

Herbal Applications

CHECK-LIST

APPLICATION	MADE	MAKE	USE(D) IT	DEFINITION/NOTES
Herbal Teas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Decoctions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Capsules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nourishing Infusions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tinctures (alcohol)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tinctures (glycerin)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Poultice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Flower essences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Dream pillows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Throat lozenges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Syrups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Liniment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Salve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lotions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Fomentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Smoke	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Oxymels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Soaps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Steam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sprays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Smudging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Flower essences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Essential oils	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Electuary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bolus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Infused Oils	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	