Lecture Series

The Systemic Theory of Living Systems. Part IV: Systemic Medicine—The Praxis

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This fourth lecture illustrates the praxis and results of Systemic Medicine (SM) in various therapeutic applications. SM’s success has made it popular throughout Venezuela and Puerto Rico. The treatment of over 300,000 patients by 150 orthodox MD’s, trained and qualified in SM, in 35 medical establishments with above average results corroborate its effectiveness as an eCAM in chronic degenerative diseases. Herein we provide a synopsis of results obtained in four such pathologies—the journal’s necessary space restrictions somewhat limiting content—as well as clinical and photographic evidence. The validity of any medical theory is substantiated by its degree of effectivity and success. The workability of evidence-based SM corroborates Systemic Theory’s transcendence.

Keywords: adaptogen – diabetes – negentropy – polycystic ovarian syndrome – psoriasis – synergetics – systemic medicine – systemic theory – varicose ulcer

Past and Present Naturalists … Tomorrow’s Systemics?

Recent past and even present successful naturalists and phyto-therapeutic practitioners share a long and honorable tradition of knowledge and pride in the cure of illnesses, which goes back to written history and beyond. These qualities have been substantiated by the success of Chinese (1,2), Kampo (3,4), Ayurvedic (5), Chumash (6) or Mayan (7) among many other traditional medicines. These traditional medicines have ‘demonstrated that every culture is capable of understanding and “inventing” the meaning of disease and its cure, even when it is different from our modern medical views’ (7). The variability and extent of cultures to provide answers—traditional medicines—to pathologies are embedded in the curiosity and observational capabilities of the human race. There are collective factors such as ‘a background of extensive family in traditional medicine’ (8) which play an important role in the transmission and survival of medicinal plant knowledge among ethnic groups. A potential issue, though, is the possible curtailment of the wisdom—and therapies—of traditional medicines within geographical and ethnic boundaries. In any case, the amount of plants, potential formulations or properties are a massive concern for any given individual caregiver or group to understand, store and transmit.

But, perhaps, it may be possible to set up a system or periodic table where plants and other natural remedies could, according to their properties, be arranged to produce specific formulae that provide well-being for a given pathology. Some exceptional individuals seem to have come by this ability. One of these gifted health care practitioners was Maurice Messegue, whom Mistinguet and Konrad Adenaur—among his famous patients—swore that only he could treat their illnesses. More recently, both, Dr. Rusudan Lomidze, using the Georgian Kohlkian traditional medicine, and Lonrig Dangar, a Tibetan physician who applied the rich Tibetan traditional medicine have also obtained significant success. These gifted individuals have shown that traditional medicine is a successful medicine. But a question still hangs in the air? Might a theory be devised by which regular practitioners, health care specialists devoid of the naturalists’ extensive background, might formulate natural organic therapeutic protocols?
The Systemic Theory is set forth herein to provide an answer to this crucial question. Systemic Theory postulates that Health (H) is directly proportional to the integrity of a living system’s Energy (E), Bio-Intelligence (I) and Organization (O) as shown in Fig. 1. Systemic Theory also establishes a common denominator to all sickness (Fig. 2) and ascertains the cause of all disease to be an entropy increase: ‘disorder augmenting within the biologically open system, stemming from energo-informational and organizational impacts, either of external or internal nature’ (9–11). Therapeutics should then include a negentropy supply to enhance the system’s energy–work capacity (E), its informational potential (I) intelligence, and finally structure and functional organization (O).

Systemic Medicine’s (SM) treatment strategy is based on identifying and prescribing superior herbs—tonic or adaptogenic—or any nutraceuticals or medicine with potential to strengthen E, I, O by providing energo, informational and organizational aid to the overall network of intelligent cells and cell systems that constitute the body. The main premise proposes that when all three factors are brought back to ideal levels patients’ conditions begin recovery to normal health.

### Evaluating the Praxis of Systemic Theory: Systemic Medicine

To corroborate the validity of the Systemic approach, we examined the results of its clinical application in chronic degenerative diseases (CDD) through retrospective studies carried out at the Adaptogenic Medical Centres located in Venezuela and Puerto Rico. Also included in the studies, were patients attending the following public hospitals (in Venezuela): Dr Domingo Luciani Hospital, Caracas; Dr Raúl Leoni Hospital, San Félix; and the Rehabilitation Center of the Venezuelan Social Security Institute, Caracas. Three parameters were compared, ante and post-SM treatment, and these factors were as follows: Clinical results; Quality of Life (QoL) (12); and Tolerance to treatment. All patients included in these studies had formerly received orthodox treatments without any success in preventing disease progression. Thus, SM became the first choice treatment or even the unique alternative therapy. The complete studies of the pathologies included in this lecture as well as other CDD studies may be found at www.adaptogeno.com.

Outcomes of these as well as other studies have been presented at several scientific events such as 8th International Electrotherapy Congress in Nanning, China, September 2004; First International Neurobiotelekom Congress, in Saint Petersburg, Russian Federation, December 2004; First International Systemic Medicine Congress in Caracas, Venezuela, January 2005; Latin American Center Symposium on Environment and Health: Exploring Natural Products, UCLA, April 2005; First International Congress on Complementary and Alternativ Treatments in Cancer, in Madrid, Spain, May 2005; and finally at the Science Information and Spirit Seminar in St Petersburg, Russian Federation, June 2005.

### Clinical Study I: Diabetic Foot. Summary of Outcomes and Comparative Photographic Evidence

The therapeutic outcome is examined in 110 patients with diverse degrees of diabetic foot (13) through a retrospective, multicenter, descriptive 2 year long study (14). This treatment clinically improved 80.9% of the total diabetic foot population studied \((P < 0.00001)\). SM prevented amputation in 40 patients (80%) of all cases diagnosed for surgical removal of limbs (50 patients). There was a significant improvement in QoL—86.36% of all diabetic foot cases \((P < 0.00001)\). Tolerance to treatment was found to be excellent (Table 1).

| Number of patients | Clinical improvement | QoL improvement | Treatment tolerance | Other |
|--------------------|----------------------|----------------|--------------------|-------|
| 110                | 80.9%                | 86.36%         | 97.27%             | Amputation avoided in 80% of cases diagnosed for surgery |
| (89 patients)      | (95 patients)        | (107 patients) |                    |       |
Results (Fig. 3) suggest that SM is the best therapeutic option for patients affected with diabetic foot.

Clinical Study II: Severe Psoriasis. Resume´ of Results and Illustrative Before and After Case Contrast

The outcome on the effects of SM in 123 patients with severe psoriasis was examined through a retrospective, multicenter, descriptive 2 year long study (15). Improvement in clinical remission was observed in 77.23% of patients \((P < 0.00001)\). Almost two-thirds of all patients achieved clinical improvement in <46 days. QoL improvement is observed in 82.93% of patients \((P < 0.00001)\). This therapeutic formula was particularly effective in severe varieties of this pathology. Treatment tolerance was excellent (Table 2). Results confirm a high remission rate, without side effects, in patients treated with SM. This suggests that SM is a superior therapeutic tool (Fig. 4).

Table 2. Synopsis of SM treatment results in severe psoriasis

| Number of patients | Clinical improvement | QoL improvement | Remission time ≤45 days | Treatment tolerance |
|--------------------|----------------------|-----------------|-------------------------|---------------------|
| 123                | 77.23%               | 66.3%           | 82.93%                  | 100%                |

(Fig. 3) Photographic evidence of diabetic foot remissions, including length of treatment between photos.
Clinical Study III: Varicose Ulcer. Synopsis of Results, Before and After Photo Comparison

SM protocol was evaluated in 129 patients with chronic varicose ulcers through a retrospective, multicenter, descriptive 2 year long study (16). This treatment improved ulcers in 79% of the population. A remission of 21% of all patients was achieved in only 2 months. Systemic treatment also significantly improved the most frequent symptoms (cramps 71.4%, pain 78% and edema 88.7%) (Table 3). About 105 patients had QoL improvement. Some examples of results are seen in Fig. 5. The tolerance was excellent.

Clinical Study IV: Polycystic Ovarian Syndrome. Results, Before and After Graphic Differences

Thirty-five patients with polycystic ovarian syndrome (PCOS) were included in a retrospective, multicenter, descriptive 2 year long study to evaluate their response to a systemic protocol
designed to improve their condition and/or obtain remission to the aforementioned pathology (17). SM improved pelvic pain in all 20 symptomatic patients \((P < 0.00001)\); menstrual disorders (amenorrhea, dysmenorrhea, menorrhagia, menometrorrhagia, oligomenorrhea) in all 22 symptomatic patients \((P < 0.00001)\); asthenia and cephalae in all 17 symptomatic patients \((P < 0.0001)\); as well as acne and hirsutism in 8 out of 9 (89%) symptomatic patients \((P < 0.0133)\). Pelvic ecsonograms revealed that 29 patients (82.8%) experienced a total disappearance of cysts, whereas 6 patients (17.2%) showed decrease in cyst size (Table 4). QoL improved in 100% of patients \((P < 0.0001)\). Tolerance to treatment was outstanding (100%). To conclude, evidence-based results in PCOS treatment, with SM, suggest a remarkable CAM therapy (Fig. 6).

### Table 4. Synopsis of SM treatment results in PCOS

| Number of patients | Clinical improvement | Total cyst disappearance | QoL improvement | Treatment tolerance |
|--------------------|----------------------|-------------------------|-----------------|---------------------|
| 35                 | 100%                 | 82.85% (29 patients)    | 100%            | 100%                |

E, I, O Classification of Superior Medicines

Adaptogens, tonics and nutraceuticals, in SM, are classified according to their E, I, O potential, i.e. as Energoceuticals, Infoceuticals and Organoceuticals. Examples of these by category are in Table 5.
Systemic Protocol for Diabetic Foot

A complete description of each systemic protocol exceeds the scope of this article; however, a summarized example for diabetic foot is illustrated below.

E:
*Leuzea carthamoides*
Ecdysone phytosteroids activate enzyme synthesis pro-cellular ATP synthesis (27,30).

I:
*Ganoderma lucidum*
Ganoderan B and dozens of other polysaccharides and beta-glucans stimulate neuroendocrine intelligence and cell immunity (46,47,105,106). Glycans’ path for immune enhancement is not certain but Chihara et al. (107) have proposed a likely model modified by Kidd (108) (Fig. 7).

O:
*Gingko biloba*
Flavonoglycosides, bioflavonoids, ginkgolides and bilobalides increase vascular flow (77,78).

The Healing Law of Synergetics

Healing potential, negentropy gain, is directly proportional to synergetic contribution (SC) (11). SC is exponentially proportional to the number of contributive active principles \(n\) in a formula—ergo in a protocol. The Healing Law of Synergetics is thus derived: Remission in chronic degenerative diseases, \(\Delta S \gg 0\), depends on \((n^2 + n)/2\). Figure 8 demonstrates the exponential number of SC as \(n\) increases.

This law is valid as long as genetic functioning is minimally intact. The greater the SC is, the greater the probability of recovery. Thus all therapeutic formulations should in consequence include as many E, I, O nutraceuticals as possible.

Analysis

There is probably greater potential in developing formulations of synergetic natural supplements than in synthetics for CDD. The potential ‘... to introduce these compounds in the treatment of human diseases in order to raise public awareness on the richness and diversity of natural products that could be
Table 5. Superior medicines E, I and O classification

| E | Names | References | Names | References | Names | References |
|---|-------|------------|-------|------------|-------|------------|
|  | Acantopanacis senticosus | Wu et al. (18), Gaffney et al. (19) | Uncaria tomentosa | Sheng et al. (36), Akeson et al. (37) | Glycyrrhiza glabra | Acharya et al. (66) |
|  | Cornu Cervi pantotrichum | Kim et al. (20), Zhang et al. (21) | Aloe vera | Kim et al. (38) | Carcuma Longa | Chainani-Wu (67) |
|  | Ilex paraguariensis | Gorgen et al. (22) | Andrographis paniculata | Matsuda et al. (39), Puri et al. (40) | Ulmus fulva | Brown et al. (68) |
|  | Lepidium meyenii | Lopez-Fando et al. (23) | Astragalus membranaceus | Wang et al. (41), Shao et al. (42) | Angelica sinesis | Mei et al. (69), Yin (70) |
|  | Ocimum sanctum | Agrawal et al. (24) | Croton lechleri | Risco et al. (43) | Chondroitin/ glucosamine | Houpt et al. (71) |
|  | Panax ginseng | Yang et al. (25) | Echinacea purpurea and E. angustifolia | Randolph et al. (44), Cundell (45) | Chitin fiber | Jing et al. (72) |
|  | Panax quinquefolius | Wang et al. (26) | Ganoderma lucidum | Kohguchi et al. (46), Jiang et al. (47) | Crataegus oxyacantha | Rigelsky and Sweet (73), Lacaille-Dubois et al. (74) |
|  | Pfaffia paniculata | Kotsiriuba et al. (27), Tashmukhamedova et al. (28) | Griffola frondosa | Odama et al. (48), Lin et al. (49) | Dioscorea villosa | Shealy (75), Ladrerie et al. (76) |
|  | Ptychopetalum olacoides | Siqueira et al. (29) | Hydrastis canadensis | Rehman et al. (50) | Plants enzymes | Popiela et al. (77) |
|  | Rhaponticum carthamoides | Kutazorova et al. (30) | Morinda citrifolia | Su et al. (51) | Equisetum arvense | Blumenthal et al. (78), Fleming (79) |
|  | Rhodiola rosea | Maslova et al. (31), Spasov et al. (32) | Petiveria alliacea | Ruffa et al. (52), Malpezzis et al. (53) | Ginkgo biloba | Kubota et al. (80), Pepe et al. (81) |
|  | Schizandra chinensis | Antoshechkin (33) | Sutherlandia frutescens | Bence and Crooks (54), Interleigh et al. (55) | Gotu kola | Incandela et al. (82) |
|  | t-arginine | Gupta et al. (34) | Tabebuia avellanedae | Planchon et al. (56), Li et al. (57) | Sargassum fusiforme | Ji et al. (83) |
|  | Ubiquinone (Coenzyme Q10) | Baggio et al. (35) | Valeriana officinalis | Dietz et al. (58) | Horapogonphyma procumbens | Chrubasik et al. (84) |
|  |  |  | Vitis agnus castus | Kobayakawa and Yano (59), Ohyama et al. (60) | Vitamins | Carrero et al. (85) |
|  |  |  | Lentinus edodes | Borchers et al. (61), Wasser and Weis (62) | Minerals | Hercberg et al. (86) |
|  |  |  | Coriolus versicolor | Sun and Zhu (63), Sun et al. (64) | Pycnopetalum olacoides | Bucci (87), Suqueira et al. (29) |
|  |  |  | Cordyceps sinensis | Leu et al. (65) | Pygeum africanum | Freeman and Soloman (88), Santa Maria Margalef et al. (89) |
|  |  |  |  |  |  | Rhamnus purshiana | Ma et al. (90) |
|  |  |  |  |  |  | Ruscus aculeatus | Redman (91), Bouaziz et al. (92) |
|  |  |  |  |  |  | Salix alba | Chrubasik et al. (93) |
|  |  |  |  |  |  | Sena alejadrida | Franz (94) |
|  |  |  |  |  |  | Serrona repens | Goldmann et al. (95), Iguchi et al. (96) |
|  |  |  |  |  |  | Silibum marianum | Halim et al. (97), Chrugoo et al. (98) |
|  |  |  |  |  |  | Smilax china | Lee et al. (99) |
|  |  |  |  |  |  | Tribulus terrestris | Hong et al. (100) |
|  |  |  |  |  |  | Vaccinium myrtillus | Zaragoza et al. (101), Savickiene et al. (102) |
|  |  |  |  |  |  | Viburnum spp. | Calle et al. (103) |
|  |  |  |  |  |  | Zingiber officinalis | Young et al. (104) |

Energoceuticals that enhance mitochondrial ATP synthesis and resynthesis
Infoceuticals that enhance bio-intelligence on cellular, neuroendocrine and immune levels
Organoceuticals that specifically enhance organ function and structure
carefully harvested for the benefit of mankind’ as Cooper points out, is enormous (109).

Conclusion

Based on the Law of Synergetics future therapeutics should consist of thousands of potentially active E, I, O active principles from all organic sources available. This opens up a huge potential—hitherto ignored—for humanity.

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