

Saving Our Endangered Midwifery Allies

Midwives, our sisters are in danger. The medical industry has co-opted them, commodified them and is now not-so-gradually eliminating them. Our allies in women's health and the healing of birth are disappearing so quickly as to pose the terrible possibility that our daughters won't have access to the help they provide.

black cohosh, blue cohosh, partridgeberry, osha, beth root, goldenseal, false unicorn

This isn't a poetic interlude or a New Age incantation. It is a very short list of some of the medicinal herbs in danger of extinction within the next few decades. Due to overharvesting and habitat destruction, many of our community's best-loved herbs are at risk of disappearing forever. A study conducted by over 16 organizations over the course of 20 years found that almost one-third of the plant species of North America are now so rare that they may become extinct within the next few decades. Many of these plants are medicinal herbs that are being wild-crafted to death.

United Plant Savers (UPS), a non-profit organization of herbalists dedicated to the conservation and restoration of native medicinal plants, has identified the North American herbs at risk of extinction at current levels of harvesting and habitat loss. UPS has also compiled a list of "to watch" herbs, plants that soon may become endangered if current trends continue (see sidebar). A large number of these endangered herbs are the most-used medicines of midwives.

No midwife would knowingly contribute to the extinction of an herb she found useful. Sadly, however, many of us do so every time we recommend endangered herbs to our clients. This troubling situation has arisen from many factors, the greatest of which is our cultural disconnection from the sources of our food and medicine. Because most midwives and herbalists today do little growing and wild-crafting, many remain unaware of the dwindling populations of wild medi-



echinacea

See table on next page for more endangered herbs.

nal herbs. The powerful role of midwives as community health educators can be a valuable asset in protecting our wild medicinal plants. After all, midwives were the primary voices that brought many of these herbs to the modern public's attention. Just as we turned women on to the dried leaves, powders and tinctures, we can help them reconnect with the living plants and their ecosystems.

One of the most empowering ways we can respond to the crisis facing our endangered medicinal herbs is to expand our knowledge of herbalism. Nature works on the principle of inter-relatedness and planned redundancy. In a healthy ecosystem, no single function is performed by only one species, and no single species serves only one function. An ecosystem would be too vulnerable to disaster if only one species performed each vital role. The same natural principles pertain to the body, with individual herbs serving many functions in the body and each of the body's functions potentially supported by numerous medicinal herbs. It would be "unnatural" to believe that the important function of facilitating childbirth could be served only by a handful of North American plants. For thousands of years,

midwives all over the world have used herbs to ease labor and birth. The vast majority of these midwives were not using blue and black cohosh.

With a little research, we can find excellent, abundant healing herbs to replace at-risk plants in our practices. Switching to invasive wild species or plants that are easily cultivated averts the risk of overharvesting another group of sensitive herbs. We may need to let go of our beloved herbal texts that were written before the critical issue of overharvesting arose and move to newer sources of herbal information. It may be necessary to accept that more common species of herbs can serve us just as well as our old favorites. By becoming more familiar with abundant local herbs and connecting more deeply with the sources of our medicine, we evolve into better holistic practitioners.

The plant kingdom is far too vast for one midwife to know all the herbs that promote women's health. The following list provides a few examples of herbs for an ecological midwife's phytopharmacopia.

Cotton Root Bark

(Gossypium thurberi)

The bark of the cotton plant offers a superior substitute for threatened herbs used to "induce" or augment labor. An excellent oxytocin synergist, cotton root bark

Recommended Reading

- From Earth to Herbalist: An Earth Conscious Guide to Medicinal Plants*, Gregory Tilford, 1998. (Mountain Press).
- Planting the Future: Saving Our Medicinal Herbs*, Rosemary Gladstar, ed, 2002. (Healing Arts Press).
- The Lost Language of Plants: The Ecological Importance of Plant Medicine to Life on Earth*, Stephen Harrod Buhner, 2002. (Chelsea Green).

makes tissues that respond to oxytocin more sensitive to the hormone. Give 30 to 60 drops of the fresh bark tincture under the tongue up to every half hour to promote labor in overdue moms, augment a sluggish labor or help induce let-down in women struggling with low milk production. One-half teaspoon of the tincture can be given for delayed placental delivery or postpartum hemorrhage. Most midwives who try cotton root bark find that it works as well as or better than blue cohosh and black cohosh. Purchase only organically grown cotton root bark, because conventional cotton farming is pesticide intensive.

Shepherd's Purse

(*Capsella bursa-pastoris*)

The weedy, ubiquitous shepherd's purse is an incredible ally to homebirth moms and midwives. A powerful oxytocin synergist, pelvic vasoconstrictor and hemostatic, this little mustard plant seems divinely designed for treating delayed placental delivery, postpartum hemorrhage and

bleeding from perineal lacerations. One teaspoon of the fresh, whole-plant tincture under the tongue or sipped in a cup of tea should help deliver a sticky placenta or staunch fourth-stage bleeding. Multiple doses can be given without risk of toxicity. Shepherd's purse combines well with cotton root bark. Some midwives and herbalists recommend shepherd's purse for augmenting stalled labor after 8 cm dilation, giving 1/2 to one teaspoon tincture in warm water to treat transitional plateaus. Other herbalists disagree with this use, citing the possibility of placental insufficiency due to the vasoconstricting effects of shepherd's purse.

Motherwort

(*Leonorus cardiaca*)

The renowned herbalists of UPS, including Susun Weed, Michael Moore, James Green and Rosemary Gladstar, recommend motherwort as a substitute for blue cohosh, black cohosh, false unicorn, trillium, partridgeberry and wild yam. Incredibly easy to grow, motherwort is

a superior herb for women, serving multiple interrelated functions in the body. It soothes and calms the nervous system, while balancing the hormones of the endocrine system, making it an excellent remedy for post-date pregnancies with contributing emotional factors. It helps coordinate effective uterine contractions and aids women suffering from transitional plateaus in dilation. Motherwort can help women relax enough to move through emotional blocks that may be contributing to non-progressive labor. In China, motherwort has been used for centuries to treat vaginismus and pelvic floor rigidity in labor. Its antispasmodic properties make motherwort a lovely remedy for severe menstrual cramps and painful prodromal labor. Motherwort also helps strengthen and regulate cardiovascular function and combines well with hawthorn for treating heart palpitations. Dosage for motherwort is 30 to 60 drops of tincture under the tongue or one teaspoon chopped herb steeped in two cups of hot water up to every half hour. Most

Endangered Herbs

The United Plant Savers (UPS) has identified the following herbs as being at risk of extinction in the wild, if current levels of harvesting continue.

American ginseng (*Panax quinquefolius*)
 Black cohosh (*Actea racemosa*, formerly *Cimicifuga racemosa*)
 Bloodroot (*Sanguinaria canadensis*)
 Blue cohosh (*Caulophyllum thalictroides*)
 Echinacea (*Echinacea* spp.)
 Eyebright (*Euphrasia* spp.)
 False unicorn or Helonias root (*Chamaelirium luteum*)
 Goldenseal (*Hydrastis canadensis*)
 Kava kava (*Piper methysticum*)
 Lady's slipper orchid (*Cypripedium* spp.)
 Lomatium (*Lomatium dissectum*)
 Osha (*Ligusticum* spp.)
 Peyote (*Lophophora williamsii*)
 Slippery elm (*Ulmus rubra*)
 Sundew (*Drosera* spp.)
 Trillium or beth root (*Trillium* spp.)
 True unicorn (*Aletris farinosa*)
 Venus flytrap (*Dionaea muscipula*)
 Virginia snakeroot (*Aristolochia serpentaria*)
 Wild yam (*Dioscorea* spp.)

These herbs are on the UPS "to watch" list, meaning they may soon become critically endangered due to habitat destruction and overharvesting.

Arnica (*Arnica* spp.)
 Calamus root (*Acorus calamus*)
 Cascara sagrada (*Rhamnus purshiana*)
 Chaparro (*Castela emoryi*)
 Elephant tree (*Bursera microphylla*)
 Gentian (*Gentiana* spp.)
 Goldthread (*Coptis* spp.)
 Lobelia (*Lobelia* spp.)
 Maidenhair fern (*Adiantum pedatum*)
 Mayapple (*Podophyllum peltatum*)
 Oregon grape root (*Mahonia* spp.)
 Partridgeberry (*Mitchella repens*)
 Pink root (*Spigelia marilandica*)
 Pipsissewa (*Chimaphila umbellata*)
 Pleurisy root (*Asclepius tuberosa*)
 Spikenard (*Aralia racemosa*, *A. californica*)
 Stillengia (*Stillengia sylvatica*)
 Stoneroot (*Collinsonia canadensis*)
 Stream orchid (*Epipactis gigantea*)
 Turkey corn (*Dicentra canadensis*)
 White Sage (*Salvia apiana*)
 Wild Indigo (*Baptisia tinctoria*)
 Yerba Mansa (*Anemopsis californica*)
 Yerba Santa (*Eriodictyon californica*)



red raspberry leaf

people find the taste of motherwort tea to be bitter and unpleasant, so you may want to use only the tincture in your practice.

Chaste Tree Berry

(Vitex agnus-castus)

If you recommend wild yam to increase progesterone levels, you will get far better results by switching to chaste tree berry tincture. The human body cannot convert the progesterone precursors in wild yam, a critically endangered herb, to actual progesterone in the body. Many studies, however, show that chaste tree berry taken internally increases serum progesterone levels in women with low amounts of the hormone. Chaste tree has a regulatory effect on the pituitary gland and will not significantly increase hormone levels in women who already have adequate pituitary secretion. Considered safe during pregnancy, chaste tree berry is commonly prescribed in Germany to help prevent miscarriage in women with corpus luteum insufficiency. Because it helps regulate all pituitary hormones, chaste tree can be used in conjunction with other herbs as part of a labor preparation formula to be taken after 34 weeks gestation. Chaste tree is an excellent regulatory and tonic herb for all seasons of womanhood. Dosage is 1/2 to one teaspoon of tincture twice a day.

Red Raspberry Leaf

(Rubus idaeus)

Prevention being the best cure, drinking red raspberry leaf tea daily throughout pregnancy may lower the need for more heroic herbs in labor. Although it isn't as exotic as the endangered species that make up the "six weeks" formulas and PN6-type labor preparation compounds, red raspberry remains an excellent and effective

partis preparator.⁽¹⁾ Raspberry is an astringent, nutritive, smooth muscle tonic that tonifies the digestive, endocrine and female reproductive systems. Red raspberry leaf contains flavonoids, which improve venous, capillary and smooth muscle tone and function. It is a perfect substitute for the potentially threatened partridgeberry, another uterine tonic and astringent. Red raspberry may lower the risk of dysfunctional labor and hemorrhage. It also has anti-emetic properties, making it useful in treating morning sickness. Dosage is at least one cup of strong raspberry tea (one tablespoon herb per cup of hot water) daily.

Several studies have shown no difference in labor and birth outcomes between women taking red raspberry and those taking a placebo. These studies, however, studied the effects of encapsulated, dried raspberry leaf, while the traditional use of the herb is as a strong tea. Many pregnant women have decreased gastric secretions in pregnancy and may not be able to break down gelatin capsules and pills to effectively utilize the herbs contained within. Midwives have used red raspberry tea for centuries to support and nurture pregnant women. Part of the healing property of any tea is the intentionality and patience required to prepare our own medicine. Many holistic healers believe that the dedication necessary to prepare herbal teas makes them more effective than pills and capsules. While we don't have a study evaluating the effectiveness of the traditional use of red raspberry in pregnancy, we can trust the wisdom of our midwifery ancestors and use this herb to promote women's health and wellness.

Lemon Balm

(Melissa officinalis)

Named for the European goddess of the bees, lemon balm is a superior herb with numerous beneficial properties and no contraindications. Lemon balm relaxes

the nervous system without sedating and has an uplifting effect on mood. People have used it for centuries to prevent and treat depression and anxiety. Add it to postpartum tonics to lower the incidence of baby blues. Like red raspberry, lemon balm contains flavonoids that support smooth muscle, capillary and venous tone, possibly lowering the risk of varicose veins and hemorrhage. A digestive tonic, lemon balm provides relief from nausea and flatulence. Lemon balm is also a very effective antiviral, specific to the herpes family of viruses. Constituents of lemon balm bind to herpes receptor sites, helping to lower the risk of outbreaks by keeping the virus dormant. Dosage is one to three cups of strong tea daily. Lemon balm combines well with red raspberry and nettle.

Nettle

(Urtica spp.)

Nettle tea works well in conjunction with red raspberry and lemon balm to support optimal health in pregnancy. All three herbs contain flavonoid glycosides, which improve capillary and venous strength and support smooth muscle function. Daily use of



lemon balm

nettle tea lowers the incidence of edema and improves renal function. Nettles contain natural anti-inflammatories and antihistamines, especially when consumed soon after harvesting. High in chlorophyll, vitamin C and vitamin K, nettle tea improves assimilation of iron and lowers the risk of hemorrhage. Herbalist and physician Tieroana Low Dog, MD, states, "I challenge any woman to drink red raspberry and nettle tea every day for a month and say that it hasn't changed her life." Dosage is one to three cups of strong tea a day.

Try these and other common plants, and they may become your new favorite herbs. If you feel you must continue using plants that are threatened in the wild, purchase only cultivated sources. Read labels and refuse to buy at-risk plants that have been wild-

crafted. Let your herb suppliers know you won't buy endangered species and would like organically grown sources of your favorite herbs. If you wild-craft your own plants, carefully watch the impact of your harvesting over the course of several years. Stop gathering plants from populations that fail to recover quickly after harvesting.

If you are a gardener or would like to be, consider growing endangered plants yourself. Encourage your clients to grow their own medicine or to visit your garden. Echinacea and black cohosh are particularly easy to cultivate. Most of the others will do well with care and attention in their native bioregions.

Sources for Medicinal Plants and Seeds

Horizon Herbs
P.O. Box 69
Williams, OR 97544
www.horizonherbs.com

Heirloom Seed Project
Landis Valley Museum
2451 Kissel Hill Rd.
Lancaster, PA 17601
(717) 569-0401

ForestFarm
990 Tetherow Rd.
Williams, OR 97544
(541) 846-7269
www.forestfarm.com

Companion Plants
7247 North Coolville Ridge Road
Athens, OH 45701
(740) 592-4643

Sources for Organically Grown Herbs and Extracts
Herb Pharm
Available at stores or through Horizon Herbs: www.horizonherbs.com.

Pacific Botanicals
4840 Fish Hatchery Road
Grants Pass, OR 97527
(541) 479-7777
www.pacificbotanicals.com

Many people have found that developing relationships with living plants is much more healing and beneficial than consuming the harvested, dried parts of a plant of which one has only intellectual knowledge. If you are ready for radical action, consider using only medicinal herbs you have grown yourself at some point or have observed in the wild through a full growth cycle. We don't need scientific studies to tell us that cultivating and spending time with plants as they sprout, bud, blossom, fruit and die back is healing. We have the gardeners, a group larger and hopefully someday more powerful than the American Medical Association, to attest to this.

If all of us who love and value the healing properties of herbs commit to working for the survival of our endangered midwifery allies, we will protect a future world where our pregnant granddaughters can walk in the woods to visit the blue and black cohosh.



Mary Lou Singleton is a mother, midwife and herbalist who lives and practices

in Albuquerque, New Mexico. Mary Lou is also a certified Permaculture designer and teacher with a passion for helping families live healthier, more sustainable lives. She welcomes feedback and collaboration and can be reached at (505) 344-1939 or aural@swcp.com.

Notes:

1. Many midwives in my region recommend herbal preparations at 34 to 36 weeks to prepare the uterus for labor. PN6 is one brand of partis prep formula that contains blue and black cohosh, partridgeberry and other threatened herbs.

References:

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- Moerman, Daniel E. (1998). *Native American Ethnobotany*. Portland, OR: Timber Press.
- Moore, Michael. (1989). *Medicinal Plants of the Desert and Canyon West*. Santa Fe, NM: Museum of New Mexico Press.
- Moore, Michael. (1979). *Medicinal Plants of the Mountain West*. Santa Fe, NM: Museum of New Mexico Press.

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