

Defining Phytotherapy

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A number of approaches have emerged in the modern practice of Western herbal medicine. At one extreme is the model in which herbs are viewed as plant-based drugs. As such, they are administered in monopreparations, or sometimes as simple combinations of two herbs. The approach to prescribing is very simple, being based on symptoms or a particular medical condition. Treatment is chosen on the basis of proof of efficacy and safety from controlled clinical trials. This strictly evidence-based model predominates among medical doctors, particularly in Europe. Herbal products are prescribed in the context of a conventional medical consultation and are viewed as an additional therapeutic option, either when chemical drugs are inappropriate or the patient wishes to first try a gentler treatment. Preparations are usually in tablet form and often contain standardized extracts.

Examples of such evidence-based monopreparations used in standardized extract form include kava, valerian, St. John's wort, ginkgo, saw palmetto, andrographis, black cohosh, hawthorn, horse chestnut, devil's claw, willow bark, and Korean ginseng.

At the other end of the spectrum are traditional Western herbalists, who compound different formulations for each patient on the basis of a detailed consultation, which, while it might resemble a conventional medical consultation, is ultimately seeking different endpoints. Such practitioners generally employ the traditional galenical extracts of herbs, which come in liquid form as either tinctures or fluid extracts. The advantages of these preparations are largely that they represent a minimal processing of the crude herb into a convenient dosage form, but more importantly, that they can be readily compounded into an individual prescription. The attitudes of these more traditional practitioners to scientific information about herbs and the new style of products tend to vary, but many do not acknowledge the value of scientific investigations into their remedies.

But there are others who see value in incorporating evidence-based approaches into their practices. The successful blending of tradition with science is leading to a new robust system of Western herbal medicine, a system best encompassed by the term "phytotherapy." As such, phytotherapy defines a new medical paradigm that combines the wisdom of an ancient tradition with the cutting edge of current research. The modern phytotherapist is truly a multidisciplinary practitioner with training in botany, phytochemistry (plant chemistry), pharmacognosy (the study of plants as medicines), pharmacology, pharmacy, physiology, ethnopharmacology (traditional uses of medicines), pathophysiology and medicine. However, the wisdom of the past is also embraced, in particular, the traditional empirical knowledge of the therapeutic properties of various herbs. The modern phytotherapist believes that plants in their chemical complexity are an ideal form of pharmacological therapy, and that plant chemicals in their natural matrix are best suited to the human physiology (and when well-prescribed, are generally free from undesirable side-effects).

The approach to treatment and herb selection in phytotherapy often places emphasis on enhancing bodily functions; what we can describe as physiological enhancement. With the exception of "whole

body" medicines such as the tonics and adaptogens, the general goals of physiological enhancement are achieved by enhancing the function of individual systems, organs or even tissues and cells. Enhancement often involves the correction of imbalances. Deficient function in one physiological compartment can lead to overstimulated function in another, which in turn can create a deficiency elsewhere. For this reason, the specific treatment is sometimes not aimed at the problem site: for example, in constipation caused by deficient liver function, liver function would be enhanced instead of, or in conjunction with, enhancing bowel function. In another example, an excess of female hormones causing a menstrual problem may again be treated by enhancing liver function, since the liver is the organ that breaks down these hormones. But it may also be treated by regulating the pituitary, which controls ovarian function. However, direct regulation of ovarian function may not be used.

An example of physiological support versus physiological compensation can be seen in the treatment of bacterial infections. The herbal approach is to support immunity and to fine-tune the normal physiological responses to infection such as fever. In contrast, the conventional approach is to suppress the fever and kill the bacteria with antibiotics, thereby compensating for weakened or overloaded defenses. The latter approach has life-saving value but will not prevent infections from recurring. The herbal approach may see a higher rate of failure in acute situations, but will lead to improved immunity and a reduced rate of recurrent infections. Clearly, an important complementary role for herbal therapy can be argued in this instance.

From the brief examples above, it becomes apparent that fundamental to the strategy of physiological enhancement is the individualization of the patient. This is in direct contrast to current medical science, since the gold standard of double-blind, placebo-controlled clinical trials only examines the effect of a medicine in a group of patients (the more the better for statistical power) rather than individuals.

In summary, modern phytotherapy can be defined as:

- the informed integration of scientific data and methodology with traditional herbal practice;
- tailoring herbal treatment to the individual patient's needs;
- treating the cause of health issues as well as symptoms;
- utilizing physiological enhancement more than compensation;
- giving effective doses of pharmaceutical-grade (manufactured under pharmaceutical GMP) herbal products, be they galenical products made along traditional lines or standardized extracts.