



Andrew Stableford

**The Handbook of
Constitutional and Energetic
Herbal Medicine**

The Lotus Within

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ENERGETIC HERBAL MEDICINE

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The lotus is revered in many cultures, especially in Eastern religions, as a symbol of peace, purity, enlightenment, self-regeneration and rebirth. Its characteristics are a symbol of the human condition; with its roots in mud and grime it grows through the water to produce the most beautiful flower.

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Introduction

The spirit of emptiness is immortal.
It is called the Great Mother
Because it gives birth to Heaven and Earth

It is like a vapour,
Barely seen but always present

(Lao Tao, *Tao Te Ching*, verse 6)

It might be argued that Western herbal medicine is uncertain of the particular paradigm that it embraces, or perhaps, put another way, it embraces a number of paradigms. In part it follows the reductionist, biomedical approach to health of orthodox medicine, which adopts evidence-based practice. The foundation of this therapeutic approach is in pathophysiology. Pathophysiology provides a structural understanding of the body in terms of the anatomy of the tissues and organs and a functional understanding in terms of underlying physiological processes. This approach lends itself to the understanding and intervention concerned with symptomatic treatment and health management and can be remarkably effective in areas such as surgery and the management of acute illness and symptoms. However, this therapeutic approach does not allow for the understanding of the process by which people become ill and allows little conceptual understanding of people in terms of their functional modalities, which we know as feeling, mind and spirit. This has led to the development of a medical system which does not recognise the emotional nature of man or the importance of the processes of feeling, thinking, intuition and belief. The same can of course be said for the practice of herbal medicine from a biomedical perspective. Illness is conceptualised as an unfortunate circumstance. The differences between a holistic and constitutional approach to treatment and the orthodox biomedical approach at

first seem incompatible, but this is largely because of the lack of understanding of the medical interpretation of holism. In fact, the spirit–mind–body axis is understandable and explicable in terms of psycho-physiological processes and principles. It is really a matter of interpretation and adaptation of principle.

In many traditional systems of medicine, illness is seen as a consequence of the breakdown of the integration of the individual, both internally and in their relationship to the world. A holistic view of well-being conceives well-being as engendered by living in accordance with the laws of nature, so that the health of the body, mind and spirit is supported by a fundamental balance and integrity. This holistic perspective has much in common with the ideas of Taoism and other Eastern approaches and is generally understood as originating from the Eastern tradition, but an understanding of a dynamic and integrative approach to health is also part of the Western tradition. The Anglo-Saxons with their concept of the 'Wyrd' had much in common with the traditions of the East. Wyrd in this sense means unfathomable or mysterious and refers to the idea that the individual lives in a web of creation, which is of their own production, and that disease patterns are the consequence of disturbances created by the individual intent and action. The Anglo-Saxon tradition, as well as other early traditions, are poorly recorded, having been predominantly an oral tradition. Contemporary holistic medical systems mark a re-emergence of a different way of looking both at the individual and at the way he relates to the world.

Physiological processes are controlled and regulated by homeostasis involving complex factors, some of which are local to the tissues and organs, whilst others are concerned with the regulation of the physiology in relation to the external environment. This neurobiological homeostatic control is regulated, principally, by the autonomic nervous system (ANS) in conjunction with the central nervous system (CNS). The ANS is largely operated by the older centres of the brain, the limbic system in particular, and forms a large part of what we regard as the subconscious part of the mind. The limbic system is largely concerned with the homeostatic control of physiological processes, such as temperature, appetite, and memory, but also predictability, emotional experience and the expression and coordination of involuntary behaviour, and emotional response.

The sense of self is, however, more concerned with the conscious mind. We are used to making decisions and having a sense of autonomy and free will, which are functions connected with processes structurally located in the higher brain centres and the cerebral cortex in particular. There is a tendency for modern man to experience a dissociation between the conscious and the unconscious and to regard physiology as being unconnected with self. It is usual for a person to identify their self as their verbal self. The verbal self no doubt has some objective assessments, but also includes beliefs as well as confabulations about self. This is the reason why the individual finds it difficult to recognise or understand the non-verbal existential self, or primal self, which determines physiological processes and reactions. As physiological reactions and processes are determined by the primal self, they provide an interpretation of how the primal self is responding. Many people experience a sense of separation, insecurity and disconnection, feeling that they are separated from their sense of self, their heart and their true feelings. This comes as no surprise in consideration of the culture in which they have been raised; a culture

that places value on individuality and independence, the transcendence of intellect above feeling, and reliance on external validation.

It is imperative to recognise that physiological function is inseparable from the energy associated with it and the feeling that either created it or accompanies it. A holistic approach involves changing the physiological state and the underlying emotional energy or feeling associated with it and demonstrates holistic resolution. In fact, the physiological pattern can inform the practitioner of the subconscious experience of the patient. Many physiological imbalances resulting in disease conditions in adulthood are related to emotional and psychological disturbance from early childhood experience.

Traditionally herbs are classified into categories based upon their main physiological actions on the tissues and organs, for example, stimulants, relaxants, astringents, sedatives, demulcents, nervines. However, the same herbs can be seen in a different way and as working at a different level. Their actions can be interpreted, labelled and applied differently, to demonstrate how they may bring about a deeper integrating action within the body, connecting the physiological with the unconscious and conscious. This can lead to a change in personal perception and feeling and consequently a change in one's appreciation of the ability to inter-relate in one's life. This is inevitably a qualitative process and individual in approach.

The material in this book provides a qualitative interpretation of herbal actions, based upon and evidenced by clinical practice. This is both the collective experience of herbal medicine practitioners, as recorded in the literature, and the author's own experience over many years of clinical practice. A case history can demonstrate that a particular therapeutic intervention can be effective, but the effects of the medicine are not necessarily reproducible, as the circumstances and context are always pertinent only to the individual being treated. However, it is evidence that a herbal intervention can work in suitable circumstances. It is not claimed that a remedy has an enduring or reproducible therapeutic action, and it is not the intention here to produce standard remedies but rather to explore the therapeutic process and effectiveness in appropriate circumstances. In reality, even in mainstream medicine, where remedies are standardised for symptomatic effect, the effectiveness and clinical outcomes are not necessarily predictable for any particular patient. Quantity is of less importance when prescribing energetically, and the laws of pharmacy less relevant. Lower dosages tend to work more subtly and deeper, they are qualitative rather than quantitative. Energetic actions are more impressionistic and work on the 'feeling' dimension. Feeling is what ultimately determines physiological function. The therapeutic process used is one of active patient engagement, i.e. it is the patient's response to the intervention that determines the therapeutic outcome, rather than the intervention directly determining the outcome. Although the patient may share their story with the practitioner, psychotherapy is not required, this is an organic, holistic process where the psycho-physiological response results in an emotional and behavioural change and hence a change in the context of the problem and the possibility of resolution.

