

Herbal Medicine & the Home Apothecary

The Medical Care chapter's Tier 3 Herbal Medicine item is explicit that this requires real study, correct identification, dosing, and drug interactions all matter, not a folk-remedy shortcut. This guide is that real study: which common herbal remedies have actual evidence behind them, which don't, the dangerous plants that get mistaken for them, and where to get real training.

WARNING**Read this before anything else on this page**

Herbal medicine is not automatically safer than pharmaceutical medicine just because it's plant-based. Several plants below have real, documented toxic look-alikes that have killed people who misidentified them, and several common herbs have serious interactions with prescription medications. Positive identification of any wild plant before use is not optional, and anyone on prescription medication should check for interactions before adding an herbal remedy, ideally with a clinician or pharmacist who knows their history.

What actually has evidence behind it

Evidence quality varies a lot across common herbal remedies. Treat these honestly, not as a uniform list of "natural remedies that work."

Herb	Use	Evidence & cautions
Willow bark	Pain relief	Genuinely strong evidence, real human trials, working through the same mechanism as aspirin. Prepared as a decoction: simmer 1-2 teaspoons (2-4g) of dried bark in a cup of water for about 15 minutes, up to 2-3 cups a day. Same cautions apply: avoid in children with a viral illness (Reye's syndrome risk), avoid with bleeding disorders or blood thinners, avoid in pregnancy and with aspirin allergy.
Ginger	Nausea, especially pregnancy-related	Good evidence for pregnancy-related nausea (roughly 600-2,500mg/day); evidence for motion sickness specifically is weaker. Above about 4g/day it can interact with blood thinners.
Chamomile	Anxiety	Preliminary evidence for anxiety; no good evidence for insomnia despite its reputation as a sleep aid.
Yarrow	Traditionally used to stop bleeding	Only traditional/historical use and one supportive animal study, no human trials. Contraindicated in pregnancy (contains thujone) and can cross-react in people allergic to ragweed or other Asteraceae-family plants.
Plantain leaf (Plantago, not the banana relative)	Traditionally used for minor wound healing	Modest evidence from animal studies and small human studies; reasonable as a minor-wound supplement, not a substitute for real wound care.
Echinacea	Cold prevention/treatment	Genuinely disputed. A 2014 Cochrane review found no clear benefit for treating colds already underway.

St. John's Wort deserves its own warning

St. John's Wort is commonly used for mild depression, but it induces liver enzymes (CYP3A4) and a drug transporter (P-glycoprotein) that speed up the breakdown of many prescription drugs. Documented dangerous interactions include reduced effectiveness of hormonal birth control, immunosuppressants, and antiretroviral HIV medications, plus a risk of serotonin syndrome when combined with SSRIs. Don't add it to any existing medication regimen without checking first.

Dangerous look-alikes: the most important section on this page

Misidentification is the real danger in foraging for herbal remedies, not the remedies themselves. These pairings have caused real, documented poisonings and deaths.

Toxic plant	Gets mistaken for	Why it's dangerous
Poison hemlock	Wild carrot (Queen Anne's lace) or wild parsley	Contains coniine; as few as 6-8 leaves have been fatal in documented cases.
Water hemlock	Wild parsnip or other edible roots	Described by the USDA as the most violently toxic plant in North America; a small amount can be fatal.
Foxglove	Comfrey or borage (before flowering, the leaves look similar)	Contains cardiac glycosides; documented fatal poisonings exist from this exact mix-up.
Comfrey itself	Used historically as a healing herb	Contains pyrrolizidine alkaloids that damage the liver; the FDA banned oral comfrey supplements in 2001.
Pennyroyal essential oil	Confused with pennyroyal tea, a much weaker traditional preparation	The concentrated oil is liver-toxic with no antidote; documented deaths exist. This is a concentration problem, not just a plant-identity problem.
Kava	Used for anxiety	The FDA issued a hepatotoxicity advisory in 2002 after more than 100 documented cases of severe liver injury.

Turning a dried herb into an actual dose

Which preparation you use depends on which part of the plant you're working with, tough plant material and delicate plant material extract differently.

- **Infusion**, for leaves, flowers, and light stems (chamomile, yarrow, plantain): pour freshly boiled water over the herb and let it steep covered, 5-15 minutes for a beverage-strength tea, 20-30 minutes (or overnight) for a stronger, medicinal-strength one. This is what most people already think of as "making tea."
- **Decoction**, for tough material like bark, root, and seeds (willow bark): simmer the material directly in water for 20-45 minutes rather than just pouring hot water over it and waiting. Bark and root are too dense for a passive steep to pull much out.

If a remedy calls for both a tough and a delicate ingredient, decoct the tough part first, then turn off the heat and add the delicate part to steep in the still-hot liquid rather than boiling everything together the

whole time.

Growing, drying, and storing your own

1. Start with plants you can buy as identified nursery starts (yarrow, chamomile, calendula) rather than foraging for anything in the toxic-lookalike table above.
2. Harvest leaves and flowers in the morning after dew has dried but before the heat of the day, when essential oil content is typically highest.
3. Dry in a single layer out of direct sunlight with good airflow; a screen or hanging bundle in a warm, dry, dark space works without any special equipment.
4. Store fully dried herbs in airtight glass jars, labeled with the plant name and harvest date, out of direct light. Most dried herbs lose potency well before they become truly unsafe, so treat a year or two as a practical shelf life for potency, not a hard safety cutoff.

Homemade tinctures don't have a reliable dose

A folk-method tincture (plant material steeped in alcohol for weeks) has no measured weight-to-volume ratio the way a pharmaceutical tincture does, so "one dropper full" from one batch can be meaningfully stronger or weaker than the next. Treat homemade tinctures as imprecise, and start with a small test amount rather than assuming consistency batch to batch.

Getting real training

Books and this guide are a starting point, not a substitute for structured education, especially before treating anyone beyond minor, self-limited complaints. Real training paths include:

- The American Herbalists Guild, whose Registered Herbalist (RH) credential requires roughly 800 hours of education and 400 hours of supervised clinical practice.
- Accredited herbal medicine programs at institutions like Bastyr University and the Maryland University of Integrative Health.
- Structured but non-degree programs like the Chestnut School of Herbal Medicine and the Herbal Academy.

Sources

- Willow bark, ginger, chamomile, echinacea evidence review: NIH National Center for Complementary and Integrative Health (NCCIH) herb monographs; Cochrane review on echinacea for the common cold (2014)
- Comfrey ban and pyrrolizidine alkaloid toxicity: FDA public health advisory, July 2001
- Kava hepatotoxicity: FDA Consumer Advisory, March 2002
- Poison hemlock, water hemlock, and foxglove/comfrey poisoning cases: USDA-ARS Poisonous Plant Research; published case reports in clinical toxicology literature
- St. John's Wort drug interactions: NCCIH; FDA drug interaction advisories
- Herbalist training and credentialing: American Herbalists Guild; Bastyr University; Maryland University of Integrative Health
- Infusion vs. decoction preparation technique: Mountain Rose Herbs; The Public Herbarium
- White willow bark decoction preparation and dosing: The Good Old Way; Common Sense Home