

# History of Physiomedicalism

Current Clinical Herbalist practice is a blend of many traditions, both modern and historical. The most prominent approach in North America focuses mostly on phytotherapy, largely as practiced during the mid- to late 1800's. Today, as it was then, this system of natural healing is called '**Physiomedicalism.**' It evolved from early **Thomsonian** practices, which were in turn based the idea that health and disease were a manifestation of hot and cold energies. Samuel Thomson believed **vital force** was represented as heat and **cold** was synonymous with death. Thomson utilized a relatively simple approach to restore heat to the body, consisting of vapor baths, emetics, purgatives and enemas. This was seen as a dramatic alternative to the bloodletting, cording and mercury administration that was standard medical treatment by allopaths at the time.



Figure 1: Samuel Thomson

In his *Narrative*, Thomson gives us an account of his life. He starts with his apprenticeship under the **Widow Benton** in his youth, through his early experiences with healing, and then onto the evolution of his system of medicine.

Throughout the text Thomson documents case after case in which he uses simple techniques such as vapor baths. Herbs such as Lobelia and Cayenne treated a wide variety of conditions, ranging from cholera and typhoid epidemics to chronic conditions such as arthritis. Many of the cases he

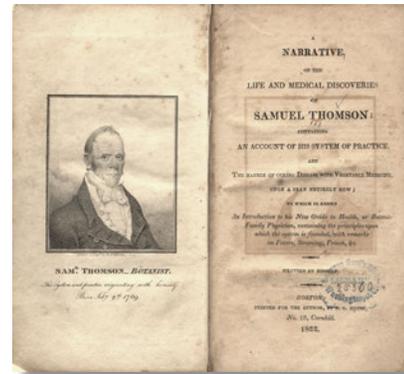


Fig. 2 Narrative

treated were given up as hopeless by physicians. Others were patients that had been so badly poisoned, or weakened by medical practices, that Thomson himself would sometimes question the benefit of treatment. From the historical evidence Thomson was quite successful with his approach, and as a result he went from a poor farmer in the beginning of his life to a very wealthy man at the end, all from the sale of his patent medicines and products.



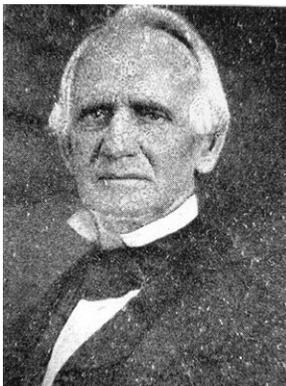


Figure 3: Alva Curtis



Figure 4: W.H. Cook

Thomson's success gained him many supporters, and among the medical profession, many detractors. Most of those that came to Thomsonism did so out of sheer desperation, looking for some kind of alternative to regular medicine. To his supporters Thomson became an icon, the "American Hippokrates," representing Jeffersonian ideals and the right of the common man to self-determination, especially where their health was concerned. Although many of his initial supporters were simple farmers and rural laborers such as himself, Thomson began to attract young intellectuals like **Alva Curtis**, who contributed enormously to the spread of Thomsonism in the United States through his editorship of several Thomsonian journals. Although supporters like Curtis had enormous faith in the basic tenets of Thomsonism, they were similarly taken with the latest scientific discoveries, and wanted to expand the conceptual framework of Thomsonism to include sciences such as physiology. Throughout his life however, Thomson would reject any kind of alteration to his system, inherently suspicious of the kind of book learning that regular physicians were so well versed in, but which apparently did little to make them effective practitioners. Although agreeing to fund a practical clinical training program at a Thomsonian hospital, Thomson balked at the idea of classes in anatomy and physiology. A division grew between Thomson and those who wanted to incorporate elements of regular medicine in its practice. As a result of this schism, a new movement was initiated by the 'New Light' Thomsonians, with the development of a series of multi-year training programs for 'herbal' physicians. The most famous of these was Alva Curtis' **Botanico-Medical College** in Cincinnati and **William Cook's Physiomedical Institute** in Chicago. In these training programs graduates were trained in the basic therapeutic approaches of Thomsonism, reviewing in depth the herbal materia medica, as well as sciences such as biology, chemistry, anatomy, and physiology. These practitioners began to call themselves physiomedicalists, to distinguish themselves from Thomsonians, 'reformed' medical practitioners such as the **Eclectics**, and the newly imported system of homeopathy.

The concepts and ideas of **physiomedicalism** represent an evolutionary synthesis of Thomson's simple and pragmatic approach to healing, with scientific ideas like the circulation





Fig. 5 Wooster Beach

of the blood and autonomic nervous function. Among the notable contributors to the development of physiomedicalism was **Wooster Beach**, who contributed the concept of ‘equalizing the circulation’ between the arteries, capillaries and venous system. Alva Curtis translated Thomson’s notion of hot and cold into scientific terms, and introduced the idea that living tissues respond to stimulation through a state of contraction or relaxation. Disruptions to the vital force could therefore be classified as either a state of “over-contraction,” or “over-relaxation.” To this notion **W.M. Cook** added the idea of the autonomic regulation of the tissues, where “irritation” is a sympathetic response that promotes “contraction,” and “depression” is a parasympathetic response that promotes “relaxation.” The ideas of Cook underwent further refinement by **J.M. Thurston**, who in his *Philosophy of Physiomedicalism* (1900) described a model comprised of six tissue states that in many ways bears striking resemblance to the humoral categories used by the medical traditions of ancient Greece, India and China.<sup>1</sup>

## Physiomedical Theory

### Vitality

The commonality of all physiomedical practice is the knowledge that every living system is governed and maintained by the ‘*vital force*.’ This is not a theological concept but a simple inference, one that we all know as children and somehow come to rationalize away as we age. It is the **life force**: that which separates us from what we call the inanimate, or simply matter. To some extent the principle of vitality is reflected in the biological concept of **homeostasis**, the internal and external parameters a living system needs to maintain in order to survive. Unlike biology however, which describes a complex and diverse array of homeostatic mechanisms, physiomedicalism identifies homeostasis as a point of principle: the manifestation of the vital capacity through cellular function. For the physiomedicalists **vitality is the principle of energy and cohesiveness in a living body**, the sum total of all regulatory functions that maintain and protect the health of the organism. Thus all disease is fundamentally seen as a



Fig. 6 Vital Force



disruption of the vital force, where energy systems break down and degeneration sets in.

According to English physiomedicalists, **A.W. and L.R. Priest**, “the vital force is always resistive, eliminative, and reconstructive in intent when the organism is affected by... inimical substances, forces or influences”.<sup>2</sup> This means that the vital force will marshal itself against a disruptive influence, perhaps by stimulating eliminative functions such as diaphoresis or purgation, or immune mechanisms that are designed to resist exogenous infiltration. Once this disruption has been overcome, the vital force then attends to the repair and reconstruction of damaged tissues. Ever since Samuel Thomson created the idea of **autotoxemia** as the cause of disease, physiomedicalists have identified a variety of mechanisms that can disrupt vital function, including alterations to the normal flora, seasonal and climactic factors, and exogenous toxins such as drugs and pollutants.

## Eliminative Function

The body’s ability to eliminate waste materials and toxins is of paramount importance to the physiomedicalist, for it is most often this presence that acts as an **obstruction** to vital function. The importance of overcoming this obstruction was recognized early on by Thomson, who understood it as a symptom of “coldness,” or a decline in metabolic activity. His use of vapor baths to raise the body temperature, which simultaneously hydrated the skin and mucous membranes, proved to be the best of all approaches to assist in the elimination of wastes. These two principles of **thermotaxis** and **hydration** are the foundation of any treatment that aims to promote the elimination of wastes. Although not exactly ‘herbal,’ these treatments are under-utilized in modern clinical herbal medicine, and practitioners are commended to use steam baths at the outset of any kind of eliminative therapy.

Obstruction takes many forms, but there are several clearly identifiable signs and symptoms that indicate its presence. The most important of these is the presence of **catarrh**, which represents the accumulation of metabolic waste products and the irritation of the tissues in which it is found. Although an obstructive impairment may not be systemic throughout the eliminative functions of the body,



physiomedical theory dictates that in any ‘cleansing’ regimen the eliminative functions of the body as a whole must be taken into account. Thus, treatment is given equally to the **lungs, kidneys, bowels** and **skin**, despite the fact that the obstruction may only be manifest in a particular organ system. In states of chronic obstruction this becomes especially important, for if we attempt to remove an obstruction by simply addressing the organ system with which it is associated, we may precipitate a crisis in that debilitated organ and end up making the condition worse and very uncomfortable to the patient. This idea sits well with the modern concept of holistic healing.

Very often one eliminative system will assume the toxic burden of a weakened system. In an obstructive state of the bowels for example, very often the skin will assume some of that burden, giving rise to eruptive conditions, cysts, acne and rashes. Similarly, obstructive impairments to kidney function will often manifest in catarrhal conditions of the respiratory tract. Thus where the skin or lungs appear to suffer from a toxic burden, treatment should also be directed towards the organs of origin, i.e. the bowels and kidneys, respectively.

### **Alteratives**

Alteratives are a special class of medication in Physiomedicalism, defined generally as a substance that promotes a favorable change in the body, primarily through enhancing glandular secretions and eliminative excretion, as well as stimulating digestive and assimilative processes. Alteratives can work on a broad spectrum body functions, but often influence the processes of the liver. Many alteratives in fact stimulate elements of immune function, dissolving accumulations and processing lymphatic wastes. Some herbs combine this with an additional property to enhance bile excretion and as a result, are superior remedies. Simply enhancing this processing of wastes without simultaneously promoting eliminative function however will likely precipitate a crisis in the debilitated tissue or organ system, and should be avoided.<sup>3</sup> In general, alterative changes are best made slowly, especially in cases where the obstruction appears to be relatively greater than the vital capacity.



## Circulatory Dynamics

Among the advances in physiological knowledge that Physiomedicalism took advantage of was a more complete understanding of circulatory function. The concept of “equalizing the circulation” is in large part due to the work of Wooster Beach, although Thomson’s usage of vapor baths in an attempt to “raise the heat” is essentially the same practice, but phrased in a different way. To determine if the circulation is in fact equal, we must determine the balance between the arteries, capillaries and veins. In particular, A.W. and L.R. Priest tell us that we must first consider the capillaries, which commands the greatest volume of blood, and is thus usually the origin of circulatory disturbances.

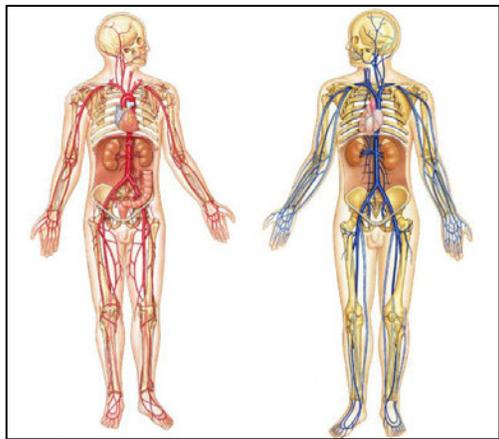


Fig. 7 Circulation

The **capillaries** can be said to exist in two primary states: contraction and relaxation. **Capillary contraction** results in an impediment to arterial circulation, and in the tissues involved, tend to promote symptoms of inflammation. There is typically a decrease in function of the secretory glands, and as a result the tissues become dry, hot, irritated and painful. The primary treatment of this state calls for the use of diffusive stimulants and relaxing diaphoretics that act on the capillary level. In states where capillary contraction becomes chronic the tissues eventually become dry and **hypotrophic** (weak, thin). In addition to the usual stimulants and diaphoretics this specific situation calls for the use of herbs that repair capillary damage, many of which contain flavonoids that help to repair oxidative damage and restore membrane integrity.<sup>4</sup>

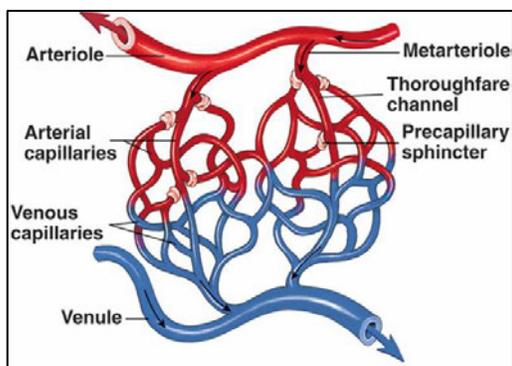


Fig. 8 Capillary

**Diffusive stimulants:** *Zanthoxylum, Zingiber, Myrica*  
**Relaxing diaphoretics:** *Nepeta, Sambucus, Asclepius*  
**Capillary trophorestoratives:** *Crataegus, Rosa, Vaccinium*

**Capillary relaxation** is a state of relative flaccidity of the tissues, with attendant signs and symptoms such as pallor, coldness, clamminess and weakness. Blood flows easily into the capillary bed but because of a lack of tone (“atony”), the tissues do not absorb the blood. Often the venous system is impaired in this state, and allows a backlog to develop. Such states are often characterized by “over-hydration,” in which there is a “free secretion” of



various fluids, such as mucus, urine, sweat, diarrhea or blood.<sup>5</sup> In a state of capillary relaxation the therapy must be directed towards promoting capillary tone, increasing the inwards radiation of heat, and astringing the venous system.<sup>6</sup> This requires the use of stimulating astringents, tonics, and stimulating diaphoretics:

**Astringing stimulants:** *Myrica, Hamamelis, Quercus*

**Tonics:** *Hydrastis, Gentiana, Populus*

**Capillary stimulants:** *Capsicum, Zingiber, Zanthoxylum*

Priest and Priest state that herbs that act on the capillary bed are diaphoretics to one extent or another. Relaxing diaphoretics tend to act upon the periphery of the body (relieving arterial pressure), whereas astringing diaphoretics tend to work towards the middle (relieving venous stasis).

## Nervous Equilibrium

The function of the nervous (and endocrine) system is to guide capillary responses such as contraction and relaxation. In the previous section under Circulatory Dynamics, we learned how the flow of blood into tissues is affected by these states. The stimulus for contraction or relaxation is largely regulated by the autonomic nervous system, but also through a variety of local and systemic mechanisms, from prostaglandins to emotional stress. Ultimately the nervous system determines the health or **trophic state** of the tissues, by regulating the flow of blood into them. Unlike the terms contraction and relaxation that describe the capillary state, the term **irritation** is used to describe an over-reactive state of the nervous system. In some systems this is referred to as **enervated**. The term **depression** characterizes an under-reactive state. This could also be called **under enervated**.

The activity of the nervous system can be seen as affecting the body as a whole, the viscera in general, a specific organ system, or localized tissues. As a systemic response, the over-reactive state or “**sthenic response**” is characterized by tension, involuntary muscle contraction, inflammation and pain. Again, in some systems this would be considered enervated. This obviously bears great similarity to a state of capillary contraction, and thus the use of relaxing

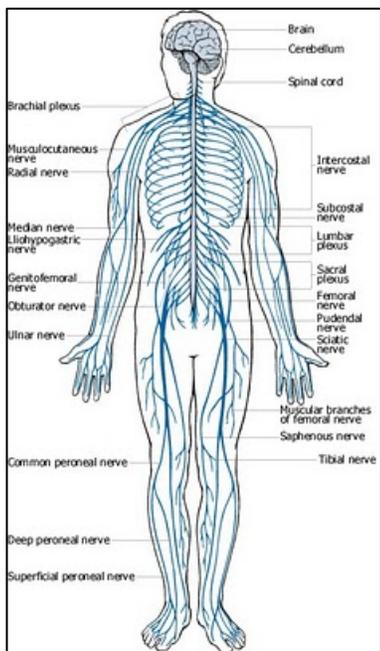


Fig. 9: Nervous System



diaphoretics and diffusive stimulants should be considered. In addition however are a class of botanicals called **nervine relaxants** that act specifically upon nervous system to reduce irritation and the resultant capillary contraction. Systemic sedatives include *Asclepius* and *Lobelia*, which are both capillary relaxants. For more specific application, herbs can also be chosen according to the tissue or organ system that express irritation:

**Muscular irritation:** *Actaea, Piper methysticum, Piscidia*

**Respiratory irritation:** *Equisteum, Verbascum, Prunus*

**Gastric irritation:** *Althaea, Filipendula, Glycyrrhiza*

**Intestinal irritation:** *Humulus, Dioscorea, Geranium*

**Hepatic irritation:** *Dioscorea, Chionanthus, Chelidonium*

**Urinary irritation:** *Piper methysticum, Galium, Equisetum*

**Uterine irritation:** *Dioscorea, Trillium, Viburnum*

**Cardiac irritation:** *Leonorus, Lycopus, Cereus*

**Cerebral irritation:** *Passiflora, Scutellaria, Gelsemium*

In a systemic state of nervous depression, sometimes called the “**asthenic response**,” (or under-energated) the tissues become relaxed, and are characterized by poor circulation, coldness and pallor, the accumulation of metabolic wastes, changes in the normal flora, and a loss of tissue integrity (atrophy). Priest and Priest state that such states arise from a “...general deficiency of reserve energy in the nerve cells”.<sup>7</sup> To meet this deficiency, a class of botanicals called **nervine stimulants** are used to arouse the latent energy. Systemic nervine stimulants include *Capsicum* and *Zanthoxylum*. In more specific applications, herbs can also be chosen according to the tissue or organ system that expresses this depression:

**Musculoskeletal depression:** *Capsicum, Cola, Paullinia*

**Respiratory depression:** *Asclepius, Lobelia, Viola*

**Gastric depression:** *Hydrastis, Gentiana, Zanthoxylum*

**Intestinal depression:** *Rumex, Rhamnus, Collinsonia*

**Hepatic depression:** *Berberis, Iris, Leptandra*

**Urinary depression:** *Verbascum* root, *Capsella, Barosma*

**Uterine depression:** *Caulophyllum, Cimicifuga (Actaea), Vitex*

**Cardiac depression:** *Convallaria, Crataegus, Cytisus*

**Cerebral depression:** *Capsicum, Ginkgo, Cola*



## Trophorestoration

The “**trophic state**” is representative of the vital capacity of a system or tissue in the body. In chronic states of irritation or depression, some degree of vital deficiency will manifest in the affected tissue, with a gradual loss of functional capability. This vital deficiency can have a variety of causes, such as environmental toxins (e.g. heavy metals), drug therapies, cancer, infection, or nutritional causes. Certain individuals may display what is an inherited weakness of a specific organ or tissue. In the case of obstruction, immune mechanisms may eventually promote degenerative changes in tissues from chronic inflammation. In any case where an organ or tissue can be determined to be suffering from a vital deficiency, **trophorestoration** should be undertaken as a long-term measure to restore normal function. Examples of trophorestoratives include:

**Neuroendocrine:** *Avena, Panax quinquefolium, Turnera*

**Skin:** *Arctium* root, *Stellaria, Plantago*

**Lungs:** *Equisetum, Verbascum, Inula*

**Heart:** *Crataegus, Rosmarinus, Cereus*

**Stomach:** *Gentiana, Filipendula, Glycyrrhiza*

**Pancreas:** *Iris, Oplopanax, Silybum*

**Liver/gall bladder:** *Silybum, Taraxacum, Cynara*

**Intestine:** *Rhamnus, Taraxacum, Inula*

**Kidneys:** *Urtica* seed, *Chimaphila, Equisetum*

**Uterus:** *Aletris, Chamaelirium, Caulophyllum*

In traditional **Chinese medicine** trophorestoratives are often referred to as **fu zheng** (“superior herbs”), and include many herbs now commonly used in Western clinical herbal practice such as *Panax ginseng, Astragalus, Angelica sinensis, Ganoderma lucidum, Schizandra chinensis,* and *Polygonum multiflorum*. In **Ayurvedic medicine** trophorestoratives are synonymous with **rasayanas** (“rejuvenatives”) and include botanicals such as *Emblica officinalis, Terminalia chebula, Eclipta alba, Centella asiatica, Withania somnifera,* and *Asparagus racemosus*. This expansion of the physiomedical materia medica with these botanicals, and others, greatly adds to the effectiveness of treatment, but exotic species should not be sought when local ones will suffice.



## Health Assessment

The object of physiomedical practice is the use of herbal medication to restore vitality and return the body's function to normal. In this sense '**normal**' is the absence of symptoms of any kind, a positive state reflecting good physical and mental health. '**Abnormal**' is any process which is a deviation from normal, and can represent both dysfunctional processes as well as positive compensatory mechanisms, such as enhanced elimination. Phrased in another way, when the body's function is abnormal, the practitioner must determine if the body is attempting to restore physiological balance before attempting to modify its activity. For example, if a patient presents with an acute onset of fever or diarrhea, physiomedical practice dictates that we should support these processes rather than simply try to suppress them; otherwise the condition is driven deeper into the physiology. Only when it appears that the vital functions are impeded and the condition becomes chronic should treatment be given to interrupt these processes.

Health assessment in physiomedicalism is not about labeling an individual's symptoms as a specific disease. Rather, assessment is the method by which we obtain information and analyze it. In allopathic medicine diagnoses are usually based on objective, *physical* criteria, all of which constitute an important part in the practice of assessment in Physiomedicalism. The difference between them however is that Physiomedicalism gathers this data to determine the **state of vitality**. Data from at least three sources should be considered in every assessment:

The superficial signs (objective) and symptoms (subjective) of the complaint (e.g. chronic dermatitis)

Any functional disorder or variation from standard of any organ system in the body (e.g. chronic fatigue)

Specialized investigative techniques that objectively determine organic changes to cells and tissues (e.g. blood and salivary tests, allergy testing, nutrient status, etc.)

In addition, a physiomedicalist may choose to utilize a variety of more subjective assessment techniques, such as the examination of the pulse, tongue or iris, or procedures



such as muscle testing. Despite the great utility of these techniques they should not be relied upon in any exclusive way, but only to verify discrete features of the overall condition of vitality, in concert with the case history and more objective diagnostic techniques.

Once all of the data from all of the sources has been gathered, it is necessary to interpret this information in the context of an assessment of the vital state. The practitioner must not only look at the disease state, but any obstruction of normal physiological function. In general terms, the vital state may be said to exist in three basic forms:<sup>8</sup>

1. **Positive:** “symptoms represent positive eliminative or reconstructive functions” – what is more correctly termed the “healing crisis,” often representing acute conditions as the vital force attempts to re-establish homeostasis.
2. **Tolerant:** the body establishes a state of “relative equilibrium and compensation,” and the vital force tolerates the obstruction. In such a state, the obstruction may be said to be subacute.
3. **Negative:** the signs and symptoms “represent a forced reaction to progressive encroachment of obstructive conditions and the pathological deterioration” of the vital force in the affected tissues. The ultimate result of this state is “low-grade, chronic symptoms”.



Fig. 10: Michael Moore

The knowledge of these three facets of vital function is of the utmost importance when attempting to return the body to homeostasis. In a positive state, all the treatment that is typically required is nursing and adequate rest. In a tolerant state, the practitioner must be careful not to disturb the compensations and adaptations made by the vital force. In a negative state, the vital force will need strong support to overcome the obstruction to avoid a worsening of the condition, or the development of secondary effects.

One of the prominent North American Herbalists that utilized this approach was the late **Michael Moore (1941 – 2009)**, founder of the Southwest School of Botanical Medicine. His intake forms, are published for all to use on the school’s website:



<http://www.swsbm.com/ManualsMM/MansMM.html>.

Many have used them as straightforward intake forms to help assess health issues in the tradition of the physiomedicalist. See the end of this Lesson for copies of the forms.

## Approaches in Medication

Broadly speaking, a medication can serve two basic purposes:

1. To increase the vital capacity of the body, restore homeostasis, and eliminate obstructive conditions;
2. To suppress the symptoms and the vital capacity, by interrupting eliminative functions and the body's attempt to restore homeostasis.

It is obvious that the differences between these two purposes are reflected in the practices of holistic and conventional medicine, respectively. Almost all medications used in conventional medicine are orientated to the relief of superficial symptoms or modification of normal physiological processes. The result of such activities can be seen to suppress the body's eliminative and restorative functions. Evidence of this is found in many commonly prescribed pharmaceuticals, such as corticosteroids, antibiotics, NSAIDs, and hypocholesterolemic, which while improving superficial symptoms or the results of diagnostic tests, allow the obstruction to remain more or less intact, leading to a gradual worsening of the condition.

Herbal medication is directed to resolve the underlying cause of a condition, thereby relieving the symptoms without compromising the integrity of the vital force. In some cases, the treatment may lead to the reappearance of previously repressed symptoms – an event commonly identified in homeopathic medicine as **Hering's Law of Cure**. Nonetheless, such pronouncements should be made cautiously, with the possibility of allergic reactions, sensitivities or adulterants ruled out. In case of inherent weaknesses, herbal medications can supply the materials and support the reconstructive efforts of the vital force, i.e. trophorestoratives. At the same time, herbal medication



promotes eliminative processes and allows the vital force to function unobstructed.

There are five general principles to consider before developing a herbal protocol:<sup>9</sup>

1. Review and analyze the **efficiency of the eliminative systems** of the body (i.e. liver, bowels, kidney, lungs and skin). This is a well-known and important therapeutic principle in physiomedicalism. In conditions of autotoxicity the vital force is obstructed and unable to support the restorative activities of the body.
2. Determine the **balance within the vascular system**, if there is a relative dominance of blood between the arteries, capillaries, or veins.
3. Determine the **balance within the autonomic nervous system**, between sympathetic and parasympathetic activity (i.e. irritation and depression).
4. Assess the body for any **organ weakness or deficiencies**. Priest and Priest indicate that it is important to avoid stimulating a weakened or depleted organ, “especially the heart or lungs”.
5. Finally, “**assess the degree... of encumbrance in relation to the energy reserves**” of the vital force. It is important to avoid promoting an acute eliminative phase or healing crisis before the energy reserves have been “sufficiently restored”. To this end, it is important to determine the degree of drug-saturation or chemical exposure, which can impact the effects of alterative changes induced by herbal medication.

These five considerations help to determine the constituents of a formula, whether the intent is to provide a mild activity over a longer period of time, a stronger activity over a shorter period, or the alternation between such actions. Not only can the constituents of formula change over time, but the dosage can vary to a large degree, from fairly large doses to those which would normally be considered well below the physiologic dose. These five therapeutic principles also indicate the importance of including herbs that are not only specific to the actual condition, but support weakened or encumbered organ systems, ensure the proper



function of the eliminative organs, as well as support both the cardiovascular and nervous systems. For example, let us consider the following patient: female, age 47, complaining of chronic sinusitis and respiratory catarrh, occasional constipation and periodic yeast infections. Taking into these symptoms, we might construct a formula as follows:

**SPECIFIC** – *Verbascum thapsus* (Mullein flower) – to soothe nasal and sinus inflammation – 20 mL

**ANTIFUNGAL** – *Tabebuia spp.* (Pau D'arco) – to enhance immune activity; antifungal – 20 mL

**LAXATIVE** – *Rhamnus purshianus* (Cascara Sagrada bark) – to provide stimulus and tone to the bowel – 20 mL

**LYMPHATIC** – *Myrica cerifera* (Bayberry root bark) – to improve lymphatic drainage of mucous membranes – 15 mL

**DIURETIC** – *Galium aparine* (Cleavers) to enhance kidney detoxification of lymphatic wastes – 10 mL

**HEPATIC** – *Mahonia aquifolium* (Oregon Grape root) – to enhance liver detoxification of lymphatic wastes – 10 mL

**CIRCULATION** – *Zanthoxylum americanum* (Prickly Ash seed) – to enhance uptake and delivery of formula constituents – 5 mL

Rx: 5 mL tid aq cal ac (three times daily before meals, with water)

During the initial stages of implementation the symptoms being treated may worsen temporarily. Other symptoms, such as headaches, food cravings, alterations in bowel or urinary habits, or emotional irritability may also become manifest. Such symptoms will have a negative impact upon patient compliance, and as such, the patient should know before treatment that these symptoms sometime occur, are harmless, and of typically short duration. Such effects comprise a well-described phenomenon called the **Herxheimer reaction**, first described in the medical literature by Austrian physician Adolf Jarisch and German Karl Herxheimer, in 1895.<sup>10</sup>

In the example above, all ingredients were put in one tincture. Other herbalists approach the same case by combining several herbal treatments (tablets, capsules) and lifestyle issues (stress, exercise) and diet (elimination or



encouraging of certain foods). This can help to create a program for the patient to follow. Sometimes the treatments are all concurrent; while other times they might need to be consecutive.

## Conclusion

The principles and practice of physiomedicalism represent a fountain from which modern clinical herbal medicine is nourished. Many of the basic practices employed by herbalists today, whether trained in degree programs or weekend workshops, utilize the same basic approach enunciated so well by luminaries such as Thomson and Cook. Although in some ways limited by a relatively narrow understanding of physiology, the therapeutic framework of physiomedicalism is a useful therapeutic model that is relatively easy to understand, and easily adapted to individual cases. Contemporary herbalists such as Michael Moore, author of *Principles and Practice of Constitutional Physiology*, have reconnected these principles with a more complex understanding of physiology, while retaining the same basic approach. Today physiomedicalism represents perhaps one of the best herbal traditions, combining the framework of an energetic, vitalistic approach within the ever-expanding knowledge of biology.

