

Section-2: Materia Medica and Recent Provings

This section examines three homeopathic remedies characterized by distinct pathogenetic origins and clinically reproducible symptom complexes. *Jasminum officinale* is derived from toxic exposure and presents with severe central nervous system depression and convulsive phenomena. *Pastinaca sativa* reflects a toxicological profile combining delirium tremens-like mental disturbance with marked gastric hyporesponsiveness. These remedies collectively demonstrate the application of homeopathic principles across toxicological and infectious paradigms, offering therapeutic insights into neurological and systemic disease states.

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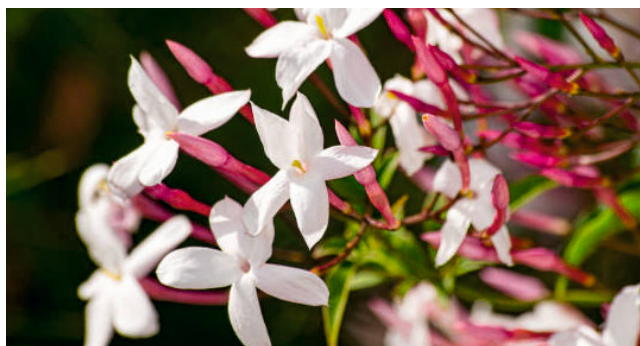
Proving-Based Insights into *Jasminum officinale* – A Materia Medica Elucidation

Synonym / other name: *Jasminum officinale*, *White Jessamine*

Jasminum officinale is a homoeopathic remedy prepared from the red berries of the plant, which are processed into a mother tincture serving as the basis for further potentization. The plant belongs to the family *Jasminaceae* (although some classifications place it within *Oleaceae*). It very much resembles *Gelsemium*, however, must not be mistaken with it as both belong to different family. It is not utilized in conventional medicine; however, its homoeopathic symptomatology is derived from a documented case of poisoning following ingestion of the red berries. This toxicological observation forms the foundation of its clinical picture, which is predominantly characterized by profound neurological manifestations, including coma, convulsions, and tetanus-like states.¹

The earlier proving of the remedy has been conducted and documented by Dr. T. F. Allen in his *Encyclopaedia of Pure Materia Medica*, Dr. W. H. Hull and Dr. L. H. Willard as reported by Dr. T. L. Bradford until 1901. Recent developments for the remedy have been compiled by Dr. Jan Scholten in his works published in 2006. The remedy monograph is included under the *Homoeopathic Pharmacopoeia of the United States* (HPUS).

Clinically, *Jasminum officinale* is associated with convulsive disorders marked by a distinctive pattern of muscular involvement. The characteristic progression is downward and from left to right. The initial manifestations begin in the facial and ocular musculature, particularly on the left side, followed by sequential involvement of the left upper limb, left lower limb, and eventually the entire body. The convulsive episodes may progress to severe tonic or tonic-clonic spasms resembling tetanic rigidity. The classical observation involves a case in which ingestion of the berries led to vomiting, deep unconsciousness, and progressive convulsions culminating in tetanus-like phenomena. Below is a combined materia medica drawn from the proving and the literature that is currently



available.

Preparation^{2,3}

The mother tincture of *Jasminum officinale* is prepared from the red berries of the plant. This primary tincture is subsequently subjected to serial dilution and potentization according to standard homoeopathic pharmaceutical procedures to obtain the final medicinal preparation. The HPUS mentions its use in mother tincture on prescription and 6X & above potencies as over the counter medication.

Clinical Uses⁴

Coma, convulsions, tetanus, fainting, blackness of external parts.

Symptomatology^{1,4,5,6}

The symptoms go from above downwards and from left to right.

Mind

The patient presents in a profoundly comatose state with complete insensibility, indicating severe central nervous system involvement. There is absence of responsiveness, perfect insensibility and loss of conscious awareness.

Eyes

The pupils are markedly dilated, suggestive of central nervous system depression and possible involvement of oculomotor pathways.

Face

The face appears pale and expressionless (pallid). Initial involuntary muscular movements are observed around the eyes and facial region, predominantly on the left side, with a tendency for deviation or drawing of facial muscles toward the affected side. This left-sided predominance is a key characteristic feature.

Stomach

Mild emesis may occur, occasionally following a period of initial sleep. The vomiting is neither excessive nor forceful, aligning with a clinical picture dominated by neurological toxicity rather than primary gastrointestinal irritation.

Respiratory

Respiration is rapid and bronchial. The sound is characteristic rhonchial in character, indicating labored breathing possibly associated with neuromuscular involvement or airway spasm.

Heart and Pulse

The pulse is slow and weak, reflecting a depressed circulatory state consistent with systemic neurological involvement.

Back & Extremities

Opisthotonos during the episode of convulsion. Blackness of external parts. Tetanic rigidity. Weakness of the parts.

Generalities

The symptomatology is characterized by a progressive sequence of muscular contractions beginning in the facial and ocular regions (predominantly left-sided), extending to the upper and lower extremities, and ultimately involving the entire musculature. This culminates in violent convulsions, often accompanied by opisthotonus and marked cutaneous congestion, occasionally resulting in a darkened or cyanotic appearance of the skin. There is significant involvement of the muscles of the head and throat, leading to trismus and locked jaw.

The convulsive episodes are reported to be ameliorated by warm bathing (Opposite of *Apis* & *Opium*), suggesting a potential relaxing effect of heat on neuromuscular excitability. Following the acute phase, the patient may remain in a state of profound weakness with cool skin and marked exhaustion, often persisting for several days. In the reported case, the patient was found collapsed on the floor in a fainting state - 'fainting fit', exhibiting complete unconsciousness and lack of responsiveness.

Relationship

It can be compared to the remedy *Nyctanthes* (bot.). Convulsions better by hot bath (reverse of *Apis* and *Opium*).

References

1. J. H. Clarke, Dictionary of Practical Materia Medica, Reprint Edition 1992, B. Jain Publishers, New Delhi.
2. Homoeopathic Pharmacopoeia Convention of the United States. Homoeopathic Pharmacopoeia of the United States. [Internet]. USA: HPCUS; [cited Year Month Date]. Available from: <https://www.hpus.com/>
3. P. N. Varma, Indu Vaid, Encyclopaedia of Homeopathic Pharmacopoeia, Updated edition 2007, B. Jain Publishers, New Delhi.
4. F. Schroyens, Synthesis Treasure Edition 2009V, RadarOpus 1.33 (Homoeopathic Software), Archibel S.A. Rue Fontaine St. Pierre 1E, Zoning Industriel de la Fagne, 5330 Assesse, Belgium.
5. W. Boericke, New Manual of Homeopathic Materia Medica & Repertory [with Relationship of Remedies], Second Re-Augmented & Revised Edition Based on Ninth Edition, Reprint Edition 2002, B. Jain Publishers, New Delhi.
6. R. Murphy, Lotus Materia Medica, Third Revised Edition, B. Jain Publishers, New Delhi.

Drug Picture of *Pastinaca* & Its Contribution to the Clinical Practice

Synonym/other name: *Pastinaca sativa*, *Parsnip*

Pastinaca sativa, commonly known as parsnip, is a homoeopathic remedy prepared from the roots of the second-year plant belonging to the natural order Umbelliferae (Apiaceae). It is regarded as a poison-derived drug, as the root develops marked toxicity after the first year of growth. Toxicological observations have demonstrated neurotoxic and gastric-depressant effects, forming the basis of its homoeopathic symptomatology. The remedy holds significance in homoeopathic toxicology and is clinically relevant in conditions resembling delirium tremens and states of gastric intolerance, particularly to milk.

The earlier drug provings have been reported by Dr. Unger, Dr. Allen and Dr. Pupcke.^{1,2} Below is a consolidation of the literature available for this remedy in the extensive proving and literature resources.

Clinically, *Pastinaca sativa* is associated with delirium tremens, marked loquacity, and intolerance to milk. It is especially indicated in cases presenting with pronounced neuropsychiatric disturbance, including excited delirium, visual hallucinations, attempts to grasp imaginary objects, aggressive behavior, and incessant talking. These symptoms are accompanied by a notable depression of gastric function, wherein even strong emetics administered in higher-than-usual doses fail to induce vomiting. Classical poisoning cases describe vomiting of milk in large curds, labored and slow respiration, weak and diminished pulse, and characteristic dermatological manifestations such as erythema, swelling, and vesiculation following ingestion or contact with wild parsnip, particularly in pediatric cases.

Preparation³

In homoeopathy, *Pastinaca sativa* is prepared as a tincture derived from the roots of the second-year plant. This serves as the basis for the mother tincture, which is subsequently potentized according to standard homoeopathic pharmaceutical procedures. HPUS suggests its use in tincture to be safe for consumption.

Clinical use¹

Intolerance of milk, loquacity, delirium tremens, illusions of vision, hallucinations and other associated complaints.

Symptomatology^{4,5,6,7}

After the first year the root of this plant becomes poisonous. Similar symptomatology is observed in the schema of the remedy.

Mind

The mental state is characterized by features resembling delirium tremens, including quiet or subdued delirium, visual hallucinations, incoherent speech, persistent attempts to rise or



leave the bed, continuous talking, combative behaviour, and occasional convulsive laughter. The patient remains in a state of constant restlessness and motor agitation. The person rejects everything offered to him – repulsive mood.

Head

Patients report a generalized sense of uneasiness and heaviness in the head, often accompanying the heightened mental excitation.

Face

The facial expression appears vacant, staring, and vague, with pallor indicative of an underlying toxemic or depressed systemic state.

Mouth

The tongue is typically clean, moist, and tremulous, reflecting a state of nervous irritability without significant coating or signs of advanced gastrointestinal derangement.

Stomach

A key clinical feature is the vomiting of milk in large, curd-like masses, particularly observed in cases of poisoning in children. There is a marked depression of gastric nerve excitability, such that emetics—even in increased doses—fail to produce the expected emetic response. This diminished gastric reactivity constitutes an important keynote of the remedy. Aggravation and aversion from milk. Clinically observed as intolerance of milk.

Respiratory

Respiration is slow and somewhat labored, reflecting a generalized depressant effect on respiratory function.

Heart

Cardiac activity is reduced, with a weak, slow, and diminished pulse, consistent with systemic depression. Suppressed beating of heart and pulse.

Urinary

Sedimentation in urine. Renal calculi.

Skin

Cutaneous manifestations include erythema, heat, and swelling of the skin, often accompanied by oedematous, translucent eyelids. Vesicular or bullous lesions (blebs) may develop on the hands and fingers, particularly following contact with wild parsnip, suggesting irritant or photosensitizing dermatitis.

Generalities

Despite the depressant effects on gastric and circulatory systems, the patient exhibits persistent restlessness and continuous movement, indicating a paradoxical state of motor excitation.

Relations

Compare with *Aethusa*, *Zizia aurea*.

References

1. P. N. Varma, Indu Vaid, Encyclopaedia of Homeopathic Pharmacopoeia, Updated edition 2007, B. Jain Publishers, New Delhi.
2. T. F. Allen, Encyclopaedia of Pure Materia Medica, B. Jain Publishers, New Delhi.
3. Homeopathic Pharmacopoeia Convention of the United States. Homeopathic Pharmacopoeia of the United States. [Internet]. USA: HPCUS; [cited Year Month Date]. Available from: <https://www.hpus.com/>
4. J. H. Clarke, Dictionary of Practical Materia Medica, Reprint Edition 1992, B. Jain Publishers, New Delhi.
5. F. Schroyens, Synthesis Treasure Edition 2009V, RadarOpus 1.33 (Homeopathic Software), Archibel S.A. Rue Fontaine St. Pierre 1E, Zoning Industriel de la Fagne, 5330 Assesse, Belgium.
6. W. Boericke, New Manual of Homeopathic Materia Medica & Repertory [with Relationship of Remedies], Second Re-Augmented & Revised Edition Based on Ninth Edition, Reprint Edition 2002, B. Jain Publishers, New Delhi.
7. R. Murphy, Lotus Materia Medica, Third Revised Edition, B. Jain Publishers, New Delhi.