

Anise (Aniseed)

Latin Name: Pimpinella anisum

DIGESTIVE; RESPIRATORY Congestion

USE SEEDS and OIL

Native to Egypt, Greece, Asia Minor areas.
Spread to Central Europe in the Middle Ages

Ripens in very warm summers
Similar to flavor of Fennel – Sweet and Spicy

NOTE: Make sure you have the right herb. It is NOT Star Anise (*Ilicium verum*) from Southern China and Japan.

HISTORY

- ROMANS used as a flavoring; Spiced cake eaten at end of a rich meal to prevent indigestion; Thought to be origin of spiced wedding cake
- Mouth odors; Hypocrites used for COUGHS

QUALITIES

1) Volatile Oil for Candies and Bakery Goods

2) DIGESTION

- Appetite Stimulant; GAS; COLIC; Gripping; Breaks up mucous congestion
- Indigestion; Nausea

3) COUGHS; Expectorant; COLDS; Bronchitis; Spasmodic Asthma; Emphysema

4) STIMULATES; HEART; LIVER; BRAIN; LUNGS

- Stimulates Female & Other GLANDS; Estrogenic-like effects; Increase libido; Promote menstruation; Facilitates BIRTH; Increases MILK SECRETION; Menopausal Symptoms

5) OTHER

- Antiseptic; Antibacterial
 - Used in other formulas to IMPROVE FLAVOR and helps Correct GRIPING
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Anise References

Herb History and General Information

Blumenthal M, Goldberg A, Brinckmann J, eds., *Herbal Medicine Expanded Commission E Monographs*. Austin, TX: American Botanical Council; Newton, MA: Integrative Medicine Communications; 2000
Felter, Harvey Wickes, M.D., and John Uri Lloyd, Phr. M., Ph.D., *King's American Dispensatory*; 1898. See excerpts at <http://www.henriettes-herb.com> accessed July 17, 2014

Grieve, M., *A Modern Herbal, Vol I & II*. New York and London: Hafner Publishing Co.; 1967. See excerpts at www.botanical.com accessed July 17, 2014

Ritchason, Jack, N.D., *The Little Herb Encyclopedia*. Pleasant Grove, Utah: Woodland Health Books; 1995

Studies

Albert-Puleo 1980 at www.pubmed.gov accessed July 17, 2014. Folk reputation to increase milk secretion, promote menstruation, facilitate birth, alleviate the symptoms of the male climacteric, and increase libido attributed to polymers of anethole, such as dianethole and photoanethole

Oliff, Heather S., PhD, Anise Reduces Severity and Frequency of Menopausal Hot Flashes, *HerbClip*. June 30, 2014 (No. 011455-499). Austin, TX: American Botanical Council. Review of The study on the effects of Pimpinella anisum on relief and recurrence of menopausal hot flashes by Nahidi F, Kariman N, Simbar M, Mojab F., *Iran J Pharm Res*. 2012;11(4):1079-1085

Additional info on Studies:

MENOPAUSE – HOT FLASHES

Nahidi F, et al. Anise Reduces Severity and Frequency of Menopausal Hot Flashes, See Herbalgram.com Date: 06-30-2014 HC# 011455-499 /herbclip/499/011455-

499.html 2014-06-30 [14.982 KB]

HerbClip Date: 06-30-2014 HC# 011455-499

Re: Anise Reduces Severity and Frequency of Menopausal Hot Flashes

Nahidi F, Kariman N, Simbar M, Mojab F. The study on the effects of Pimpinella anisum on relief and recurrence of menopausal hot flashes. *Iran J Pharm Res*. 2012;11(4):1079-1085.

...Anise (*Pimpinella anisum*) seeds and extracts are reported to have estrogenic properties, which may improve hot flashes. The purpose of this double-blind, placebo-

controlled study was to evaluate the effect of anise on hot flashes in postmenopausal women.

The medical records at Mohammadieh urban health center and rural centers in Hosseinabad, Basher, and Bekandi Villages, Iran, were reviewed for potential study subjects. Those who met the inclusion criteria and who wanted to participate were enrolled (n=72). Included subjects were 45-60 years old, had hot flashes, and had a history of amenorrhea for ≥ 1 year and ≤ 3 years. Excluded subjects were undergoing HRT; taking anticoagulant, antidepressive, or anxiolytic drugs; experiencing stressful events such as divorce or death of close family members; or were sensitive to anise. Subjects received either placebo or 990 mg/day anise taken in 3 divided doses for 4 weeks...

...After 4 weeks of treatment and 4 weeks of follow-up, the anise group had significantly fewer hot flashes compared with the placebo group (1.6 vs. 4.2 per day, respectively; $P < 0.001$) and compared with baseline (1.6 vs. 4.2, respectively; $P < 0.001$). There was no significant change in frequency of hot flashes in the placebo group compared with baseline (4.2 vs. 4.2, respectively).

At the end of week 4 and after 4 weeks of follow-up, the anise group had significantly less severe hot flashes compared with the placebo group (20 vs. 54 mean hot flash severity, respectively; $P < 0.001$) and compared with baseline (20.2 vs. 56.2, respectively; $P < 0.001$). There was no significant change in severity of hot flashes in the placebo group compared with baseline (54 vs. 53, respectively). The improvement in severity of hot flashes in the anise group was maintained for the 4 weeks post-treatment; the improvements were seen as early as 1 week after treatment began. While 25% and 30% of the subjects in the P. anisum and placebo groups, respectively, suffered from severe hot flashes before the intervention, after the treatment the corresponding figures were 0% and 25%.

...The authors conclude that, in the anise group, most of the patients had moderate hot flashes before treatment and mild hot flashes after treatment. They state that subjects may prefer to use anise over other treatments because of the rapid onset of action; in women taking estrogen for hot flashes, the decrease can be experienced 2 to 4 weeks after the treatment. The 4-week follow-up indicates that anise can control symptoms long after consumption....

—Heather S. Oliff, PhD

ESTROGENIC

PubMed Albert-Puleo 1980

Fennel and anise as estrogenic agents.

Fennel, *Foeniculum vulgare*, and anise, *Pimpinella anisum*, are plants which have been used as estrogenic agents for millennia. Specifically, they have been reputed to increase milk secretion, promote menstruation, facilitate birth, alleviate the symptoms of the male climacteric, and increase libido. In the 1930s, some interest was shown in these plants in the development of synthetic estrogens. The main constituent of the essential oils of fennel and anise, anethole, has been considered to be the active estrogenic agent. However, further research suggests that the actual pharmacologically active agents are polymers of anethole, such as dianethole and photoanethole.