

# Traditional Elements Unique to Western Herbalism

(Or, why I call it “Traditional Western Herbalism”)

**Matthew Wood** MSc (Herbal Medicine)  
Registered Herbalist (American Herbalists Guild)

It is often said that Western herbalism lacks a system of energetics or that no traditional system of Western herbalism exists. True, the energetics of traditional Western herbalism is not as obvious as that found in Greek/Arabic medicine, traditional Chinese medicine (TCM), or Ayurveda, but if we look for the energetics of nineteenth and early twentieth century Western herbalism we will find it.

In order to completely refute this misconception, I will turn to a conventional medical book published in 1930. I have before me a book called *The Properties and Uses of Drugs*, authored by two professors from Columbia University and one from the University of Tennessee (Rusby, Bliss, and Ballard). It was published by a conventional medical publisher (Blakistone's, Philadelphia) and formerly owned by the University of California Medical School in San Francisco. Turning to the table of contents, we see chapters 4-20 entitled

*Adhesives, Demulcents and Protectants*  
*Drugs Acting as Irritants to the Nerve Endings*  
*Drugs Preventing or Relieving Irritation of the Nerve Endings*  
*Nutrients and Foods; Medicines Affecting the Appetite and Digestion*  
*The Bitters and Aromatic Bitters*  
*The Astringents*  
*Drugs Affecting the Circulation*  
*The Cathartics*  
*The Carminatives*  
*Drugs Affecting Glandular Activity [Secretions]*  
*Medicines Affecting the Respiratory System*  
*The Nervines*  
*The Alteratives and Tonics*  
*Drugs Acting Chiefly by Their Contained Saponins*  
*Drugs Acting by Their Antiseptic, Disinfectant and Antiparasitic Powers*  
*Agents Inhibiting Bacterial Action and Decomposition*

Over 300 individual herbs and simple herb products are mentioned in this book. These range from elder flowers, mullein flowers, slippery elm, almond oil, catnip and fennel to quinine and digitalis. Many of the herbal remedies we would associate with folk medicine and so do the authors. There were another couple hundred mineral and chemical remedies.

There are a few more chapters that are not of particular interest here. *There is no chapter on gynecology/obstetrics, which I found remarkable.*

If we look at the chapter headings alone, much less the contents of the pages, we will observe that the practice of medicine in 1930 was completely different from what we find today. I call this “traditional Western medicine” for lack of a better term. It is certainly not “biomedicine.” It has not to my knowledge been identified as a discrete, separate tradition, but it has much more in common with traditional Chinese medicine than modern biomedicine. Because of this, and because biomedicine is a worldwide phenomena, it should not be called “Western medicine,” but biomedicine. Nor should it be called “traditional,” since it is anything but.

This book shows us how medicine was practiced *when herbs were a common part of the picture*, and that this was an entirely different system of medicine from what we have today.

What was this system? From a quick review we learn that (1), medicines were often used to treat general tissue conditions or states, not for their affinity to a specific molecular “keyhole,” like a modern drug. Thus, for instance, we have the irritants or stimulants, the anti-irritants or sedatives, astringents, demulcents, alteratives, nutritives, etc. Since irritants are stimulating or warming, sedatives are cooling, astringents are drying, demulcents are moistening, etc., this is essentially a system of energetics. Secondly (2), we learn that herbs and medicines were being used to treat general processes and functions of the organism (circulation, respiration, digestion, elimination, secretion, and nervous system) not specific molecular lesions.

This is the basic method of traditional Western medicine and herbalism, as it was practiced from the time of Galen down to about 1950. Nicholas Culpeper’s *A Key to Galen’s Method of Physick* (1652) defines how Greek medicine was practiced. It was founded upon three pillars: (1) temperature or energetic (hot, cold, damp, dry), (2) appropriation or organ-affinity, and (3) propriety (herbal action). This is *exactly* what we find in *Properties and Uses*.

There are, however, several additional characteristics that are distinct to this tradition. The old herbalists and physicians did not have “antibiotics” per se and did not treat acute conditions by “killing critters.” Rather they changed the environment so that, as we now know, the bacteria and viruses would have nothing to feed on, and would die out naturally. They did this by manipulating the “vents” of the thermoregulatory system – skin pores open/closed, blood to the surface/away from the surface, blood thinner or thicker (aspirin thins and cools the blood among other things), etc. I discussed this traditional method of practice in a paper presented at the American Herbalists Guild conference in Austin, TX, in 2010 ( ).

Another method closely related to this, but used to treat chronic as well as acute conditions is adjustment of the circulation – more blood to one area, less to another, etc. As in hydrotherapy and osteopathy, herbalists and botanical doctors manipulated the distribution of the blood to increase or decrease local function. I have presented this method in another paper presented in this conference.

There are other features specific to traditional Western herbalism that I will mention in this article. There are undoubtedly other features, more regional or yet to be recognized. I think particularly of Southern blood medicine – high blood, low blood, thick, thin, fast, slow, etc. This is a unique system unlike any

other, capable of predicting slow, pernicious changes in aging and in monitoring the aging process – a system to which I was introduced by Phyllis Light.

Now let us look at the historical foundations of traditional Western Herbalism.

**Ia. Energetics (Greek Medicine).** The energetics of Greek medicine are well known – hot, cold, damp, dry – but what the Greeks meant by these terms is not well understood. The Greeks didn't have a thermometer and what they meant by heat was not a rise in temperature, as we would think, but a process.

Heat, for the Greeks, was that which purified a substance back to its essential nature or property, like the heat in a smelter, or heat in a fever, or heat separating the bones, meat, and fats. Cold, therefore, was that which bound opposite principles together, to make an organism or functional unit. Heat separated the bones, meat, fats, and organs, by removing the "cold" that held them together.

Dry was that which provided a boundary, while damp was that which expanded onwards without stopping, like water without a boundary.

The Greeks organized these four energetic categories according to four degrees. This did not measure intensification, like heat in the first degree is slightly warm, in the second degree, decidedly warm, in the third degree, hot, in the fourth degree, burning. This represents a latter, modernizing gloss that appeared after the old system had been forgotten. What they measured was a change in the function of the quality from one degree to another.

Thus, heat in the first degree was considered the normal heat of the living body, but if there was a slight surplus it was likened to over heating on a hot summer day or overbuilding of flesh due to overeating. Heat in the second degree was associated with mental restlessness because heat causes things to dissolve and rise up and irritate the brain – what Granny called "vapors" on the *Beverly Hill Billies*. Heat in the third degree is associated with fever. Heat in the fourth degree burns the skin. Greek "heat" was similar to the "excitation" of the eighteenth century physiologists. Both represent an overstimulation.

Cold in the first degree corresponds to conditions where the pores are closed (a chill); in the second degree, the fluids thicken (mucus, pus); in the third degree, the central fire has died down so the extremities are cold and septic conditions start to occur; in the fourth degree, pathological vegetation (warts, moles, tumors, cancer) grows.

The correspondences for the dry and damp states differ somewhat according to author.

Each degree has a corresponding pulse – this, more than anything, shows us that the degrees are categories of different kinds of heat or cold, not a scale of thermal intensification. Heat in the first degree is *high* or *large*; second degree, *quick* (no rest between beats); in the third, *rapid*. Cold in the first degree is *rare* or *leisurely* (rest between beats), showing susceptibility to chill, or *tense* (showing chill); in the second degree, *slow*; in the third degree, *low*.

**Ib. Energetics (Physiomedicalism).** After the fall of Greek medicine, the increase in medical knowledge led to the recognition that muscles react to "irritation" in three consecutive phases: *excitation*, *contraction*, and *relaxation*. These phases are still recognized in muscular physiology as the ECR cycle.

About the beginning of the nineteenth century some physicians generalized from this observation that there were three basic states of imbalance throughout the tissues, not just in the muscles. One doctor who followed this idea was Alvah Curtis, the physician who transformed Samuel Thomson's folk medical observations into a comprehensive medical system that he named *physiomedicalism*.

Curtis readily saw the logic in Thomson's categories and defined them in the medical terminology of his era. In *A Fair Examination and Criticism of all the Medical Systems in Vogue* (Cincinnati: Printed for the Proprietor, 1855, 183) he explains Thomson's method:

*He saw that in disease, the system required, 1st. Relaxation; 2d. Stimulation; 3d. Astringency; 4th. An alterative and tonic effect; 5th. A restorative; 6th. An antiseptic influence; and he selected the best articles for these purposes and arranged them under these numbers, so that any person could readily refer to them in practice. The index articles of these numbers, selected as the best of their kind, were, 1st. Lobelia; 2d. Capsicum; 3d. Bayberry; 4th. Chelone Glabra; 5th. A compound of peach meats, astringents, and aromatics, and 6th. A tincture of gum myrrh and capsicum; and he enumerated under each head, other invaluable articles, in variety of number and power, sufficient for the judicious and effective treatment of every form of disease to which the human family are liable. To aid these, he adopted the use of the invaluable vapor bath.*

Or to put it even more succinctly, the principles of cure are (*Ibid.*, 189):

- 1st. To relax constricted tissues so as to favor secretion and depuration.*
- 2d. To stimulate them, if necessary, to healthy action, to promote secretion and remove offending matter; and, at the same time, to lubricate dry surfaces and neutralize morbid agents.*
- 3d. To restore and maintain healthy tone or condition."*

If anyone presumes that this system died out and did not make it into the modern era they should read A. W. and L. R. Priest, *Herbal Medication* (1981, 2001); *physiomedicalism* remained intact in the UK down to the present.

**II. Processes, Organs, Functions.** It is fairly clear from Rusby, Bliss, and Ballard (1930), that the standard method for the treatment of disease at that time lay in the ability of medicines to influence general systems, whole organs, and major functions of the body, rather than – as is the practice today – influencing local molecular lesions. This puts old time Western medicine in the same category as traditional Chinese medicine and many other systems of traditional medicine. This is how herbs were used up to 1930 and we may, therefore, include treatment by systems, organs, and functions as a characteristic of traditional Western herbalism. As an example of an important textbook of the present generation, organized according to system, I cite David Hoffman's *The New Holistic Herbal* (numerous editions). Therefore, herbs have and are still being used according to organ system. This is a characteristic of both traditional and modern Western herbalism.

**III. Actions.** When we examine the different “actions” recognized in herbal literature we find that many of them actually refer to energetics or organ-affinities. Thus, for example, stimulant, sedative, refrigerant (coolant), antispasmodic (or relaxant), astringent, bitter tonic, etc., refer largely to tissue states, while diaphoretic, diuretic, emmenagogue, cholagogue, stomachic, carminative, much less cephalics, nephritics, etc., refer to organ systems. Some actions remain, however, that are still descriptive: expectorant, mucolytic, antiseptic, etc. Some new actions, like adaptogen, are quite valuable.

**IV. Circulation.** Attention to the circulation as a whole was the basic theory behind hydrotherapy and osteopathy, but it was also widely used in herbal medicine, for instance, the use of mustard packs for pneumonia. However, influencing the circulation through the use of herbal medicines can be much more subtle. We think here of hawthorn, rosemary, ginkgo. I have discussed this topic further in my other paper, *The Circulation and the Pulse*. There I cite as a folk medical example of treatment by changing the circulation the incident in *Little Women*, in which the mother analyzes the problem: we need to move the blood down from the head. This is a fictional story, but undoubtedly reflects folk medicine in 1860 United States.

I might add that the idea of influencing the circulation as a therapeutic tool in professional or folk medicine belongs to the period after Harvey discovered the circulation of the blood (1628). Thus, we do not find it in traditional Chinese medicine, Ayurveda, or Greek/Arabic medicine. Therefore, it is a distinctive element of traditional Western herbalism not found in these other traditions.

**V. Detoxification.** Even in our 1930 textbook there is still a place for “alteratives” or “blood cleansers.” I need hardly cite detoxification as a defining characteristic of the traditional practice of Western herbalism; it is so characteristic as to almost dominate the discussion. Yet, a theory of detoxification is often missing in this discussion. Those who are interested in explanations should turn to Priest and Priest, *Herbal Medication* (1981, 2001). They discuss management of the channels of elimination (skin, kidneys, colon, lungs) in order not to burden one outlet – the skin for instance, subjecting it to dermatological problems. Detoxification also depends on a healthy liver, thyroid (for cell metabolism), lymphatic drainage, and probably the extracellular matrix (ECM). In fact, it seems likely that “bad blood” is really a deposition of metabolic waste products in the matrix – certainly it is not actually in the blood itself.

**VI. Thermoregulation.** Rather than fighting viruses and bacteria, the old physicians “opened the skin” and the kidneys to allow heat and congestion to leave the body or, alternatively, increased circulation to bring up the heat. I dealt this this method in a paper given at the *American Herbalists Guild* meeting in Austin, Texas in 2010. I mentioned the research by James Ramsey suggesting how this method works scientifically.

**VII. The Extracellular Matrix.** The notion that health begins in the fluids of the body, which is the environment of the tissues, is found in all the ancient

medicines of the Old World: Greek, Chinese, and Ayurvedic. This is called the “humoral” model of medicine. In the late nineteenth century the Cell Theory was adopted by medicine – this claims that the cell is an autonomous agent making its own decisions for survival within the greater community of cells.

We now know, through the work of Dr. Alfred Pischinger, that the intelligence ruling the cells is not in the individual cell, but vested in the fibers and biochemistry of the matrix surrounding them. The ECM controls cellular nutrition, waste removal, reproduction, and movement not a little bit but *COMPLETELY* in multicellular organisms. Cancer cells are an exception; they proliferate unchecked by the matrix and new forms of treatment of cancer are based on strengthening the matrix to stop this – with cancer cell death as a result.

The ECM thus constitutes an all-important organ system that surrounds and unites the cells and tissues of the body into a single whole. This is a major route by which cupping, bleeding, acupuncture, massage, hydrotherapy, and some kinds of manipulation affect local areas – and through them, the entire body. This is also an herbal method. Chickweed would be a good example of an herb that probably acts on the matrix.

**VIII. Female Medicines.** The American Indian materia medica is rich with many female reproductive remedies. Here we would cite: black cohosh (scanty period, amenorrhea, spasm), blue cohosh (spasm), trillium (endometriosis), wild yam (dysmenorrhea; hip joint deterioration, hormonal imbalance), mitchella (partus preparator, congested kidneys); raspberry (partus preparator); aletris (infertility); helonias (hormonal imbalance), crampbark (cramp); black haw (miscarriage prevention), etc.

How did the American Indian people happen to develop this branch of herbal medicine in such depth when others did not? Native American medicine was not dominated by an elite educated male bureaucracy, but was more equally practiced by men and women. Also, Native American people imagined something that the Europeans and Asians never did: labor free of pain and a materia medica specific to the many factors of the menstrual cycle, puberty, menopause, and obstetrics. Who else ever thought of a remedy to unwrap the cord from around the baby’s neck, a remedy to adjust breach presentation, remedies for different segments of the monthly cycle? I’ll tell you who thought of these things: the American Indian people. And we, thank God, are the heirs of this precious, precious tradition.

### **The Three Regional Origins of Western Herbal Materia Medica**

In addition to method, traditional Western herbalism is unique as to materia medica. Obviously, our apothecary is distinct and characteristic compared to TCM, Ayurveda, and other traditions around the world. Ours is based upon three major regions and the cultural traditions of those areas: (1) Mediterranean herbs, which are often high in volatile oils and constitute many famous culinary herbs, (2) herbs from Northern Europe – these are usually the “green part” (the technical term for which is “herb”), and (3) Eastern Woodland American Indian herbs, consisting mostly of the roots and barks of our materia medica.

There are important reasons for these regional differences, and each of them has contributed to our tradition.

**Native American Materia Medica.** As it has been explained to me, by Native American mentors, the “totem” or animal spirit associated with herbalism and nutrition is the bear and this, with its claws, particularly digs up roots and strips off barks. Hence, the preponderance of roots and barks in Native herbalism.

**Mediterranean Materia Medica.** Who can blame the Italians or Greeks if they didn’t want to dig up roots and strip off barks. Everywhere they were surrounded by beautiful scented flowers that yielded volatile oils excellent for cooking, salve-making, and medicine.

The animal the Mediterranean people followed to discover medicines was not the bear, a forest animal, but a grazer – the goat (Ferne, 1895). This animal, like the bear, ranges freely and eats an extensive selection of food and is followed, as the Native Americans followed the bear, to learn about nutritive and medicinal plants.

**Northern European Materia Medica.** The Northern Europeans did not have the aromatics of their Southern neighbors. Moreover, their climate was dominated by a lush, green summer and a cold, leafless winter. For them the healing virtue of plants was found *in the green*. This was the part of the plant that came back in the summer. Thus, the word “herb” means both the “part that comes back every year; the green part,” and the “part used in cooking and medicine.” Even today, this idea is still with us: green smoothies and drinks and foods are still looked upon as “health foods” in our culture.

The North, predominately, is the land of the Green Man, though there are also important Green Man traditions in the Middle East, where the difference is between the rainy season and the dry rather than summer and winter.

### Conclusions

Western herbal medicine has a distinctive materia medica and principles and practices that are deeply founded in tradition, folk medicine, and regionalism. We are, therefore, completely justified in speaking of “traditional Western herbalism” as a discrete system and method including its own energetics. Whether a person chooses to use this moniker or simply “Western herbal medicine” does not matter, but we must recognize that the movement to which we belong *differs greatly from conventional biomedicine*. We can also adopt and utilize biomedical and phytotherapeutic insights and materia medica. However, it would be foolish to limit ourselves only to this system, which is completely lacking in holism, naturalism, and tradition.

Part of the value in recognizing the distinctive characteristics of traditional Western herbalism mentioned above is that, (1), we can use our historical literature more efficiently, (2) we can use our herbal remedies in greater holistic context and with greater efficiency, (3) knowing these characteristics we can set out to develop them even further through historical, experiential, biomedical, or thoughtful improvement. Finally, we can give credit where it is deserved, to our ancestral sources in folk medicine, the alternative medicine of the eclectics and physiomedicalists, and the long-suffering American Indian people.

**References.** Henry H. Rusby, A. Richard Bliss, and Charles W. Ballard. *The Properties and Uses of Drugs*. Philadelphia: Blakistone's, 1930. Alfred Pischinger, Harmut Heine. *Extracellular Matrix and Ground Regulation: Basis for a Holistic Biological Medicine*. English ed. Berkeley, CA: North Atlanti Books, 2007. William Fernie. *Herbal Simples: Approved for Modern Uses of Cure*. First ed., 1895. United States: Createspace, 2013. Nicholas Culpeper. *Culpeper's Complete Herbal & English Physician Enlarged*. First ed., 1653. Glenwood, IL: Meyerbooks, 1990. J. M. Ramsey. *Pathophysiology: Disease and Stress*. Boston: Addison-Wesley Educational Publishers Inc., 1981. Matthew Wood, "Samuel Thomson: Naïve or Sophisticated? Thermoregulation in Traditional Medicine," in *Proceedings of the American Herbalists Guild Conference*. Austin, TX: 2010.