

special ingredient: calendula

By Deanna Ting

WHY THIS PERENNIAL BLOOM,
AKA MARI GOLD, MAKES
A HELPFUL TOPICAL REMEDY

Since the Middle Ages, marigolds (aka *Calendula officinalis*) have treated a slew of maladies, from wounds to acne to athlete's foot to colitis to diaper rash. It certainly helps that these golden orange flowers happen to be both anti-inflammatory and antimicrobial.

Nowadays, calendula extract is predominantly used in topical skincare products for its healing and soothing properties. A clinical study published in the 2005 *International Journal of Tissue Reactions* showed that an ointment containing marigold extract, applied twice daily over a three-week period, effectively reduced the total surface area of patients' venous leg ulcers by almost 42 percent.

There are, however, some cautions to consider. Cosmetics and skin care consultant Paula Begoun warns calendula "may have a positive effect on

wound healing. But it may also trigger an eczema-like reaction" (i.e., itchy, irritated or swollen skin). Nine out of 443 patients patch tested for calendula allergy had a positive (allergic) response to it in a clinical study published in the November 2001 issue of *Contact Dermatitis*. "People with allergies to other plants (ragweed, daisies, dandelions, sunflowers, chrysanthemums, arnica and other daisy-shaped flowers) are more likely to have an allergy to calendula, or to eventually develop one," explains Holly Phaneuf, PhD, author of *Herbs Demystified: A Scientist Explains How the Most Common Herbal Remedies Really Work*.

It is always best to consult your healthcare professional before considering any herbal treatment. Though once you do, a little dab of calendula cream might be just what the doctor ordered. □

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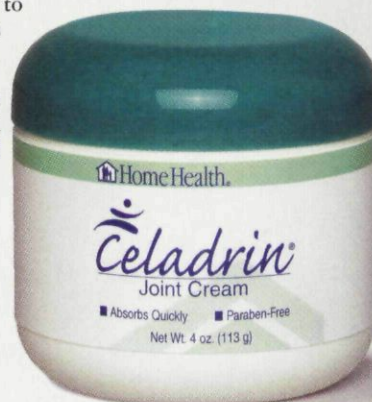
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1. Kraemer, W. et al. Effect of Cetylated fatty acid topical cream on functional mobility and quality of life. *The Journal of Rheumatology*. 2004. 31: 767-774.
Kraemer, W. et al. Effects of treatment with a cetylised fatty acid topical cream on static postural stability and plantar pressure distribution. *Journal of Strength and Conditioning Research*. 2005. 19(1): 115-121.
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