The World of Pteridophyta

Evolution and Common Denominators

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Abstract:
Michal Yakir's Wondrous Order Plant Table places plants in their evolutionary order, and the Sensation Method looks for the shared sensation of groups, mostly families, of plants in order to find some common denominator to aid in case analysis. The aim of this paper is to create a new medicine group from an evolutionary point of view, and to develop the concept for a possible group sensation. The plant group is the Pteridophyta, the Fernlike plants.

Keywords: Pteridophyta, ferns, equisetopsida, horsetails, lycopsida, clubmoss, *Lycopodium*, *Equisetum*, *Filix mas*, *Pteridium aquilinum*, *Polypodium vulgare*. *Sankaran's Schema*. *Yakir's Wondrous Order*. Plant evolution.

Introduction

Several things combined to create the research for this paper. In organising the website *www.provings.info* I see that I am hosting 3075 entries on remedy provings, and in the last few years my interest has been caught by the work done on ferns. Yet *Michal Yakir's* Plant Table[1] does not contain any fern-like plants - her table deals only with angiosperms – or flowering plants. And there is no Sensation in *Sankaran's Schema*,[2] for this group. The Pteridophyta comprises Fernlike plants – (there are 9-12,000 species of ferns and allies); 20 species of Equisetopsida – horsetails; and 1200 species of Lycopsida – the clubmosses. The ferns are spore-bearing and in evolutionary terms came before the flowering plants. The group of Pteridophyta is not a family of plants, but an assembly of three related classes of the same taxonomical level that evolved in the same era. This is justified because we are trying to find alignments that seem to make sense for homœopathy and share a group of homœopathic characteristics, which means they show similar reactions in humans. And it makes sense in the light of Yakir's work (which is as yet unpublished in English, but has been available in Hebrew for some years). In this she groups plants by Botanical Order in order of morphological evolution, according to Cronquist, and finds connections between whole families within the Order.
Having worked, taught and undertaken provings in the vein that searches for the common sensation, characteristics and symptoms in plant family groupings for many years, I was intent on putting this hypothesis to work in the case of the Pteridophyta. The Pteridophytes were most prominent in the Carboniferous and Permian Age. This was 550-250 million years ago, in the Paleozoic Era, in the time before the dinosaurs and the conifers, in the zenith of insect life.

Cenozoic Era – Mammals, Flowering Plants

Mesozoic Era – Dinosaurs, Conifers
- Cretaceous
- Jurassic
- Triassic
- 250 – 65 mio. years

Paleozoic Era – Insects, Pteridophytes
- Permian
- Carboniferous
- Devonian
- Silurian
- Ordovician
- Cambrian
- 550 – 250 mio. years

Proterozoic Eon – Genesis of Life
- Precambrian
- 4500 – 550 mio. years

Living in the conifer swamps, the insects of this age, and the lycopsid trees, treeferns, vines and seedferns gave rise to the hard coal that we today use as fuel.
There are a few homœopathic medicines from this group of archaic plants: five ferns, three horsetails and three club mosses, and several of them have very thorough modern provings

Filicopsida –Ferns
Dryopteris filix/ Filix mas (Fil), Male Fern
*Pteridium aquilinum (*Pter-a), Common Bracken -
Phyllitis scolopendrium (Scolo-v), Hart's Tongue
Polypodium vulgare (Pol-v), Common Polypody
Phlebodium aureum / Calaguala (Calag), Golden Polypody
Equisetopsida –Horsetails
Equisetum hiemale (Equis), Horse-tail
Equisetum arvense (Equis-a), Scouring Rush
Equisetum palustre (Equis-p), Marsh Horsetail
Lycopsida –Clubmosses
Lycopodium clavatum (Lyc), Club Moss
Huperzia selago (Hup-s), Northern Fir Moss
Selaginella lepidophylla (Sela-l), Resurrection Plant

In order to show the working process of extracting or compiling a common sensation, the first step is to extract symptoms common to the group by reading and re-reading all of the proving material and materia medica and collecting common features and symptoms.
This first reading brings up the following results:

Compilation of shared symptoms for the Pteridophyta group

- Frequent and profuse urination (all medicines), painful urination; either retention of urine, or much and often.
- Sexuality: hardly existent or weakness in execution
- Partial losses of the visual field

- Impaired vision, as if smoke in the room or colour in the vision
- Foggy <> clarity, with regard to vision or mind
- Impaired concentration and mistakes in talking and writing
- Depressive mood, joylessness <> violence, irascibility
- Itch on the nose, *has* to touch
- Burning and stinging pains; burning in eyes (< closing!) and stomach
- Dry; little perspiration, dry mucous membranes, esp. mouth

The next step is to go from a collection of unrelated symptoms to build a hypothesis for a common group sensation. We start this by looking for the possible SRPs or specifics in the repertory. We pull out all the rubrics in which there are less than 100 medicines, and these have to include three of the medicines in our plant group.

This results in:
Rubrics with less than 100 medicines and three of the Pteridophyta:
Mind; express oneself; difficult (76)
Rectum; faeces remained in, sensation as if (25)
Urine; profuse, increased; frequent (83)
Urine; sediment; sand; gravel, small calculi (97)
Back; pain; cervical region; extending; shoulders, to (70)
Back; pain; cervical region; extending; upper limbs, to (90)
Extremities; heaviness, tired limbs; knees (70)
Extremities; pain; upper limbs; touch agg. (73)
Extremities; pain; wrists; right (84)
Extremities; ulcers; lower limbs (179)
Extremities; ulcers; varicose (66)
Skin; ulcers; varicose (96)
Generalities; afternoon, one pm. -six pm.; agg.; one pm. (85)
Generalities; heaviness; left (90)
Generalities; leaning; against anything; during (92)
Generalities; pain; stitching; motion; amel. (78)
Generalities; wounds; suppurating (61)

What is interesting are the two rubrics in bold, one from the mind and one physical, that both display the same idea: **difficulty in expressing anything**. With this in mind we re-read the provings and other material to build a hypothesis as to the vital sensation, using rubrics, provings, and materia medica.

Shared information for Pteridophyta
Staying unnoticed, inconspicuous, conforming (Swoboda re Pter-a.)
<> performing, being special (classical Lyc.)
Mind; anxiety; health, about; visible things, skin problems etc. (1): lyc.
Ideas: intellectual, too much head: Pter-a.
Mind -delusions -consciousness -higher consciousness; unification with
No expression - Don't express myself vocally (Geary, 28)
<> too much expression (violence, urine)

Taking these ideas, rubrics, provings and materia medica we create a hypothesis for the group sensation:

Sensation for Pteridophyta

Invisible	←→	Visible	Mind, Vision
Insignificant	←→	Significant	
Foggy	←→	Clear	Mind, Vision
Like anyone else	←→	Being special	
Retention	←→	Letting out	Mind, Stool, Bladder
Suppression	←→	Expression	Mind, Physical
Holding back, Weak	←→	Outburst	Mind, Urine, Stool, Glands
Depression	←→	Irascibility	
Belly	←→	Head, Intellect	

Active reaction:	Violent outburst, bloated or arrogant
Passive reaction:	Conformity, suppression, being silent, timid, dry, retained, depressed.

The passive side seems very much to be in the foreground.

Folklore

The fern, and especially the fern seed (probably the spores), played a great role in magical beliefs. Thus it was believed that mixing fern seeds into gunpowder would make a shot infallible; that fern seed would keep different illnesses away from humans and cattle; that fern seed in the shoes would lead the bearer astray or allow him to understand animals.

Most interesting for us though is: "Of all the miraculous virtues of fern seed it was emphasized most, that it would **make its bearer invisible**. A tale widespread in the east and north of the German speaking areas, and told in many variations, is that fern seed happened to fall into a farmer's shoes. Thereby he became **invisible**, and on coming home all his people were utterly surprised to hear him talk but were unable to see him. Then he changed his shoes, the fern seed fell out, and the farmer became **visible** again."[3]

From English literature there is Shakespeare's *Henry IV* (II,1) : "We have the receipt of fernseed, we walk **invisible**." And of Ben Jonson´s *New Inn* (I,1): "I had no medicine, sir, to go **invisible**, no fernseed in my pocket." (1224)

Botanical understanding

Ferns are only leafy plants, and horsetails only stems. The flower, as the emergence of, in the individual and the sexual, is missing. The leaves, the spores appearing beneath the leaf, take on the function of the flowers. Pollination happens outside of the leaf-bearing plant within the moist soil below by the sexual organs of proliferation that are built by the fallen spores.

The flower – the most significant part of the higher evolved plants – remains hardly perceptible beneath the leaf and in the soil. These earliest of all terrestrial plants have to return to their watery existence to proliferate and build an intermediate stage that seems to be almost fungus-like.


Sporangi on male fern
http://de.wikipedia.org/wiki/Echter_Wurmfarn


Sporangi on Scolopendrum
http://commons.wikimedia.org/wiki/File:SporangienAsplenScol.jpg

Recognising the sensations of this group
Easily recognizable is the common example of an elderly patient with vertigo, excess gastrointestinal gas and diarrhoea, reflux, impaired knees after operations, anxieties, high blood pressure, thrombosis or pulmonary embolism, and who has been given *Lycopodium* (for classical reasons).

Language extracted from the video case of a Lycopodium patient:
Bearing in mind the idea that the Pteridophyta patient prefers to be invisible, and just like everybody else, I worked minutely through the video case of a cured *Lycopodium* patient of many years' standing. He had been prescribed *Lycopodium* on classical grounds. However I wanted to see whether his language bore out my hypothesis above.
The following language was used repeatedly during his casetaking:
'Naturally'; 'that is obvious'; 'this is the only way'; 'I am obliged to'; 'different from what I am used to'; 'would like to plan everything in detail'; embarrassing to show this in public, isn't it?'; 'it looks as if I were drunk'; 'this is very often the case isn't it?'
The above was extracted from the first four minutes of the case. It was followed within the next two minutes by these phrases:
'I have taken pills, the usual ones'; 'a friend of mine suffers from the same'; 'all men have this kind of problem'; 'it's surprising how they all suffer from that'; 'everyone suffers from this, as was found out in the meantime'; 'that is exactly the right thing'.
And in a further three minutes he uttered: 'when I have to lecture, everyone has this problem…'; 'how shall I describe this?'; 'I have already described it all, what else can I say?'

This language is exactly the language we don't usually bother to write down during casetaking; our minds glide over it while we hunt out what we think are the sensation words, the pathology, the pains, the strong mentals. We marginalise this language as that of the patient who is providing little personal information in

comparing himself with everyone else. This is not the patient who puts his head above the parapet. This is the person who is indistinguishably *just like everyone else, suffering what everybody of a certain age suffers from, and taking the medicines that would be expected for such a common condition.* He has problems in expressing himself. We could say it is all hot air! The case bears out the hypothesis.

Likewise it is difficult to distinguish between the members of the group. Few people, outside those with a special interest, will be able to name and tell apart many of the ferns; and mosses provide even more difficulty; the club moss will be regarded simply as a moss, although in fact it is one which does hold its spore-bearing threads erect and proud. Here are some of the species we use homœopathically:

(Symptoms in italics are specific to the particular medicine / plant. Those in bold type are common to the group.)

Filix mas (Dryopteris Filix-mas) – Male Fern.

Filix mas. ©wikipedia

A medicine for worm symptoms, especially with constipation. Tapeworm. Soporific conditions. Torpid inflammations of lymphatic glands. Pulmonary tuberculosis in young patients, no fever, with limited, ulcerated lesions, formerly classified as scrofula. (Boer.) Great feeling of weakness, trembling, cramp-like feelings in hands and feet. Somnolent, with spasmodic symptoms, ending in death. (Clarke)

Mind:	**Irritable, cross. Confusion, stupor, coma.** (Clarke)
Eyes:	**Blindness; monocular amblyopia.** (Clarke)
Nose:	**Itching of nose,** pale face.
Stomach:	Painless hiccough. *Sick after taking food.* (Macfarlan)
Abdomen:	**Bloated**. Gnawing boring pain, < *eating sweets.* Worm colic with itching nose, pale face and *blue rings around eyes.* (Boer)
Rectum:	Diarrhoea and vomiting. *Ineffectual urge to stool.* (Clarke)
Female:	*Menstruation stimulated*; returned after a week's absence and continued profusely for three weeks. *Prolapse of vagina*, with pains and tenesmus of bladder and **copious frequent emissions of urine** with internal pains. Abortion. Sterility.

"It is worthy of remark that the morbid symptoms of a patient suffering from tapeworm are generally of such a kind that they are rapidly relieved [homoeopathically] by the smallest dose of the tincture of male fern." [Hahnemann]Vermeulen; *Concordant.*

Pteridium aquilinum – Common Bracken

© Hans Hillewaert

Spleen swelling and hardness, from Culpepper.
Three modern full provings[4] bring out:
•*Bursting headache (front), with coldness all over; as if hair was torn*
•*Eczema on scalp*
•*Bloated stomach with heartburn, < eating, with aching limbs*
•*Dryness in mouth and throat with painful effort when swallowing, but >*
•*Diminished appetite, forgets to eat*
•*Totally exhausted by life, weeping and suicidal despair (see miasm)*
•*Paroxysmal, violent aggression with desire to kill (himself or others)*
•*Claustrophobia*

As with the previous example from the patient, we do not gain an understanding of this well-proved medicine from single symptoms. *Swoboda* summed it up:

"In hindsight we got most help in understanding the medicine through the events that happened during the proving." He is talking about those events that happen without being recorded and that were noticed only two years later in retrospect. In the same way we found the characteristic expressions of the previous patient only by retrospectively working through the video.

Polypodium vulgare – Common Polypody

© J.F. Gaffard, http://en.wikipedia.org/wiki/File:Polypodium_vulgare_jfg.jpg

Properties and uses:
The root is demulcent, tonic, acting on lungs and bowels. An infusion is used as *expectorant tonic* and *mild laxative*. Reportedly **anthelmintic**, but its power of removing worms is much overrated (!)[5]
Medicinally it has similar uses, plus a use in consumption, and as a tonic in dyspepsia and loss of appetite.
Salmon writes: "... it prevails against Frensies, and radically cures the most profound madness whether it be raging or otherwise.... "[6]

Scolopendrium - (*Phyllitis scolopendrium)* – Hart's Tongue


© Christian Fischer, wikipedia

Medicinal Use: Diuretic, *laxative, pectoral.* Specially recommended for *removing obstructions from the liver and spleen*, also for **removing gravelly deposits in the bladder.**
Culpeper writes: "The distilled water is good for the passions of the heart, and gargled in the mouth will *stay the hiccough*, help the falling palate and stop the bleeding of the gums. It is a good medicine for the biting of serpents."[7]

Phlebodium aureum / Calaguala –Golden Polypody (*Calag*)


© Forest & Kim Starr

Tuberculosis; *garlicky odour of all secretions and breath.* (Boericke)

Equisetum hiemale –Scouring Rush (Equis.)

© wikipedia

There is one old proving by *H. Smith*, summarized in *Allen*, and forming the basis for the old materia medica; as well as one more comprehensive modern proving by *Julianne Hesse* in German in 1999.The provings reiterate many features of the group already seen. Frequent and strong desire to urinate is prominent, leading even to incontinence. There is a dominance of urological symptoms.

•Increase of appetite as well as weight (also in Smith's proving).
•Phantom odours and very sensitive to odours (just as Equis-a).
•Coryza with running nose and sneezing (just as Equis-a).
•Cystitis with severe pains, > lying and with cold! in the urogenital region.
•Menstrual cycle shortened or slightly longer, more painful or less, intermenstrual pain or metrorrhagia.
•Loss of hair.

By comparing provings we can look at those features that extend the common group features:

Equisetum, being a principal type for the group, contains many well-known symptoms common to the group. Its **principal action is on the bladder** as a medicine for **enuresis and dysuria**. Symptoms specific to *Equisetum* are in italics.

Urinary: Severe, dull pain and feeling of *fullness in bladder, not > urinating.* **Frequent urging** with severe pain at the close of urination. Urine flows only drop by drop. Sharp, burning, cutting **pain in urethra** while urinating. **Incontinence** in children, & *dreams or nightmares when passing urine.* **Incontinence** in old women, also & involuntary stools. Retention and dysuria during pregnancy and after delivery. Much mucus in urine; after standing a short time. Albuminuria. **Involuntary urination**. Deep pain in region of right kidney, ext.to lower abdomen, & urgent desire to micturate. Right lumbar region painful. **Constant desire to urinate and passes large quantities of clear, light-coloured** *urine without relief.* Nocturnal enuresis, without cause except habit. **Constant urging & scanty discharge. Pain in the bladder** as from distension; tenderness, ext. upward, esp. on the right side.

General: aggravated immediately after micturition.

Modalities: Worse: *At close of urination.* Pressure. Motion. Sitting down. Touch. Right side. Better: Afternoon. Lying. Pain in sacroiliac joints. < *Pressure or contact; moving; sitting.* Eating > pain in temples; *lying on back > pain in back; continued motion > pains in back and knees.*

Head: *Dull, heavy, constrictive headache with sharp pains* and fatigue.

Eyes: **Soreness and pain in eyes**.
Stomach: *Excessive appetite.*
Abdomen: **Distended**, frequent urging to stool.
Extrem: *Pain in knees.*
Male: **No sexual desire whatever; tried to have intercourse, but could not get up an erection.** *Violent erections.* Pain in testes. [8]

Equisetum arvense – Common Horsetail (Equis-a.)

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Equisetum arvense has no old, but three new, provings undertaken between 1999 and 2009 in the Netherlands and Germany. They follow the group exactly with emphasis on urinary pathology, but less strong than that found in the Scouring rush *Equisetum.*

Urinary Organs: **Pain in the bladder**, *not amel. micturition.* Pain in the bladder as from distention; tenderness, extending upward, especially on the right side. **Constant desire to urinate, not amel. copious micturition. Constant urging, but only a small quantity is passed. Urine generally scanty and high -coloured, contains much mucus.** General aggravation immediately after micturition. (Allen) **General -**Internal or external haemorrhages. **Respiratory -**Coughs. Ulcers of bladder; stone; strangury, acute **inflammation of urinary tract and incontinence. Skin -**Fresh wounds, inflammations, pustules, red wheals (local) Eczema, acne. **Female** and MRS **-**Inflammations of genitals. (Culpepper)

Features that confirm and extend the common group symptoms are:

•Phantom odours and very sensitive to odours (just as Equis.)
•Coryza with running nose and sneezing (just as Equis.)
•Thirst for cold drinks
•Ravenous hunger, or fullness after meals
•Pustules
•Pain in coccyx and lower back
•Headache

Lycopodium clavatum – Club moss

Lycopodium is probably the exponent of this group where the polarity is strongest on the 'active' side, with emphasis shown on the side of haughtiness and intellectual superiority as opposed to the emotionality of the weaker side.
As a polychrest it is not easy to find a summary comparable to those of the less-know Pteridophytes. The materia medica of *Lycopodium* centres on all of the following symptoms.
To the common symptoms of the group (in bold) we can add (in italics):

•Sexuality hardly existent or weak in execution.
•Foggy <> clear, in vision and mind.
•Concentration disturbed and mistakes in talking and writing.
•Depressive mood, joyless <> violence, irascibility.
•Imperfect field of vision, partial loss of.
•As if there were smoke or colours before the eyes.
•Itching on the nose, has to touch it.
•Burning and stinging pains burning in eyes (< closing!) and stomach.
•Dry, little perspiration, dry mucous membranes, esp. in mouth.
•Frequent urination and profuse, painful; either retention or much and often.
•*Anticipation anxiety and fear of exams.*
•*Dominant at home and in familiar group.*
•*Loquaciousness.*
•*Conscientious about trifles.*
•*Aversion company but fears being alone.*
•*Severe meteorism, gastro-intestinal ailments prominent, constipated.*
•*Great hunger, but soon full, must eat regularly (headache otherwise).*
•*Pressure of clothes unbearable, esp. around waist and <.*
•*Right sidedness of many ailments, or wandering from right to left.*
•*<< Afternoon (4-8pm).*
•*Easily cold and sensitive to draft, but < warmth and desires fresh air.*

Suggestions for Miasmatic Classification for Pteridophyta
Equis – possibly acute / typhoid
Lycopodium –psoric
Polypodium vulgare –psoric
Filix mas –malaria-like
Pteridium –syphilitic

For those who work with the systematic method there is a table with current suggestions to assort plants to certain miasms, available at:
http://www.homoeopathie-wichmann.de/miasm-list.htm

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[8] Allen –Encyclopedia (Smith´s proving) See www.provings.info