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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 phytotherapeutic 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?

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Figure 1. The Health Triangle is born out of the system's Intelligence that generates Organization and produces Energy.

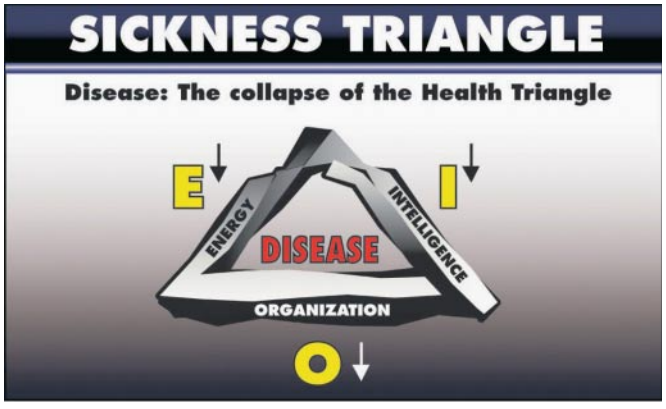

Figure 2. Entropy increase brought upon by physical, chemical, biological and emotional impacts bring about the system's collapse.

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.

Table 1. Synopsis of SM treatment results in diabetic foot

Number of patients	Clinical improvement	QoL improvement	Treatment tolerance	Other
110	80.9% (89 patients)	86.36% (95 patients)	97.27% (107 patients)	Amputation avoided in 80% of cases diagnosed for surgery

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 Rehabilation 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 Alternative 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).

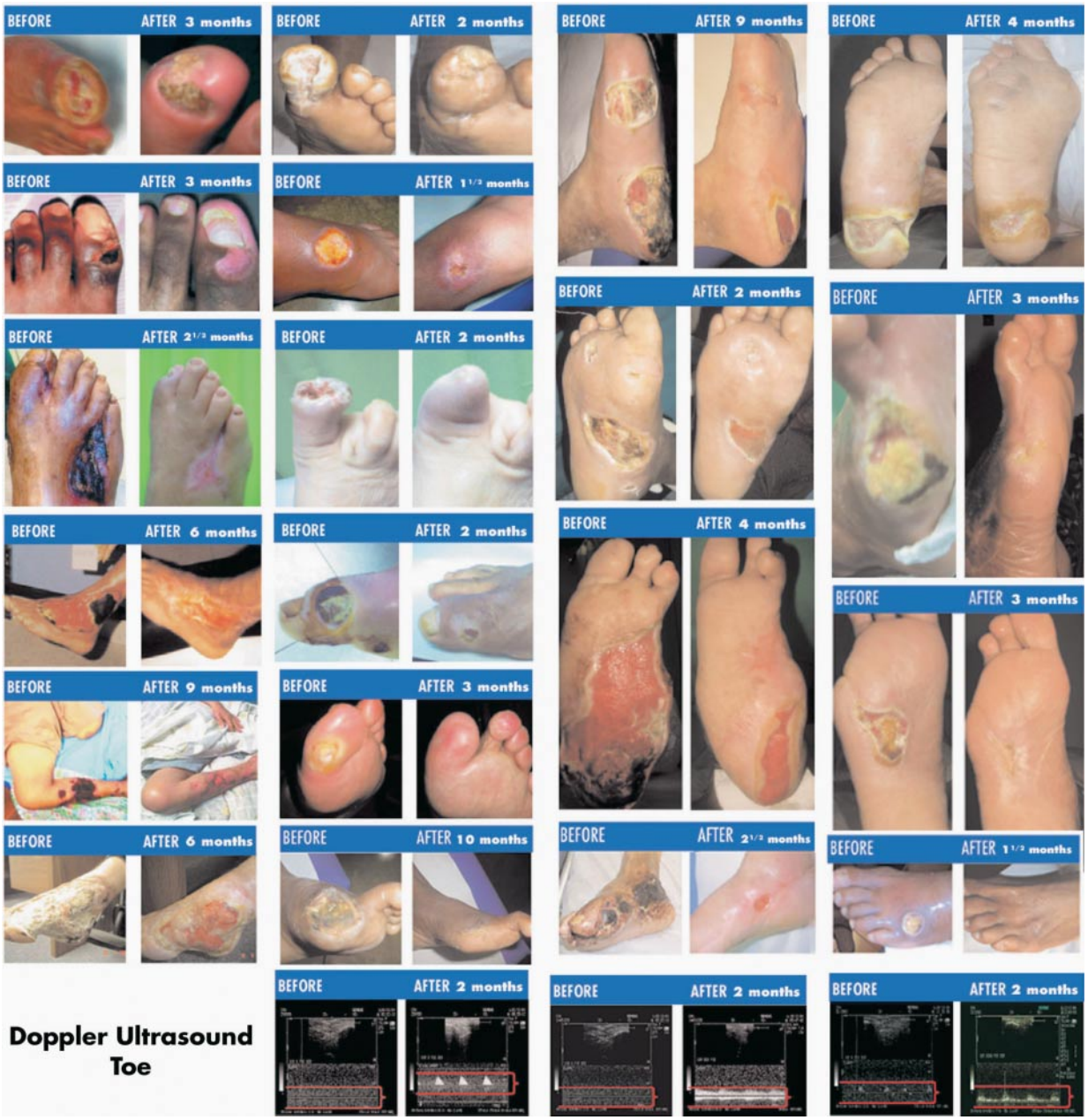

Figure 3. Photographic evidence of diabetic foot remissions, including length of treatment between photos.

Results (Fig. 3) suggest that SM is the best therapeutic option for patients affected with diabetic foot.

Clinical Study II: Severe Psoriasis. Resumé 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% (95 patients)	66.3%	82.93% (102 patients)	100%

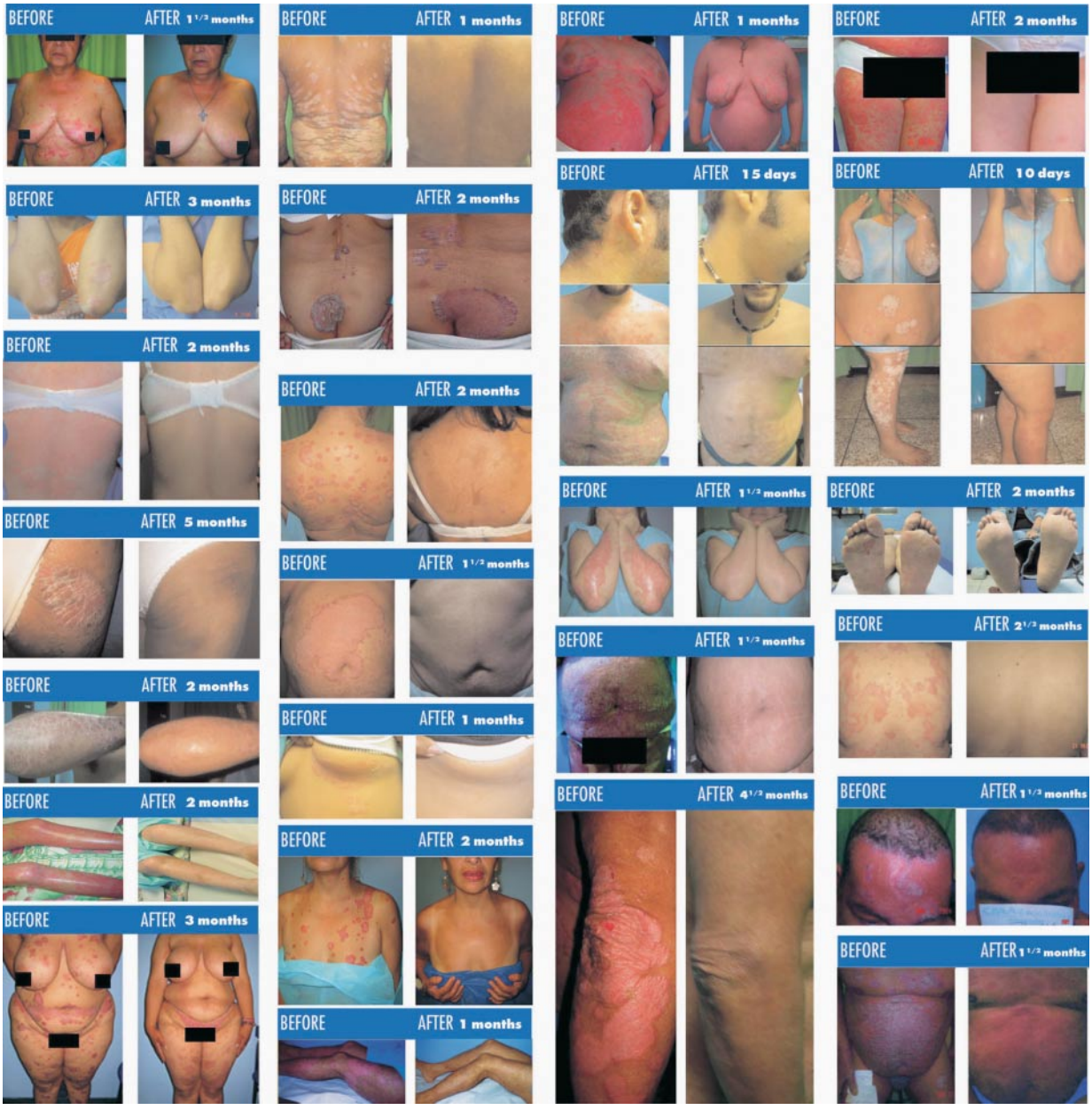

Figure 4. Photographic evidence of severe psoriasis remissions, including length of treatment between photos.

Table 3. Synopsis of SM treatment results in varicose ulcer

Number of patients	Clinical improvement	QoL improvement	Treatment tolerance	Remission time
129	79% (102 patients) $P < 0.0001$	81.35% (105 patients) $P < 0.00001$	99.22% (128 patients)	2 months in 21% of all patients

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

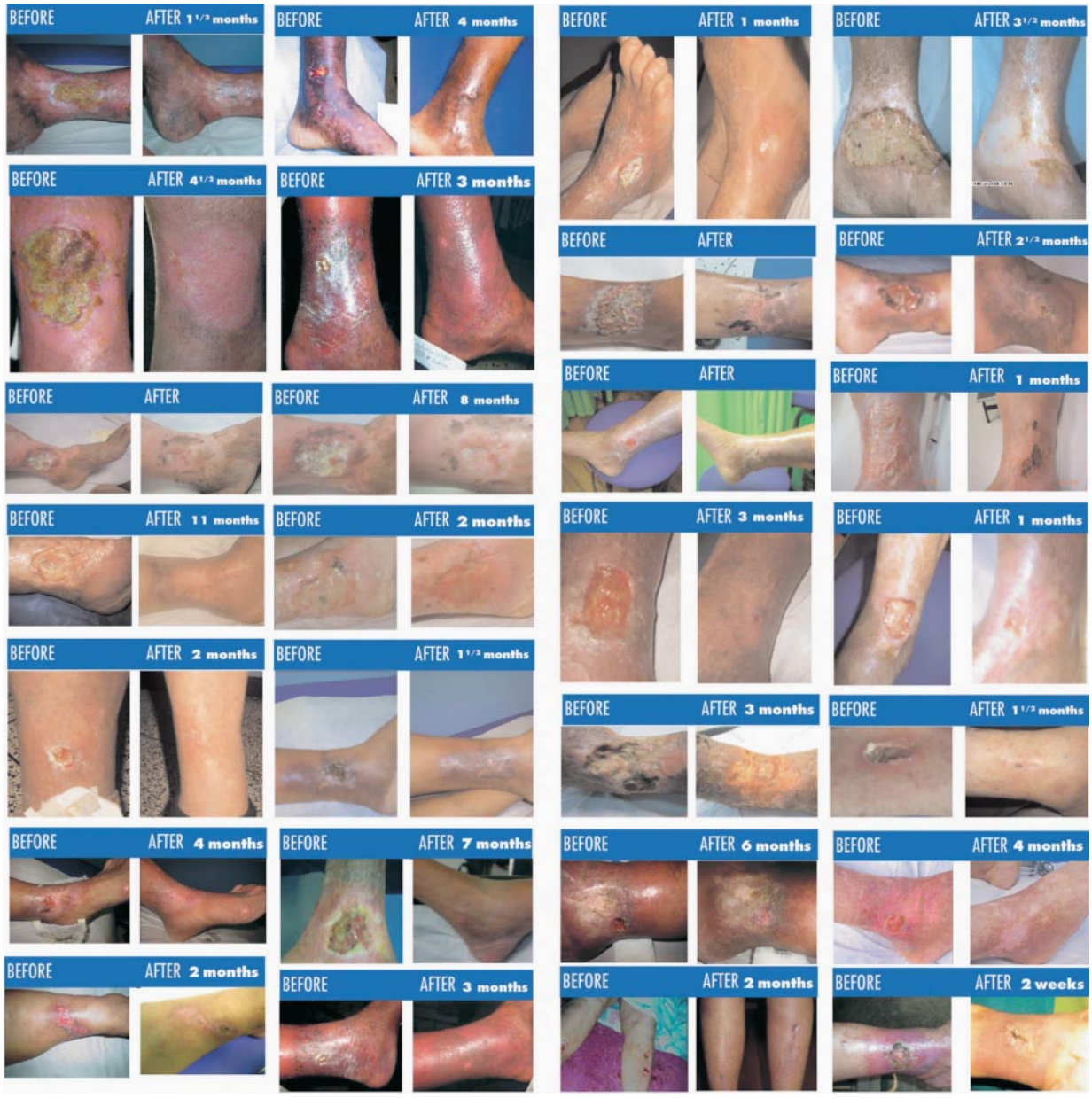

Figure 5. Photographic evidence of varicose ulcer remissions, including length of treatment between photos.

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%

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 cephalea 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 ecosonograms 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).

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.

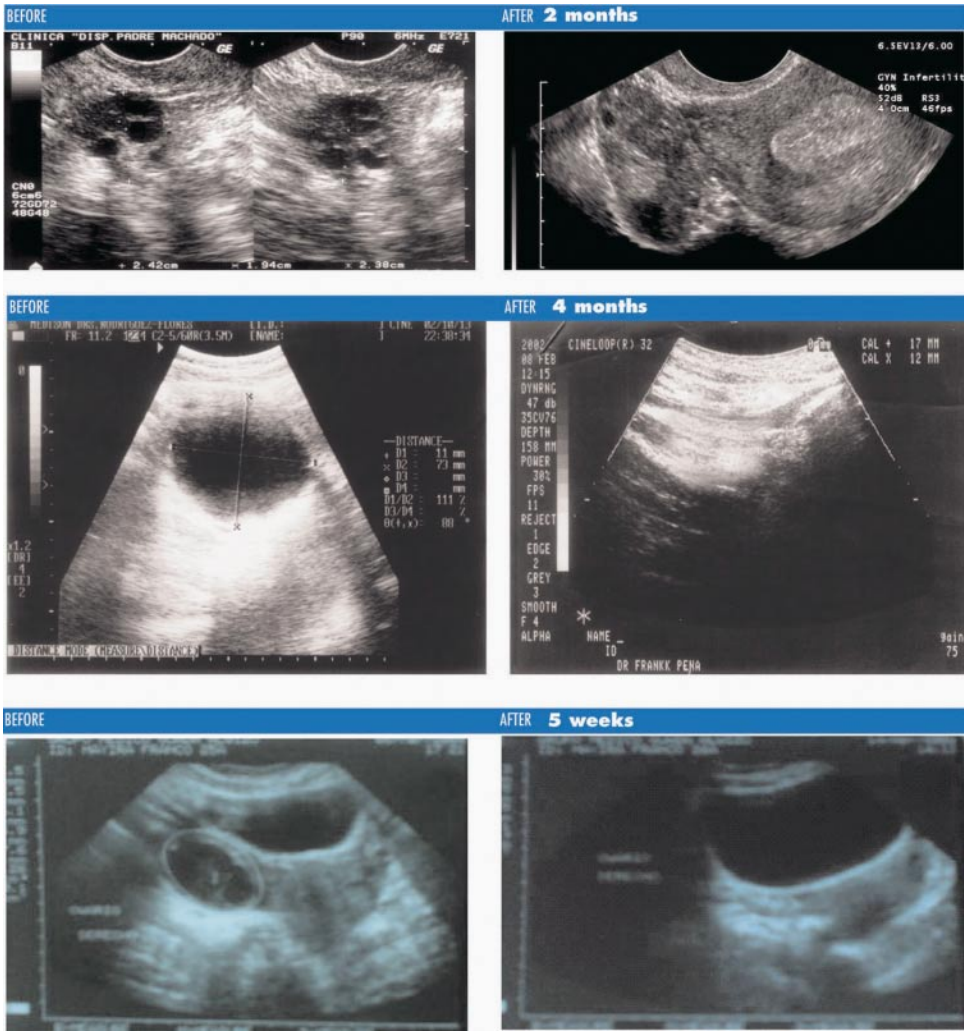

Figure 6. PCOS before/after echosonographic comparison. Interval between echosonograms: 2 months.

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

Flavonolglycosides, 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		I		O	
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	
Names	References	Names	References	Names	References
Acantopanacis senticosus	Wu *et al.* (18), Gaffney *et al*. (19)	*Uncaria tomentosa*	Sheng *et al*. (36), Akesson *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)	*Curcuma 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 sinensis*	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	Kotsiuruba *et al.* (27), Tashmukhamedova *et al.* (28)	*Grifola frondosa*	Odama *et al*. (48) Lin *et al*. (49)	*Dioscorea villosa*	Shealy (75), Ladriere *et al*. (76)
Ptychopetalum olacoides	Siqueira *et al.* (29)	*Hydrastis canadensis*	Rehman *et al*. (50)	Plants enzymes	Popiela *et al*. (77)
Rhaponticum carthamoides	Kutuzova *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), Malpezzi *et al*.(53)	*Ginkgo bilova*	Kubota *et al.* (80), Pepe *et al*. (81)
Schizandra chinensis	Antoshechkin (33)	*Sutherlandia frutescens*	Bence and Crooks (54), Jang *et al*. (55)	*Gotu kola*	Incandela *et al.* (82)
L-arginine	Gupta *et al.* (34)	*Tabebuia avellaneda*	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)	*Harpagophytum procumbens*	Chrubasik *et al*. (84)
		Vitex agnus castus	Kobayakawa and Sato-Nishimori (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)	*Ptycopetalum olacoides*	Bucci (87), Siqueira *et al.* (29)
		Cordyceps sinensis	Leu *et al*. (65)	*Pygeum africanum*	Freeman and Solomon (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 alejandrina	Franz (94)
				Serenoa repens	Goldmann *et al.* (95), Iguchi *et al.* (96)
				Silibum marianum	Halim *et al*. (97), Chrungoo *et al*. (98)
				Smilax china	Lee *et al*. (99)
				Tribulus terrestris	Hong *et al.* (100)
				Vaccinium myrthillus	Zaragoza *et al*. (101), Savickiene *et al*. (102)
				Viburnum spp.	Calle *et al.* (103)
				Zingiber officinalis	Young *et al.* (104)

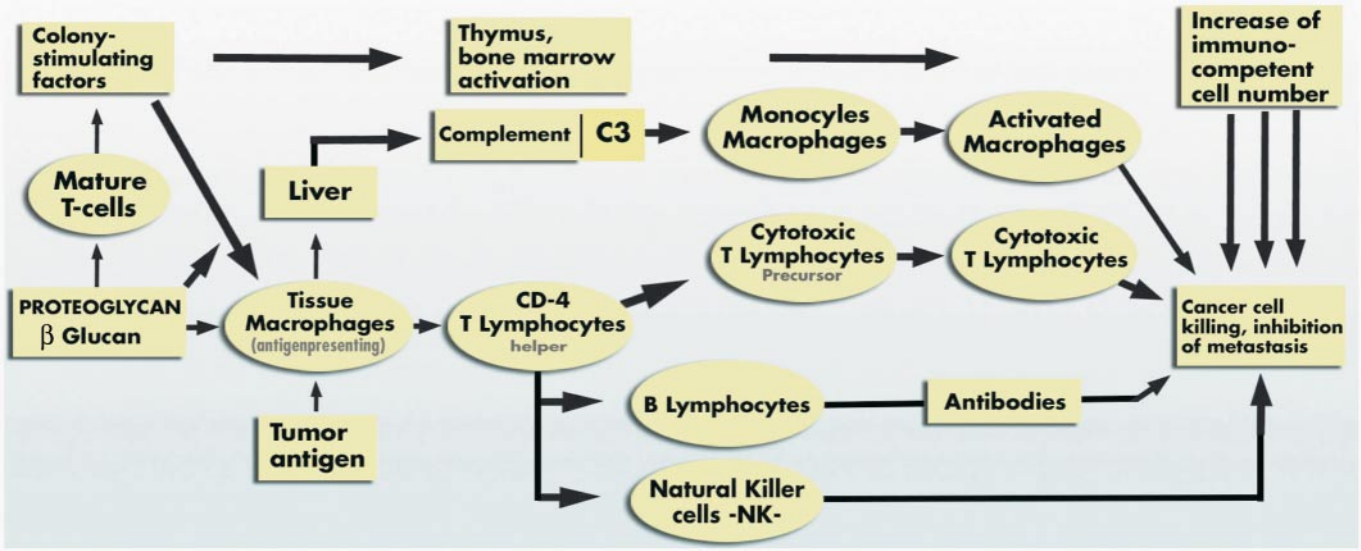

Figure 7. Mushroom proteoglycans' likely immune enhancement pathway.

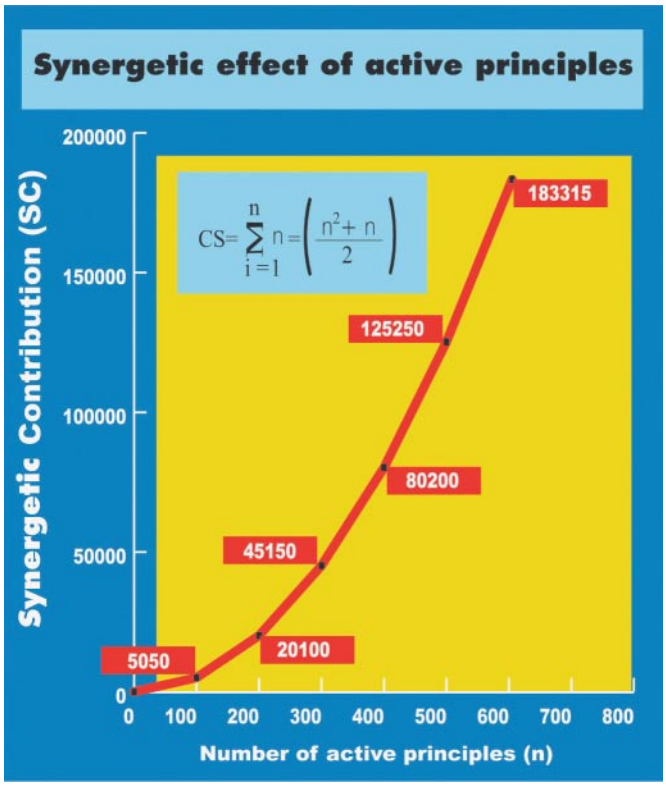

Figure 8. The Law of Synergetics is depicted by an exponential curve that provides a measure of the healing potential of the contributive active principles.

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.

Acknowledgements

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