The Holistic Gardener

First aid from the garden

Fiann () Nualláin

Illustrations by Sam Chelton



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INTRODUCTION

Most introductions, in my experience, consist of authors waffling on about their academic status, their path to the topic and rationalising why you should be reading the book they have written. Well, let's cut to the chase here, as there is no time to waste with some topics. I have been gardening all my life, at my father's knee initially, later as a pastime through adolescence and eventually as a career after college. I have worked in the fields of amenity horticulture, landscape and design, green skills training and horticultural therapy for over twenty years, studying medical botany, global ethnobotany, herbalism, naturopathy and many holistic therapies along the way. All these extras have given me a genuine appreciation (not to mention an understanding) of the natural approach to gardening and to health - well to living, really - and that's what this book is: a celebration of gardening life and how the garden can heal you and, indeed, perhaps even save your life.

Gardeners have accidents, some very specific to the garden or to the art of gardening, and I have experienced most of them. This book gathers together my gardening and natural healing experiences to pass on to gardeners in need of first aid advice, but it is also for people who wish to use the garden and its gifts for a more natural and sustainable way of life. This book covers a lifetime of familiarity with, and knowledge about, gardens, medical botany and the trials and tribulations that occasionally befall gardeners. It is a book

FIRST AID FROM THE GARDEN INTRODUCTION

that incorporates practical herbalism suitable for first timers as well as practised hands – with no special skills, complicated terminology or expertise needed to master the techniques described. It is about the help that the garden can provide, although I am conscious of the need for a level of medical first aid, so I have included a section of core skills that every first aider should have and I list the traditional first aid response with each injury entry. Accidents can be traumatic or just a nuisance – discovering how to rectify the injury should not be either.

So if you have an accident in the garden (or in your home), the helpful first aid response is recorded alongside the potential for garden aid. That garden aid is further explored with carefully selected remedies that you can easily make yourself from what grows around you, plus a few items borrowed from the kitchen or bathroom cabinets. For some conditions it is good to employ techniques of functional food, and so culinary recipes extend the healing potential of both garden and larder.

À NOTE ON MEASUREMENTS AND REMEDY METHODOLOGY

The measurements of ingredients in the recipes and remedies contained in this book are not given cookbook precision. While they are highly effective, tried and tested, they are nevertheless a little more rough and ready than laboratory measurements or pharmacy doses would be – in keeping with a gardening context and the premise of the book to pick some leaves from the garden and make a quick-fix remedy – the methodology

is in the spirit of grabbing a dock leaf and rubbing it on a nettle sting, or plucking a handful of thyme and pouring some boiling water over it to extract its antiseptic phytochemicals.

To work out how much dock juice diminishes the sting and how big a leaf should be to deliver that quantity, or whether a dab of antiseptic is two drops or four, only slows reaction times to treatment or complicates a natural response. A cup of camomile tea will calm or be antibacterial whether it has been steeping for 3 minutes or 30 – that said, if a herb takes a particular amount of time to disperse its health-giving properties into hot water, alcohol or an oil base, then that time will be stated in the method (steep for 10 minutes, leave for two weeks etc.).

In terms of portion size, I use 'cup' as a measure of volume, whether dry or liquid, but the metric equivalent of the American cup is 236.6ml, while what is often referred to as the 'British standard teacup' (imperial measurement) is 250ml liquid volume. We are not making soufflés or mixing dangerous substances, so for our purposes that sort of difference is not a problem. The recipes are put together by ratio method, so while I use a standard 250ml cup (not a 'World's Sexiest Gardener' mug or a bucket with a handle), the proportions of the cup you use will transfer easily enough across the board.

In culinary terms, the rule offresh versus dried herb is that one part ofdried herb is equal to three parts fresh – a good rule to follow, because even though that relates to potency of taste, it does on balance also relate to the potency of other active ingredients. Sometimes, however, drying a herb removes the

volatile oils, and some phytochemicals also diminish, so fresh is always preferred. 'Fresh' will be stated in recipes where this is applicable.

Fiann Ó Nualláin

GLOSSARY

ASTRINGENT: a tightening agent, causing contraction ofbody tissues, checking blood flow, or restricting secretions offluids.

COMPRESS: a pad of absorbent material or a cloth dressing moistened with an active ingredient (antiseptic, cool water, etc.) pressed onto a part of the body to relieve inflammation, agitation or to stop bleeding. A leafor petal can also be used as a compress, such as a dock leafto alleviate the sting of a nettle or calendula to soothe skin irritation.

DECOCTION: the liquid resulting from the extraction of the water-soluble substances of medicinal plants by boiling.

HERBAL RINSE: the herbal equivalent of a medicated wash. A cooled infusion utilised to clean a wound or alleviate a skin irritation.

INFUSION: the liquid result of steeping plant parts in hot water for 5–10 minutes.

LINIMENT: a medicated liquid applied to the skin to relieve pain, stiffness, etc.

NERVINE: a plant-based remedy that has a beneficial effect on the nervous system.

ORAL EXTRACT: any extract that can be taken orally – tea, tisane, tincture, etc.

POULTICE: a moist and often heated application for the skin consisting of substances such as kaolin, linseed or mustard, used to improve the circulation, treat inflamed areas, etc. A simple poultice employed as a drawing agent for splinters is bread dipped in hot water. A compress of steamed, crushed or otherwise prepared herbs, foliage or flowers employs both the action of a poultice (drawing/soothing) together with the application of the beneficial phytochemicals in the plants, for double effect.

SPIT POULTICE: a poultice macerated in the mouth and spat onto a wound.

TINCTURE: alcohol-based remedies for oral consumption or to be used as a rub.

TISANE: see infusion.

TOPICAL: for application to the body's surface.

INDUCTION

Yes, induction, but none of the dictates of health and safety here; hard hats are not required. This section is a guide to using the book, by looking at five core elements: what is garden aid – a briefon what is possible from the garden; what is first aid/first response – a look at the limits and practice of first-aiding; contacting emergency services – the vital numbers; a word of warning – every book needs at least one (but I also include a note on ingredients and ethical choices – not so much a warning as suggestions to give you options); and finally, and perhaps the most helpful, five steps to avoid accidents – prevention is always better than cure! (Apart from the chocolate cake cure, but more on that later.)

WHAT IS GARDEN AID?

Garden aid is a term I use to describe the use of the resources of the garden – the site of many of the accidents and injuries described in this book – to address the damage with immediate effect and often more successfully than conventional treatments, but for the most part used as a back-up treatment or 'second aid'. Think of it as a harvestable complementary therapy, as help from the garden, from its plants and the innate medicinal properties contained in flowers, seeds, leaves and sap, for injuries suffered there or elsewhere.

The plants listed in the book are not exotic or rare; they

FIRST AID FROM THE GARDEN INDUCTION

are the common and popular herbs and ornamental perennials found in the average garden or garden centre. They are easy to find, easy to grow and maintain, easy to harvest and use, and are sometimes supplemented with popular herbs and spices to be found in most kitchens and local shops. And in the interest of exploiting everything the garden has to offer, I include some remedies that employ 'weeds' – I am sure you will be able to borrow some of these from a neighbour!

In this book there is a mix of scientific 'medicinal botany' and received gardeners' lore, or 'ethnobotany', about plant uses. Most people have learnt that a dock leaf cools the sting of a nettle leaf—we received that wisdom in childhood and it is part of our cultural upbringing (our learned ethnobotany)—but do we know that it is the histamine and serotonin reactions to the sharp hairs of the stinger that cause the irritation, and that dock leaf sap contains a natural antihistamine, or do we just trust that it works? It works either way. This book is not about belief, cultural norms or placebos—it is about what works. I am a holistic gardener and I do believe that gardening is prayer, but I am not of the mind to pray for rain when my beard is on fire—I will roll in the dirt and dig a plant from the soil to make a soothing balm. Using all practical skills is my kind ofholistic.

So the plants selected for inclusion in garden aid are those such as the dock leaf—passed on to each generation by word of mouth while having a scientific explanation for the 'cure' effect, as well as plants from traditional herbalism, phytotherapy and pharmacognosy, studied and laboratory tested for active principles. Many over-the-counter medications for

injuries listed in this book owe their origins to a plant, ifthey are not, indeed, outright derivatives of one. Aspirin owes a debt to the chewing of willow bark, while counter-irritant rubs for muscle aches are often derivatives of menthol and camphor extracts from garden mint, other *Mentha* species and the camphor tree. It is estimated that there are at least 120 distinct chemical substances extracted from plant sources currently employed in the manufacture of commercial drug therapies and medicinal products, and this number is growing all the time – ifyou'll forgive the pun.

So garden first aid is not snake oil or new age hokum, it is the most ancient, ever-renewed and certain future of healing. Better still, it is what is to hand when you need it most. You don't need to run to the pharmacist for a topical antiseptic when a natural one is growing by the knee you just grazed – for an example of this, try out the thyme antiseptic remedy on page 99.

WHAT IS FIRST AID/FIRST RESPONSE?

I list the first aid protocols for each injury under 'First response' because that is what first aid is all about – your immediate initial response. In some cases there is not much more to be done, as the job is completed with those first simple steps. But other times, or with more serious injuries, the need will arise for a 'second' opinion from a doctor, or indeed a 'second' intervention by medically trained professionals from the emergency services – paramedics, fire brigade and so on. Your first response is just the beginning of the story in that

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FIRST AID FROM THE GARDEN INDUCTION

case; it is, however, if carried out diligently, the beginning that might well ensure the casualty's outcome has a happy ending.

First response is what you can do to prevent the escalation of injury to calamity level. Staying calm and focused is the best first response. There is a *universal procedure* to follow with accidents, an order of priority in an accident or emergency situation:

- 1. Alert the emergency services;
- 2. Check for danger before you proceed;
- 3. Do ABCs (that is, check Airway, Breathing and Circulation) on the casualty;
- 4. Stop any bleeding and address injuries as best you can until an ambulance arrives.

And we can add a fifth for good measure – offer reassurance/support or, if you are the injured party, remain positive and panic free. For those who wish to explore more traditional first aid techniques, I have included a core skills section at the end of the book, covering the essential skills of taking a pulse, CPR (cardiopulmonary resuscitation), sling making, splint making and so on.

CALLING THE EMERGENCY SERVICES

Calling the emergency services may be the most important thing you do. And knowing how to do it cuts to the chase and gets vital assistance promptly to you and the casualty. Dial 112 or 999? The well-known 999 is still active in both Ireland and Britain, as is the common European emergency number 112.

The European emergency number, 112, is the number to dial in the majority of European countries, but always check before you go on holiday to make sure that you know the number for the country you are going to.

Remember, when calling emergency services in an accident situation, 'remain calm, remain focused and remain on the line'. If using a mobile, speakerphone mode is good as it frees up your hands and you can be talked through a procedure if need be.

Always state clearly the emergency service you require and the nature of the accident. Give your name, specific location (for example, back garden, no. 16 Green Avenue) and telephone number so that the emergency services can reach you directly.

A WORD OF WARNING

Garden aid is not necessarily applicable to every situation – severe burns and serious injuries need hospitalisation – but it can be used in conjunction with best medical practice, *not instead of it.* It is not intended to take the place of traditional techniques offirst response and recovery, but to support both processes where fitting; for example, a styptic (astringent) herb under a cotton pad to stop bleeding, or using immunity-building herbs in the weeks after the injury.

FIRST AID FROM THE GARDEN INDUCTION

Misdiagnosis can be fatal in a medical situation; and in horticultural therapy or botanical medicines, misidentification can be detrimental – **knowing what you are about to harvest is what it is meant to be and is intended for the task at hand is vital**. Take time to familiarise yourself with the plants mentioned in this book – most are straightforward and generally well known, but if you supplement your garden aid from other sources then correct identification, correct application and correct dosage are vital.

So the word of warning – as promised – is 'appropriateness'!

INGREDIENTS AND ETHICAL CHOICES

To match consumer expectations and commercial consistency/ viscosity within the remedies, I have elected to use items such as petroleum jelly, or emulsifying solutions such as Silcocks base or E45 cream, etc. As these are by-products of crude oil, some home crafters and ecological gardeners may have reservations about how those products might impact on oil reserves and other environmental matters. It's a complicated debate — does a by-product contribute to the damage its prime-product triggers? However, there is no health issue with these products if used in the short term for first aid, and most natural cosmetic and herbal medicine makers employ them freely. If these issues cause you concern, simply use zinc ointment, shea butter, cocoa butter or coconut oil in their place.

INGREDIENTS AND CURRENT HEALTH STATUS

Not every remedy in this book will suit everybody; for example, people with an allergy to Asteraceae plants should avoid chrysanthemum tea or oxeye daisy remedies — yet to others these may be perfect choices. The remedies in this book are based on traditional treatments and are ones I use personally, but they do not, or more to the point, *cannot* take into account the variety of individuals' underlying conditions/current prescription medications and so on that may interact with them. So with all conditions, if you are not sure of the plant or your tolerance ofit, then consultation with a qualified herbalist or naturopath is recommended. Apart from this aspect, all the usual rules apply — caution must be exercised in the case of pregnancy, high blood pressure, treatment regimes for long-term health conditions, etc.

FIVE SIMPLE TIPS TO REDUCE THE NEED FOR FIRST AID

- Avoid working in haste or under impractical time constraints. For example, do not start to mow the lawn 5 minutes before you have to collect the children from school.
- Do not attempt shortcuts such as lifting the mower to knee-height because the strimmer is out offuel.
- Upskill or do a little research. Many accidents are caused by a lack of skill or training to ensure that the job is done