



300 HERBS
Their Indications and
Their Contraindications

MATTHEW ALFS

300 HERBS:
THEIR INDICATIONS & CONTRAINDICATIONS
(Materia Medica & Repertory)

300 HERBS

THEIR INDICATIONS & CONTRAINDICATIONS

Materia Medica & Repertory

with Insights from

**American Eclectic Medicine, Physio-medicalism, Thomsonianism,
Appalachian Folk Herbalism, Native-American Plant Medicine,
Curanderismo, Modern Western Phytotherapy, European Herbal Traditions,
Unani Tibb, Traditional Chinese Medicine, & Ayurvedic Medicine**

A Manual for Herbal Students and Practitioners

2d Edition, Revised & Expanded

by

Matthew Alfs

OTBH

DISCLAIMER—PLEASE READ CAREFULLY

The identification, selection, and processing of any herb for ingestion or other personal use requires reasonable care and attention to details. Certain parts of some plants are wholly unsuitable for use and, in some instances, are even toxic. Because attempts to use any herb for personal use depends upon various factors controllable only by the individual, neither the author, publisher, printer, or distributors of this book assume any responsibility whatsoever for adverse health effects of such failures as might be encountered in the individual case and should not be held liable to any person or entity with respect to any loss, damage, or injury caused, or alleged to be caused, directly or indirectly, by the information contained in this book.

Be fully aware that while this book examines how individual plants have been used by Native-Americans, herbalists, and other healers as health aids, such information is not meant, and should not be construed by the individual, as incentive for substituting such for professional medical care. Both the author and the publisher urge readers to consult their professional health-care provider with respect to any personal illness or injury.

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by Matthew Alfs

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Photo on the Front Cover by Dionyz Dugas: Mallow flower (*Malva sylvestris*)

Acknowledgments

The author wishes to express his thanks and appreciation to the herbal practitioners throughout history who have inspired this compilation of material. Their published works are listed in the Bibliography and are hereby gratefully acknowledged. Many of these valuable works are still in print and can be purchased at bookstores or through online booksellers. Even those which are out-of-print can sometimes still be obtained at used bookstores or from online booksellers of out-of-print books.

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Foreword to the First Edition

Books on herbs abound nowadays. But many of them seem quite superficial—blithely matching herbs to conditions, and vice versa, without any elaboration as to *why*, or *how*, the herbs might help. Moreover, many of these books appear to have been written by people who have had little or no experience in using herbs as therapy in a real-life setting.

Yet, since herbal medicine is the oldest form of healing known to man, it has been enabled, over the eons, to be refined into quite an art, through which it has thrived in the hands of skilled healers. Not unexpectedly, then, practitioners of herbal medicine have developed, over the years, a complex array of guidelines for the use of healing plants. These guidelines broadly consist of two major categories: (1) Indications for use and (2) contraindications for use (e.g., pregnancy, lactation, certain pathologies, & conflicting drug use).

As to the former, healers from traditions around the world have usually felt the patient's pulse and visually inspected his/her tongue, face, nails, hair, eyes, urine, stool, etc. Then, from these inspections, an "energetic profile" of the patient has traditionally been developed, often revolving around the assessment of the patient as being overly hot, cold, moist, or dry. Following this, plant remedies—also understood to be possessed of particular emphases of warming, cooling, moistening, or drying—have typically been matched to the energetic profile developed for the person. Traditions using such methodology include Traditional Chinese Medicine, Ayurveda, Unani Tibb (Greco-Arabic Medicine), and Tibetan Medicine. Yet other traditions—including certain streams of European herbalism and the plant medicine of some Native-American tribes—have, in a somewhat similar manner, matched the energetics perceived in herbs to particular illnesses thought to be possessed of the opposite energies (e.g., in using certain herbs for "cooling the reins," "drawing out fire," etc.).

One of the most pointed systems for matching herbs to people was developed in American "Eclectic" medicine. The "Eclectics" were a group of physicians who lived and practiced in the United States in the latter half of the nineteenth century and the early half of the twentieth century. They were skilled, not only in the orthodox medicine of the day, but also in complementary or alternative therapies such as homeopathy and herbal medicine. Under the direction of luminaries such as John Milton Scudder, Eli Jones, W. E. Boyer, Finley Ellingwood, Harvey Wickes Felter, and the erudite pharmacist John Uri Lloyd, the Eclectics developed "specific (or, "definite") indications" for the use of a large array of individual—largely American—herbs, which were based on the appearance of the patient's tongue, pulse, skin, urine, eyes, type of pain, and pathology. Although Eclectic medicine vanished from the American scene in the 1930s, when its colleges closed for lack of outside funding, the movement's careful and scholarly works have been largely reprinted and are available today (see the Bibliography for specifics).

As I am quite "eclectic" in my own approach as a practitioner and teacher of herbal healing, I have deemed it prudent to combine the time-tested insights from the wide variety of healing

traditions mentioned above into *one concise format*, making this available as a manual, for the first time, to serious herbal students and practitioners. Here I have particularly culled insights from American Eclecticism, Physio-medicalism, Thomsonianism, Curanderismo, American Indian plant medicine, Appalachian folk herbalism, various forms of European herbalism, modern Western phytotherapy, Unani Tibb, Traditional Chinese Medicine, and Ayurveda.

I have also included some introductions on the assessment methods and energetic classifications of four of the major systems: Unani Tibb, Traditional Chinese Medicine, Ayurveda, and American Eclecticism. Finally, I have assembled and appended a lengthy and detailed repertory, which I hope will prove to be helpful as a therapeutic guide for practitioners and students.

In conclusion, if this manual can contribute to the clinical proficiency of herbal practitioners or students in even the slightest way, then I will be most pleased.

Matthew Alfs, MH, RH (AHG),
March, 2003

Foreword to the Second, Revised Edition

It is with great satisfaction that I now offer this second, revised edition of *300 Herbs*. Yet, why a revised edition? Several factors are responsible.

For one thing, much additional, published clinical and other research has allowed for an enlargement of the information presented in the first edition and has thus enabled me to substantially expand the books' repertory and some of the entries in the *materia medica*. Furthermore, my 16 additional years of experience as a registered clinical herbalist, during which time I have further utilized the 300 herbs discussed in the book to support the health of thousands of individuals, has yielded further valuable insights into these herbs.

Yet, there is more: During the interval from when the first edition appeared (2003) up until the present year (2020), a number of other herbs have come into prominence—either on the clinical scene in general or in my own private practice. I have incorporated a number of these into the new edition (namely, *bitter melon*, *bull thistle*, *chaga*, *clearweed*, *clintonia*, and *neem*), replacing herbs that have fallen out of practice or are largely unobtainable now due to a threatened status in the wild (these being *crawley*, *field bindweed*, *fraxinella*, *maidenhair fern*, *picrorhiza*, and *pygeum*).

So, then, with great appreciation for the wide distribution and utilization that the first edition of this work achieved, I now offer this second, revised edition. My hope and prayer is that it may continue to serve the herbal community as a resource for sound clinical application of the 300 herbs that can be found within its pages.

Matthew Alfs, MH, RH (AHG),
January, 2020

HOW TO USE THIS BOOK

Using the Herbal Repertory (pages 119 to 204)

The Herbal Repertory lists, not only health conditions, but also energetic cues to dysfunction via visible features (skin, tongue, eyes, etc.), exudations (urine, breath, stool, menses, etc.), and pulse palpations. These listings are then referred back to the *Materia Medica* (see below) for detailed description and application. (Always consult the *Materia Medica* before using any of the herbs listed in the repertory.)

Using the Materia Medica (pages 29 to 117)

The *Materia Medica* (Latin for “Materials of Medicine”) lists 300 herbs, alphabetically, by their most-of-often-used common names (although an “*Index to Plants by Latin [Scientific] Names*” occurs *immediately prior* to the *Materia Medica*). It then individually details: the part(s) used, the Latin scientific name, the plant energies (first, whether warming, cooling, or neutral; secondly, whether drying or moistening), and the major physiological effects (“spasmolytic,” “alterative,” etc.; see **Glossary in rear for definition of terms**). The next section, in the form of a boxed format, lists the energetic and/or biotypical indications by herbal tradition (TCM, Ayurveda, Unani Tibb, American Eclectic). Thirdly, in the largest section for each entry, the dysfunctional and pathological indications are delineated *per body system*. After this, known contraindications to use during pregnancy, lactation, concurrent drug use, and pathologies (diabetes, gallstones, etc.) are outlined. Finally, traditional dosages in the way of tinctures, fluid extracts, infusions, decoctions, and capsules/tablets are given. An example appears below. Following this example, a more detailed explanation of the various listing categories is provided.

Chinese rhubarb rhizome (*Rheum palmatum*) (Cooling; Drying) [Laxative; diuretic; refrigerant; emmenagogue]

TCM PATTERNS: Blood Stasis from Heat; Food Stagnation; Damp Heat; Heat in the St/Intestines

AYURVEDIC DOSHIC TENDENCIES: Pitta/Kapha

UNANI BIOTYPE: Choleric

ECLECTIC TONGUE: Long; red at the tip & edges

MENTAL/EMOTIONAL INDICATIONS: Speech disorders; mental instability

HEAD/FACE INDICATIONS: Intraocular pressure from hepatic inflammation; oral sores or pain

SKIN INDICATIONS: (Internally & topically): Boils/furunculosis; skin ulcers; folliculitis

CARDIOVASCULAR INDICATIONS: Epistaxis; other bleeding due to Heat

DIGESTIVE INDICATIONS: Constipation due to Heat in GI tract & w/a sense of cramps or constriction; sour-smelling stools; diarrhea (dosed low [under 300mg]) w/abdominal tenderness upon pressing; jaundice due to Damp-Heat; cholecystic pain; gastric irritation; nausea/vomiting

GENITO-URINARY INDICATIONS: Amenorrhea; edema; “hot” urine; threatened renal failure

ENDOCRINE/SYSTEMIC/IMMUNE INDICATIONS: Influenza; bacterial dysentery; acute infectious hepatitis

CONTRAINDICATIONS: Pregnancy; Appendicitis; *Qi* or Blood Deficiency; Sp/St *Yang* Deficiency; use in kids under 12.

TRADITIONAL DOSE FOR A 150-LB ADULT: *Tincture:* (Constipation): 1/3 to 1/2 tsp [i.e., 1-2.5 ml], bid; (Diarrhea): 5-15 drops, to qid; *Decoction* (3/4 tsp rhizome to 8 fl oz water, simmered 10 mins.): 4-6 fl oz before bed. *Caps:* 1g a day, in divided doses (for kidney protection). **Note:** May color the urine red-orange. To *avoid any griping*, it’s often best to use 4 parts rhubarb to 1 part carminative (ginger or fennel) in any of the preparations listed above. *Never use the toxic leaves!*

**Detailed Overview of the *Materia Medica's*
Categories for
INDICATIONS, CONTRAINDICATIONS, & DOSAGES**

Basically, the body of text for each entry can be divided into three sections:

1. *Energetic and Biotype Indications* (listed in boxed type)
2. *Systemic Indications*
3. *Contraindications*
4. *Traditional Dosing Methodologies*

As it's actually easiest to consider these in reverse order (due to the extreme length of material necessary to explicate section #1), we will proceed with this arrangement below:

Traditional Dosing Methodologies

Dosage must, of necessity, vary between people, owing to differences in gender, weight, age, hardiness, and other factors. Obviously, then, this book makes no attempt to fix dosages for the public at large, and those listed should not be interpreted as prescriptive in any fashion. Rather, the focus of this section is to present information on the *traditional/historical* dosages used for the individual herbs in botanical therapy. Here, since *weight* has historically been the factor most often utilized in determining dosage, doses historically used of a *150-lb adult* are listed. Dosages for other weights have traditionally been deduced mathematically. For children, as one example, Clark's Rule has usually been implemented, which states that the child's weight in pounds is divided by 150 to obtain the appropriate fraction of the typical adult dosage. Thus, if an adult takes a tincture at 30 drops a dose, a 50-lb child has traditionally taken the same tincture at 10 drops a dose (= 33% of adult dose).

The forms of herbal therapy have also varied traditionally, and so more than one may be listed, but, in any such case, preferred forms only are listed. As to oral forms of therapy: First, dosages for *tinctures* may be given. These are alcoholic extracts of plants (usually in a plant-to-alcohol ratio of 1:5 for dried plant parts and 1:2 for fresh plant parts). The dosage listed for these may be in the form of milliliters (ml), fluid drams (fl dr), teaspoons (tsp), or drops (the size produced from the typical glass-dropper's tip used in the popular, 1-oz tincture bottles commercially sold in America), as is appropriate in the case of the individual herb. (Due to their high alcohol content, tincture doses need to be diluted—preferably in water—before being ingested, usually in an amount ranging from a teaspoon to a quarter of a cup; otherwise, they could irritate the mucous membranes.) Following the listing of tincture doses, one for *fluid extracts* (fl ext) may occasionally be provided. These are alcoholic extracts of herbs—usually dried—that have been processed to produce a ratio of one gram of plant material to one milliliter of alcohol, so that one drop approximates one grain of the herb. (These must also be diluted before being used.)

Next listed are traditional dosages for *teas*. Here, if the part of the plant to be used is a soft segment—such as a leaf, flower, or stem—such may be used to make a tea through the process of *infusion* (a tea made by steeping an herb in water that has been removed from the stove after having been brought to the boiling point; the steeping time can vary anywhere from ten minutes

to several hours, depending on the strength of tea desired). Such a tea may take the form of a **standard infusion** (½ oz [by weight] of dried herb—or 1 oz of fresh herb—to 8 fl oz water, steeped 15 minutes) or it may be produced in some other way, which would be described. If the part of the plant used is a tough, fibrous section—e.g., a root, bark, or seed—a **decoction** is often used instead of an infusion to produce the tea. Here the plant segment is actively boiled in water on the stove. A **standard decoction** uses 1 oz (by weight) of finely cut plant to 1½ pints of cold water, with the combination being brought to a boil and then gently simmered until the fluid is reduced by about one-third (taking anywhere from 10-30 mins.), leaving a pint's worth as the final result, which is then cooled for 10-30 minutes before being strained for use. Other types of decoction would be described appropriately. Also, before decocting these tough, fibrous plant segments, it's often best to soak them (from ½ hour to 10 hrs., depending on the plant).

Capsules (caps) or **tablets** (tabs) are currently the most popular vehicles for ingesting herbs in America. When this form of therapy is appropriate (for a number of herbs, it is *not!*), it is also listed, with historical dosages in milligrams (mg) or grams (g) being provided. **Standardized extracts** are also available commercially for many herbs. Such are really only effective or appropriate for a handful of the hundreds of herbs in use, regardless of the huge quantity of botanicals currently being proffered by supplement companies in this form. When their use might actually be appropriate, however, they are also listed, with mention of the chemical(s) standardized and the percentage of standardization for each, followed by the traditional dosage in milligrams or grams.

Listed below are some useful measurement equivalents:

Volume Equivalents	
.06 ml = 1 minim =	.97 drops of unfiltered water or 1.136 drops of filtered water
1 ml =	.0338 fl oz = 42.5 drops of tincture (60% alcoholic extract) = 37.8 drops of tincture (40% alcoholic extract) = 16.2 drops of unfiltered water (18.9 drops, filt.)
3.696 ml (60 min) =	1 fl dram = 157 drops tincture (60% alcoholic extract) = 140 drops tincture (40% alcoholic extract) = 60 drops of unfiltered water (70 drops, filt.)
5 ml =	1 teaspoon (tsp) = 180 drops tincture (60% alcoholic extract)
15 ml =	1/2 fl oz = 4 fl dr = 1 tablespoon (tbsp) = 3.7 teaspoons
29.58 ml	1 fl oz = 8 fl dr = 2 tablespoons = 7.4 teaspoons
250 ml	8 fl oz = 1 cup = 16 tablespoons = 48 teaspoons
473.3 ml =	16 fl oz = 1 pint = 4 gills
946.6 ml =	32 fl oz = 1 quart = approx. 1 liter
Weight Equivalents	
1 grain =	.065mg
8 grains =	520mg = approx. one "0"-size capsule
10 grains =	650mg = approx. one "00"-size capsule = approx. ½ tsp powd.
15.43 grains =	1 g

Contraindications

Every year, a number of “rigorously tested” pharmaceutical drugs have to be recalled from the market because of proving either woefully inadequate or posing a genuine danger to health. Although millions of dollars may have been spent on “safety-and-efficacy” tests for them, yet, the period of their testing may have consisted of only a few years, with tests on animals composing the lion’s share of that time. In contradistinction, herbs have been tested as to safety and efficacy, not merely over a few years, but through continual use on *humans*, and *observation* there from, over a period of *hundreds*—in some cases, *thousands*—of years, and that in *various cultures*, so that a status of being “*safe and effective*” would seem to be much more genuinely established for them. Thus, while in America we see deaths in the tens of thousands each year from prescribed drugs, we see less than a handful (and often none at all) in the same interim from herbs. (If and when such do occur, they typically result from a use not in accord with the historically-established, therapeutic guidelines.)

Such a time-tested application of medicinal herbs in the various cultures, then, has established that there are indeed certain contraindications for use in particular biotypes, energetic states, pathologies, or conditions such as pregnancy or lactation. Those so established have been listed in the text for each herb. One new area of concern, however, is the potential for interaction between herbs and pharmaceuticals. In that the study of this matter is only about 30 years old, it is highly probable that the information we currently have is only preliminary. Thus, while I have attempted to correlate the known information in this regard from the available texts and studies, it should be clearly understood that all information listed in the “Contraindications” segment for each herb is at best relative to the present state of knowledge, and by no means absolute. (If no contraindications are listed for a particular herb, it means that none are known, to my knowledge.)

Systemic Indications

This comprises the largest section for each entry. These indications are taken from a large variety of sources, including the various herbal traditions (all of those listed in the Preface) and the clinical experience of contemporary herbal practitioners. Information gleaned from modern scientific studies has also been utilized. But, *no one source has been relied upon in itself*. In fact, to ensure the accuracy of all information, I have established the following guideline: *No indication achieves a listing without meeting one of the requirements below....*

- 1.) The herb has been successfully used for the same condition by two or more geographically separated herbal traditions, and that for at least one century.
- 2.) The herb has been shown helpful for a condition by a published scientific study, plus it has been utilized for such condition for at least a century by one or more herbal traditions.
- 3.) The herb is used in contemporary Western herbal practice for a condition, plus it either has scientific research supporting such use or it has been used for over a century in at least one indigenous herbal tradition.

Medical, and not popular, terms are generally used to describe conditions. For example, inflammatory soreness in the region of the throat is described as “pharyngitis,” not as “sore throat.” This is in keeping in line with the professional audience intended. Thus, the interested layman is advised to purchase a good medical dictionary, such as *Taber’s* or *Stedman’s*, to have as a handy reference for definitions of any perplexing terms not found in the glossary at the end of this book.

Finally, to maintain conciseness, abbreviations are sometimes used for longer terms. These immediately follow (p. 5)....

List of Abbreviations

AD[H]D = attention deficit [hyperactivity] disorder	mg = milligram(s)
bid = two times a day	ml = milliliter(s)
Bl = bladder	MS = multiple sclerosis
BPH = benign prostatic hyperplasia	NSAIDS = non-steroidal, anti-inflammatory drugs
CFIDS = chronic fatigue syndrome	PCOS = polycystic ovarian syndrome
CHF = congestive heart failure	PMS = premenstrual syndrome
CMV = cytomegalovirus	PMS-A = premenstrual syndrome marked by anxiety
CNS = central nervous system	qd = once a day
DHEA = dehydroepiandrosterone	qid = four times a day
fl dr = fluid dra[ch]m(s)	RA = rheumatoid arthritis
fl ext = fluid extract	RBC = red-blood cells
fl oz(s) = fluid ounce(s)	SAD = seasonal affective disorder
FSH = follicle-stimulating hormone	Sp = spleen
g = gram(s)	SSRI = selective serotonin-reuptake inhibitors
GI = gastrointestinal	St = stomach
GLA = gamma linolenic acid	TB = tuberculosis
HIV = human immunodeficiency virus	TCM = Traditional Chinese Medicine
HPV = human papilloma virus	tid = three times a day
IBS = irritable bowel syndrome	TSH = thyroid-stimulating hormone
Ki = kidney	UTI = urinary-tract infection
lb = pounds	w/ = with
LH = luteinizing hormone	w/o = without
Lv = liver	WBC = white-blood cells
MD = muscular dystrophy	

300 HERBS: THEIR INDICATIONS AND THEIR CONTRAINDICATIONS

This fascinating book is a key reference for any practitioner or student of herbal medicine. The first half of this foundation text alphabetically lists and describes 300 different herbs, from Achillea to Zingiber. This is followed by specific indications and contraindications, referencing back to the appropriate herbs. It also includes extensive introductions, glossary and bibliography.

Matthew Alfs is a life-long student of both nature and health, but his formal education took place at Wild Rose College of Natural Healing and the American Academy of Acupuncture and Oriental Medicine. He has been a clinical herbalist since 1997 and has seen over 10,000 different patients since that time.

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