Preface to volume 1

It is nearly 50 years since that spring day in 1972 when the late Dr. Christian Duraffourd and I, two young physicians, first met and decided to work together. How could we have imagined that our meeting would one day result in publications on the theory of Endobiogeny by Elsevier, one of the premier publishers of scientific publications?

During his medical studies, Christian had been struck by the dissociation which existed between the physiological complexity of the organism as taught by our medical professors and the simplistic practice of giving the same treatment for all. It was a kind of therapeutic funnel focused only on symptoms despite recognizing multiple different pathophysiologic and physiological mechanisms that play a role in starting and maintaining the disease. Christian would say, “Little head or big head, always the same (sized) hat.”

We graduated from University of Paris Faculty of Medicine. Despite our training in the largest and most specialized hospital service, the choice we made to practice general medicine could have seemed surprising to some. After all, we started our medical practice at an age in which great French researchers received the Nobel Prize for their work in genetics. However, faced with this reality of daily clinical medicine, genetic science at its peak development never provided an effective response to illness in everyday life. That is why the need we faced, namely to help our patients as much as possible, led us to reflect jointly on how to arrive at a scientific approach to medicine that truly addressed our patients’ need for better treatment, adapted to their individual physiology and terrain. In order to do that we conceived an intellectual framework for the integration of physiological systems, in order to better understand the functional globality of the individual's terrain, and, to make the link between the analytical approach that underpins current medical science and a synthetic vision that considers the individual in his uniqueness.

The groups of doctors we formed around us[1] met regularly over the years to participate in the development of this new approach, initially called "endocrine theory of terrain," proposed by my colleague Christian Duraffourd, and later called “the theory of Endobiogeny” (cf. Chapter 1). In 2002, we published *A Treatise on Clinical Phytotherapy,*[1] which laid the main principles of our vision of clinical and laboratory research used to rationally determine the selection of medicinal plants in clinical practice. Since that time, the objective to be reached was clear: to formally present the theory of endobiogeny to the wider scientific community in order for it to be subject to validation.

The development of this essentially clinical approach was and is being diffused across the world thanks to the collaboration of passionate and committed physicians around us. At the same time, I started disseminating new concepts on clinical phytotherapy and an introduction to the study of endobiogeny in various countries, particularly the United States. It was in 2007 during a seminar that I hosted in the university town of Pocatello, Idaho, that I met Dr. Kamyar Hedayat. He was at the time, head of Pediatric Intensive Care and Integrative Medicine at Sutton Children's Hospital. At the end of the first morning, he asked me a sharp question: "Where are the scientific proofs?” Indeed, all the clinical research that we had done in France had been carried out within a small group of clinical physicians, without scientific references to support them and without publications to ensure their validity.

During that seminar, we decided to work together. Kamyar asked me to become his mentor in this new knowledge of endobiogeny. My joy was immense. Finally, I was in front of a keen scientific mind. Surely, I believed, his intellectual interest in our work would allow us to move faster in validating and disseminating our approach. This first meeting very quickly revealed itself to be capital. Based on a deep friendship, it inaugurated a major upheaval in the direction of our development of Endobiogeny. It had and will continue to have important consequences on our ability to provide objective evidence for validation by the scientific community, and, present a teaching methodology that meets the needs of a new generation of doctors demanding scientific evidence while seeking to broaden their therapeutic choices.

And what we were not able to achieve in France found its fulfillment in the United States: the first official scientific publication in an international peer-reviewed journal exposing the foundations of the theory of endobiogeny.[2, 3] This publication would be followed by others,[4–6] validating

1. First, in 1975, the Société Française de Phytothérapie et d’Aromathérapie (French Society of Phytotherapy and Aromatherapy), transformed in 1980 to the Société Française d’Endobiogénie et Médecine (French Society of Endobiogeny and Medicine).

aspects of the theory of Endobiogeny based on current scientific, experimental, and statistical criteria.

At the same time that we were developing in France the endobiogenic clinical approach, my friend Kamyar and I had maintained a constant series of intellectual exchanges and engagements throughout the years that to pass on a knowledge acquired from my years of collaboration with Christian Duraffourd. Kamyar is part of a line of researchers who can allow a qualitative and disruptive leap in the definition, development, and promotion of complex systems theory as represented by endobiogeny. His original contributions cover several areas by further systematizing Christian's original concepts and introducing new ones that further expand the field of endobiogeny (cf. Chapter 1).

Thus, this first volume presents an evolutionary vision of endobiogenic thought since its origin, proposed in 1972 by Dr. Christian Duraffourd. Thanks to the original synthesis carried out by Kamyar in the development of Christian's work, this book provides the reader with a new overview of fundamental endobiogenic principles that allow us to place it in a global physiological and integrative perspective, never realized until today. All the information provided by listening to the patient, semiology, clinical examination, imaging, and laboratory testing related to the biology of functions can now be seamlessly integrated to create a web of information regarding the patient and their individual terrain. This makes it possible to develop a truly personalized therapeutic strategy, centered on the patient in their complex reality and not on the only disease.

The orientation of the future validation of endobiogeny over the next 50 years will have to be organized around the principles as they are now defined and proposed to the scientific community by Dr. Kamyar Hedayat. This vision integrates the mechanisms at work that allow for the expression of life: adaptation of the individual's internal environment to that of the external environment. I know that the task is huge, but the challenge for patients is such that I have no doubt that this goal will one day be achieved.

This is my dearest wish.

Jean-Claude Lapraz

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