

## **‘S.E.E.D.’ NEWS # 101 – 2017**



Welcome to our 101st Newsletter.

Please note that the news and views expressed in our newsletters are not necessarily our own; we offer them to your critical faculty as to their usefulness.

If you have any news or views that you would like to share, please send them to us for publication.

We continue to receive a number of enquiries from students based in Cumbria. Please take note of the ‘Calling all Cumbrian Students’ content below.

Best wishes,

*Jane Rose*

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## **March - May 2017 ‘In-House’ Courses**

**Please note that a lot of The S.E.E.D. Institute Courses are available as Distance-learning, which Students have found very valuable. Please ask for details.**

Please ask for further details if you are interested in any course.

Courses are run in **Ash, Surrey (near Aldershot)** (40 miles south of London and easily accessible by train from Waterloo or from Heathrow and Gatwick Airports) and **Stour Row, Shaftesbury, Dorset** (easily accessible by road and rail).

Please ‘click’ on the appropriate link if you would like further details of any of the Courses.

## THE WALKER TECHNIQUE

We are delighted to once again be able to offer this extremely effective bodywork discipline. For those who attended some of Bernard's workshops previously with TSI, the Course has now been split into three modules. Should you wish to complete the Walker Qualification please contact TSI to discuss your requirements.

One of our 'NEW' courses this year, now accredited by the CThA, the Walker Technique was discovered by Max Walker; a farmer and Bowen Therapist who lives in Australia. The therapy was developed by Bernard Elliot-Smith; also an advanced Bowen Therapist, who worked extensively alongside Max Walker; running workshops, and has since been teaching the technique for many years in the UK.

Walker Technique is a powerful, effective soft tissue release system that has evolved from years of experience of other hands on therapies such as Alexander and Bowen Techniques, which, alongside Physiotherapy, utilise equivalent anatomical principals.

Due to injury, poor posture and repetitive strain patterns the body's proprioceptive systems are constantly fed with proprioceptive signals of the abnormal position of the collapsed interstitial spaces in the connective tissues. If these are not corrected, then over time, out of sheer momentum these abnormalities are recorded as 'normal' in the body's connective tissue matrix.

For example, a person who habitually breathes shallowly and sits repeatedly with round shoulders will become set permanently in that posture because the body 'thinks' the connective tissue is in a 'normal' position and doesn't 'see' it any longer as abnormal.

As a result the connective tissue maintains this incorrect maladapted alignment; compounding a state of reduced mobility, discomfort and pain and maintains this adaptation unless it is given a corrective.

The good news is that Walker Technique inputs the corrective; the 'right message' into the tissue, which then understands and corrects the situation. Rather than waiting for the body to respond and rebuild the damaged tissue, which can take days or weeks, the Walker Technique proactively works on the tissue in such a way that the damaged tissue is rebuilt by the body immediately'.

*INSERT WEBSITE PAGE LINK*

## Calling all Cumbrian Students!

We continue to receive requests from individual students based in Cumbria. However, we can only assist a collective because of the distance involved. Therefore, as previously suggested, would all interested parties please send in your contact details; including your e-mail address and which courses you would be interested in attending. We will then be enabled to create a Cumbrian Student list and hopefully assist you all in pursuing your wish to further your training through TSI.

We are happy to run: 1 day courses for a minimum of 6 students.

2 day courses for a minimum of 4 students

4 - 5 day Courses for a minimum of 3 students

## **BOOK REVIEWS**

### **Face to Face with the Face: Working with the Face and the Cranial Nerves through Cranio-Sacral Integration**

**Author: Thomas Attlee**

**ISBN: 9781848192799**

This book is the first book of Cranio-Sacral Integration to focus on the face and the many and varied problems that can occur. It covers such conditions as persistent ear infections, eye conditions, facial injury, sinusitis, migraine, autism and chronic fatigue syndrome. Plenty of useful information for those who are not Cranio-Sacral practitioners but who want to gain an insight into treating facial disorders.

### **The Practitioner's Encyclopedia of Flower Remedies**

**Author: Clare G Harvey**

**ISBN 9781848191730**

An excellent book on all the various types of flower remedies and how to prescribe, prepare and use flower remedies. Very useful for both the Practitioner and Lay-person.

### **Vital Healing**

**Author: Marc S Micozzi with Donald McCown**

**ISBN: 9781848191563**

Bringing together the traditional medicines from Middle Asia: Ayurvedic and Siddha medicines and Unani and Sufi healing in one comprehensive textbook, this book is a useful addition for those who seek outside the realms of allopathic medicine for answers.

### **The Complementary Therapist's Guide to Conventional Medicine**

**Author: Clare Stephenson**

**ISBN: 9781848193079**

Aids in understanding the language of allopathic medicine: symptoms, diagnoses and treatments and how this understanding can help with providing a more holistic approach to illness and dis-ease. On-line material is available to assist for those using the text for systematic study. A very useful refresher for those whose anatomy and physiology skills need bringing up to date.

## **ESSENTIAL OIL RESEARCH**

In each Newsletter we will focus on available research/studies for at least one plant. These references have been sent in by Aromatherapy Students and have not been verified. As with all information on the internet, some sources are no longer available. If you are unfamiliar with an essential oil check the contra-indications before using.

**ANISEED** (Pimpinella anisum)

## **ANTI-BACTERIAL, ANTI-FUNGAL, ANTI-CONVULSANT, LAXATIVE, MUSCLE RELAXANT, EMETIC, ANTI-SPASMODIC**

Shojaii, A and Fard, M.A. (2012) Review of Pharmacological Properties and Chemical Constituents of *Pimpinella anisum* ISRN Pharmacology, Jul12. Available online at: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3405664/> Accessed on 24 Aug 12

This paper is a detailed meta-analysis of the available research into the pharmacological properties and chemical constituents of aniseed essential oil that summarises the relevant research relating to its antibacterial, antifungal, anticonvulsant, laxative, muscle relaxant, emetic and antispasmodic effects.

### **ANTIBACTERIAL**

#### **Screening of antibacterial effects of anise essential oil alone and in combination with conventional antibiotics against Streptococcus pneumonia clinical isolates**

Gradinaru AC et al (2014), (<http://www.ncbi.nlm.nih.gov/pubmed/25076728> date accessed 19.6.16)

Anise EO was investigated alone and in combination with conventional antibiotics (amoxicillin, ciprofloxacin) against Streptococcus pneumonia clinical isolates. Results showed that herbal products containing anise essential oil may be used as expectorants in combination with amoxicillin or ciprofloxacin in Streptococcus pneumonia infections without diminishing antibiotic efficacy.

### **ANTI-DIURETIC**

<http://www.sigmaaldrich.com/life-science/nutrition-research/learning-center/plant-profiler/pimpinella-anisum.html> retrieved 24/6/13

Aniseed, when added to the drinking water of rats, reduced the volume of urine produced and increased the activity of the renal Na<sup>+</sup>-K<sup>+</sup> ATPase, even at low concentrations.<sup>5</sup> It is proposed that the anti-diuretic effects are caused by a stimulation of the Na<sup>+</sup>-K<sup>+</sup> pump in the kidney, which increases tubular sodium re-absorption and osmotic water movement. However, it was found that aniseed oil had no effect on water absorption from the colon and did not affect the activity of colonic Na<sup>+</sup>-K<sup>+</sup> ATPase.

### **ANTIFUNGAL**

#### **Antifungal activity of fluid extract and essential oil from anise fruits (*Pimpinella anisum* L., Apiaceae)**

Ivan Kosalec, Stjepan Pepeljnjak, Danica Kustrak. <http://www.mendeley.com/research/antifungal-activity-fluid-extract-essential-oil-anise-fruits-pimpinella-anisum-l-apiaceae/> accessed 6.5.11

Antifungal activities of fluid extract and essential oil obtained from anise fruits *Pimpinella anisum* L. (Apiaceae) were tested in vitro on clinical isolates of seven species of yeasts and four species of dermatophytes. Diffusion method with cylinders and the broth dilution method were used for antifungal activity testing. Anise fluid extract showed antimycotic activity against *Candida albicans*, *C. parapsilosis*, *C. tropicalis*, *C. pseudotropicalis* and *C. krusei* with MIC values between 17 and 20% (v/v). No activity was noticed against *C. glabrata*, and anise fruits extracts showed growth promotion activity on *Geotrichum* spp. Anise fruits extract inhibited the growth of dermatophyte species (*Trichophyton rubrum*, *T. mentagrophytes*, *Microsporum canis* and *M. gypseum*) with MIC values between 1.5 and 9.0% (V/V). Anise essential oil showed strong antifungal activity against yeasts with MIC lower than 1.56% (V/V) and dermatophytes with MIC lower than 0.78% (V/V). Significant differences in antifungal activities were found between anise fluid extract and anise essential oil (p<0.01). Anise essential oil exhibited stronger antifungal activities against yeasts and dermatophytes with MIC values between 0.10 and 1.56% (V/V), respectively.

#### **Antifungal activity of essential oils against selected terverticillate penicillia)**

Felšöciová S et al (2015) (<http://www.ncbi.nlm.nih.gov/pubmed/25780826> date accessed 19.6.16)

Fifteen essential oils were screened for antifungal activity against five penicillium species and *Pimpinella anisum*, along with *Origanum vulgare*, was shown to be the most effective for its antifungal and killing effect against all tested penicillia.

## ANTI-OXIDANT

### **An in vivo and in vitro investigation on hepatoprotective effects of Pimpinella anisum seed essential oil and extracts against carbon tetrachloride-induced toxicity**

Jamshidzadeh, A et al (2015), (<http://www.ncbi.nlm.nih.gov/pubmed/25825639> date accessed 19.6.16)

Essential oil and other extracts from Anise seed were found to possess protective effects, probably due to its antioxidant constituents.

## ANTI-OXIDANT

Asie Shojaii and Mehri Abdollahi Fard. Review of Pharmacological Properties and Chemical Constituents of Pimpinella anisum. ISRN Pharm. 2012;2012:510795

**Aniseed essential oil has also shown to have high antioxidant activity.** Due to the vast array of healing properties reported and available studies, **a review of pharmacological properties of Aniseed essential oil was done via Asie Shojaii et al.**

From all the scientific studies available, Aniseed oil was shown to be richly composed of fatty acids and to exhibit high antioxidant actions against most reactive oxygen species including nitric oxide. It was shown to have antibacterial, antiviral, and anti-fungal effects against most pathogens, promote muscle relaxation by acting directly on muscle receptors, and work as an anticonvulsant by increasing the threshold for clonic seizures.

## BRONCHODILATORY

<http://www.sigmaaldrich.com/life-science/nutrition-research/learning-center/plant-profiler/pimpinella-anisum.html> Retrieved 24/6/13

In an **in vitro** study using guinea pig bronchial cells, Boskabady et al. determined that the relaxant effect of aqueous and ethanol extracts of anise essential oil were due to inhibitory effects on muscarinic receptors.

## CANDIDA

### **Antifungal activity of fluid extract and essential oil from anise fruits (Pimpinella anisum L., Apiaceae): Candida albicans**

Kosalec, I., et al. (2005) <http://essentialoildatabase.com/aromatherapy-blog/aniseed.html> accessed 6.5.11

Aniseed may have potent anti-fungal properties. A 2005 study looking at aniseed's effect on some of the most common yeast and fungal infections found aniseed effective against many of these infections, including.

## TYPE 2 DIABETES

### **Aniseed oil increases glucose absorption and reduces urine output in the rat.**

Kreydiyyeh SI, Usta J, Knio K, Markossian S, Dagher S. *Life Sci*. 2003 Dec 19;74(5):663-73.

<http://www.essentialoilsaromatherapyinfo.com/blog/essential-oils-uses/lemon-essential-oil-uses> <http://www.ncbi.nlm.nih.gov/pubmed/14623036> taken 02/07/12. Source: Department of Biology, Faculty of Arts and Sciences, American University of Beirut, Beirut, Lebanon. [sawkreyd@aub.edu.lb](mailto:sawkreyd@aub.edu.lb)

## Abstract

Anise (*Pimpinella anisum*) has been used as a traditional aromatic herb in many drinks and baked foods because of the presence of volatile oils in its fruits commonly known as seeds. Hot water extracts of the seeds have been used also in folk medicine for their diuretic and laxative effect, expectorant and anti-spasmodic action, and their ability to ease intestinal colic and flatulence. The aim of this work was to study the effect of aniseed oil on transport processes through intestinal and renal epithelia and determine its mechanism of action. The essential oils were extracted from the seeds by hydrodistillation and analyzed by gas chromatography. Aniseed oil enhanced significantly glucose absorption from the rat jejunum and increased the Na<sup>+</sup>-K<sup>+</sup> ATPase activity in a jejunal homogenate in a dose dependent manner. The oil, however, exerted no effect on water absorption from the colon and did not alter the activity of

the colonic Na<sup>+</sup>-K<sup>+</sup> ATPase. When added to drinking water, it reduced the volume of urine produced in the rat and increased the activity of the renal Na<sup>+</sup>-K<sup>+</sup> ATPase even at extremely low concentrations. It was concluded that aniseed oil increases glucose absorption by increasing the activity of the Na<sup>+</sup>-K<sup>+</sup> ATPase and consequently the sodium gradient needed for the sugar transport. Its anti-diuretic effect is also mediated through a similar mechanism in the kidney whereby a stimulation of the Na<sup>+</sup>-K<sup>+</sup> pump increases tubular sodium reabsorption and osmotic water movement. The colonic Na<sup>+</sup>-K<sup>+</sup> ATPase was however, resistant to the oil.

## DIGESTION

### Functional foods with digestion-enhancing properties.

Valussi M. *Int J Food Sci Nutr*. 2012 Mar; 63 Supp. 1:82-9. Epub 2011 Oct 19. <http://www.ncbi.nlm.nih.gov/pubmed/22010973> taken 02/07/12. Source: European Herbal and Traditional Medicine Practitioners Association, 25 Lincoln Close, Tewkesbury, GL20 5TY, UK. marco@infoerbe.it

#### Abstract

On analyzing the traditional societies' plant lore by treatment and plant categories, one cannot but notice the greater weight given to treatment of digestive disturbances and ailments compared to modern Western pharmacopoeias, and the blurred boundaries between medicines and foods, in contrast to the clear-cut distinction made in contemporary industrialized societies. Hence, there is an interest in exploring the issue of multifunctional food and traditional ingredients with digestive properties. In this paper, I examine the co-evolutionary foundations for digestive activities, the problems and ambiguities that emerge in the analysis of traditional data, and the possible biological mechanisms underlying the actions of bitter, aromatic and pungent compounds. After these premises, this paper presents a short review of those plants with a significant body of research supporting the claims that they have a digestive action, with particular emphasis on clinical data. The plants that have a substantial body of data in support of their digestion-enhancing activities mainly belong to one of three groups: bitter, aromatic and pungent plants. Amongst the most important we can find ginger, peppermint, aniseed and fennel, citrus fruits, dandelion and artichoke, Melissa and chamomile, but many more have a significant body of experimental data available.

## ESTROGENIC

<http://www.sigmaaldrich.com/life-science/nutrition-research/learning-center/plant-profiler/pimpinella-anisum.html> retrieved 24/6/13

Anise essential oil contains anethole, a phytoestrogen with estrogenic effects.<sup>2</sup> Preliminary research has shown that anethole may not be the only constituent of anise with estrogenic effects; however more research in this area is needed before any conclusions can be made. An aqueous extract of anise has shown anti-estrogenic effects on breast cancer cells without any proliferative effects on cervical adenocarcinoma cells *in vitro*.<sup>4</sup> The presence of estradiol reduced the antiestrogenic effect which implies an estrogen receptor-related mechanism.

## GLUCOSE ABSORPTION EFFECTS:

<http://www.sigmaaldrich.com/life-science/nutrition-research/learning-center/plant-profiler/pimpinella-anisum.html> retrieved 24/6/13

Aniseed oil has been shown to enhance glucose absorption in the jejunum of rats.<sup>5</sup> It also has increased the Na<sup>+</sup>-K<sup>+</sup> ATPase activity in a jejunal homogenate in a dose dependent manner. Aniseed oil is thought to increase glucose absorption by increasing the activity of the Na<sup>+</sup>-K<sup>+</sup> ATPase thereby increasing the sodium gradient needed for the glucose transport.

## HEAD LICE

### The *in vivo* pediculicidal efficacy of a natural remedy

Mumcuoglu, K., et al. (2002). <http://essentialoildatabase.com/aromatherapy-blog/aniseed.html> accessed 6.5.11

A 2002 study from Israel found a preparation made of coconut oil and essential oils of aniseed and ylang ylang as effective at controlling human head lice infestations as the pharmaceutical preparation to which it was compared. No significant side effects were reported by children using the preparation.

## **HEPATO-PROTECTIVE**

### **An in vivo and in vitro investigation on hepatoprotective effects of Pimpinella anisum seed essential oil and extracts against carbon tetrachloride-induced toxicity**

Akram Jamshidzadeh, Reza Heidari, Mojtaba Razmjou, Forouzan Karimi, Mahmood Reza Moeini, Omid Farshad, Amin Reza Akbarizade, and Mohammad Reza Houshang Shayeesteh., Iran J Basic Med Sci. 2015 Feb; 18(2): 205–211

Aniseed essential oil was investigated with regards to liver induced damage. In their study they injected a well-known liver toxic agent, CCl<sub>4</sub>, which is a known causative agent for liver damage. They then treated the damaged liver with Aniseed essential oil and found that Aniseed essential oil does in fact protect against CCl<sub>4</sub> by decreasing liver cell death and increasing enzymatic levels in the liver that protect it from damage. The study concluded that Aniseed essential oil does in fact have antioxidant activity due to the abundance of polyphenolic compounds that have been well known as antioxidant agents, and therefore the protection against liver cells results.

## **NAUSEA IN CANCER**

### **The palliation of nausea in hospice and palliative care patients with essential oils of Pimpinella anisum (aniseed), Foeniculum vulgare var. dulce (sweet fennel), Anthemis nobilis (Roman chamomile) and Mentha x piperita (peppermint)**

Gilligan NP International Journal of Aromatherapy, 2005 Int J Aromather. 2005;15(4):163-167.

#### **ABSTRACT:**

This case study examines a variety of aromatherapy treatments offered to twenty-five patients suffering from the symptom of nausea in a hospice and palliative care program, using a synergistic blend of Pimpinella anisum (aniseed), Foeniculum vulgare var. dulce (sweet fennel), Anthemis nobilis (Roman chamomile) and Mentha x piperita (peppermint). Outcomes were measured using the Bieri scale, a visual-numeric analogue. A majority of patients who used the aromatherapy treatments reported relief. However, all patients in this study were also using a variety of other treatments for their symptoms. While it is therefore impossible to establish a clear scientific link between the aromatherapy treatments and the nausea relief, this case study suggests that the oils used in this aromatherapy treatment were successful complements to the relief of this symptom.

## **NEUROLOGICAL EFFECTS**

<http://www.sigmaaldrich.com/life-science/nutrition-research/learning-center/plant-profiler/pimpinella-anisum.html> retrieved 24/6/13

In a study done in mice, it appeared that the essential oil of anise may reduce the morphine preference via a GABAergic mechanism.<sup>20</sup> Some spices traditionally used in winter cooking, including anise, nutmeg, cinnamon and clove, contain two groups of chemicals, the allybenzenes and their isomers, propenylbenzenes, which are thought to act as metabolic precursors of amphetamines.<sup>21</sup>

## **BENZOIN** (Styrax tonkinensis) (Styrax benzoin)

## **INFECTION**

<http://neurologyindia.com/article.asp?issn=0028-3886;year=2007;volume=55;issue=1;spage=88;epage=89;aulast=Cincu>

Benzoin tincture has been found to be useful as a pre-operative antibiotic skin preparation, and has been proven to be effective in treating a variety of infections including multiple aerobic, anaerobic and spore-forming bacteria, as well as Candida albicans and Mycobacterium fortuitum.

## **PRESSURE ULCERS**



## The psycho-social effects of leg ulceration

Christine Moffatt MA, RGN, DN Professor of Nursing Co-Director for the Centre for Research.  
<http://www.legulcerforum.org/membersarea/publications/luf14.pdf#page=20> taken 03/12/11

How often do we truly consider the impact that leg ulceration has on patients and families? This is an important question that we sought to examine in a study seeking to identify clinical and psychosocial factors affecting healing, and the impact that not healing has for patients.

The study found a number of factors such as pain and depression were associated with delayed healing. As nurses we have a responsibility to ensure that we take a holistic approach to our patients. How often does that really happen in the field of leg ulceration, with its reliance on technical data and medical information? This study challenged us to begin to broaden our research horizons and to look for factors in the patient's psychological and social arena that may impact on healing. Important problems such as social isolation and levels of pain may require different management strategies to those used before. Are we ready and open-minded to these issues? Non-healing doesn't just affect patients. This study highlighted how difficult professionals find not being able to bring about healing in an evidence-based culture which suggests that with the right care success will follow.

We are entering an era in leg ulceration where we must seriously turn our minds to how to help the patients whose ulcers don't heal. Maybe the emphasis will change – to supporting patients with a chronic illness rather than focusing on unrealistic goals of healing.

If it can be touched, gently apply a little from a mix made from 5-8 drops in 50ml of base oil of Calendula, which itself has cicatrisant effects on wounds and persistent ulcers. Calendula oil will also help to strengthen the skin if the mixture is massaged in gently twice a day. Compresses may be useful, but check that the dressing used is non-stick. Recommended essential oils include *Boswellia carteri*, *Chamomilla matricaria*, *Lavendula angustifolia* (Lavender), *Lavendula x intermedia* 'Super' (Lavandin) and *Pelargonium graveolens* (Geranium). The cicatrisant qualities of the resinoid *Styrax tonkinensis* (Siam Benzoin) may also play a part in healing.