



HUMAN HEALTH AND ITS MAINTENANCE  
WITH THE AID OF MEDICINAL PLANTS



# HUMAN HEALTH AND ITS MAINTENANCE WITH THE AID OF MEDICINAL PLANTS

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*The primary responsibility of the practitioner  
is to the health of the patient,  
and not to the furtherance of herbal medicine,  
to humanity not to ideology.*

*In gratitude to them I dedicate this work to my patients  
without whom it could not have existed.*

*And also to my friend and mentor  
Dr Jean-Claude Lapraz  
but for whom my own trajectory would have taken a very different course.*



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## PREFACE

I belong to that inferior group of indolent contemplatives who invent from their own minds rather than conduct experiments. I am of course grateful to those industrious teams who have provided us all with the findings of modern physiology without which the book would have no substance. Let us hope that helpful truths derive from a collaboration between thinkers and doers.

As for the latter, I would cite the flawed example of Galen who was a great experimenter yet drew erroneous conclusions from those experiments. Had he been more collaborative and less pontifical (and had the achromatic lens been invented before his time), he might not have been led nor led the world into such misguided notions, but he generated followers, not testers. Yet is experience not a test in itself? There is another caveat to experimentation as opposed to experience. The scientific method is poorly adapted to discover and reproduce truths in complex systems whose component parts are meaningless except in association. I am not hostile to RCT's and do not wish to wriggle away from those findings that dispute my own bias, but their history seems to show that they can only prove efficacy; they cannot ever prove ultimate safety nor prove lack of efficacy with more than approximate effect. By the same token, we can never know for certain the safety of using plant medicines in the long term except from the obvious and well-known cases of plants like the opium poppy with effects very like the drug that is made from it.

Although not an experiment in the scientific sense, clinical experience inevitably tests the hypotheses upon which prescription of medicinal plants is made. The words experiment and experience in other languages are interchangeable; in French, for instance, "experienced" translates as "*experimenté(e)*". While this book may not be scientific in its methodology, I hope that it fits with common sense experience, does not pander to its bias, and will correlate well with



the findings of current science, yet remain plastic enough to be modifiable by future research. I think of myself as an anthropologist whose fieldwork was conducted in the consulting room. In my dreams, I hope the book will be useful to those who have an interest in medicinal plants and to those who prescribe them. In my nightmares, yet another tedious layer has been added to the speculative nonsense that litters the history of medicine.

In case my love of speculation appears both wanton and complacent, I should acknowledge that without the staining techniques pioneered by Camillo Golgi and the painstaking experimental genius of Santiago Ramón y Cajal, the modern science of neurology on which this book is largely predicated would not have proceeded so creatively. Nonetheless, Ramón y Cajal acknowledged leaps of intuition as did the Austrian physiologist Oscar Loewi whose experiments first identified acetylcholine: "We should sometimes trust a sudden intuition without too much scepticism. If carefully considered in the daytime, I would undoubtedly have rejected the kind of experiment I performed." Compared with the fastidious dedication shown by these physiologists, questionnaire-based experiments conducted by psychologists seem to qualify only figuratively as belonging with the scientific method. Studies that frame a question on feelings (as if these do not change by the day or the hour) as a set of little more than emoticons would seem to bypass the subtle profundities of literature and usurp literary criticism. They offer always a simple choice that excludes context. The question to be answered is itself culturally and socially relative and self-referential. Perhaps conductors of psychometric experiments are beset by the fear of not being taken seriously. Residing in low status territory fortifies many a disciplinary boundary (as herbalists would do well to acknowledge). The interplay between physics and biology creates our psyche and our interrogative faculty, our need for the contemplations of philosophy. What people believe leads to how they behave, which includes how they confront and manage pain and loss and fear of loss.

As for speculation, it might be kinder and fairer to myself, to describe Part One as an attempt at philosophy with Part Two as an application to the clinical situation. I have not really been indolent and can testify that I have read the scientific and philosophical, psychological and economic texts very carefully and broadly. Part Three wants to be taken as a serious attempt to understand how complex molecular presentations from plants to the whole body might operate. In the final sections, *materia medica* acts as the reference for the prescriber: this schedule of interventions takes its purpose from the preceding parts of the text.

These *Reflections* should perhaps be re-entitled *Reiterations*, for I have tried to turn the ideas and subjects over like someone turning a discovered object over and over in the hands, puzzling over whether it is an interesting curio, or just curious. Although I have contributed nothing to established fields like circadian physiology, I hope that mindedness, poise, adaptive capacitance are useful extensions of these accepted kinds of knowledge, at least to herbalists. I hope they will find stochastic resonance and sensory priming, useful ways of thinking about medicinal plants in the clinical setting or, an even greater hope, that someone might find a way to test them.

For all its opinions and hypotheses, this is meant as an enquiry about a subject with too many facets to hold in one view or grasp in one hand. I hope the reader will participate in formulating some answers to these deepest questions. We cannot leave it to the experts! As we develop

in the practice of medicine, we all do well to rethink not our allegiances but the true causes of them. Herbal medicine is too pervasive in human culture and history to be examined by partial and partisan views alone. I want the contradictions and inadequacies to show through. With too much certainty we are as lost as we are with none at all. I ought to apologise for being so self-serious but in this I shall just have to hide behind the subject. Life is always the only subject and there is always too much to say.



## THE ORGANISATION OF THE TEXT

This book wants to discuss health with scant reference to disease. It formulates a number of interlocking ideas that integrate circadian physiology with the transformations that constitute human life. Time, ecology and the biology of plants are always part of the background. The book arranges this discussion in three interrelated parts.

Part One elaborates this integrative model of health, linking circadian biology with the psychosocial human being and takes knowledge, information and data from various disciplines. For the phytotherapeutic perspective it draws heavily upon the theoretical and clinical work of Drs Duraffourd and Lapraz. These French clinicians have demonstrated the advantages of directing medicinal plants towards the different parts of the hormonal system and of the autonomic nervous system. They have developed and modernised the theory of terrain, primarily a relativistic analysis of these neuroendocrine processes and show how medicinal plants hold much more promise when used to modify these relations than as alternatives to pharmaceutical drugs. I follow them in using plants as *alteratives* (to use an old term in a new way) rather than as weak drugs. Their work has been developed further, and collaboratively, by Dr Kamyar Hedayat. The considerable input from doctors in other nations is fully acknowledged elsewhere.<sup>1</sup>

Part Two is aimed towards the student acquiring knowledge and developing the skills to practise medicine as well as to the newly qualified herbal practitioner. The approach focuses on the physical presentation of the patient and her or his extended milieu taken from a detailed narrative. It makes little mention of ailments and disease yet attempts to formulate a clinical approach that favours the development of a broader understanding than the knowledge gleaned

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<sup>1</sup>In *La Médecine Personnalisée*, Lapraz & de Clermont-Tonnerre, translated into English by Julian Barker. Published by Aeon Books.

from a narrow curriculum.<sup>2</sup> I hope that the model presented here and in Part Three may also provide the experienced herbalist with some new ideas.

Part Three develops a theory that attempts to explain how medicinal plants modify the terrain and how they can contribute towards health in the sense that I have described as **Poise**. The theory hypothesises two different but complementary mechanisms which I have named Sensory Priming and Stochastic Resonance. The last section of Part Three is dedicated to Materia Medica.

The three parts are nodes about which the discussion flows but, to mirror the conception of mindedness, each of them is interpenetrative with the others. The result is untidy, the more to mirror the assorted nature of life, less a manicured garden and more an extensive hedgerow adjoining ruderal habitats. The structure of the book is also founded on the interpenetration of the tripos represented by the social, psychic and biologic: this leaking of people into poise and plants into all our lives.

Note: Therapeutic Shorthand Names of Plants are used in the text. Their definition is given in Materia Medica Section 24.

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<sup>2</sup>One of the best discussions I know of the difference between knowledge and understanding is found in Vignale 2011.