

Botanical Medicine:

A European Professional Perspective

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PREFACE

This book is designed to provide the herbal practitioner with information about botanical substances and how they are used in Western Europe today, and with tools for the development of clinical insights. By presenting the basics of three whole-system models — the neuroendocrine, the five phase and the diathetic — the practitioner can gain perspective from each system, even if choosing to use only one as a main paradigm. The five-phase model tends to be more physiological, or functional, in that the organs - liver, heart, etc., are not so much thought of as actual organs, but as sets of functions which are linked according to the Chinese traditional medical paradigm. The neuroendocrine model is more anatomical, that is, rooted in physiological systems which at the same time are discrete anatomical divisions of the body: the nervous system and endocrine glands. The diathetic model of Menetrier is a classification of types based on research into the medical histories of a large population of patients, which are then grouped according to basic constitutional pathological tendencies or diatheses.

Our purpose is not to develop a single unified, universal paradigm combining Eastern and Western patterns of thought. Nor is our purpose to establish firm, irrefutable classifications for plant substances to which future students of herbalism can adhere. Rather, it is to help the practitioner in his quest to create his own internalized system of understanding for developing the clinical skills that will ultimately make judgments instinctive rather than intellectual.

It would be a satisfactory outcome of using this book if conventionally-trained practitioners felt at ease prescribing botanicals based on the influences of plant substances on the neuroendocrine system outlined herein. It would likewise be satisfactory if acupuncturists, or other practitioners familiar with East Asian schools of thought, could comfortably prescribe botanicals based on the five phase model we have described. However, studying both systems will optimally yield new levels of insight, and shorten the time necessary to gain familiarity with the plants, so that clinical usage can be undertaken more rapidly. In the final analysis, it is our conviction that what matters is clinical effectiveness, not theoretical rectitude.

The most successful use of this book would be as a template for developing a rapid, intuitive and sophisticated understanding of the plant substances as they are administered therapeutically, while developing an individual therapeutic system based on experience. Each practitioner may develop their own system a little differently, while using it as a tool, not as a law.

Once the theory is familiar, it is important to translate it into experience. It is always a useful exercise to attempt to determine one's own type according to the sections on typologies, and experiment on oneself. For example, the person who is predominantly a Metal yin type should begin by trying Metal yin herbs. The sympathetic-dominant type of individual, when confronted with different herbs indicated for the same condition (for example, cough), should choose one which has sympatholytic properties over one that may likewise be indicated for cough, but have the effect of further exciting the sympathetic nervous system function (which would be classified as "sympathicotonic").

In the section on plant substance profiles, one should study all indications as part of a physiological context, or "terrain". Keep in mind that a single plant does not yield to a simple classification any more than an individual does. Some plants are easily classified as a single phase classification, or for a single property by any other classification method. Many are complex, which can make a single classification appear arbitrary. The many uses of oil of thyme, for example, or eleutherococcus (Siberian ginseng) defy a single classification. Therefore classifying oil of thyme as predominately Metal yin, or eleutherococcus as Fire yin, is a result of the authors' bias according to how it appears that they might be most profitably conceptualized, from the viewpoint of the clinician.

The Symptom Listings in Part Three are not a collection of prescriptions or recipes for disease conditions, nor a textbook of clinical medicine. We hope that it will stimulate the thought processes of the practitioner and be helpful in developing creative solutions to the ever-changing conditions of clinical practice, which so often do not conform to even the most sophisticated theoretical prognostications. Therapeutic strategies are discussed in this section, along with general principles of phytotherapeutic practice. The appendices can be consulted for additional information which can be used in the context of the Symptom Listings, especially the section on the Oligoelements, or trace elements, which are often used as an adjunct to botanical substances in Western Europe.

INTRODUCTION

Phytotherapy is the use of plants and plant extracts for healing. The incorporation of phytotherapy into European medicine began with the physicians Henri Leclerc, the “father of phytotherapy,” and Jean Valnet, who developed aromatherapy as a modality. Phytotherapy is a technical term used most often in Europe to create a distinction from herbalism, which is generally devoted to the folklore and mystical aspects of plant use. In the U.S. it is becoming a word which refers exclusively to European botanical medicine. The distinction between phytotherapy and herbalism in Europe is an artificial one, but it serves to delineate the degree of formalism in the proper use of plant substances. This is especially true in the context of recommending herbal substances as a professional service based on a formal theoretical paradigm, which would be called phytotherapy. Herbalism, in contrast, would be considered the prescription of plant substances based strictly on oral tradition and folklore, particularly folklore in its more mystical aspects.

The use of plants for healing is as ancient and universal as medicine itself. Continuous traditions of phytotherapy methodologies exist throughout the third world, especially in the Orient, where numerous mineral and animal substances are still in common use. Yet in the West, since the Middle Ages, the use of herbs for healing has gone through several cycles of ascendancy and decline.

The first decline of herbalism in the West was a result of the separation between herbalism and formalized theoretical professional medicine which occurred as the use of mineral poisons including mercury and antimony increased. These were popularized to a large degree by the influence of Paracelsus. Before Paracelsus, the authority of Galen (AD 131-200) was undisputed. Galen, however, was always identified with botanical medicines. Even today, botanical medicines are sometimes referred to as Galenicals. Galen, an eminent surgeon and personal physician to Emperor Marcus Aurelius, created an elaborate system of medical practice based on the “humoral” model of Hippocrates. He wrote in rigorous detail of the properties not only of single herbs or simples, but also their interaction with different constitutional types. The four temperaments — sanguine, phlegmatic, melancholic and choleric — based on the four fundamental “humors,” or body fluids (blood, phlegm, “black bile,” and bile), constitute typologies with which herbs were considered to interact in diverse modes. It was thought that the properties of herbs did not exist in isolation, abstracted from their field of activity.

His classifications of “simples” (single herbs) resembled the Chinese approach, delineating herbs as hot or cold, wet or dry, etc. This systematic approach likewise led to elaborate formulations of complex theoretical design.

Paracelsus (Phillipus Aureolus Theophrastus Bombastus von Hohenheim 1493-1541), a Swiss physician and alchemist, a man of encyclopedic knowledge, idiosyncratic genius and forceful manner, was unpopular with the medical establishment of his day. A legendary practitioner with an expert knowledge of botanicals (he originally formulated laudanum), Paracelsus developed a system that adapted alchemy to the application of medicine. The use of Galenical herbal preparations began to decline as Paracelsus’ influence strengthened.

Paracelsus’ theories were supplanted numerous times by subsequent schools of thought. The use of mineral substances like mercury, lead, arsenic, and sulfur, which he introduced, lasted for three centuries. For most of the 19th century, the use of calomel, along with bloodletting, comprised nearly the full extent of “allopathic” medical practice, save for a handful of virulent mineral-based emetics and purges and, of course, tincture of opium, better known as laudanum, that brightest of stars in the 19th century galaxy of nostrums. Calomel, the toxic mercury salt which was the universal remedy for all afflictions from asthma to yellow fever, functioned by inducing a severe fetid salivation and classic mercury poisoning symptoms. In the early 19th century, British physicians had suggested that repeated dosing of mercury could create a vulnerability and/or tendency toward contracting tuberculosis, but its use continued unrestrained for another century.

By the beginning of the 20th century, herbalism no longer could be said to be in decline. Over a century of “heroic” medicine — blistering, bleeding, purging and vomiting — had disenchanting the public. For a time, they turned to the gentle ministrations of the eclectics: “root doctors,” chiropractors and homeopaths.

The popularity of herbalism then began a decline, reaching a point where herbalism was all but eradicated. The term allopathy fell into disuse for lack of recognition of the existence of any type of medical thought other than the conventional “scientific” model.

The system of Paracelsus, using toxic chemicals and heavy metals in accordance with alchemical theories, foreshadowed the trends of the later 20th century, in which challenging the human physiological systems with toxic chemicals played a central role in the theory and practice of medicine. Coal tar and petroleum derivatives had been used in medicine since the 1880’s and the resulting focus on the chemistry of these compounds created a new frame of reference for medical therapeutics. An approach was generated with aspirations of altering the functioning of biological systems based on purely technical, and thus more detached, insights into the functioning of the organic microcosm.

This exploration of biological systems divided into ever smaller units, promising a “brave new world” of technology which could operate entirely at an invisible microscopic level. Symptoms and signs, which had been the fundamental diagnostic criteria for clinical practice from antiquity, were now considered to be the results of invisible warfare in the micro-world.

The nature of this war could only be discerned by technicians with microscopes or by chemical laboratories performing assays of body fluids. Thus the authority of the clinical practitioner was usurped by the laboratory researcher. The observation of actual patients, hour by hour, day by day, by dedicated medical practitioners was trivialized as “anecdotal,” and disparaged as lacking any scientific merit.

As we near the end of the 20th century, more people are becoming aware of the limited resolving power of a solely analytical and “microscopic” viewpoint. Macroscopic observation, palpation, auscultation and interrogation to obtain a description of subjective symptoms, once again are gaining credibility with a public increasingly suspicious of a mechanistic approach to human problems. Although “science” as we know it must always be objective, particle physicists have discovered that even within their cold and inanimate field of observation, participation is a critical factor. Increasingly, scientists who are concerned with research methodology are concluding that research results are not so much laws of Nature as they are the response of Nature to our methods of questioning, which are subject to our own limitations and biases. It would seem that in a quantum Universe, true objectivity might be unattainable.

A fatal flaw of conventional medicine is the omission of the patient from the process of the whole system. Patient participation cannot be supplanted by specimens of vital fluids, measurements or disembodied images in an attempt to pursue an illusory objectivity. In this “perspective universe,” theories merely attempt to solve problems within certain parameters rather than “uncover” the ultimate truths underlying pathological phenomena. The limitations of a singular attempt at pure objectivity have set the stage for the renewed interest in what is being called “cognitive science,” in which the practitioner’s skill in pattern recognition, observation and the ability to make meaningful correlations takes precedence over accumulation of data for its own sake.

In traditional healing practices, the patients’ subjective symptoms and the practitioners’ direct observations together result in a diagnosis and therapeutic strategy. Today, many practitioners of East Asian and Ayurvedic medicine have developed palpation, pulse taking, tongue observation or the like to a high art. This refined level of personal development and acquired skill can not be transformed into an objective science. It has always been taught through direct discipleship and not through reading. This is especially true of manual techniques and herbal prescription. In this book we will explore how different systems have been developed for solving problems in the context of direct observation of the patient as a unique entity, using plant substances for therapy.

Herbal treatment is the ideal form of treatment for humankind. Plants act gently to stimulate and supplement the body’s healing forces. Plants are the natural food for human beings. The great advantage of using herbs for medicine is that they are composed of the same stable chemical components as our daily food. In fact, “herbs” are a part of our diet which has been neglected in recent decades. It is difficult to say where and when this imaginary line between what are considered foods and what are herbs was drawn, but the fact is that our bodies are well adapted to absorbing vitamins

and minerals in this form. The omission of herbs from our daily diets is perhaps one reason for the popularity of supplementing the diet with vitamins and minerals. The compatibility of plants with humans is illustrated by the fact that chlorophyll, the green essence of plants, and hemoglobin, from our own red blood cells, have an almost identical molecular structure, magnesium being at the core of chlorophyll where iron is at the heart of hemoglobin. The natural buffers, fibers, latexes, starches and other bulk materials in herbs aid in the body's ability to absorb nutrients and "biologically active" components.

Traditional treatment methods have almost universally included "hands-on" techniques like manipulation, massage, bleeding and of course herbal treatment. Even within herbal treatment the "heroic" methods have their role to play. In the Orient, purging, sweating and vomiting were a prominent feature of treating the first stage of illness in a robust individual. However, the experienced and intelligent healer, East or West, had to develop a high level of skill and personal judgment which cannot be translated into an objective centralized medical theory and conveyed accurately in books or by quantitative means.

The reader will note tables and comparisons throughout the book in which terms are interchanged or translated between the paradigms. This is intended to add perspective and to develop familiarity with more than one form of system modeling. One cannot expect to be able to "translate" one system completely. There are many similarities between systems, but it may not be possible to always find precise equivalents for concepts in the different systems, just as most languages have characteristic phrases which defy meaningful translation into other language. The intent is to open new insights into constitutional types, pathological phenomena and plant substances, and to stimulate the practitioner's curiosity and creative powers.

It is inherent in the use of whole system models such as these that the clinician will, over time, develop his own observations and interpretations of theory. Ultimately each practitioner develops his or her own system, because the proper use of such systems is to provide access to all the unconsciously observed and stored data which accumulates through study, clinical experience and observation. These paradigms represent a starting point and hopefully the tools by which practitioners can begin to develop meaningful methodologies for their own use by immediately integrating what is familiar, and also by critiquing the interpretations found here according to their own experience.

The message of this book is, in part, that the analytical approach to biological problems has inherent flaws that can be remedied by using a whole-system model. There is still, however, useful information to be gained by understanding the types of constituents in plants. We must not depend entirely on this type of knowledge, but perhaps much of the knowledge obtained through the analytical approach can be more useful when placed in the context of a whole system design. Here we will examine the characteristics of some of the most important plant constituents. Later we will examine the assumptions built into this approach by observing it in the whole systems context.

