

*An Insight  
Into Plants*

**Volume-I**

**Rajan Sankaran**

# **AN INSIGHT INTO PLANTS**

**Volume I**

by

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## INTRODUCTION

### **Insights into the Plant Kingdom**

The practice of homoeopathy is not easy. Perhaps one factor that makes it difficult is that Homoeopathy is probably one of the very few, if not the only, scientific disciplines which has a method of identification that begins with specifics, rather than going from the broad to the narrow. Each patient's state is to be identified into a remedy state. And this is done through symptoms alone.

When trying to identify the remedy for a patient, very often homoeopaths will go by specifics only. I sometimes joke that if the same procedure were to be followed for others things it should be something like this: We start with three features of a thing to be identified, say... black... big.... moving. One person says, "Oh, I know! It's an elephant!" A second one identifies it as a black cloud, while a third is sure that we are talking of a steam engine. It is therefore no wonder that when it comes to prescribing the homoeopathic remedy for a patient there will be as many suggestions as there are homoeopaths.

Normally, a scientific discipline should ask - is it a living or a non-living thing? If living, is it a plant or an animal? If animal, is it a mammal or a snake? etc. And then if it is a mammal the black and big and moving narrows our choice down to two or three. Then we can go on to asking more specific questions to differentiate further. Similarly, our task would be made much easier if we were able to follow a system rather than a random search throughout the *Materia Medica* - a jungle in which we can easily get lost without maps and signposts.

My search for such a map took me in two directions. Firstly the classification of states (patients' states, as well as remedy states) into miasms, based on the pace, rapidity, and especially upon the level of desperation: the psoric miasm being the least and the syphilitic the most desperate. This kind of understanding of states helped me a lot in differentiating between remedies that may seem similar to each other on

## DEVELOPMENT OVER THE LAST TWO YEARS

### Laws and Corollaries

The philosophy and cases in this book are based on certain concepts, which have been derived from practice over the last two years.

The first of these is: ***Sensation and action are equal and opposite.***

This means that our actions tend to correspond to what we perceive as happening to us. For example if one perceives something as an insult then one would want to react by insulting. One may perceive the insult mentally or physically. Or if a person feels he is being injured then he would want to injure in return, and in the same degree that he perceives the injury; he may not necessarily put this into action but this will be his natural tendency.

This is obvious in the case of remedies like *Mercurius* and *Platina* where one finds symptoms of homicidal impulses, and at the same time a strong fear of being killed. So one can see that the desire to kill is equal and opposite to the sensation or fear that he will be killed. Going back to the earlier example of perceived insult, the remedy *Staphysagria* has the feeling of indignation and insult, and at the same time there is also the symptom, *Delusion, humility and lowness of others, while he is great.*

Such opposites in sensation and action can be found in the symptomatology of many remedies, but this concept (***Sensation and action are equal and opposite***) is most useful in those remedies where provings or clinical cases have yielded only one part: either the action or the sensation. In many remedies one finds only the actions without the corresponding sensation or delusion. Here, the idea can be applied directly: if there is an action the sensation must be equal and opposite. Likewise, in the case of a remedy where only the sensation is known one can say that there must be an equal and opposite action. Sensation and action are like two sides of the same coin.

## **A New Approach to Case Taking**

### **The Old Approach**

In "The System of Homoeopathy" I explained that an ideal case had four steps, which could be likened to four spheres each within the other and with a common centre. Each successive sphere was therefore one step closer towards the central state of the patient. With each step one obtained finer and more specific data till one finally reached the central point where the deepest mental and physical sensations, the miasm and the kingdom all converge to a sharp focus. This is the patient's delusion.

With this approach, one lets the patient describe his problem: physical or emotional, and while the patient was allowed to speak the physician's focus would be on picking up peculiar symptoms and on getting to the bottom of the Mental State. The emphasis therefore was mainly on understanding emotional phenomena. Often this proved a difficult and confusing task, especially when one got lost in the story, rather than understanding the patient's feelings.

### **The concept of Vital Sensation**

As I made progress with my study of the plant families I realized that the concept of the common sensation (refer Introduction) was not just confined to the plant kingdom. In the case of disease and remedy states from all kingdoms one can perceive this common sensation both, as a physical sensation as well as on the emotional sphere. With the old approach there had been a lot of emphasis on the mind state and mental symptoms. Having discovered the concept of the common sensation however I realized that the central state was not merely an emotion or feeling, but was this common sensation that connected the mind and the body. I call this common sensation the *Vital Sensation* as it is something deeper to the mind and body.

What is the level is deeper to the mind and body? That is what I call the Vital Level. I used to think that the centre of the Mental State was the deepest point that we could reach, but I realized that the Vital Level is a

## A sample list of questions for Sensation

A seminar participant (Kathy Dhalke) drew up this list of questions from one video case being shown. Although it relates to an actual casetaking, a sense of how the questioning proceeds in general can be gleaned.

It is interesting to note that the questions are 'open' and also how the patient is allowed to lead the way: the physician recapitulates the peculiar word and asks the patient to continue on the path.

Like climbing down a ladder, each subsequent word is used as a rung to climb down deeper and deeper. A particular level is thoroughly examined until a firm footing is established before proceeding to the next level down. Whenever the patient slips back, there is a gentle prodding onwards, deeper.

The words repeated back to the patient are *exactly those that the patient has used*.

Tell about the problem (*chief complaint*).

The (*repeating the patient's same words exactly*) troubles you, bothers you, right?

How does it bother you?

Describe this (*repeating their last words exactly*).

Describe it more, the sensation.

How does it feel?

Describe this (*repeating the patient's words*) feeling a little more.

What is the sensation that (*repeating the patient's words*)?

When you say (*their last words*), what do you mean?

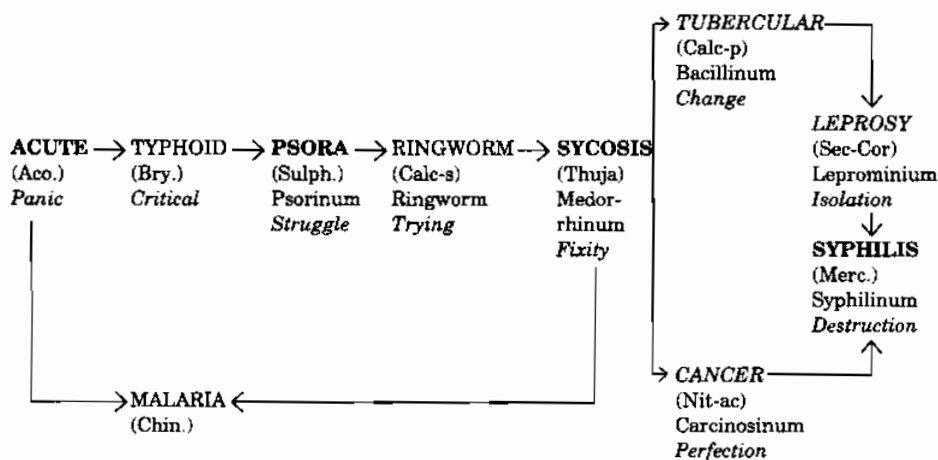
Describe the sensation of (*repeating the exact the words of the patient*).

How does (*their words*) feel?

## MY CONCEPT OF MIASMS

Since this book depends heavily on the concept of miasms, I thought it necessary to incorporate a summary of the miasms. What follows is a short summary of each miasm, key words of the miasm, and a chart explaining various aspects of each miasm. It also contains a study of miasms using the repertorial search, similar to the study/derivation of the plant families. For the detailed understanding of miasms the reader can refer to, "The Substance of Homoeopathy" and "The System of Homoeopathy".

### THE MIASMATIC SPECTRUM



#### Acute miasm:

The feeling is of an acute threat and the reaction is strong and instinctive.

Some remedies: *Aconitum*, *Belladonna*, *Stramonium*, *Veratrum-album*, *Arnica*, *Croton-tig*, *Chocolate*

Note: I had earlier classified *Hyoscyamus* as belonging to the acute miasm. With my further work on miasms I classified it as a typhoid miasm remedy.



**ANACARDIACEAE**  
(Cashew family)/(Poison Ivy Family)

**REMEDIES**

Anacardium orientale	(Marking nut) (Anac)
Anacardium occidentale	(Cashew nut) (Anac-oc)
Comocladia dentate	(Guao)
Karaka	(Kopi tree)
Mangifera indica	(Mango)
Rhus aromatica	(Fragrant Sumach)
Rhus diversiloba	(Californian poison oak)
Rhus glabra	(Smooth Sumach)
Rhus toxicodendron	(Poison oak)
Rhus radicans	
Rhus venenata	(Poison Sumac)
Schinus molle	(Chilli pepper)

**COMMON REMEDIES**

Anacardium  
Comocladia  
Rhus-tox

**DERIVATION**

What is the connection between members of this family? The main remedies are Anacardium, of which the mind symptoms are quite well known, and Rhus-tox, of which the physical symptoms are more familiar.

Using MacRep, we listed all the remedies of the Anacardiaceae family, and searched for rubrics of fewer than 50 remedies containing at least

## BERBERIDACEAE

(Barberry Family)

### REMEDIES

Berberis vulgaris	(Barberry)
Berberis aquifolium	(Oregon Grape)
Podophyllum peltatum	(wild Lemon)
Caulophyllum thalictroides	(Blue Cohosh)

### DERIVATION

A search of the Repertory revealed the following symptoms in common (Mac-Repertory)

Female; pain; General; ovaries; extending to; inguinal region  
(7<sup>th</sup> symptom)

Stool; changeable (10<sup>th</sup> symptom)

Female; pain; General; ovaries; extending to; thighs (39<sup>th</sup> symptoms)

From this set of symptoms it is clear that on one side there is *change in location* and another side *is change in character of symptoms*.

The next task was to see how this idea was represented in each remedy.

Starting our study with **Berberis Vulgaris** we found the following symptoms

“Rapid changes of symptoms – pains change in regard to place and character” (Boericke)

“Pains rapidly change their locality and character.” (Phatak)

“Change of: complaints, rapid.” (Boger Boenninghausen Repertory)

Also **Berberis Vulgaris** has,

General: lower limbs: thighs: weather: change of, from.  
(Complete).(1)

Urine: changing in appearance (Complete) (1)

## CACTACEAE

(Cactus family)

### REMEDIES

Anhalonium lewinii	(Mescal button, Peyote)
Cactina	(Alkaloid)
Cactus grandiflorus	(Night-blooming Cereus)
Carnegia gigantea	(Cereus Giganteus)
Cereus bonplandii	(Nachtbluhender Cereus)
Cereus serpentinus	(Haw)
Opuntia vulgaris	(Common Indian Fig)

### COMMON REMEDIES

Anhalonium lewinii  
Cactus grandiflorus  
Cereus bonplandii

### DERIVATION

What is the connection between these three remedies? At first sight there seems no connection between what we know of **Cactus**, the typical heart remedy especially for angina-like pains, and the spacey **Anhalonium**.

There is no appropriate superorder to refer to so I started my study with **Cactus grandiflorus**, which is quite well known, at least at a physical level.

Phatak's Materia Medica states under Generalities:

“Chief action of Cactus centres around the HEART and CIRCULATION. It affects the circular muscles, thereby producing CONstrictions; of the heart, throat, chest, bladder, rectum,

**COMPOSITAE**  
(Asteraceae, daisy family)  
(Sunflowers)

**REMEDIES**

Abrotanum	(Lady's Love)
Absinthium	(Common Wormwood)
Ambrosia	(Ragweed, Roman Wormwood)
Anthemis nobilis	(Roman Chamomile)
Arnica montana	(Leopard's-bane)
Artemisia vulgaris	(Wormwood, Mugwort)
Bellis Perennis	(Daisy)
Brachyglottis repens	(Puka Puka)
Calendula	(Marigold)
Carduus benedictus	(Blessed Thistle)
Chamomilla	(Chamomilla matricaria)
Cina	(Wormseed, Artemisia Maritima)
Echinacea angustifolia	(Purple cone flowers)
Erigeron	(Canada Flea-bane)
Eupatorium perfoliatum	(Bone set)
Eupatorium purpureum	(Trumped weed)
Gnaphalium	(Ever lasting)
Grindelia	(Grindelia Robusta and Squarrosa)
Inula helenium	(Elecampane, Scabwort)
Lactuca virosa	(Poison Lettuce)
Lappa arctium	
Millefolium	(Yarrow)
Senecio aureus	(Golden Ragwort)

## CONIFERS

### FAMILIES BELONGING TO CONIFERS

Taxaceae

Cupressaceae

Toxodiaceae

Pinaceae

### REMEDIES

<i>Abies canadensis</i>	(Hemlock Spruce)
<i>Abies nigra</i>	(Black Spruce)
<i>Agathis Australis</i>	(Kauri)
<i>Cupressus australis</i>	(Australian Cypress)
<i>Juniperus virginians</i>	(Red Cedar)
<i>Juniperus communis</i>	(Common Juniper)
<i>Pseudotsuga menziesii</i>	(Douglas Fir)
<i>Sabina</i>	(Juniperus Sabina)
<i>Sequoia gigantea</i>	(Giant Sequoia, Sierra Redwood)
<i>Sequoia sempervirens</i>	(Redwood)
<i>Taxus baccata</i>	(Yew)
<i>Taxus brevifolia</i>	(Pacific Yew)
<i>Thuja occidentalis</i>	(Arbor vitae)
<i>Thuja lobbi</i>	(Red Cedar)

### OTHER REMEDIES

Pix-liquida (Pine tar) (A product of dry distillation of various conifers).

Terebinthina (Oil of turpentine) (Present in most of the conifer plants).

## **EUPHORBIACEAE**

(Spurge family)

### **REMEDIES**

<i>Acalypha indica</i>	(Indian nettle)
<i>Cascarilla</i>	(Sweet bark)
<i>Cassada</i>	
<i>Croton tiglium</i>	(Croton oil seeds)
<i>Euphorbium</i>	(Gum Euphorbium)
<i>Euphorbia amygdaloides</i>	(Wood spurge)
<i>Euphorbia corollata</i>	(Large flowering spurge)
<i>Euphorbia hypericifolia</i>	(Large spotted spurge)
<i>Euphorbia heterodoxa</i>	(Alveloz)
<i>Euphorbia ipecacuanha</i>	(Ipecacuan spurge)
<i>Euphorbia lathyris</i>	(Caper spurge)
<i>Euphorbia peplus</i>	(Petty spurge)
<i>Euphorbia pilulifera</i>	(Pill-bearing spurge)
<i>Euphorbia prostata</i>	
<i>Hura brasiliensis</i>	(Sand box)
<i>Jatropha curcus</i>	(Purging nut)
<i>Jatropha urens</i>	(Spurge nettle)
<i>Kamala</i>	(Croton coccineus)
<i>Mancinella</i>	(Manganeel Apple)
<i>Mercurialis perennis</i>	(Dog-mercury)
<i>Ricinus communis</i>	(Castor oil bean)
<i>Stillingia sylvatica</i>	(Queen's root)

**HAMAMELIDAE**  
(Walnut Family / Bayberry family)

**REMEDIES**

<i>Alnus glutinosa</i>	(Alder)	(Betulaceae)
<i>Betula alba</i>	(Birch)	(Betulaceae)
<i>Cannabis indica</i>	(Marijuana, Hashish)	(Cannabaceae)
<i>Cannabis sativa</i>	(Hemp)	(Cannabaceae)
<i>Carya alba</i>	(Shagbark hickory)	(Juglandaceae)
<i>Castanea vesca*</i>	(Sweet chestnut)	(Fagaceae)
<i>Fagus sylvatica*</i>	(Beech)	(Fagaceae)
<i>Hamamelis virginica</i>	(Witch hazel)	(Hamamelaceae)
<i>Juglans cinerea</i>	(White walnut, Butternut)	(Juglandaceae)
<i>Juglans regia*</i>	(Nux juglans, Walnut)	(Juglandaceae)
<i>Myrica cerifera</i>	(Bayberry)	(Myricaceae)
<i>Quercus robur*</i>	(Oak)	(Fagaceae)
<i>Quercus e glandibus</i>	(Oak - acorn)	(Fagaceae)
<i>Urtica urens</i>	(Small nettle)	(Urticaceae)

**Bach flower remedies (no proving picture)**

Hornbeam	( <i>Carpinus betulus</i> )	(Corylaceae)
Elm	( <i>Ulmus procera</i> )	(Ulmaceae)

**COMMON REMEDIES**

*Cannabis indica*  
*Cannabis sativa*

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\*also used as Bach flower remedy (though parts of plant used may differ).

## **LABIATAE** (Mint family)

### **REMEDIES**

<i>Agnus castus</i> *	(Chaste tree)
<i>Collinsonia canadensis</i>	(Stone root/Horse palm)
<i>Hedeoma pulegioides</i>	(American pennyroyal)
<i>Lamium album</i>	(Dead nettle)
<i>Lycopus virginicus</i>	(Bugle weed)
<i>Mentha piperita</i>	(Peppermint)
<i>Mentha pulegium</i>	(Pennyroyal)
<i>Mentha viridis</i>	(Mint)
<i>Mentholum</i>	(Menthol)
<i>Ocimum canum</i>	(Hoary basil)
<i>Ocimum sanctum</i>	(Tulsi)
<i>Origanum majorana</i>	(Sweet marjoram)
<i>Origanum vulgare</i>	(Wild marjoram)
<i>Rosmarinus officinalis</i>	(Rosemary)
<i>Salvia officinalis</i>	(Sage)
<i>Scutellaria laterifolia</i>	(Blue skullcap)
<i>Teucrium marum verum</i>	(Cat thyme)

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\*NB. Although *Agnus castus* doesn't strictly belong to the Labiatae family, Hering writes, "Agnus Castus is the only remedy proved from the large family of Verbenaceae. Helbing calls attention to the nearly related family of Labiatae, from which we have several valuable remedies." The sensation of *Agnus* matches exactly the sensation of Labiatae, so for practical purposes we have classified it here.



**LEGUMINOSAE**  
(Pea family)  
(Legume Family, Fabales)

**REMEDIES**

Balsamum peruvianum	(Balsam of Peru)
Baptisia tinctoria	(Wild Indigo)
Caesalpinia	(Bonduc nut)
Chrysarobinum	(Goa powder)
Copaiva	(Balsum of Copaiva)
Dolichos pruriens	(Cowhage)
Indigo	(Indigo)
Lathyrus Sativus	(Chick-pea)
Melilotus officinalis	(Yellow Clover)
Phaseolus nanus	(Dwarf-Bean)
Physostigma venenosum	(Calabar Bean)
Robinia pseudacacia	(Locust Tree)
Sarothamnus scoparius	(Broom)
Trifolium arvense	(Hare's Foot)
Trifolium pratense	(Red Clover)
Trifolium repens	(White Clover)

**OTHER REMEDIES**

Desmodium	
Gymnocladus	(American Coffee-tree)
Joanesia – asoca	(Ashokbaum)
Mimosa – pudica	(Touch me not plant)

## LILIIFLORAE

Liliiflorae contains the following families:

Trilliaceae  
Smilacaceae  
Xanthorrhoeaceae  
Aloaceae  
Hyacinthaceae  
Amaryllidaceae  
Melanthiaceae  
Colchicaceae  
Liliaceae (Lilies)  
Iridaceae

### REMEDIES

Agraphis nutans	(Bluebell)
Aloe socotrina	(Aloes)
Colchicum	(Meadow Saffron)
Convallaria majalis	(Lily of the valley)
Crocus sativus	(Saffron)
Helonias	(Devil's bit)
Lilium tigrinum	(Tiger lily)
Ornithogalum umbellatum	(Star of Bethlehem)
Paris quadrifolia	(One-berry)
Sabadilla	(Cevadilla)
Sarsaparilla	(Wild Liquorice)
Squilla	(Sea onion)

## **RUBIACEAE**

(Coffee family)

### **REMEDIES**

Asperula odorata	(Sweet woodruff)
Cahinca	(Flowered snow berry)
Cephalanthus	(Button-bush)
China boliviana	
China officinalis	(Peruvian bark)
Chininum sulphuricum	(Sulphate of Quinine)
Coffea cruda	(Coffee)
Coffea tosta	(Roasted coffee)
Coffeinum	(alkaloid)
Galium aparine	(Goose Grass)
Ipecacuanha	(Ipec Root)
Mitchella repens	(Winter Clover)
Rubia tinctorum	(Madder)
Yohimbinum	(Yohimbine)

Note: salts of China are also classifiable in the Rubiaceae family

### **COMMON REMEDIES**

China officinalis  
Chininum sulphuricum  
Coffea cruda  
Ipecacuanha  
Yohimbinum