



International College of Herbal Medicine

Specialists in Herbal Education

30 May 2008
General Newsletter

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Autumn/Winter Newsletter

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My Summer/Winter greetings to you all.

I am recently back from the New Zealand Association of Medical Herbalists' annual general get together. One of the great things about being involved in Herbal Medicine over the years is the friends made and it is meeting up with some of these that makes 'get togethers' like this so enjoyable.

The Semester ends on June 20th but the Year One tutors are happy to continue throughout the break. If you are thinking of enrolling you can!

Kia Ora , Isla

Courses/Units Available **Individual units**

Introduction to Herbal Medicine

Botany

Plant Language

Manufacturing Herbal Medicines

History and Philosophy of Herbal Medicine

Herbal Medicine, Children and Babies

Year One – Gathering Information

This includes all the individual units plus

Understanding the Craft of Herbal Medicine

Materia Medica – available Feb 2008

Year Two – Gathering Knowledge

Case-based Herbal Therapeutics

Year Three – Gathering Wisdom

500 hour Clinical Programme

Post Graduate

Pre-requisite Materia medica – begins August

Clinical vignettes – available on request

TIIWH1 – currently on-line

ENROL NOW ON-LINE

Unit descriptions and Mentor details as well as

students' comments and online registration are available at

www.HerbCollege.com

Echinacea toffee for children

by Sharan Carter

1 cup of organic cane sugar

$\frac{1}{2}$ cup water

$\frac{1}{2}$ Tbsp organic cider vinegar

$\frac{1}{2}$ tsp butter.

Simmer together as you would when making toffee. When the toffee is done add 1 tsp of echinacea tincture and 3 drops of peppermint oil. Set and cut as normal.



Syndrome X

By Isla Burgess

A major health problem for the Western world.

What is 'Syndrome X'?

The combination of high blood pressure, Type 2 diabetes, high cholesterol and weight gain.

It could be called the 'Insulin Resistance Syndrome', (and is sometimes referred to as 'The Deadly Quartet' or the 'Pluri-Metabolic Syndrome') because a person has abnormalities in glucose and lipid metabolism, truncal obesity, and high blood pressure. Each being considered a risk factor for cardiac disease and synergistically increasing the risk.

'Insulin resistance' appears to connect these four conditions, where the body's tissues have a reduced sensitivity to insulin. The result is the tissues don't receive the glucose they require, the body responds by increasing its insulin output, contributing to changes in the levels of blood lipids (cholesterol and triglycerides), and eventually causing Type II diabetes and other health problems. It is unclear exactly how hyperinsulinemia affects blood lipids and an increase in blood pressure but its effect on prostaglandin production is one likely mechanism.

Hyperinsulinemia stimulates the production of Delta-6-desaturase enzyme causing a shift away from the production of the prostaglandin E1 series and an increase in Arachidonic acid, resulting in a higher level of inflammatory and vasoconstricting prostaglandins that also increase pain and platelet stickiness.

For the full text click on www.HerbCollege.com and then to 'News and Events'.

Thank you for your thoughtful feedback. It's nice to hear a perspective embracing the careful study of multiple traditions. I am glad to be studying at ICOHM because it seems to embrace all ways and wisdoms of the past and present! It's been a great course! Kathryn MCKann US (Comments made to her History and Philosophy tutor)

A herbal bedtime story...

This is from Robyn Klein from Montana, USA. Robyn is a scientist and herbalist.

She writes...

While not goldenseal, the story of Oregon grape root is very similar. Compared to powerful antibiotic drugs, the berberine alkaloid is wimpy.

And for good reason.

Long ago, Oregon grape root realized that producing a powerful antibiotic was a very dumb idea indeed! The pathogenic bacterium, *Staphylococcus aureus*, just became more virulent when the Oregon grape root made really powerful antibiotics. The challenge of a more powerful compound simply upregulated the many tricks the pathogen had up its combined sleeves and the bacterium simply evolved yet another resistant mechanism. Whether by producing a biofilm, a toxin, a wiggler tail for mobility (very scientific term, that!) or a protein that sat in the membrane and pumped out the compound, the microbe protected itself from the strong antibiotic chemicals the Oregon grape root made.

So what Oregon grape did was to shift tactics. Instead, it made a weak antibiotic, berberine; one that was easily absorbed through the bacterium's membrane.

Silly plant, said the pathogenic microbe. What a wimpy antibiotic! Ha ha! I'll just pump that stuff out, no problem. No worries. No need to become more virulent or resistant to berberine. I'll just pump it out.

Aha! whispered the Oregon grape plant. My plan is working! Now for the second (and synergistic) part of my plan. I'll also make another compound that is NOT antibiotic (and so it will be ignored by the bacterium). It too will easily absorb through the bacterial membrane and get inside my enemy. I'll make a compound called 5'-methoxy-blahblahblah that will fit nicely into that pump. Only it will get stuck there and block the pump.

So this is what happened. The berberine, not being a very big threat to the bacterium and of the right chemical nature to fit nicely was absorbed inside the bacterium. Meanwhile, the 5'-methoxy-blahblahblah compound blocked the pump and the weak berberine antibiotic began to build up until finally, it got so strong that it killed the bacterium before it had a chance to procreate and evolve into resistant progeny. And that is why to this day, Oregon grape never gets infected with *Staphylococcus aureus*.

The morale of the story: don't challenge the pathogens, tame them!
Feel free to post widely across the world.
Maybe someone somewhere will get it...finally!



NEWS and EVENTS

I am taking a year out for further study at the Schumacher College in Devon, England. I feel it is time to contribute more to what is happening to our world and in particular to the plants we share the planet with. I have given much thought to ICOHM and I need to say that I am committed to it continuing. It is a perfect way to learn Clinical Herbal Medicine in what is a changing world.

I am proposing a different approach that would include a co-operative directorship with 4 co-directors with financial interest. The more I think about it the more I think it will work. It would require a US Director, a Canadian Director, a NZ Director and an Administration Director (requiring computer skills).

If you are interested in finding out more or would like to discuss it with me please email me on isla@HerbCollege.com

The International College of Herbal Medicine is unique in the world offering web based training for Clinical Medical Herbalists as well as individual unit study and Post Graduate unit study. It is an extraordinary resource that builds each year.



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