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FILE: ■ Eclectic Physicians

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RE: The Rise and Fall of Eclectic Medical Practice and its Contribution to Modern Herb Use

Abascal K, Yarnell E. The Eclectics' plant knowledge. *Altern Complement Ther.* August, 2006:172-176.

Yarnell and Abascal, herbal practitioners and regular contributors to this journal, often refer to the U.S. Eclectic physicians and use many herbal remedies from Eclectics' voluminous case studies. Given the efficacy of these remedies, one may wonder why this group "disappeared from medicine" in the mid 1930s. The authors undertake a brief history of Eclecticism's rise and fall, with what may be taken as certain cautionary lessons for today's complementary and alternative medicine (CAM) community. They sweeten the lesson with brief discussions of a few herbs from the Eclectic *materia medica*.

They first describe the horrifying conventional treatment afforded President George Washington in his brief final illness in 1799. Relieved of 44-46 oz. of blood and dosed heavily with both mercury and antimony, "Less than 24 hours after awakening with tonsillitis or a tonsillar abscess, President Washington was dead." Such measures were not aberrant, they "had been accepted for centuries and continued to be for most of the 1800s."

However, some physicians became dissatisfied with what was the "heroic" medicine then practiced by allopathic doctors in both Europe and the U.S. They formed an organization, the Reform Medical Society of the United States, "and called themselves Eclectics from the Greek word meaning *select*." They preferred nourishment to bleeding and chose among several different medical traditions to find the best remedy for each patient. They relied heavily on herbs used by indigenous American tribes in the different areas where they practiced, although they often, "unfortunately, gloss[ed] over the historical origins of their knowledge."

Dr. John Uri Lloyd, a highly-respected pharmacist, began working with Eclectics early in a career spent "working on plant extraction with the goal of creating medicines that retained the actions of whole plants." Like modern herbalists, Eclectics sometimes "struggled with the gentleness of their medicines compared to the strength of allopathic drugs"; that is, some patients had no patience for their slower, milder therapies if a quick "cure" – even one with serious side effects – was available.

All of this took place within what herbalist Michael Moore has called "a rich and diverse community of squabbling physicians that represented several sophisticated medical 'sects.'" In 1915, eight

Eclectic medical schools, 15 homeopathic schools, one physiomedical school and eight osteopathic schools existed in the U.S., as well as seven schools for African-Americans and three for women only. Graduates of all types of institutions "sat for the same board examinations before entering practice... By 1940...allopathic schools were dominant and the Eclectic schools were gone."

Eclecticism did not disappear because it was ineffective. Overall, their reported outcomes equaled or bettered those of conventional medicine. Their results in treating pneumonia rival those achieved today. In large part, Eclecticism and other CAMs of the day were discredited through a supposedly objective report on medical education funded by the Carnegie Foundation and secretly guided by the American Medical Association (AMA) "to drive non-Regular M.D.s out of practice by decimating their schools and ruining their public image." This was thought necessary in order to reduce the number of physicians overall and provide a "competent livelihood" to those remaining. The Flexner Report (available online at: www.carnegiefoundation.org/publications/index.asp?key=498), by Abraham Flexner, an unemployed school teacher with no medical training, was issued with much fanfare in 1910. It described Flexner's visits to each of 155 diverse medical schools then in existence. He told of "inadequate, filthy... schools filled with decaying cadavers", and even though the report was denounced by many medical journals as "full of errors, 'raw malice, and unpercolated venom'," these images prevailed, eventually forcing a reduction in the number of schools. The report recommended that all but two schools for African-Americans be closed, and, since African-Americans were a "potential source of infection and contagion", that these stress "hygiene, rather than surgery". It recommended that all three women's schools be closed, as women showed "a decreasing inclination to enter the profession." Flexner described chiropractors as "unconscionable quacks" and the herb-using Eclectics as "drug mad". Each of Flexner's school visits lasted "at most, 1 day", and the report was written with copious advice from members of the AMA's board of directors, including Flexner's brother, and other conventional, "Regular M.D.s". Not surprisingly, it echoed AMA views of the day.

Fundamental to this view was concern with research over practice. Flexner later administered an enormous grants program for The Johns Hopkins University, awarding millions of dollars "to develop a chemically-oriented, research-focused medicine." While the Flexner Report raised many substantive issues, its "emphasis on laboratory equipment and the business of medicine" has been, in the long run, costly to consumers. "[H]uge sums of money funneled into research institutions by people... interested in the development of pharmaceuticals" bolstered the strength of allopathic schools versus Eclectic and other competing institutions.

The authors present a few case studies from their own practice with herbs whose indigenous uses were preserved by Eclectic practitioners. In one, an older man with benign prostatic hypertrophy found relief from all symptoms except nocturia by using tinctures of saw palmetto (*Serenoa repens*) fruit and stinging nettle (*Urtica dioica*) root. Adding a tincture of sweet sumach (*Rhus aromatica*) leaf, as recommended by Eclectic Harvey Wickes Felter, M.D., provided relief from nocturia, with greater benefits after extended use.

A young boy who had been abused had recurrent kidney stones, was underweight, debilitated, and anxious. Again following Felter, the child was treated with a tincture of fresh Western anemone (*Pulsatilla occidentalis*), "something most people would probably consider contraindicated because of the potential adverse effects of the herb." (Fresh anemone contains protoanemonine, a vesicant.) In this instance, the patient was able to discontinue pain medication, became less anxious and withdrawn, and produced kidney stones with considerably less frequency. The authors used a related herb, desert anemone (*P. tuberosa*) for a woman entering perimenopause with severe migraine headaches, also to good effect. The Eclectics considered anemone an important medicine, using fresh

herb tincture in very low doses, especially for patients in particular emotional states, such as insomnia, exhaustion, nervousness, and mild-to-moderate depression.

In another case, a middle-aged man with bladder cancer suffered painful and difficult urination despite catheterization, warm baths, noninflammatory nonsteroidal analgesics, and phenazopyridine. Scheduled for a recatheterization, he opted for herbal alternatives, and received a tincture of fresh flowering tops of button eryngo (a.k.a. rattlesnake master; *Eryngium yuccifolium*). After the first dose, the patient passed a number of blood clots painlessly; after the second dose, his urine was clear and he had no further difficulty in urinating. Although this treatment had no effect on his primary diagnosis, which was eventually fatal, it improved the quality of his remaining life.

— *Mariann Garner-Wizard*

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