

American Botanic Medicine-From Thomson to The Eclectics

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In the early part of the 19th century, medical practice in the United States was in a dismal state. General lack of medical knowledge, poor hygiene, and Allopathic medicine's adherence to worthless theories and dangerous remedies made going to a physician both a frightening and dangerous experience. The overuse of bleeding, mercury, arsenic, opium, emetics and purgatives weakened patients almost as much as did the diseases of the day¹. In response to the common practice of excessive bleeding and purging, physician William Cobbet said, "it was one of those great discoveries which are made from time to time for the depopulation of the earth."²

Due to the "regular" doctors dismal results with his own family and their costly fees, Samuel Thomson (1769-1843), a poorly educated New Hampshire farmer, was driven to create a herbal alternative—Thomsonian Medicine. This system borrowed heavily from Native American herbal traditions, native sweat baths, and New England folk remedies. It was quite heroic but substantially less toxic than the orthodox medicines commonly used.³ Thomson was a product of his times, he was strongly influenced by the individualism associated with Jacksonian Democracy.⁴ Upon purchasing a "patent" any man or woman could become a botanic physician and practice his simple system. No further training or knowledge was needed. This simplicity is evidenced by Thomson's primary theory "heat is life, cold is death". Anything that increased vital heat was beneficial and anything that impeded circulation and vital force was dangerous (i.e. opium, arsenic, mercury, bleeding). The materia medica of these botanic practitioners utilized a limited number of medicines including stimulant diaphoretics (Capsicum, Achillea, Hedeoma, Zanthoxylum, Zingiber), astringents (Myrica, Quercus, Commiphora), emetics (Lobelia, Eupatorium perfoliatum), sedatives (Scutellaria, Cypripedium, Symplocarpus) and bitters (Chelone, Populus, Berberis). Thomson's system usually included several "courses" of steaming, purging with Lobelia emetics, and sweating followed by tonification of the stomach, lungs and bowels. While unpleasant in its pronounced activity, this protocol was actually very successful in treating many common scourges of that time, i.e. Typhus, Typhoid Fever, Influenza, Yellow Fever, Diphtheria, Measles, Whooping Cough and Malaria. The best known of Thomson's formulas Composition Powder (formula #2) was used to treat Dysentery, Influenza, stomach and bowel pain and to increase vital heat (it contains Bayberry Bark, Hemlock Inner Bark, Ginger, Cayenne & Cloves).^{5,6} To this day this classic formula is still effectively utilized by some herbalists for treating colds, flu, intestinal viruses and bacterial dysentery.

One of the many failings in this system was Thomson's total aversion to further medical education; he had a profound anti-intellectual bias against a "professional class" of medical physicians.

In response to Thomson's rigidity and dictatorial nature one of his agents and the editor of his journal, Alva Curtis (1797-1881), created his own botanic sect which became known as the Physio-Medicalists. They founded their own sectarian medical schools and focused on the use of a large materia medica of non-toxic herbs. In addition they developed a very complex (some would say obtuse) theoretical basis for their practice.⁶ Part of the Physio-Medicalist theory included an energetic diagnostic system somewhat similar to the Chinese concept of yin and yang. Patients' constitutions and organ systems were seen as either Asthenic (hypoactive, deficient) or Sthenic (hyperactive, excess). Herbs were then prescribed according to information ascertained by pulse, tongue and other physical diagnostic procedures.

¹ Berman, A., 1954:321-327

² Shryock, R.H., 1960:70.

³ Berman, A.,1951:25(5/6), 406-410, 524-528.

⁴ Berman, A., 1956:561-565

⁵ Thomson, S., 1822:252.

⁶ Haller, J.S., 2000:26-28.

This system never developed strong support in the US; at their height of popularity in the 1880's they only numbered 1000 practitioners⁷. Interestingly enough this system was transplanted to England where it flourished and was taught at the British School of Phytotherapy until the 1980's⁸.

The most successful sect of botanic physicians was founded in the 1820s by Wooster Beach, MD (1794-1868). Beach founded the Reformed Botanic movement (or the "American System of Medicine") to create an effective, professional medical system emphasizing an indigenous vegetable (herbal) materia medica⁹. He founded the Reformed Botanic College in New York which later relocated to Worthington, Ohio (and later Cincinnati). Eventually Beach's presence faded and the movement chose a new name—Eclectic Medicine. The Eclectic movement was responsible for introducing and/or popularizing many now well-known herbs into general use. Among these are Echinacea (*E. angustifolia*), Goldenseal (*Hydrastis*), Black Cohosh Root/Macrotrys (*Cimicifuga*), Cactus (*Selenicereus*), Wild Indigo (*Baptisia*), Blue Cohosh Root (*Caulophyllum*), Cascara Sagrada (*Rhamnus purshiana*) and Kava (*Piper*).

The Eclectic philosophy allowed physicians to select therapies from other medical sects such as Allopathy, Homeopathy and Hydrotherapy that would benefit individual patients.

By the late 1850's the Eclectics were flourishing; Eclecticism and Homeopathy were the two primary alternatives to medical orthodoxy. This initial success of Eclectic practice was marred by constant internecine fighting, "the Eclectic resinoid craze",* and declining enrollment in the Eclectic Medical schools during the Civil War. These problems left the Eclectic Movement in serious decline by 1865¹⁰.

From the depths of economic and organizational collapse, John Milton Scudder, MD (1829-1894) almost single-handedly resurrected Eclectic Medicine. In his books, *Specific Medication & Specific Medicines*, and *Specific Diagnosis*, Scudder proposed a new model for practice. In this system small doses of high quality medicines (mostly herbal) replaced large quantities of often nauseating polyherbal or chemical preparations. Each medicine was carefully studied to find its "specific indications" in clinical practice¹¹. No longer were practitioners treating a disease, they now treated individual people. Each remedy was specific to the unique symptom picture the patient displayed. To further clarify the appropriate treatment a system of differential diagnosis was developed to give the practitioner clear insights to effective prescribing. Pulse, tongue, urine, and other forms of physical diagnosis became essential tools for selecting the appropriate medicines. The major tenants of Specific Medication are:

1. Disease is to be regarded as an impairment of the life of the creature. It may be of the structure in and by which he or she lives or of the forces that give life; but it is the life that is to be regarded in medicine.
2. Disease has distinct expressions, as has health; and they may be recognized by those who train themselves to undertake accurate observation. The expression "language of disease" is not a poetic allusion but a statement of fact.
3. There are certain forces in nature, locked up in substances called medicines, that act directly upon the living body, enabling it to resist disease and aiding in a restoration of normal functions and structures.

* These active constituent resins, discovered by John King, MD (1813-1893)—Podophyllin, Irisin, Macrotin, and Leptandrin—were stable and active resins precipitated out of liquid extracts. Unfortunately the drug companies of the day used the same idea to produce "resinoids" from the entire materia medica only to belatedly discover these products were mostly inert. The podophyllin discovered by King is the same resin still used today in Dermatology practice for the treatment of Human Papilloma Virus (HPV)

⁷ Thurston, J.M., 1900:15-24.

⁸ Haller, J.S., 1997:132-133.

⁹ Griggs, B., 1981:270-276.

¹⁰ Haller, J.S., 1994:69-75, 227-251.

¹¹ Scudder, J.M., 1881:10-14.

4. The action of such substances has been determined by observation in the past and is being further known by experiments and observations of the present. Even now our knowledge of the power of drugs is sufficient to enable us to apply them with certainty in a very large number of diseased conditions.
5. We have proven that special drugs meet special conditions of disease. As these conditions of disease have distinct expressions and may be recognized by the physician, we say that these disease expressions become drug indications.
6. Lastly, if these drug indications be followed, the action of remedies will be certain and curative, and the practice of medicine will have a scientific basis, which will ensure a continued improvement year by year.¹²

In short, Scudder took the best of Eclectic Medicine, Homeopathy, Rademacher's Organ Remedies, and years of clinical experience to create a unique system of medicine that was based on the use of herbal as well as mineral remedies. Initially many Eclectics balked at the new system (called Scudderism or Neo-Homeopathy by critics) but experience proved its value and effectiveness. The Golden Era of Eclectic Medical Practice 1875-1895 found over 8,000 Eclectic physicians practicing throughout the US. There were 8 legitimate Eclectic Medical Schools and this "American System of Herbal Medicine" seemed secure in its place.

Several prominent Eclectic physicians worked along with Scudder to help spread the word of his new system. They included:

John King, MD (1813-1893) was trained by Wooster Beach at his Reformed Botanic College in New York. He later moved to Cincinnati and became a professor at the Eclectic Medical Institute in 1851. He was professor of Obstetrics and Diseases of Women for almost 40 years, a well-respected teacher, researcher, and author. His many medical works include *The American Dispensatory* (17 editions), *The Causes, Symptoms, Pathology, and Treatment of Chronic Diseases* (1860), *American Eclectic Obstetrics* (1855), and *Woman; Her Diseases and Their Treatment* (1858). His texts were considered the most authoritative in their day and continued to be studied until the last decade of the 19th century. King, along with J.M. Scudder and J.U. Lloyd, worked together to create the medicines and the milieu that allowed Eclectic specific medication to become accepted and then flourish.

I.J.M. Goss, MD (1819-1896) was the most prominent of the Southern Eclectic physicians. He was the professor of materia medica and therapeutics at the Georgia College of Eclectic Medicine. He was the editor of the *Georgia Eclectic Medical Journal* for 18 years, and the author of *The Practice of Medicine or Specific Art of Healing* (1891) and *A Textbook of Materia Medica, Pharmacology, and Special Therapeutics* (1888), both important and influential texts on specific medication.

A change in centuries, with new ideas that the Eclectics were reluctant to embrace, such as bacteriology, vaccination, & pharmacology, the onslaught of the American Medical Association and the Rockefeller/ Carnegie Foundation monies which fueled the AMA's growth and increasing dominance, changes in medical education and the Flexner report which damned most sectarian medical schools, all led to a steady decline in status and enrollment of Eclectic schools.

The deaths of many great Eclectic leaders (J.M. Scudder, John King, F.J. Locke, I.J.M. Goss, A.J. Howe) left a hole that was difficult to fill. The Eclectics, who were always most popular in rural America, were increasingly seen as a relic of older days. They were unscientific, clinging to plant medicines rather than the new miracle drugs created in laboratories (aspirin, sulfa drugs). No longer was orthodox medicine bleeding or poisoning patients and improved hygiene had reduced the dangers of many terrible diseases that were once common.

¹² Haller, J.S., 1994: 180

In this changing social, political, and cultural environment, the Eclectics could only be seen to belong to the past, not the bright industrial future of the 20th century. The Eclectic Medical College, the last school of Eclectic medicine, closed its doors in 1939.

During the waning days of Eclectic Medicine, several physicians stand out as successors to J.M. Scudder and his system of Specific Medication. These highly skilled practitioners took Scudder's system and continued to develop and refine it. Their texts and clinical experience are the best record we have of a truly American system of medicine.

Harvey Wickes Felton, MD (1865-1927) was the editor of the Eclectic Medical Journal and Eclectic Medical Gleaner, the co-author with John Uri Lloyd of King's Dispensatory 18th and 19th editions, and the author of The Eclectic Materia Medica Pharmacology & Therapeutics, (1922), a practitioner's manual for clinical practice. In this work he continued to define the precise uses of the materia medica clarifying distinct symptom pictures.

Finley Ellingwood, MD (1852-1920) was the editor of The Chicago Medical Times, the Annual of Eclectic Medicine and Surgery, and Ellingwood's Therapist. He was professor of materia medica and therapeutics at Bennett Medical College and the author of A Systematic Treatise on Materia Medica & Therapeutics (1902), one of the greatest works on specific medication ever published. He was also the author of The Eclectic Practice of Medicine with Especial Reference to the Treatment of Disease (1910), and Uncomplicated Pregnancy and Labor (1912). Ellingwood had a genius for observing & clearly stating the unique qualities of each medicine.

Eli G. Jones, MD (1850-1933) authored Definite Medication as well as Cancer, Its Causes, Its Treatment & Its Cure. Jones created a synthesis of Eclectic, Homeopathic, Biochemic and Physio-Medicalist systems that utilized tongue, pulse and facial diagnosis to ascertain which remedies were indicated for each patient's unique disease patterns. Jones was the most Eclectic of the Eclectics and was considered the pre-eminent cancer specialist of his day.

Herbert T. Webster, MD (1842-1931) graduated from the Eclectic Medical Institute in 1869. He was perhaps the best known Eclectic physician in California. He was the editor of the California Medical Journal and professor of Materia Medica, and then the Principles and Practice of Medicine and Pathology at the California Medical College. He published over 100 articles in Eclectic journals and was the author of 3 important Eclectic/Specific medication texts: Dynamical Therapeutics (1898), The Principles of Medicine as Applied to Dynamical Therapeutics (1891), and The New Eclectic Medical Practice (1899). His clear and concise descriptions of many new or little used remedies, evidenced his insightful thinking and curious nature.

Rolla, L. Thomas, MD (1857-1932) was the son of an Eclectic physician. He was the professor of the Principles and Practice of Medicine and later Dean of the Eclectic Medical Institute in Cincinnati. He was the President of the National Eclectic Medical Association and the author of The Eclectic Practice of Medicine (1906), which was the standard work on Eclectic principles and practice until the close of the Eclectic Medical College in 1939.

John William Fyfe, MD (1839-1925) was a Connecticut physician who started as a "regular practitioner". Disillusioned by orthodox practice, he took a post-graduate course at the New York Eclectic Medical College, where he later became the professor of Specific Medication. He was the author of The Essentials of Modern Materia Medica and Therapeutics (1903) and his magnum opus, Specific Diagnosis and Specific Medication (1909), was a revised, rewritten, and wholly updated version of Scudder's classic works on specific medicine. This substantial text was the result of thousands of physicians working with Eclectic specific medication for nearly 40 years with hundreds of thousands of their patients.

Other Eclectic physicians, including William Bloyer, Joseph Niederkorn, John Fearn, J.A. Munk, W.N.. Mundy, K.O. Foltz, and A.F. Stephens, also wrote books and journal articles furthering the development of this system of medicine.

While few herbalists, MD's, and ND's are fluent in this system of practice today, the rich Eclectic literature with their authors' accumulated wisdom is available to learn from, synthesize, and utilize to make herbal practice more effective, precise and safe.

Author's note: I am grateful to the staff of the Lloyd Library for help in tracking down biographical data on several Eclectic physicians.

Specific Indications for Botanicals used in Treating Skin Conditions:

Barberry root bark (*Berberis* spp.) - is used orally and topically for treating psoriasis. It is also indicated for chronic skin conditions that are related to hepatic insufficiency with clay colored stools, biliary dyskinesia or impaired fat digestion.

Dosage: Tincture (1:5) 1.5-3 mL TID/QID

Tea - 1 tsp. dried root bark, 8 oz. water, decoct for 10 minutes, steep 45 minutes to 1 hour, take 4 oz. TID/QID

* **Bittersweet Nightshade** stalks (*Solanum dulcamara*)

Scaly, dry, pale skin, the person is cold, their extremities are bluish and worse in cold or damp weather.

Dosage: Tincture (1:10) .25 mL every 4 hours.

* **Blue Flag Rhizome** (*Iris versicolor*)

Chronic skin problems caused by liver/gallbladder congestion, the skin is oily, and the person has yellow, clay colored stools.

Dosage: Fresh Tincture (1:2) 2-5 gtt. every 4 hours

Burdock seed (*Arctium lappa*)

Dosage: Tincture (1:5) 3-4 mL QID

Tea - 1 tsp. dried seed, 8 oz. water, decoct 10-15 minutes, steep 45 minutes, take 2-3 cups per day

Butternut Bark (*Juglans cinerea*)

Chronic skin conditions with pustules with a profuse discharge. The patient also tends toward constipation or hepatic torpor.

Dosage: Fresh Tincture (1:2) 1.5 mL every 3 hours or 2-3 mL TID

Tea (Decoction): 1 tsp. dried bark, 8 oz. water, decoct 10 minutes, steep 45 minutes, take 2 cups/day

Echinacea root (*E. purpurea*, *E. angustifolia*)

A tendency to formation of multiple cellular abscesses (furuncles, carbuncles), cellulitis, the skin is grayish in color. Blood dyscrasias with general debility. It can be used topically for psoriasis.

Dosage: Fresh Tincture (1:2) 1.5 mL every 3 hours or 2-3 mL TID

Capsule - Sprayed dried extract (4:1), 1 capsule, 4-6x per day

Elder Flower (*Sambucus canadensis*)

The tissues are full, the epidermis separates and there is abundant serous discharge which forms crusts. Indolent ulcers with boggy borders (impetigo). A wash of the flowers can be useful for rough or dry skin.

Dosage: Tincture (1:5) 1-1.5 mL every 3-4 hours or 3-4 mL TID

Tea - 2 tsp. dried herbs to 8 oz. hot water, steep covered 30 min. Take 4 oz. 4-6x per day

Figwort root/leaf (*Scrophularia nodosa*, *S. marilandica*)

Skin conditions caused by lymphatic congestion, the lymph nodes are enlarged, the skin is a peculiar, pinkish tint and is puffy and edematous.

Dosage: Tincture (1:5) 1.5-2 mL QID

Tea - 1 tsp. dried root/leaf, to 8 oz. hot water, steep 1 hour, take 4 oz. TID

Gotu Kola herb (*Centella asiatica*)

The skin red, hot and inflamed, use internally with Sarsaparilla. It is also applied externally to help heal lesions, burns or leprosy.

Dosage: Fresh Tincture (1:2) 1.5-3 mL TID

Horsetail herb (*Equisetum arvense*)

The skin is dull with a loss of elasticity. It looks and feels like paper or parchment and tears easily.

Dosage: Tincture (1:5) 1-2 mL TID

Capsules - 2 "00" capsules BID

Nettles herb (*Urtica dioica*) - is indicated for skin that feels like paper (dry and lacking elasticity) and bruises easily. Due to its high mineral content it nourishes the skin, hair, nails, teeth and bones. It is also rich in Vitamin K which helps reduce bruising and capillary fragility.

Dosage: Tincture (1:5) 3-5 mls TID

Tea - 1-2 tsp. dried leaf, 8 oz. hot water, steep for 1 hour, take 3-4 cups/day

Oregon Grape Root (*Mahonia* spp.)

Chronic skin conditions especially of the face with pustular eruptions or scaly skin without inflammation. The skin is yellowish and they have poor fat metabolism with flatulence and biliousness upon eating rich foods. It can also be used for large, red pustules on the neck, back or buttocks.

Dosage: Tincture (1:5) .50 mL every 3 hours or 2-3 mL TID

Tea - 1 tsp. dried root, 8 oz. water, decoct 10-15 minutes, steep 45 minutes, take 4 oz. 3x/day

Red or Tag Alder Bark (*Alnus rubra*, *A. serrulata*)

Skin conditions with painful large, red pustules (comodones) especially on the neck, back and buttocks. Constipation is common.

Dosage: Tincture (1:5) .25-5 mL every 3-4 hours or 1-2 mL TID

Sarsaparilla rhizome (*Smilax ornata*)

The skin is red and hot to the touch. It is useful for rheumatoid arthritis, psoriatic arthritis and scleroderma. Use it with Gotu Kola.

Dosage: Tincture (1:5) 3-5 mL QID

Tea - 2 tsp. dried rhizome, 8 oz. water, decoct 15 min., steep 1 hour, 2-3 cups per day

Stillingia root (*Stillingia sylvatica*)

Chronic skin diseases with a foul smelling, discharge of pus. The tissues are feeble, with poor circulation.

Dosage: Fresh tincture (1:2) .25-1 mL every 4 hours

Yellow Dock Root (*Rumex crispus*)

Skin with a serous or discharge of pus. The leaves can also be used topically for oozing skin conditions.

Dosage: Fresh Tincture (1:2) 10-20 gtt. every 3-4 hours.

****TOXIC - Use only under the guidance of a qualified medical/herbal professional**

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