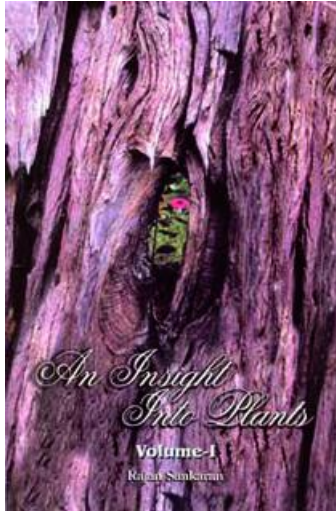


Rajan Sankaran

An Insight into Plants Vol. 1&2

Reading excerpt
[An Insight into Plants Vol. 1&2](#)
of [Rajan Sankaran](#)



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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 was to be followed for other things, it would 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 asks: 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. If it is a mammal, then the features, black, big and moving, help narrow the choice down to two or three possible choices. Then, more specific questions are asked to differentiate further. Similarly, the task would be much easier if homoeopaths were able to follow a system rather than a random search throughout the Materia Medica - a jungle where it is easy to get lost without maps and signposts.

My search for such a map and a system 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 is the least and the Syphilitic miasm is 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

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 compared to four spheres. They are one 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 converged to a sharp focus. This is the patient's delusion.

With this approach, the patient described his problem, physical or emotional, and while the patient spoke, the physician's focus would be on picking up peculiar symptoms, getting to the bottom of the mental state. The emphasis was mainly on understanding emotional phenomena. This was often a difficult and confusing task, one could get lost in the story.

The Concept of Vital Sensation

The common sensation concept was not confined only to the Plant kingdom. In disease and remedy states from all kingdoms, one can perceive this common sensation as both physical and emotional. With the old approach, emphasis was on the mind, the mental symptoms. Having discovered the concept of the common sensation, it became clear that the central state was not merely an emotion, a feeling, but was connected to the mind and the body. This common sensation is the *Vital Sensation*, something deeper to the mind and body.

The level deeper to the mind and body is the Vital Level, a step deeper than the mental state. An example: if a person states he feels jealous, suspicious, expressing a feeling mental or emotional, to probe for the experience behind that feeling is necessary. He may feel he is being attacked and is frightened. In this way an emotional situation is perceived behind the mental symptom, and how he experiences the attack is significant. The next question the

LOGANIACEAE (Strychnine family)

REMEDIES

<i>Brucea antidysentrica</i>	Bark of <i>Nux vomica</i>
<i>Curare</i>	Arrow poison
<i>Gelsemium semperuirens</i>	Yellow jasmine
<i>Hoang nan</i>	Tonquin
<i>Ignatia amara</i>	St. Ignatius bean
<i>Nux vomica</i>	Poison nut
<i>Spigelia anthelmia</i>	Annual worm grass
<i>Spigelia marilandica</i>	Worm grass
<i>Strychninum purum</i>	Strychnine
<i>Upas tieute</i>	Upas tree

COMMON REMEDIES

Gelsemium
Ignatia amara
Nux vomica
Spigelia

Hahnemann's Description of *Ignatia amara*

("Materia Medica Pura")

Although its (*Ignatia's*) positive effects have a great resemblance to those of *Nux vomica* (which indeed might be inferred from the botanical relationship of these two plants) yet there is a great difference in their therapeutic employment. The emotional disposition of patients for whom *Ignatia* is serviceable, differs widely from that of those for whom *Nux*

Compensations

- Composed.
- Calm.

STRYCHNINUM PURUM

(Loganiaceae family plus Acute miasm)

Strychnine is the main alkaloid of the Loganiaceae family. Frequently the remedy from the alkaloid or principle active ingrediënt is of an Acute miasm. *Strychninum* has following rubrics:

- Fear, panic attacks, overpowering ("Complete Repertory");
- Delusion, faces, sees, hideous ("Complete Repertory");
- Fear, injured, of being ("Complete Repertory");
- Pains and sensations appear suddenly and return at intervals (Vermeulen);
- Pulled, out of teeth, nerves were suddenly (Roberts) (single symptom).

From these rubrics and from the cases of Dr. Jonathan Shore, the miasm of *Strychninum* is Acute. When the sensation of the Loganiaceae family is combined with the Acute miasm, the feeling of *Stiychninum* could be: *Suddenly, acutely shattered and torn into pieces.*

STRYCHNINUM PURUM CASE

by Dr. Jonathan Shore ("IFH" 1991)

This case has been summarized for brevity. The italics are mine.

A twenty-six-year-old woman who is five months pregnant is very tense and fearful. She has strong fears of dying and of cancer. She says: *"I just see the word cancer, and think, oh, my God!"* She wakes with a panic feeling at night; *"What will happen if I die?"* Her worst fear is that something will happen. If she sits down, she feels anxiety inside, *"like an electric shock."* *She just cannot relax. It alternates between an electric shock-like sensation and feeling drained of energy.*

She is impatient and irritable. She gets so angry with her husband *that she could kill him. She is afraid of the dark, of being alone in the house, of robbers,*