History repeats itself, and it does so in cycles. For any point in time, we can try to identify the center of gravity for healthcare in society – whether medicine is an earthly art of the people, or a rarefied domain of the elites; whether it is practiced primarily by women, or by men; whether it is an expression of indigenous wisdom or a tool of colonial occupation. On each of these spectra (and others, to be sure), we observe a cyclic movement in the course of history, seeing the pendulum swing now this way, now that way, as the years go by. In observing this cycle's iterations, we find healthcare being used at times as a tool of oppression, and at others, one of liberation – used by the state (or church, or corporation), to consolidate power and control; used by the people, to survive or resist. If we can recognize this pattern in our past, we'll be better able to direct its movements in the future, to identify potential threats to the vitality of our practice, and preserve the accumulated wisdom of our ancestors.

the old world

The history of medicine includes both the history of Nursing – empirical supportive care – and the history of Doctoring – abstracted heroic intervention. From the beginning of our written records we can see a separation between them, and it widens as time goes forward.

ancient authors

The history of Western medicine is usually construed to have begun in ancient Greece. The work of the Greek and Roman physicians, which they built upon concepts received from their Egyptian and Mesopotamian forebears, was to establish what has been called "a philosophy of human ecology" – that is, a systematization of their practice of medicine. These writings are our first records of four-element theory and the classical humours. Avicenna (Ibn Sina) and his contemporaries in Persia worked for the preservation and elaboration of Greco-Roman knowledge during Europe's Dark Ages. (This is, incidentally, still a living tradition today: Unani-Tibb is a major form of medicine in India, Pakistan, and other countries – comparable to the use of Traditional Chinese Medicine in Asia.)

In these societies of antiquity, from which our tradition descends, healing was often considered a vocation or trade rather than a domain of the elites. Yet the fact remains: if we're talking about people of those ages who could write things down, or about whom things were later written, that in itself indicates a degree of social status. So, when we talk about Hippocrates, Dioscorides, Galen, Avicenna, and any of the other names we have for ancient physicians, we should recognize that even this far back, there were differences between the medicines of the privileged and the underclass. Their work was a matter of sophistication (which always comes with some amount of sophistry), and while in their time it was derived from direct experience, it did set a precedent that led down the path to modern conventional medicine – which has been one of ever-increasing abstraction. They were also, of course, all men – the separation between genders in health care was already established.

midwives & witches

What names we know for ancient healers are few and far between, because we work with the written record – but the living practice was an oral tradition, always necessarily broader and deeper than what could be put on the page by the few writers, in the fewer books that survive. The tradition of women's health care – not care for women, but care provided by women – is largely unwritten. Every woman provided care for her family, and for her household – and this is still true today! Although we no longer pass the skills down of herblore, women still sit up through the night with a sick child, or care for their husbands when they are sick. An experienced woman would be her village's midwife, counselor, and the one to whom sick children were brought for aid – especially by those who couldn't afford the fees of a professional physician (which was most of everyone), or who were socially othered and

excluded. The image of the witch on the edge of town is not wholly a fairy tale – occupying that place, between "civilization" and the wild, is necessary to the work of mediation between human society and nature which defines the art of the shaman, the wise woman, the witch.

the church claims medicine

As religious institutions rose in power, they enforced anti-empirical conceptions of health and illness – both were considered to be beyond human control, matters of purely theological import. This represented a regression in the practice of medicine to a more superstitious mode: "say this prayer and be healed (if you are worthy)." Healing became the work of the clergy.

This largely excluded women from the sanctioned practice of medicine. A notable exception is Hildegard von Bingen (1098-1179), a mystic and herbalist who, as a nun, was allowed to practice and record her healing arts, couched as they were in the acceptable language of the church. She and other clergy also worked to deepen medical knowledge, though always against the background of the hard limits on theory and practice set forth by the church leaders – as well as limits on who had access to the medicine. As it concerned the masses, the church prohibited any development of medicine between the 5th and the 13th centuries, promoting instead the idea that those who were sick were being punished by god. In the 1300s, slowly medical practices – for the elite – were allowed to grow, but only if practiced with a priest present.

Priests did not deliver babies, though. Midwives were still sanctioned for a time, until the barber-surgeons invented forceps and started delivering; later on, "regular" physicians saw it was profitable and took over. Women took care of family health, but if they did it too well, or talked about it too publicly, or failed to pray adequately alongside their herbal ministrations, they were at risk of being branded as witches – a word no longer used in the sense of "wise woman", but rather of a lust-filled evildoer who had compacted with the devil.

the persecutions & burnings

"A human sells their soul to a demon and in return has magical abilities and so becomes a witch, and they have a contract of when she dies the demon gets her body to eat or whatever the demons do" – the definition of a witch, according to a 12-year-old, in 2015. Note well: it's nearly identical to the definition put forth in the *Malleus Maleficarum* of 1487, which was a major driving force behind the witch hunts of the 15th century and onward. This image is perniciously resilient.

Midwives, wise women, grandmothers: the word *witch* was applied to any woman with half-decent nursing skills – and also, to any woman who dared to have an independent thought in her head! Largely, this condemnation of nonconforming women was done to consolidate or maintain power. Witches represented a threat to the monopoly of the religious authorities – and not just in competition for providing healthcare, but by extension, as a challenge to their concept of divine punishment in the form of sickness and divine favor in the form of health.

Monetary considerations also cannot be overstated here. The belongings of a convicted witch were divided among those involved with the trial, with one third going to the accuser, one third to the judge, and one third to the mayor – and a review of the records indicates that independent (unmarried) women of property were often targeted for this reason. More gruesomely, the woman's very body could be sold: rendered fat from human corpses was used in medicinal ointments as recently as 1920. Make no

mistake, witch hunts were profitable, and not only because they secured the monopoly on healing practice.

The effect on healthcare was to take a system that worked at least as well as the officially sanctioned model – good nursing care, nourishing foods, and herbal assistance – and to replace it with tools that were inaccessible to the poor, the outcast, and the dissident. The practitioners of the old ways were driven underground, and much knowledge was lost as books – and people – were burned.

the "new" world

Contact with the American continents took place in the context of the European Renaissance (14th – 17th centuries), and was a major contributor to its development. It is impossible to overstate the impact of the "discovery" of the "new world" on the development of medicine and herbalism. It is as if we were to land on Mars, find plants there we could make into food and medicine, and find people who we could talk to and learn therapeutic strategies from (if only we could restrain ourselves from killing them all, that is).

European medicine during the colonization of the Americas was beginning to stir from its religious restrictions: lay healers were building caché among the populace, while "men of science" were investigating new mineral and chemical agents, along with surgical techniques derived from human dissections. Herbalists like John Gerard (1545-1612) and Nicholas Culpeper (1616-1654) were practicing a form of herbal medicine incorporating the Galenic humours and folk traditions, and including, in Culpeper's case, a form of astrology as a mnemonic device and constitutional system.

the colonies and the early United States

The Americas quickly became a place of cultural commingling: Mediterranean, Celtic, African, Chinese, Indian, Arabic, and native elements from the thousand points of the compass all came together and began blending, adapting to the landscape and humanscape. Local traditions were founded on this synthesis, and grew into fullness in various parts of the country: Southern Folk Medicine, Californian curanderismo, and the New England "root doctors" are just a few.

Each of these was a folk tradition, an emergent skillset tested in real-life situations, among people with little wealth and much need. The colonial lords may have had university-trained physicians on their staff, but there was no overarching monopoly on medical authority to be held in the context of a struggling settlement, so folk medicine practice was less hindered than it had been in Europe. This was an evolving peoples' medicine, and it established its position in society precisely to the extent that it met the peoples' needs.

Women outnumbered the men to some degree in the new England colonies, largely because they weren't as involved in the skirmishes and battles which took place with regularity as the remnants of indigenous groups were pushed out and killed off. Despite this, and the aforementioned utilization of folk healing methods in the majority of the population, there were still efforts to control medical practice and to keep independent thinkers under the heel of those in control. Skillful herbalists among slaves were sometimes recruited to heal their masters, but they could expect punishment or death if they openly healed their fellows. The witch trials in Salem and many other places in colonial America rivaled those of the old world in their ferocity and cruelty. Gradually, though, this conservatism was outpaced by the demographics of expansion, and in many places a movement towards greater inclusivity in practice took hold.

1800s in the US: herbalism as Popular Health care

The self-proclaimed "regular" physicians of the day practiced extensively with the use of a heroic mercury-based purgative antimicrobial agent called calomel. They also relied heavily on bloodletting, applying it in nearly all cases of febrile illness. In 1799, George Washington was given calomel and bled of 5 pints of blood in one day (intended as a treatment for an inflamed sore throat), and he died as a result. The populace was understandably unsatisfied with this treatment, and was hungry for alternatives: the Popular Health movement, of which herbalists were a big part, provided them.

Samuel Thomson

A practitioner in the early 1800s, Thomson originally studied with one Ms. Benson, a local wise woman; later he invited a "root doctor" to live with him on his family farm. Combining these sources with his own familiarity with local plants, he developed a practice as a healer. He was very successful in this, and was credited with curing several outbreaks of yellow fever.

Along the way, he earned the ire of the "regulars", and this came to a head in a court case in 1809, when he was accused of killing a man named Ezra Lovett in the course of administering treatment. He was acquitted, and other cases against him were thrown out – but in the wake of this, Massachusetts passed a medical licensing law, the first of its kind in the US. (This didn't last, as there was too much popular support for the "irregulars" at the time, and the law effectively went unenforced.)

Thomson patented his system and sold it as a course with materials by mail. In this regard his work was a blend of folk tradition, empirical observation, and multi-level marketing. Anti-elitist (even anti-intellectual, at times) and fervently egalitarian, he conceived and promoted it as the medicine of the people – and the people took to it gladly. For a time, Thomsonian medicine was the primary form of health care for a majority of the population in the US. His influence on herbal medicine is still evident today, not least in the wide use of herbs such as cayenne and lobelia, which he can reasonably be credited with having introduced to the Western materia medica.

the Eclectics & Physiomedicalists

These two outgrowths of Thomsonian medicine expanded on its botanical basis, adding in university-level training in diagnosis and physiology. They practiced on equal footing with allopathic MDs ("regular" physicians) during their heyday. Their philosophies had broad similarities in that both were committed to "vitalist" theories of healing – supporting the capacity of the body to heal itself, rather than fighting against its innate responses. Their major differences were in practice: Eclectics drew materials and methods from a variety of different sources, including homeopathics as well as strong chemical and pharmaceutical agents; Physiomedicalists stuck to botanical remedies and were averse to heroic interventions.

Key texts include:

Specific Medication and Specific Medicines, John Scudder, 1870
The Physiomedical Dispensatory, William Cook, 1896
King's American Dispensatory, Harvey Felter and John Uri Lloyd, 1898
The Eclectic Practice of Medicine, Rolla Thomas, 1907
The American Materia Medica, Finley Ellingwood, 1919

In contrast to the "regular" medical schools – who by and large refused to allow women to enroll, and whose tuitions were well out of the reach of all but the upper classes – the Eclectic and Physiomedicalist universities were open to all genders, and they made specific efforts to keep their schools affordable for the lower classes.

professionalism vs. the practice of the people

Even the most egalitarian Eclectic was still someone with years of training, a professional. Folk medicine remained the major source of healing for most people, whether it was purely traditional or informed by the popularization of herbal remedies such as Thomson's patented protocols. Cross-over country doctors, "granny Appalachia", and even "snake oil salesmen" were important to the landscape of American medicine and were the key healers in the lives of most Americans.

the rise of "regular" medicine: herbalism driven underground

The AMA, founded in 1847, set out from its inception to establish singular control over medical education and practice. As the regulars were all drawn from upper-class backgrounds and had the social connections with moneyed interests, they were in a position to exert financial and political pressures on their competitors.

the Flexner Report

Funded by Rockefeller and published by the Carnegie Foundation in 1910, this was touted as an investigation into the quality of medical education in the US. It glorified a particular model of practice – the allopathic, "kill the other" model originally developed in Germany and typified by the new Johns Hopkins institution.

The Flexner Report recommended the closing of many medical schools (including Eclectic and Physiomedicalist institutions, and any other institution that admitted women or blacks) and stronger state regulations of licensure, and after its publication laws were passed to make this so. Just as importantly, funding for medical institutions was almost entirely diverted to those following the allopathic (and exclusively male) model.

This insertion of allopaths' influence in government and finance led to de facto outlawry of other modalities – herbalism went underground, Eclectic and Physiomedical universities closed, and much of the knowledge developed by those schools was archived and inaccessible for many years.

internecine squabbling weakened every irregular

The "irregulars" – herbalists, Eclectics, Physiomedicalists, homeopaths, naturopaths, etc – didn't get along. Though they had a common enemy in the regulars, they were too taken up by disagreements among themselves to present a united front. They failed to come together and defend their right to practice, and so they faded.

prosecutions as echo of persecutions

The licensing of medical doctors by the AMA reduced the varieties of medical practice in the US, and at the same time it constrained the demographics of healers. This was not coincidence. In 1915, there were seven black medical schools and three women-only medical schools (and these were, by and large, botanically-oriented institutions); by 1940, none of these were still open, and only these expensive schools modeled on the allopathic curriculum remained.

Doctors became almost exclusively white males of the middle and upper classes.

The shrinking number of schools meant there were fewer graduating doctors, and therefore they were able to charge increasingly higher prices for their services. Thus, both medical practice and access to medicine were moving from populist to elitist dominance. Doctors acquired the air of scientific infallibility, remote and unattainable except through long and expensive study; medicine became, once again, a mystery not to be entered into by mere mortals. This persists to this day.

resurgence in the last few decades

Herbalism as a professional practice in the United States was at a low point in the early 20th century, having been driven underground by the aggressive lobbying of the conventional medical establishment, with the Flexner Report in 1910 marking a major inflection point. Yet, there have always been plenty of people using herbs in underserved communities, both rural and urban, where there was no other medical care available or affordable. There have always been folk remedies passed down in families, and neighborhood or village elders who knew more for having lived more. The situation was also, of course, different in other countries.

All around, claims that herbalism "died out" during this time suffer from a lack of perspective; better to say that the professional-level practice of herbalism as primary health care for middle and upper-class society was driven underground. Well, there too go seeds, and within decades of having their practice restricted and their schools shut down, we can see the stirrings of new growth.

the first wave: flower power

The 60s and 70s saw a renewed interest in folk traditions, ecological consciousness, and earth-based spirituality, so it's little wonder that it also witnessed the development of a new American herbalism. This began with individual experimentation, continued with the integration of methods from other forms of traditional medicine, and ultimately, the led to the rediscovery and revitalization of the Western herbal tradition. By the 1970s, there was a new crop of herbal books being published, and certainly much more activity in the form of classes, conferences, other kinds of direct knowledge-sharing.

Juliet de Bairacli Levy, Rosemary Gladstar, William LeSassier, Michael Moore, Cascade Anderson Geller, Paul Bergner, Margi Flint, Matthew Wood, Phyllis Light, Charles Garcia – these are just a few of the American herbalists who began their work at this time. Many are still actively teaching and writing today, and have worked tirelessly to bring herbalism back to the people.

the next generation: herbalism in the US today

It is the blending and interaction of various traditions, philosophies, practices and plants that makes modern American herbalism resolutely resilient and vibrantly vital. Call it a mongrel, or call it a polyculture; herbalism in the US today is endlessly diverse, and rapidly evolving.

the present moment

We've described, in broad strokes, two great cycles of expression and suppression, as they impact herbalism and populist medicine. But the wheel of time spins forward, and our

history spirals on. Armed with this knowledge, what can we observe about where we are now, and where we are going?

where are we now, in that great cycle?

Are we in a time of "conservatism" in medical practice – observe the "evidence-based medicine" sloganeering – or a time of expanding horizons and integrated practice? Access and acceptance are not homogenous country-wide. There seems to be more acceptance of certain fields than others, e.g. acupuncture in the military.

As for herbalism's place in this landscape: we've personally found interest and acceptance with the pharmacy schools we work with and the pharmacists we teach. Katja was invited to speak to the Multiple Sclerosis clinic at Brigham and Women's, and met with a warm reception there. When we speak to our clients' doctors, we're most often met with interest rather than dismissal. So, locally at least, there is a fair amount of attention to herbalism and it is not viewed with scorn or fear – at least, not predominantly.

Certainly, lots of people are using herbs: dietary supplements were used by 2.5% of the population in 1990; this rose to 17.7% by 2007 – a 7-fold increase. 38.3% of the US population used some kind of "complementary and alternative medicine" in 2007 (33.5% for men, 42.8% among women). Use of CAM increases with education (a 30% increase between high school diploma earners and those with a Master's degree or higher) and wealth (15% higher utilization for those comfortably above the poverty line). These numbers come from the CDC, so we can expect them to be conservative.

Still, "using herbs" isn't herbalism. People may be widely accepting herbal supplements, but they're still operating in the conventional system. This is why Echinacea is still the number one herbal supplement sold, and goldenseal is still in the top ten. We still need to work to establish a holistic perspective on health, if we really want to change the game our society is playing.

the definition of "medicine"

Why does holism matter – why should we bother trying to impart this other concept of health to our clients and students? Because "medicine" has been so long co-opted by the allopathic-industrial complex that the term itself has been corrupted. The definition of "medicine" in the state of Massachusetts is: *conduct, "the purpose or reasonably foreseeable effect of which is* ***to encourage the reliance of another person upon an individual's knowledge or skill*** *in the maintenance of human health by the prevention, alleviation, or cure of disease, and involving or reasonably thought to involve* ***an assumption of responsibility*** *for the other person's physical or mental well being."*

As herbalists, we have to be careful about restricted terms. They're defined in this way, and it's a serious problem! First of all, we don't even do that – a diagnosis is a standardization based on criteria; that's not holism. We have to look at multiple factors, systems, and aspects of the person in front of us to do our work well. Getting hung up on a diagnosis makes you miss the big picture; changing our language avoids that trap – it's *not* just CYA, we're doing something fundamentally different and our language reflects that. The definition of medicine makes explicit that the relationship is a patronizing power dynamic, it removes agency – and the removal of responsibility is a removal of right. We've seen this in clients who were abused, by some doctor "encouraging reliance" on their skill – and who ended up with organs unnecessarily removed, draining drugs prescribed for a lifetime, and similar. The message a person gets from that interaction is "you don't know your body, stop asking

questions, do what you're told." And of course, it's worse for the underserved, disempowered, and outcast – the people we, as herbalists, are most bound to serve.

corporate power grabs in healthcare, including herbal medicines

If once it was the church, and later the organized medical-industrial complex, today it is abundantly clear that medical practice is driven by corporate agendas. (Well, so too indeed was the church, in its day – money has always ruled.) Witness the frustration of the conventional medical practitioners with the limits imposed on their own practice by HMOs and health insurance organizations. Witness the requirements of patient compliance for coverage, which are most strongly enforced on those using public insurance programs like Mass Health. Witness the direction of funding for studies and trials, and how when an herb is studied it is oriented towards identification of patentable extraction processes for single "active" constituents. These are direct threats to the future of herbalism.

lessons from history

We study history so as not to repeat it, or at least, to shape its recurrence in a way least damaging. In order to preserve the freedoms we enjoy at this time, we need to watch for the emergence of forces working in the direction of increased control and restricted access. We've seen how this played out in the past; we need to stay on guard for it in the future.

licensure

There is no governmental oversight or licensure of herbalists in the US today. We like it that way, not just because we prefer to avoid bureaucracy whenever possible, but because we believe herbalism is a right and not a privilege, and that restricting access to herbs is a violation of a fundamental human right to explore and cooperate with nature. Herbs are demonstrably safe, as evidenced by the rarity of occurrences where herbs cause serious illness or injury in anyone, so there is no call for further regulation in the name of public safety.

Those who support it generally do so in the name of "professionalization", greater acceptance by mainstream medicine, and partnering with and getting paid by insurance companies. The first two problems are solved more simply and more completely by spreading education, and with less risk (and with less ego. do not ever seek recognition: we are in *service*.). The last one isn't a problem, it's a trap.

the Traditional Medicines Congress

As herbalism came again into its own, certain factions within the community began to make efforts at establishing licensure for herbalists – causing much controversy and heated debate. This activity is presented today as being oriented towards the loosening of restrictions on the language in use by the herbal *industry*, but it included establishing restrictions on the availability of particular medicinal plants, which would necessarily entail the enactment of regulations determining who could utilize those plants. The TMC was the closest herbalism in America came to government regulation of the practice . . . so far.

herbs in commerce: DSHEA

Herbs and herbal products sold in open commerce are currently regulated under the Dietary Supplement Health and Education Act of 1994. The "structure and function" labeling rules it enacts establish limits on the language herbal product makers can use. One effect is that customers receive no information about traditional use cases or scientific research conducted outside the United States. Herbs cannot be regarded as

both “dangerous supplements” and “ineffective snake oil” at the same time, and in fact they are neither.

Health Freedom acts

A Health Freedom act is designed to clarify the legal space in which unlicensed health care practitioners, including herbalists, operate. Such acts usually includes requirements for such practitioners to have clients read & sign a document stating they are not doctors, are not dispensing drugs, are not licensed, etc, and describing their training, experience, and scope of practice in plain language. Massachusetts does not currently have such legislation; a proposed 2009 “Consumer Access to Health Arts” bill stalled out after early hearings. We’re working on a new one, right now! See nationalhealthfreedom.org & hfama.org for more information.

growing resilience – teaching & sharing knowledge

This is what ultimately keeps herbalism alive. For all the times when practitioners have been burned, jailed, slandered, or shunned, herbalism has grown back. In truth, as long as there are humans and there are plants, it always will – our relationship is irrevocable. But we can all work to keep it strong, to help it weather any storms that come our way.

Don’t be afraid to reach out to those in the conventional medical world. They are becoming more receptive, year by year. (Much of that may have to do with changing demographics of medical students – more women, more minorities, more diversity of all kinds.)

Getting educated is the first step. Educating others is the second. The rest is details.

Ryn Midura
Katja Swift

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