

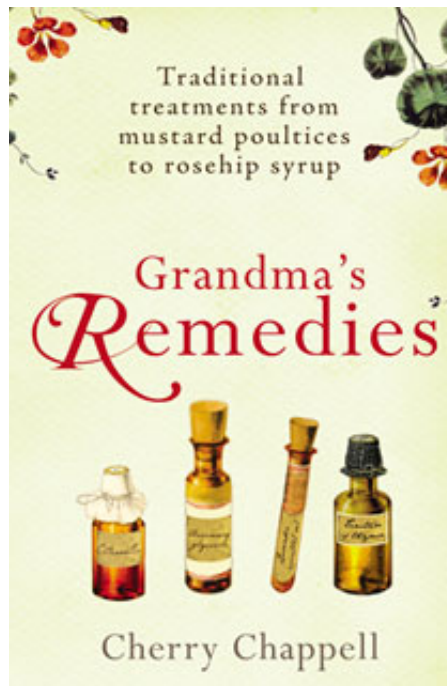
Cherry Chappell Grandma's Remedies

Reading excerpt

[Grandma's Remedies](#)

of [Cherry Chappell](#)

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Introduction

This book is an attempt to capture some of the healthcare practices and treatments that our grandmothers and those who came before them used for their own well-being and that of their families and communities. Many of the old remedies are both effective and inexpensive, and the recommendations — for example, advocating careful convalescence after illness - are often worth heeding. The main part of the text is an A—Z listing of remedies and advice gathered from all over the world. You will then find a section about the people, especially the women, who have contributed to our knowledge of how the human body functions and who, despite little encouragement and frequently blatant prejudice, practised and published their findings. The last part of the book is designed to help you follow in your grandmother's footsteps: to build your own home pharmacy, even to make a kitchen garden and to practise some of the methods that stood our forebears in such good stead.

However, this is not a 'herbal'. Instead it is a compendium of home or 'folk' remedies, many of which include the use of herbs, but also other plant materials, such as bark, tree flowers, seaweed, even minerals and what we normally consider to be foodstuffs, from eggs to onions. By and large, manufactured and branded remedies have

not been included, although Vicks, Dolly Blue and bicarbonate of soda do make brief appearances.

The majority of these remedies have been used in living memory; some are still being taken or applied. They have lived on, often handed down orally, for countless years. In fact, it is impossible to know just how old some of these solutions are. Occasionally, in households where women were taught to read and write, favourite remedies were written in personal notebooks or in the back of cookery books. Often the remedies were jumbled up together with food recipes, domestic tips and hints, sayings and poems, and addresses. These books are fascinating and add to our knowledge of social history.

It has really been only in the last half-century that people have moved easily and regularly to different parts of the country or even different countries for education, career and retirement. Before that, communities were far more settled. In the 1800s one-third of the population worked on the land, although this figure had dropped to one-tenth by 1900. Transport — or lack of it — contributed to the isolation of many communities. Roads were often difficult and virtually impassable at certain times of the year, and travel was expensive. This continued until the railways were established. Even so, many women moved from their home area when they married, with the result that remedies and healthcare practices were circulated, and a number of remedies have become universally adopted.

By and large, remedies were concocted from what could be found locally. These were everyday, practical solutions to basic healthcare and first aid, and they were largely free from ritual and superstition

— although one or two myths did carry through. They were usually cost-effective, if not free, being developed and used by people, whether in a city or a rural area, for whom a doctor's fee was prohibitive in all but the direst need. Self-reliance was a necessity.

However, the well-to-do would self-administer too. Those in country areas would often have kitchen gardens where medicinal as well as culinary herbs were grown. Of course, the British also travelled throughout the world, as explorers and settlers, and they both took their know-how with them and brought back remedies they found in other parts of the world. Nowadays, the wonderful cultural mix found in Britain has added to the rich undercurrent of home medicine, with Ayurvedic and traditional Chinese herbs available on the high street.

Herbal myths

It is hard to know in common parlance when a plant can be considered a herb and when it is more properly a food. The botanical definition of a herb is a plant whose stem does not produce persistent, woody tissue and generally dies back at the end of the growing season, although some plants that have been long recognised as herbs are evergreen — rosemary, for example — and persist all year round. Some definitions also add that herbs are often aromatic and are used especially in medicine and food.

However, for many centuries herbs have been used not only as medicine — in the form of tinctures, infusions, teas, steam inhalants and so on — but also to flavour and preserve foods, sweeten rooms and fabrics, deter insects and vermin, and make cosmetics. In some

cultures the dead were 'anointed' with herbs in the period before burial.

Herbs — and other plant material including bark, roots, leaves and mosses — have been the backbone of medical treatment for millennia. But, as the Royal College of Physicians acknowledges, the study of medicinal plants was 'sadly neglected by established medical professionals for many centuries. Apart from a few botanising enthusiasts in the sixteenth, seventeenth and eighteenth centuries, home-grown medicines were scorned or unknown by medical professionals, whose training was rigorously theoretical and classical. Even today, "green pharmacy" and alternative therapies are not fully utilised or recognised.'

Elsewhere in the world, such as in Africa, India and China, even now herbalism forms a part of traditional medicine that still outstrips the use of orthodox medicine, and in some European countries, notably in Germany and France, general practitioners receive training in herbalism and will prescribe herbal as well as allopathic drugs.

More recently, in this country, herbs have gained a reputation for their 'natural' qualities, and there is a worrying assumption that somehow they offer a gentler alternative to prescription drugs. The differences between the two must be examined.

It is true that many allopathic drugs are based on herbal substances. Estimates suggest that more than half of prescription drugs are derived from chemicals that were first identified in plants. For instance, some of the drugs used in the treatment of leukaemia and lymphatic cancer use vincristine, derived from periwinkle; the cancer drug paclitaxel is derived from the bark of the yew tree. Some of the larger pharmaceutical companies are currently investigating the

old herbal remedies used by 'first nation' peoples in South American countries and Australia to see if they can be adapted into modern drugs.

The difference between pharmaceutical and herbal preparations is that conventional drugs are made from a particular element of the herb. A single active ingredient will be identified, extracted and then synthesised in a laboratory. Herbal preparations are made from a part of the whole plant - from the root, leaves, berries or flowers - and herbalists believe that the active constituents are balanced within the plant and are made more powerful by the various substances present.

We all know that many prescription drugs have side effects that affect some people more than others, but it is also true that particular herbs will suit some but not others.

Undoubtedly, herbal treatments are an alternative, and many have a long history of beneficial value, but they can be equally strong and, unless prescribed by a highly qualified and experienced practitioner, they can be every bit as dangerous as a wrongly prescribed conventional drug. Qualified herbalists will make sure that the herbal remedy is appropriate for the patient's particular constitution, age and condition and will prescribe only the best quality herbal preparation. Please read the Caution at the end of this introduction.

Belief and superstition

The elements that combine to produce healing are complex. Treatments that work for one patient may not work in the same way — or at all — for another, and many medical traditions across the

world have recognised this. Orthodox medicine in the West tends to treat patients on the 'one size fits all' principle, offering predominantly drug therapies, surgery, physiotherapy and dialysis. Research into gene therapy may yield other elements.

Other traditions of medicine, those termed complementary, such as Ayurveda, the traditional medicine of India, or traditional Chinese medicine, look more deeply into a patient's individual constitution and any imbalances of energy. They pay close attention to the mind—body link and to diet and lifestyle, and may expect patients to adapt their lives as part of treatment.

However, there is one component of healing that all good healers will use: the patient's belief in their ability to be cured or, at least, to improve. Belief may come in different forms — belief in God or a higher power, belief in the healer or a belief in the treatment. Any and all of these appear to boost self-belief and the body's response.

The power of the mind-body link and the benefits of positive belief were identified by the most primitive societies, where healers were often priests, priestesses, shamans or conjurers. They surrounded their treatments with ritual, sometimes uplifting, sometimes gruesome, and in some societies they even used mind-enhancing or mind-altering drugs. The chanting of incantations, self-hypnosis and the use of talismans and animal or bird sacrifices were all designed to reinforce the healing process. Hippocrates, the father of medicine, who lived in the fifth century BC was the first person to split magic and medicine, insisting that disease was caused by mental and physical states of the body and environmental conditions, rather than demons and evil spirits. Despite this, the early Christian Church relied on religious ritual, including exorcism, for expelling various

kinds of 'devils'. Many societies - including in Britain - up to the eighteenth century used elements of astrology for diagnosis and treatment.

In the West, however, science gradually turned orthodox medicine into something more mechanistic, with the body treated as a machine in which individual parts may fail, rather than an intricate meshing of mind-body responses, encompassing the physical, emotional and spiritual. Even so, most senior medical practitioners in orthodox medicine acknowledge the difference in outcomes when their patients have a positive mindset. This is seen clearly in many serious conditions and chronic diseases. An orthopaedic surgeon, who is very orthodox in his approach, admits that the personality of his patients is often the key to the quality of their lives. He is fond of quoting the example of two male patients both presenting with a similar condition — and extent — of osteoarthritis of the spine. One went home and told his wife: 'The doctor said it was a touch of arthritis so, that's it, I'm off to do a bit of gardening.' And so he did for many years afterwards. The other went home and said to his wife: 'The doctor said it's osteoarthritis so, that's it.' And he sat in his chair and very quickly became disabled.

Western doctors are also aware of the placebo effect. An example of this is when two groups of patients with similar conditions take part in a trial. One set will be given a drug, the other — without their knowledge — will be given a placebo or non-active substance. Only the researchers know which group has received the active drug. Often both groups will do equally well because all the participants believe that they are receiving a drug to cure their condition.

There are so many examples of the power of the mind over

matter: the Indian fakirs who rest on a bed of nails, the yogis who can raise and lower their own body temperature at will, the soldiers who fight on despite appalling injuries, the frail women who carry their children to safety — or the one who lifted a car off the body of her child — and those amazing souls who scorn diagnoses of terminal disease and overcome their health problems.

However, there comes a point where the unscrupulous can use the vulnerability and susceptibility of the unwell and turn belief into superstition in order to increase their own power. This then becomes a form of control and manipulation. Voodoo is a prime example: someone is told they will fall ill or die, and they promptly do so.

The fear of magic — of the unexplained, the unorthodox, the intuitive and all the general mess of human emotional states — is the strongest superstition of all. It led to the demise of the wise woman. In fact, the original definition of crone was a wise woman past child-bearing age; a witch was a wise woman with special knowledge.

Despite all this, women have remained the primary healthcare workers in every community worldwide. Some of the remedies and practices in this book may initially appear a little unlikely, but it is extraordinary how many have a nugget of worth hidden within them. Instincts were sometimes spot on. Without scientific examination, some of the substances used - from chickweed to bee glue - have proved to be immensely effective. The stern determination of mothers and grandmothers everywhere that 'this will do the trick', 'this will cure you', seems to have done the rest. After all, we are all still here!



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Poultices to Rosehip Syrup

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