

# LIVING SYSTEMS: AN ENDO BIOGENY PERIODICAL

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**CLINICAL ENDO BIOGENY**

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*The Letter* by Haynes King, 1872

## ART OF THE HISTORY

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*"In each separate thing that you do consider the matters which come first, and those which follow after, and only then approach the thing itself."*—Stoic philosopher Epictetus, *Discourses*, Book 3, Chapter 15, pp. 101, WA Oldfather, Loeb Classical Library

**SUMMARY:** The practice of Endobiogeny involves three stages of evaluation: taking a detailed patient history, a physical examination, and analyzing blood results. The historical intake is interactive, involving strategic questioning and compassionate listening. Each stage provides distinct data that, when combined, give a comprehensive understanding of the patient's condition. Signs and symptoms are validated through blood analysis to determine precise treatments. This approach identifies and addresses autopathogenic axes based on illness patterns related to embryologic origins and recurrence of related illnesses. Temperament, personality, and trauma history are evaluated to understand the patient's adaptive responses and physiological state, guiding the development of personalized treatment strategies.

### Introduction

The clinical practice of Endobiogeny is based on three levels of evaluation: 1-*Listening* to the patient, 2-*Examining* the patient, and 3-*Studying* the patient's blood results (biology of functions). The history is that which comes first. That which comes after is the treatment. When you start with a thorough history, you arrive at a precise

treatment.

The historical intake is more than a compilation of facts. The endobiogenist is not a stenographer or scribe! Create a space for the history to *unfold* through a dynamic process: 1-*strategic questioning* that invites answers, and 2-*compassionate listening* that flourishes

	Temperament			
	Para	Alpha	Beta	Spasmophilic
Ease of care	Easy baby	Sensitive, demanding	Full of energy	Irritable, hard to console
Sleep architecture	Good and long sleeper	Hard to settle down, Awakes frequently	Tosses and turns, kicks off covers	Irregular sleep patterns
Bowel pattern	Stools frequently, passes soft stools	Constipated, passes hard stools	Frequent or rapid passage of stool	Colicky, irregular consistency or frequency of stool

Table 1: Temperament of the infant by autonomic tendencies

connection. The endobiogenist avoids categorical thinking while seeking the highest probability of certainty. This occurs where the history, examination and blood evaluation have the greatest overlap.

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#### CLINICAL PEARL: CORROBORATION OF SIGNS, SYMPTOMS AND BIOLOGY OF FUNCTIONS

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Each level of the evaluation offers unique *and* overlapping data that must be integrated into the final assessment of the Endobiogenic terrain of the patient. Each sign and each symptom must be contextualized and corroborated with other signs and symptoms before a final conclusion is reached. For example, if the patient says they have vivid dreams at night, look for signs of elevated TRH on physical examination (e.g., eyelid flutter after glabellar tap, brisk deep tendon reflexes) and elevation of the various indexes or labs related to TRH (CA 19-9, Thyroid relaunching corrected, TRH/TSH index, Hypothalamo-metabolic implication, DNA fracture, etc.). From this, one can conclude if the elevated TRH is nocturnal and/or diurnal, central and/or peripheral, metabolic, endocrino-metabolic, etc. From this, one can determine what type of anti-TRH plant to use and if it should be given during the day, before bed or both.

[Editor's note: For example, centrally over-active TRH is expressed with rumination of traumatic

memories, vivid dreams and nightmares. In this case, a gemmotherapy preparation of the plant

*Viburnum lantana*, Lithy tree, would be appropriate. If the TRH activity is systemic, meaning peripheral with or without central activity, there are two options. If there is

increased pain sensitivity, muscle tremors, or cardiac dysrhythmias, it would favor *Leonurus cardiaca*, motherwort. If, the symptoms are systemic with a stronger neuro-pancreatic profile (inflammation, difficulty digesting certain foods, tangential thinking, catastrophization) then *Fabiana imbricata* (Pichi) would be more apropos.]

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#### CLINICAL PEARL: RECOGNIZING AND TREATING THE AUTOPATHOGENIC AXIS

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The autopathogenic axis requires longer duration of treatment and/or higher dosing during treatment. Learn to recognize the autopathogenic axis in three ways: (1) a pattern of illness related to a common embryologic origin, (2) first disturbance occurring at an age related to that axis, (3) recurrence of the same illness or other related illnesses throughout of time. For example, the thyrotropic axis is predominant from 2 to 7 years of age. The associated embryologic tissue is ectoderm: skin, nervous system, pituitary, T4, and adrenaline. If an adult presents with a history of seizure that

started at 5 years of age, psoriasis at 22, Hashimoto's thyroiditis at 42 and pituitary cyst at 56, it is quite clear that the thyrotropic axis is the pathogenic axis. A TRH inhibitor such as *Fabiana imbricata* is clearly indicated. In such a patient, the dose and frequency may be 1.5-3ml 2-4 times per day. In contrast it will be 1-2ml 2-3 times per day in a patient for whom the thyrotropic axis is implicated but not autopathogenic.

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### TEMPERAMENT, PERSONALITY AND PHYSIOPSYCHOLOGY

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**Temperament is the reactionary modality of the genetic heritage.** It's how one reacts to demands for adaptation (Table 12). Evaluate temperament from infancy onward to determine the trajectory of development. For example, a parasympathetic predominant infant

who develops spasmophilia or beta-sympathetic predominance, will need both the basic and reactive expressions of temperament treated. Consider a 4-year-old boy with enuresis (parasympathetic) who tosses and turns in bed (beta-sympathetic). A plant such as *Crataegus oxyantha* is a beta-adaptogen and through its digestive properties can indirectly reduce over-solicitation of parasympathetic for digestion.

**Personality refers to acquired, developed, or cultivated traits.** Traits are constellations of qualities based on intrinsic and reactive

### Reference

1. Hedayat KM, Lapraz JC, Schuff B. The Theory of Endobiogeny Volume 4: Bedside Handbook. Elsevier, 2020. (pages 35-41)

### About the Author

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expressions of temperament and neuroendocrine factors. Intangible aspects of personality are beyond the scope of contemporary science. Personality is not fixed like temperament but does tend to be durable unless a person consciously attempts to alter it. The link between neuroendocrine function and personality, we refer to as **physiopsychology**. The history, exam and biology of functions can all attest to the physiopsychological state of the patient.

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### TRAUMA HISTORY

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Adverse childhood events (ACE) are highly correlated with long-term mental and physical health issues and have a significant impact on health issues. The general endobiogenist is not expected to treat or manage trauma. However, inviting a discussion helps contextualize severity of symptoms and number of systems affected, and informs the treatment to include referral for professional treatment. **The endobiogenist is encouraged to do 3 things when encountering ACE's:** 1-Ask the patient how they were and are affected by the event(s), 2-Evaluate the prior and current physiologic impact of the events on the terrain, 3-Determine if professional intervention may be needed to support the amelioration of the adaptative terrain. ACE affects the trajectory of physiopsychology. \*