mosquito problem. Note – she practices in upstate New York. Liz Hassinger (Rhode Island) noted that she has seen lots of positive cases from people using herbal preventives.

Beth Lambert: dogs with urinary incontinence. They have tried a pumpkin seed extract which has been tested in Japan on women with incontinence. Was able to lower dose of PPA and when ran out, had to increase the dose. Not available in U.S.

General question about palatability:

Lankenau: puts diluted tincture in a spray bottle and sprays in the mouth.

Marsden: for boiling off alcohol, pour into shallow pan and use low heat for about 15 minutes.

Jeff Judkins: uses the Tilford's Phytomucil – dilutes herb 3:1 with water and phytomucil.

Others suggested VAL syrup and pet tincture.

Margo Roman: uses Liver Frappé – donate a blender to the pet; use organic raw or cooked liver and perhaps some cream or milk. Calculate dose of herb in the volume of Frappé to be administered over a 24 hour period.

Julie Roos: uses chicken baby food for cats and cat food for dogs.

Bruce Ferguson: for palatability problems, uses tonic herbs in a crockpot with food (with proper energetics for the patient) for TCM combination therapy. Raw herbs should be slow cooked 8-10 hours.

Herbal Fodder



ECHINACEA PURPUREA

There have been two studies using Echinacea. In the first: researchers from the department of Anatomy and Cell Biology, McGill university, Canada, sought to add to the debate as to whether Echinacea should be taken continuously, intermittently or at the beginning of an illness. (*Biogerontology*. 2005;6(3):157-63.) Treated mice were supplemented with 2mg/mouse Echinacea purpurea from 7 weeks (puberty) until 13 months (late middle age). A control group were identically housed, maintained and fed. The treated mice showed increased survival times (74% alive at 13 months vs 46% of untreated mice) and significant elevations of NK cells in the bone marrow and spleen. Thus the researchers concluded that regular intake of echinacea may be beneficial.

In the second study, carried out at Technische Universitat Munchen, Germany, researchers investigated the efficiency of Echinacea purpurea on performance and immune status of pigs (*J Anim Physiol Anim Nutr* (Berl). 2005 Aug;89(7-8):244-52). Researchers concluded that Echinacea purpurea might be used as a feed additive to improve FCR (feed conversion ratio) and improve immune response to vaccination.

CHI-JU-DI-HUANG-WAN

Researchers at China Medical University Hospital, Taiwan, carried out a study to evaluate the effectiveness of the Traditional Chinese Medicine formula: Chi-Ju-Di-Huang-Wan, for the treatment of dry eye in people. (*Phytother Res*. 2005 Jul 22; 19(4): 349-354). 80 patients were divided into two groups. The treatment group received a topical eye medication and Chi-Ju-Di-Huang-Wan. The control group the same topical medication and a placebo. Researchers concluded that Chi-Ju-Di-Huang-Wan improved tear quality and reduced corneal damage, and therefore it provides an alternative choice for the treatment of dry eye.

Note: Rehmannia, Lycium, Chrysanthemum formula is for Yin deficiency of liver and kidney, dizziness and vertigo, poor eyesight, dry sensation of the eyes, epiphora induced by wind. It contains:

Rehmannia (cooked), ShouTi Huang (Rehmanniae Radix)	8	Cornus, Shan Chu Yu , Corni Fructus	4
Hoelen, Fu Ling, Poria	3	Honey, FengMi, Mel	little
Lyciumfruit, KouChi Tzu, Lycii Fructus	2	Chrysanthemum, Kan Chu Hua, Chrysanthemi Flos	2
Dioscorea, Shan Yao, Dioscoreae Rhizoma	4	Moutan, Mu Tang Pi, Moutan Cortex	3
Alisma, TseHsieh, Alismatis Rhizoma	3		

CHAMOMILE

Researchers at the Department of Pharmacology, Okayama University in Japan, investigated the hypnotic effects of chamomile and passiflora extracts on sleep disturbed rats (*Biol Pharm Bull*. 2005 May; 28(5): 808-10). Chamomile significantly decreased sleep latency at 300mg/kg, while passiflora extract at 3000mg/kg showed no decrease. Flumazenil, a benzodiazepine receptor antagonist, shortened the sleep latency induced by chamomile. Researchers concluded that chamomile extract is an herb having benzodiazepine-like hypnotic activity.

IMMUNOSTIMULATION BY MUSHROOM AND ASTRAGALUS EXTRACTS

An experiment was conducted to investigate the effects of polysaccharide extracts of two mushrooms: Lentinus edodes (LenE) and Tremella fuciformis (TreE), and an herb: Astragalus membranaceus (AstE), on the immune responses of chickens infected with coccidia. (*Avian Dis*. 2005 Mar;49(1): 70-3). Researchers found that the polysaccharide extracts may prove useful against avian coccidiosis, particularly when used in conjunction with vaccine. Of the three extracts: LenE and TreE showed better growth promoting effects, and LenE and AstE showed better immune stimulating effects.

GARLIC AND HEINZ BODY ANAEMIA

Researchers at the Department of Animal and Poultry Science, University of Guelph, Canada, supplemented two horses garlic mixed in molasses, and two control horses molasses only (*Am J Vet Res*. 2005 Mar;66(3): 457-65). The initial dose was 0.05g/kg twice daily, and this was increased to 0.25g/kg twice daily over 41 days. The supplements were fed for a total of 71 days, and blood was collected weekly until 5 weeks after supplementation ceased.

Results showed that horses developed signs of Heinz body anaemia (HBA) at > 0.2g/kg garlic, from they had largely recovered five weeks after the garlic was stopped. Researchers concluded that horses will voluntarily eat enough garlic to cause HBA, and that there is the potential for garlic toxicosis in horses chronically supplemented with garlic. Further study is required to determine as safe dose for horses.

Practice Insights

AN INTERVIEW WITH ALLEN SCHOEN

Dr. Allen Schoen is one of the elders of integrative veterinary medicine, and has dedicated his professional career to the scientific advancement of complementary and alternative veterinary medicine. He has been publishing and speaking on the scientific basis of acupuncture for over 20 years, and has been using herbs for over 20 years. Allen is on faculty at two veterinary schools (Colorado State and Tufts Universities) and teaches for the Chi Institute for Traditional Chinese Medicine. He is the editor of *Veterinary Acupuncture: Ancient Art to Modern Medicine*, (Mosby, 1994, 2001), co-editor of *Complementary and Alternative Veterinary Medicine* (Mosby, 1998), author of the award winning book, *Kindred Spirits, How the Remarkable Relationship between Humans and Animals Can Transform our Lives* (Broadway-Doubleday, 2001) and author of *Love, Miracles & Animal Healing*, (Simon & Schuster, 1995).

Dr. Schoen has lectured all over the world, and is the recipient of multiple grants and awards for his work and contributions to veterinary medicine. In addition, he maintains a four veterinarian referral practice in large and small animal complementary and alternative veterinary medicine. Dr. Schoen was kind enough to give us some of his very limited free time for this interview.

Why do you think herbal medicine is gaining popularity now, in the age of miracle drugs and surgical advances?

Medications and surgery, as much as they have progressed, still have significant potential side effects and still do not address many conditions that are addressed with herbs.

Do you have a garden?

In my mind I have a beautiful, exquisite, blossoming, colorful, joyous, healthy, bountiful garden. In the physical realm, I have been way too busy to cultivate one on the earth.

What would you advise a new veterinary graduate today?

Apply for an internship in internal medicine and become as knowledgeable and capable in the best western medicine has to offer so you know and understand that option, along with keeping an open mind and studying complementary therapies such as nutraceuticals and homemade diets, herbs, acupuncture, chiropractic, physical therapy as well. That way you will truly become the integrative veterinarian of the 21st century. That is the way. In addition, study mind/body medicine and understand the impact that your thoughts and the choices you make have on the way you practice and the way you live. Choose love over fear.

What was the best professional advice you ever received?

Hmmm. Don't go to vet school? (Just kidding!) Integrate acupuncture and complementary therapies into an integrative approach along with western medicine. Introduce these therapies in a nonadversarial, scientific way. Dr. Bill Kay, Chief of Staff, and Dr. Martin DeAngelis, Head of

Orthopedic Surgery at the Animal Medical Center in New York, in 1982, suggested that that was the best way to succeed with my vision of integrating these therapies into veterinary medicine.

What is the most exciting change you've seen in veterinary medicine during your practice life?

The acceptance of complementary therapies by veterinary schools and the AVMA, AAEP and other professional organizations as an integral part of veterinary medicine. The 1996 AVMA guidelines on complementary therapies (which for the first time defined certain 'alternative therapies and suggested their place in veterinary practice, Ed.). The development of complementary therapies programs at CSU, Tufts, U. Fla. and other veterinary schools.

Who has inspired you in veterinary medicine?

Dr. Sheldon Altman was my very first teacher of veterinary acupuncture and my great inspiration and role model. Dr. Bill Kay and Dr. Martin DeAngelis at the animal medical center when they supported me despite the skepticism and cynicism of the majority of veterinarians at the Animal Medical Center.

Jane Goodall for all she has done for animals. Spiritual teachers such as Garchen Rimpoche, who after 20 years in a Chinese prison camp, said his greatest fear was losing compassion for his torturers. The Dalai Lama, Jesus Christ, G-d, all that is nature, and my dog Megan.

Dog person or cat person?

Absolutely, positively, without a doubt, both!

What books do you consider essential for the veterinary herbalist?

My current favorite is Dr. Xie's *Chinese Veterinary Herbal Handbook*.

What was the last really great book you read, of any sort?

A Diamond in Your Pocket by Gangaji; *The Tibetan Book of Living & Dying* by Sogyal Rimpoche; *Open Secrets*, Rami Shapiro...all read simultaneously

What is your basic teaching philosophy?

Go inside yourself, be quiet and offer what you truly feel is best for the animals you are treating, treat all animals as you would like to be treated. Be still, know G-d, love others as yourself. Give 100% without attachment to outcome. Choose love over fear.

What is your favorite sanity check?

Being still inside and following my breath and getting in touch with the inner joy and peace of all that is in that quiet still moment between breaths.

Has your chosen path in veterinary medicine made it difficult for you at times? If so, how?

Constantly...When I first realized that acupuncture really worked and I had to stand up and defend it to cynical or

skeptical colleagues at a time when there were only a handful of us practicing in the U.S. It was challenging to stay positive, loving, nonadversarial despite the ridicule and cynicism of many colleagues. Following your heart vs. economics is always a constant challenge. I always share what I would do if it was my own animal companion. Sometimes that does not agree with what a client or colleague would choose. It is a constant challenge and wonderful opportunity for me not to judge others for their choices. Standing up for what you truly feel is best for the animal when other colleagues disagree. When choosing a career path in natural medicine, you are sometimes choosing a more economically challenging part of the profession. You do not acquire the income as if you would choose to practice conventional medicine. However, the exception to that is offering integrative medical approaches, providing the best of both worlds.

It was also challenging to be interviewed by writers, TV personalities, radio hosts etc. who were cynical and skeptical and trying to get you boxed into a corner. It was also an opportunity to practice verbal aikido, the Japanese art of not fighting, with words. It has been challenging as well as a wonderful opportunity to choose love over fear, when dealing with the recent ascent of certain extremist skeptics and cynics who are committed to ridiculing all you do. It is an opportunity to have great compassion for the pain that they must be in in order to be that adversarial and negative.

Information overload is often challenging. You think keeping up with the latest in medicine and surgery in one or two species is challenging, try keeping up with the latest information on acupuncture, herbal medicine, chiropractic, nutrition, homeopathy, etc. in addition to medicine and surgery!

It is a challenge to be the best you can be in all of these, share your experiences with others and have a balanced life. The insight here is that balance is a dynamic state, sometimes way out of balance, but then balanced by relaxation. Now is my time to slow down, let go, allow others to carry the torch of academic and scientific integrative medicine. It is currently a challenge and an opportunity of letting go of this stage of life's journey and opening to the next stage.

What do you identify as veterinary medicine's greatest challenge for the future?

Keeping up to date with all the information in all the different fields of integrative medicine and balancing that with other parts of life.

Do you see any dangerous trends in the growth of 'alternative medicine'?

Yes, now that it is becoming a trend, some individuals, both veterinarians and nonveterinarians are jumping on the bandwagon with financial interests as the primary interest rather than caring for the animals. Some of the therapies grouped under 'alternative medicine' have much less documentation and less validity than others and extremist cynics can tend to group them altogether, diminishing the benefits of more documented therapies.

Do you think the veterinary profession is failing the animals it serves at this time? In what way(s)?

I feel like it is a delicate dance at this time, between following conventional human medical approaches with all the latest diagnostic techniques along with the backlash against complementary therapies, versus the future of truly integrative medicine with respect for all valid approaches. We also lack dedicated veterinarians who are willing to put the time into the political aspects of furthering integrative medicine. There needs to be a balance of wisdom and compassion along with the economics and politics of veterinary medicine.

Can you talk about your initial introduction to and subsequent work in acupuncture?

When I realized that acupuncture actually could benefit animals that did not respond to conventional medicine or where they were going to be euthanized or remain in suffering, I was pleasantly surprised and excited. This initial enthusiasm spurred me on to explore the many varied potential applications of acupuncture in veterinary medicine. I kept records on these cases and began to collect data and publish and share these findings with colleagues. Through my work at the Animal Medical Center in New York City, interns and residents were exposed to acupuncture as an integral part of veterinary medicine. Through my work there, I was then asked to edit the latest textbooks on veterinary acupuncture and invited to speak at numerous veterinary schools and conferences throughout the world. I was blessed with being at the right place at the right time to help spread knowledge about how acupuncture could be integrated into veterinary medicine.

What is in your emergency medical kit when you travel?

Acupuncture needles, Hunnan Bai Yao, Gao Mao Ling, Po Chai, Arnica 30C, Apis 30C, Nux Vomica 30c, traumeel.

Do you have a favorite condition to treat?

Any that do not respond to conventional medicine.

What changes do you hope will occur in veterinary medicine in the next 25 years?

The awareness that no one form of medicine has all the answers and that the future is integrative medicine, integrating the best of all the different complementary therapies along with convention medicine. That this will be the accepted state of practice – integrative medicine. Acknowledgement by the powers to be that medical studies are not always accurate and that the extremist cynics that demand scientific studies are hiding behind a fallacy that these are always accurate. That there will be more financial support for good humane ethical studies in veterinary complementary therapies. That there will be respect for all approaches and that there is increased respect and compassion for all sentient beings.

Thank you for your time, Dr. Schoen!

Event Calendar

Third Annual Veterinary Herbal Medicine Symposium

September 17-18, 2005

Ogden, UT

Join us for our third annual Veterinary Herbal Medicine Fall Conference. This year, our featured speaker is Francis Brinker, N.D., who will cover some of the information in his latest book on how different forms of botanical products influence clinical outcomes. Lynnelle Graham, an anesthesiologist from University of Minnesota, will be presenting new data on Yunnan Paiyao, and discussing anesthetic/herb interactions. In addition, some of our perennial favorites including Barbara Fougere, Joyce Harman, Rob Silver and Susan Wynn will return with clinical tips for your practice.

Herb Walk Soul Talk: Work shop and Retreat

Kauai, HI

December 4-9, 2005

Awaken your senses, open your heart, discover your ability to reconnect to nature, receive her wonderful gifts to heal, enhance your intuition and listening, begin to learn the art of blending medicinal plants, relax, rest, look within and be restored!

Botanical Practical Workshop – compounding herbal shampoos, ointments, teas, liquid medications, aromatherapies and liniments.

Field Trips – herb walks in lush tropical settings, waterfalls, streams, mountains, ocean and Ancient Gardens. Plant identification and energy work. European, North American introduced species, Polynesian Medicine plants, Kava ceremony.

Retreat/ Healing the Healer – Eco-Psychology, Nature Energy Work, Visualization and meditation, Sound therapy, Heart therapy, Yoga, Massage.

Retreat leaders – Ihor Basko, DVM, Mark Haverkos DVM, Gary Mack (ethnobotanist, herb exporter), Jane Winter MFCC MA, Kimba Arem (Heart therapy, Music therapy), and Patricia Howard (yoga, meditation, thai massage).

For more information and reservations:

call 1 800 822 2829, or log onto

<http://www.healingvacation.com>.

Deadline for registration is November 1, 2005.

Tentatively scheduled:

VBMA Belize Ecotour

February 24, 2006 – March 8, 2006

Stay tuned!

HUMAN HERBAL MEDICINE CONFERENCES

American Herbalists Guild's 16th Annual Symposium:

Treating Chronic Illness With Herbal Medicine

November 4-6, 2005

The Benson Hotel, Portland, Oregon

The AHG was founded in 1989 as a non-profit, educational organization to represent the goals and needs of herbalists specializing in the medicinal use of plants. Our primary goal is to promote a high level of professionalism and education in the study and practice of therapeutic herbalism. Our Annual Symposium is widely regarded as one of the pre-eminent conferences on botanical medicine, offering over 40 workshops by leading practitioners and researchers.

This year's teachers include: Christopher Hobbs · Robert Rountree · Simon Mills (Keynote Speaker) · David Hoffmann · Mindy Green · Mary Bove · Francis Brinker · David Hoffmann · Mark Blumenthal · Donald Yance · David Winston · Robin Dipasquale · Ed Smith · Sharol Tilgner · Lesley Tierra · Michael Tierra and many others. We expect to offer continuing education credits for nurses, pharmacists, acupuncturists, and naturopathic physicians. Preconference intensives will be held on November 3.

For information contact:

AHG, 1931 Gaddis Road, Canton, GA 30115

Ph: 770 751 6021 Fax: 770 751 7472

Email: ahgoffice@earthlink.net

Or visit our website at www.americanherbalist.com for program details and registration.

Complementary and Natural Healthcare Expo West

Los Angeles Convention Center

October 7 - 9, 2005

The International Complementary and Natural Healthcare Conference and Expo (CAM Expo) is the premier event for licensed practitioners and their suppliers. The conference features the latest research in the fields of complementary and alternative healthcare, and the exhibition will present buyers of natural healthcare products and services with a dedicated focused marketplace.

For more information check their website:

<http://www.camexpowest.com>

**Building Bridges of Integration:
True Healing**
Sheraton Meadowlands Conference Center
East Rutherford, NJ
October 6-9, 2005

True Health is a landmark conference for Eastern and Western health-care professionals interested in exploring Traditional Chinese Medicine (TCM) and its growing role in complementary health care.

For more information, check the website:
<http://www.tcmconference.org/>

Lavender Australia
September 30-October 3
Sydney, Australia

Lavender Australia will host a four-day conference on lavender, herbs and essential oils. The conference will include a dinner, workshops, presentations, including keynote speaker Arthur O. Tucker, PhD, as well as French essential oil experts and Australian herb authors.

Contact: Lavender Australia
P.O. Box 81, Leichhardt NSW 2040 Australia
<http://www.LavenderAustralia.com>

**AOAC Single Laboratory Validation of
Analytical Methods for Dietary
Supplements**
September 10-11

Workshop in conjunction with the AOAC International Annual Meeting, Orlando, Florida (see next event below).

Workshop contact: James Neal-Kababick via email:
jimk@floraresearch.com

USP Annual Scientific Meeting 2005
Hotel del Coronado, San Diego, California
September 27-30

Organizer: U.S. Pharmacopeia
Provides Pharmaceutical CEUs.

Register online at www.usp.org/conferences
or via phone: 301 816 8134

Planting the Future
Bracketts Farm, Gordonsville, VA
October 1

Presented by United Plant Savers. Early registration fees until September 1. Program details and registration form online at www.unitedplantsavers.org (follow links under Upcoming Events).

For local information, contact Kathleen at Sacred Plant Traditions by phone: 434 295 3820 or email to info@sacredplanttraditions.com

**Third International Medicinal Mushroom
Conference**
Fort Worden Conference Center, Port Townsend, WA
October 12-17

Website: <http://www.fungi.com/immc/index.html>

**2005 Asia-Pacific Traditional Medicine
Expo & Forum**
Wuhan, Hubei, Peoples Republic of China
October 20-22

Sponsor: United Nations Asian and Pacific Centre of Transfer of Technology and the Hubei Provincial People's Government. Articles on Traditional Medicine Industry, Research, Treatment, and Culture sought

Email: apctt@apctt-tm.net Website:
<http://www.apctt.net/events/display.jsp?id=2143>

**National Conference of the Canadian
Herb, Spice and Natural Products Coalition**
Battery Hotel and Suites
St. John's, Newfoundland, Canada
October 27-29

Contact Jeff Blackwood via phone: 709 364 7277 or email:
j.blackwood@nl.rogers.com

Website with program details and online registration:
<http://www.saskherbspice.org/2005%20national%20conf/index.html>

**Sustainable Botanicals 2005: Healthy
business, Healthy planet, Healthy people**
Salt Lake City, Utah

Sponsored by the Plant Conservation Alliance-Medicinal Plant Working Group.

Details to be posted online at
<http://www.plantconservation.org/mpwgconference>

