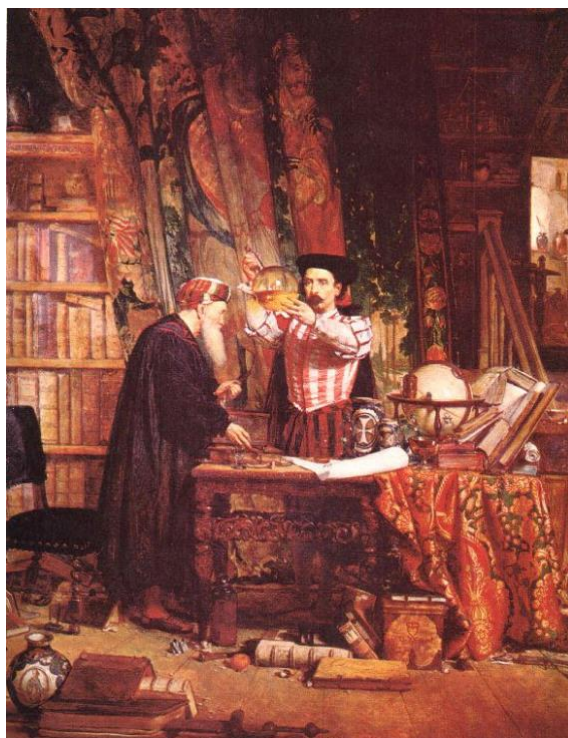

CONVERSATIONS WITH INNOVATORS



Source: William Fettes-Douglas, *The Alchemist*

DR. NAJIB ZGHIDI, PART ONE: INNOVATIONS IN ENDOBIOGENIC TREATMENTS

Dr. Manel Zghidi, PharmD

SUMMARY: Dr. Zghidi discusses his journey as a pharmacist from standard practice into endobiogenic compounding of remedies. His remarkable experiences with assisting in the healing of complex disorders are also discussed. The interview explores his perspective on how Endobiogeny has changed the approach to selecting and using medicinal plants.

Interviewer: Manel Zghidi (MZ)

Interviewee: Najib Zghidi (NZ)

MZ: Hi Dad, can you introduce yourself to our readers:

NZ: I'm Najib Zghidi, a pharmacist based in Sfax, Tunisia, a graduate of the Faculty of Pharmacy in Bordeaux (University II), France, and father of 4 children: two pharmacists, a third in 2nd year of pharmacy, a neuropsychologist.

MZ: Can you tell me how you discovered your passion for herbal medicine? What really drew you to this discipline?

NZ: From an early age I loved plants and had a corner in our garden where I cultivated a vegetable garden. I grew flowers like carnations, and, aromatic plants like spearmint and basil.

By pure chance, or maybe it was fate, I did my end-of-studies internship with a pharmacist in Bordeaux nicknamed "Galen" and learned from him the art of preparing custom tincture blends in the pharmacy, both extemporaneous prescriptions by physicians and formulary compounding (*les préparations magistrales et officinales*).

When I subsequently acquired my own dispensary in the late 1970's, I developed a range of "in-house" preparations with personalized packaging that I offered to my patients.

I was given another chance when I met a homeopathic doctor and essential oil enthusiast when I bought my current dispensary.

He used oligotherapy to rebalance and "heal" the terrain of children suffering from chronic illnesses.

Together we developed several homeopathic and herbal protocols for the treatment of common pathologies: tonsillitis, premenstrual syndrome...

Given the lack of documents dealing with phytotherapy at the time in Tunisia—I'm talking about the period from the late 90s and early 2000s—every time I went to France I brought back manuals and books that talked about phytotherapy, homeopathy, essential oils...

This enabled me to build up a very rich and diverse library. Over time, I discovered the writings of Dr. Valnet, then the manuals of Drs Christian Duraffourd and Jean Claude Lapraz.

In the meantime, access to scientific books has become more accessible in Tunisia, especially since training in clinical phytotherapy and Endobiogeny, thanks to the work of the Tunisian medicinal plant association chaired by my colleague Professor Rachid Chemli, have made the teaching of phytotherapy in general and Endobiogeny more specifically accessible to a large number of medical and paramedical professionals such as doctors, pharmacists, dentists, nurses and nutritionists, both Tunisian and Algerian, thanks to the complementary master's degree offered at the Monastir Faculty of Pharmacy.

It was thanks to the scientific days organized by the Tunisian medicinal plant association that I met Dr Kamyar Hedayat, and his writings on the theory of Endobiogeny have enriched and completed my library, while I await the publication of his work on functional biology.

MZ: Was there a defining moment or experience that deeply convinced you to follow this path?

NZ: There are many experiences, but I'd prefer to mention the one relating to pediatric attention deficit hyperactivity syndrome.

As these children were being treated with methylphenidate, amphetamines, atomoxetine and many other allopathic drugs, I developed a treatment for them in the form of capsules in two formulas: one to be taken in the morning and afternoon, and the second in the evening.

These schoolchildren, who had suffered social rejection and were lost and abandoned at the back of their classrooms, were gradually able to recover and were even congratulated by their teachers on their results at the end of the school year. They were also able to develop fulfilling social relationships with their classmates.

MZ: How have you seen phytotherapy and Endobiogeny evolve since the start of your career, particularly in Tunisia?

NZ: The evolution of Endobiogeny, particularly in Tunisia, has been marked by significant advances in the field of integrative and natural medicine. This is largely due to the growing interest of patients in natural alternatives to conventional treatments, seeking to minimize undesirable side-effects and regain optimal health through remedies of natural origin.

The diversification of publications is a key indicator of this evolution. Books such as [*Traité de phytothérapie clinique: Médecine et endobiogénie*](#) (A treatise on clinical phytotherapy: Medicine and Endobiogeny) by Drs Duraffourd and Lapraz, Dr. Duraffourd being the father of Endobiogeny, have been fundamental. These books offer an in-depth understanding of the foundations and applications of Endobiogeny in medical practice.

Another example is the book [*La Médecine personnalisée: Retrouver et garder la santé*](#) (Personalized Medicine: Recovering and maintaining health) by Dr Jean Claude Lapraz, which offers a detailed perspective on the personalized approach to medicine, integrating the principles of Endobiogeny to treat each patient uniquely.

We should not forget, of course, the publication of the four volumes of [*The theory of Endobiogeny*](#) by Drs. Kamyar Hedayat and Lapraz, the first two volumes of which have been published in French. [Editor's note: Volumes 3 and 4 have been translated into French by Dr. Lapraz. [Volume 3](#) will be published 7/2024 and volume 4 later in 2024] This translation aims to make Endobiogeny more accessible to the French-speaking community, underlining the importance of this approach to understanding the foundations and applications of Endobiogeny in medical practice.

The concept of function biomarker analysis, formalized and explained by Dr Kamyar Hedayat, represents another significant advance. This concept has recently been integrated into the master's degree in Endobiogeny taught at the Faculty of Pharmacy in Monastir. This integration reflects the growing recognition and formalization of Endobiogeny in the academic curriculum, marking an important step towards a more holistic and integrated approach to medicine.

The development of research and infrastructure, such as the botanical garden at the Faculty of Pharmacy in Monastir, serves as a research and discovery laboratory for students and professionals. This underscores the importance of medicinal plants in Endobiogeny and contributes to the advancement of research in this field.

International scientific events, such as the *Association Tunisienne de la Plante Médicinale's* (Tunisian Association of Medicinal Plants) scientific days and international Endobiogeny congresses, provide valuable opportunities for networking and knowledge exchange between Endobiogeny experts and enthusiasts from all over the world. These events facilitate enriching encounters with eminent figures

such as Dr Jean Claude Lapraz, Dr Jean-Christophe Charrié and Dr Kamyar Hedayat, strengthening the international Endobiogeny community.

In conclusion, the evolution of herbal medicine and Endobiogeny in Tunisia is marked by significant diversification and expansion in the educational, literary, research and community fields. These developments reflect a growing recognition of the importance of natural and personalized approaches to health, responding to a need for safer treatments more in tune with the physiological principles of the human body.

MZ: How have you adapted your practice to these changes?

NZ: I started with extemporaneous prescriptions by physicians using mother tinctures and gemmotherapy. My first personalized preparation was a blend of four mother tinctures for an ophthalmic allergy:

Ribes nigrum, Rosa canina, Fumaria officinalis and Viola tricolor.

The results were spectacular, and the symptoms disappeared and only reappeared in a much more attenuated form 3 years later when the patient came back to ask me to do the preparation again.

This success prompted me to dig even deeper, alternating herbal medicine and homeopathy, and investing even more time in studying patients' individual situations.

Another success I had was with a 30c (homeopathic) preparation made from the menses of a young patient who was hospitalized every time she had her period because of the intense pain she suffered during menstruation.

After administering the preparation sublingually for a month, the patient didn't even notice the onset of menstruation the following month.

The result was truly spectacular!

It has to be said that I was rather inclined towards phytotherapy, I certainly had good results with homeopathy but I put it to one side in favor of phytotherapy and it's thanks to the discovery of Dr

Duraffourd's works and those of Dr Lapraz and Dr Kamyar, which are perfectly aligned with my approach in the personalization of treatments offered to my patients, that I was able to optimize my formulas and obtain better results.

My advice preparations have evolved in this direction, which has enabled me to make two successful bets.

The first was a patient with 30 years of psoriasis who had refused all allopathic treatments, and the second was a case of hemorrhagic ulcerative colitis in a young woman in her forties who was allergic to Pentasa and salazopyrin.

The results were beyond expectations: the psoriasis was completely cured, and the UC was stabilized, with no further flare-ups. It's also worth noting that both patients were educated to follow a healthier lifestyle, particularly in terms of diet.

MZ: What was your first impression when you discovered Endobiogeny, and how did you integrate it into your daily practice?

NZ: I was really impressed by this way of looking at the patient as a whole and taking into consideration the different interactions he might have with his environment, his life history since conception or even before!

Most impressive was the discovery of the harmony and synchronization between the different endocrine axes managing the terrain and the power of the neurological system to ingeniously orchestrate these different axes in both health and disease.

The most spectacular thing is to finally understand that chronic illness (an adaptative state) is seen as a state of equilibrium enabling the body to conserve its resources, even if the level of activity of certain hormones are not optimal.

I was equally impressed by the endobiogenic medical examination, this way of mapping the body to have an almost exact idea not only of the present state of the neuro-endocrine terrain and emunctories, but also to give us a kind of retrospective report of the events undergone by the

body before the advent of the pathology that is the subject of the consultation.

Having said that and given the diversity of information and the complexity of the human body, I don't deny that sometimes certain details escape me and that I opt in this case to reconsult the works in my library or to discuss slightly "complex" cases with my fellow endobiogenist doctors.

MZ: How do you see the importance of Endobiogeny in the evolution of herbal medicine?

NZ: As a medical discipline, Endobiogeny represents a significant advance in the use of dietary supplements and herbal preparations. This innovative approach offers an in-depth perspective on the complexity inherent in the action of medicinal plants. When judiciously selected and applied, these plants act synergistically and simultaneously on various levels of the organism. They address physiological imbalances in a regulatory way, working in harmony with the body's natural physiology, rather than simply replacing failing functions. This method makes it possible to treat not only the symptoms, but also the underlying causes of pathologies.

Faced with the challenges posed by allopathic drugs, particularly in terms of side effects and therapeutic limitations, Endobiogeny offers a complement to conventional treatments. This approach aims to reduce dependence on synthetic drugs and, in some cases, avoid them altogether. Endobiogeny is integrated into medical practice at three strategic levels:

- **Symptomatic:** Phytotherapy is used in a similar way to allopathic medicines for immediate symptomatic relief.
- **Clinical:** The traditional and empirical use of plants is validated by rigorous scientific research, reinforcing the scientific approach and effectiveness of phytotherapy.
- **Endobiogenic:** The plant *totum* is considered as a synergistic system that integrates into the individual's faulty physiological system to re-harmonize it.

This approach takes into account the complex interaction between the plant's various components and the body's biological systems, promoting holistic, integrated action.

Endobiogeny, with its innovative approach that respects human physiology, offers a promising perspective for the evolution of herbal medicine. Not only does it enable symptoms to be treated effectively, it also tackles the root causes of physiological imbalances, offering a lasting, less invasive solution for the patient. This approach represents a significant evolution in the way medicine is conceived and practiced, with an emphasis on prevention, personalized treatment and the judicious use of natural resources for the well-being of patients.

MZ: Can you share with me a particularly difficult case where phytotherapy and Endobiogeny played a key role in the healing process?

NZ: A case that perfectly illustrates the impact and efficacy of Endobiogeny coupled with phytotherapy concerns a patient with stage III endometriosis. At this advanced stage, conventional therapeutic options are limited and focus mainly on pain management with analgesics, anti-inflammatories, and antispasmodics, complemented by hormonal treatments which are not without risks. As a last resort, a hysterectomy may be considered if previous treatments fail.

Faced with this situation, I developed an endobiogenic therapeutic protocol targeting four main objectives to address the disease in a holistic and personalized manner:

1. Rebalancing the immune and inflammatory balance, given that endometriosis is characterized by chronic inflammation, it was essential to modulate the immune system to reduce inflammation.
2. Drainage and liver support, with correction of any intestinal permeability; as we all know, the liver plays a crucial role in hormone regulation and detoxification.

Liver support, accompanied by correction of intestinal permeability, was necessary to improve overall treatment efficacy and correct any low-grade inflammation.

3. Correction of the corticotropic and thyroid axes: based on the patient's history as well as a study of her terrain and temperament among other things, rebalancing these two axes is an imminent step in the therapeutic process.
4. Rebalancing estrogen and androgen levels: Endometriosis is influenced by sex hormones, so adjusting this ratio was fundamental to alleviating symptoms.

To achieve these objectives, several medicinal plants were used:

- Turmeric (*Curcuma longa*)
- Milk thistle (*Silybum marianum*)
- Lemon balm (*Melissa officinalis*)
- Boswellia (*Boswellia serrata*)
- Licorice (*Glycyrrhiza glabra*)
- Peony (*Paeonia lactiflora*)
- Chaste tree (*Vitex agnus-castus*)
- Stinging nettle (*Urtica dioica*)
- Yarrow (*Achillea millefolium*)

The results were very encouraging. Inflammation was significantly reduced after ten days, and pelvic pain began to subside as early as the third week of treatment. We are planning a three-month course of treatment, after which ultrasound and biological tests will be carried out to assess progress more accurately. The degree of relief felt by the patient is very promising, illustrating the effectiveness of the endobiogenic and phytotherapeutic approach in the treatment of complex conditions such as endometriosis.

MZ: How do you approach educating and counseling patients who are discovering herbal

medicine and Endobiogeny for the first time, and how has the relationship with your patients evolved thanks to your approach to herbal medicine and Endobiogeny?

NZ: In my practice, the initial approach consists of subtly assessing the patient's openness to the idea of herbal treatment. Once they've agreed, I take the time to explain the benefits of herbal medicine. I explain that plants, being living beings like us, can offer effective and harmonious therapeutic solutions, with a reduced risk of side-effects compared to traditional allopathic treatments.

I go on to point out that, from the moment we're conceived, our bodies are designed to interact with and take advantage of everything we encounter, be it external events or our own choices and thoughts. I make him understand that our ability to manage the stress generated by these interactions diminishes over time, revealing pre-existing vulnerabilities that can eventually express themselves in the form of disease. These illnesses, which reflect an imbalance, can be rebalanced through the judicious use of plant *totums*, characterized by their synergy and balance.

The simplified explanation of the origin of his illness, the identification of certain character traits linked to his neuroendocrine profile, and the clarification of the reasons why certain plants are chosen for his treatment reinforce the patient's confidence. This in turn motivates them to follow treatment instructions scrupulously and adhere fully to the therapeutic protocol.

This personalized, educational approach consolidates the bond of trust with my patients, who feel encouraged and supported in their healing journey. It's not uncommon for my patients, satisfied with the improvements they've seen, to come back to me to share their satisfaction and recommend my advice to friends or acquaintances looking for solutions to persistent symptoms or syndromes. This positive dynamic bears witness to the effectiveness and relevance of the Endobiogenic and phytotherapeutic approach to managing health and well-being.

MZ: What do you think are the most common misconceptions about herbal medicine and Endobiogeny, and how do you try to dispel them?

NZ: Preconceived ideas about herbal medicine and Endobiogeny vary considerably from region to region and from culture to culture. In Tunisia, for example, phytotherapy enjoys relatively wide acceptance due to its integration into traditional medical practices and its administration by health professionals. This has reinforced a sense of authenticity and trust in these treatments. Historically, phytotherapy prescriptions often began with treatments for children, in parallel with homeopathy, using mother tinctures and gemmotherapy glycerin macerates of buds, among others. These treatments have provided an interesting alternative where allopathic treatments have failed, not least because of the excipients present in many conventional medicines.

Despite growing acceptance, herbal medicine and Endobiogeny face certain preconceived notions that may restrict their wider adoption. Among these perceptions, the predominant belief is that these approaches are less effective due to their longer duration of action and often higher cost than conventional allopathic treatments. To counter these preconceived ideas, I adopt an educational and transparent approach, built around several axes:

- **Education and awareness:** I am committed to informing patients about the fundamentals of Endobiogeny and the specific mechanisms of action of medicinal plants. This approach aims to shed light on why these treatments require a longer time to take effect, highlighting their role in regulating and rebalancing the body's terrain, rather than in the immediate suppression of symptoms. The aim is to provide an in-depth understanding of the holistic and systemic approach of these treatment methods.
- **Cost-effectiveness analysis:** I explain in detail how, despite a potentially higher initial investment, phytotherapy can

prove more profitable in the long term. Indeed, by reducing the frequency of relapses and significantly improving patients' quality of life, these treatments offer undeniable added value.

- **Sharing Success Stories:** I share therapeutic success stories from my own experience and that of my fellow pharmacists and endobiogenists. By sharing concrete examples of significant cures and improvements achieved through herbal medicine and Endobiogeny, I help to change people's perception of their efficacy and therapeutic value.

By adopting this multidimensional approach, I strive to dispel preconceived ideas and promote a better understanding and acceptance of herbal medicine and Endobiogeny, highlighting their potential as complementary and integrative care modalities, respectful of each patient's unique physiology.

By addressing these misconceptions in a proactive and educational way, I work to build confidence and acceptance of herbal medicine and Endobiogeny as valid and effective treatment options.

MZ: What were the major challenges you faced as an endobiogenist pharmacist? How did you overcome these challenges?

NZ: As a pharmacist-endobiogenist, I've faced several major challenges, mainly linked to the complexity of Endobiogeny and its integration into conventional pharmaceutical practice. Endobiogeny takes a detailed and in-depth approach to the neuroendocrine system, viewing the organism as a set of interconnected systems. This approach differs significantly from initial pharmacy training, which often presents the organism as a set of distinct, independent systems.

To overcome these challenges, I had to revisit my training, focusing more on the subtle interrelationships between the various components of the body, from atom to system, as well as interactions with the environment and the patient's history. This involved a reassessment of traditional

physiology to embrace a more holistic and systemic vision, in line with the principles of Endobiogeny.

Another major challenge was to introduce this innovative approach to my patients, who were often skeptical, not least because of the associated costs. To encourage adoption of this new model of care, I initially offered the first service free of charge, or proposed the treatment at a token price. My aim was to enable patients to test the efficacy of the therapeutic protocol for themselves.

This strategy proved successful, as patients often returned cured or with significant improvements, reinforcing their confidence in the care provided and their adherence to the concept of endobiogenic treatment. Over time, many of my patients began to favor phytotherapeutic treatments for the day-to-day management of their health, reserving allopathic drugs for extreme emergencies.

These experiences have strengthened my conviction that Endobiogeny, although complex and requiring a different approach to traditional medicine, offers a valuable pathway for the holistic treatment of patients. By educating and actively involving patients in their care, it is possible to overcome initial obstacles and make significant progress in promoting health and well-being.

MZ: Is there a specific anecdote where herbal medicine provided an unexpected solution to a health problem and what impact it had on the patient's life?

NZ: One of the most memorable cases in my career as an endobiogenist pharmacist concerns a 48-year-old patient, a keen handball player, who was suffering from chronic osteoarthritis of the knee. Despite his young age and active lifestyle, he was faced with persistent joint pain that seriously hampered his ability to play his favorite sport and lead an unrestricted daily life.

After exploring various treatment options with no notable success, the patient turned to herbal medicine in the hope of finding relief. Just one month after starting the phytotherapeutic treatment we had carefully devised, the patient

returned to the pharmacy, walking with remarkable ease. He was visibly moved and grateful for the dramatic improvement in his condition.

In a gesture of deep gratitude, he asked for a piece of paper and wrote: "Mr Z.B hereby attests that only Mr Nejib Zghidi and phytotherapy have finally cured my osteoarthritis problem!". To receive such recognition from a patient was for me a moment of immense pride, equivalent to receiving an Olympic medal. This event not only reinforced my belief in the potential of phytotherapy as a viable therapeutic alternative, but also underlined the importance of a personalized approach in the treatment of chronic conditions.

This case illustrates eloquently how phytotherapy, when applied with discernment and expertise, can offer unexpected and profoundly transformative solutions to health problems, changing patients' lives in significant ways.

MZ: What advice would you give to young pharmacists or students interested in specializing in herbal medicine and Endobiogeny?

NZ: For young pharmacists or students planning to specialize in herbal medicine and Endobiogeny, it's essential to develop a solid theoretical and practical foundation.

1. You need to make sure you understand the fundamental disciplines such as physiology, endocrinology and pharmacognosy. These fields are crucial to understanding how plants interact with the human body and how the organism reacts and adapts to different events.
2. Engage in the reading of reference works on Endobiogeny and phytotherapy. Texts such as [*The Theory of Endobiogeny*](#) are essential for acquiring a thorough understanding of the principles and applications of this approach.
3. In addition to theoretical study, it is important to develop critical thinking skills by examining current research on plants and natural active ingredients. This

will help assess the efficacy and safety of different phytotherapeutic interventions.

4. Enroll in specific courses on clinical phytotherapy and Endobiogeny. These programs are essential to master the basics of Endobiogeny and to start building your professional network with other enthusiasts of this discipline. I'm referring, of course, to the master's degree in "clinical phytotherapy and Endobiogeny" at the Faculty of Pharmacy in Monastir, under the supervision of the Tunisian medicinal plant association.
5. When it's time to start practicing, keeping a detailed diary of the various prescriptions is essential. The patient's symptoms are noted, as well as the reasons for the choice of plants, the forms of raw materials used, and the synergies between plants. This documentation will help monitor progress and adjust treatments as necessary.
6. Follow-up is crucial for evaluating treatment efficacy and adjusting interventions according to patient response. Regular follow-up reinforces patient adherence to treatment and provides valuable outcome data.
7. Above all, don't overlook the importance of talking to peers and seeking advice from more experienced experts. You should also actively participate in seminars, scientific days and international congresses to keep up to date with the latest advances in the field.
8. Finally, to approach this specialization with passion and determination. A career in herbal medicine and Endobiogeny requires ongoing commitment and a willingness to learn and constantly improve.

By following this advice, any young pharmacist will be well equipped to excel in the field of herbal

medicine and Endobiogeny, thus contributing to the advancement of more integrative medical practices that respect the complexity of the human body.

MZ: How do you see the future of herbal medicine and Endobiogeny in today's healthcare system?

NZ: The future of phytotherapy and Endobiogeny looks very promising, particularly in Tunisia, where the Monastir Faculty of Pharmacy has been offering a master's degree in Endobiogeny and clinical phytotherapy for almost 40 years. This program has contributed to a steady increase in the number of practitioners trained in Endobiogeny, enriching the Tunisian medical landscape with diversified and specialized skills.

On the patient side, we are seeing a growing tendency to favor phytotherapy and homeopathy before resorting to allopathy, the latter often being reserved for medical emergencies. This shift in patient preferences reflects a growing confidence in the more natural, personalized approaches of Endobiogeny, which are gradually gaining ground.

In addition, many general practitioners in Tunisia have graduated in clinical phytotherapy, reinforcing

their ability to integrate Endobiogeny into their daily practice. Their competence as endobiogenic physicians is now recognized by the professional order, testifying to the growing integration of this specialty into the healthcare system.

However, there are challenges to overcome, not least the high cost of treatment, particularly when protocols extend beyond 18 months, and the limited availability of certain plants or galenic forms, such as mother tinctures. To address these issues, it would be beneficial to integrate these preparations into the healthcare coverage system and encourage local cultivation and development of the necessary raw materials. This could not only make treatments more accessible, but also stimulate the local economy through the development of a sustainable herbal medicine industry.

In conclusion, the future of herbal medicine and Endobiogeny in Tunisia and elsewhere looks promising, with significant opportunities for deeper integration into healthcare systems. However, to realize its full potential, it is crucial to continue developing strategies to overcome current economic and logistical challenges. ✱

About the Interviewer

Dr. Manel Zghidi holds a doctorate of Pharmacy, from Faculty of Pharmacy, Monastir, Tunisia. She also holds a master's degree in phytotherapy and cosmetic marketing. She currently lives and works in Montreal, Canada. Her love of medicinal plants was instilled at an early age by her father, also a pharmacist. She has served as medical director of her family supplement company where she has brought endobiogenic thinking to product development. Her three great teachers in endobiogeny and medicinal plants are Dr. Duraffourd, Professor Chemli and Dr. Hedayat. Her goal is to continue their work in making endobiogeny accessible and applicable worldwide, for the benefit of mankind.