Hyoscyamus niger: A case series analysis

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Abstract

Aimed at increasing understanding of materia medica, a retrospective case-series analysis of the homœopathic medicine Hyoscyamus niger was performed on fifteen children's cases over a six year period. This included: age/sex distribution; presenting symptoms; medicine relationships; efficacy and causations. Results suggest a traumatic event before, during or after the birth as a causative factor of patients needing this medicine.

Key words:

Hyoscyamus niger; causation; childhood behaviour; birth trauma; homœopathy; post-natal depression; Australia.

Kingdom: Plantae

Order: Solanales

Family: Solanaceae

Genus: Hyoscyamus

Hyoscyamus niger (stinking nightshade)

Introduction

The impetus for undertaking this study of the clinical use of one medicine came from a desire to use a research perspective to gain further understanding of materia medica. As a result, all cases over a six year period which received the medicine *Hyoscyamus niger* at the Harbord Homœopathic Clinic in Sydney were studied and analysed. All cases which were given *Hyoscyamus niger* at a stage in their treatment, and not only the successful cases, have been included. The study is a retrospective case series analysis.

Factors taken into account included: age/sex distribution, presenting symptoms, other medicines used in treatment in relationship to the medicine, efficacy of the medicine and possible causations. The cases are taken from a six year period between 1998 and 2004. Most cases are from between 2002 and 2004.

Hyoscyamus niger the medicine

Hyoscyamus niger is a homœopathic medicine belonging to the plant kingdom. Murphy[1] states that the plant is very similar botanically and in pathogenic action to *Belladonna*. In this study of *Hyoscyamus niger* the medicine was used predominantly as a constitutional medicine, although according to Bailey[2] the medicine is a rare constitutional and is among the more acute acting of medicines. Sankaran[3] refers to Hyoscyamus niger as belonging to the acute miasm with this later being updated to include *Hyoscyamus niger* in the typhoid miasm[4]. We can see this in the materia medica as an intensity of both mental and physical symptoms. While the medicine itself may be part of the acute or typhoid miasm, Mangialavori[5] clarifies that it is more common to find a chronic case than an acute one, disputing the statement of the medicine being a rare constitutional.

Murphy depicts *Hyoscyamus niger* causing profound disturbance to the mind, brain and nervous system. Some clinical applications he has listed include angina pectoris, bladder disorders, bronchitis, chorea, cough, delirium tremens, diarrhoea, epilepsy, eye disorders, haemoptysis, hypochondriasis, meningitis, mind disorders, nose bleeds, nymphomania, paralysis, rage, sexual mania, sleep disorders, speech problems, tetanus, toothache and

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vision disorders. The body seems to react involuntarily, regardless of any attempt at control (for example enuresis, muscle spasms, convulsions).

Sankaran in 1997, described the central feeling of the person who would benefit from *Hyoscyamus niger* as a feeling of having been suddenly let down or betrayed by the person on whom one is totally dependant, which causes a situation of fear and panic. The patient responds to this situation with a mixture of attractive (loquacity, joking, sexuality) and threatening (violence, striking) behaviour. If the typhoid miasm is taken into account along with the sensation of the Solanaceae family, the feeling of *Hyoscyamus niger* may be: Sudden intense threat of rage and violence, and the desire to reach a position of safety[6]. In children there may be a feeling that others are favoured, or that parents and teachers are partial to others. The child may be extremely popular among peers for singing lewd songs during excursions, and acting in the same manner. Even very young children may love to talk about sex. Master says to think of 'Dennis the Menace'. He also claims that *Hyoscyamus niger* is a specific medicine for Aspergers disorder[7], something which is not confirmed by this Australian study but does not discount it. According to this study, *Hyoscyamus niger* is verified as a constitutional medicine that is effective predominantly in children where there are behavioural and learning disorders.

Age/sex distribution

There were nineteen cases, with eleven males and eight females. Out of these nineteen cases there were two adults, both female, which may reflect more that an emphasis in this particular clinic is the treatment of children rather than showing that children require the medicine more than adults. It may however be true that the need for the medicine in children is more easily seen without them yet having the adult development of control or inhibition of aggressive or disruptive impulses. Data from the adult clients has been excluded in this study so as to allow a focus on children.

Age/sex distribution		
Age	Male	Female
30-40years	0	2*
7-10 years	3	0
3-7 years	5**	5
0-3 years	3	1***

Fig 1: Age/sex distribution

** the two adult clients were excluded, to keep the focus of this report on children ** one 5 year old boy was excluded due to the inability to follow up *** one 1 year old girl was excluded due to inability to follow up*

Presenting symptoms

As can be seen below, all the children presented with a behavioural/ emotional problem. Some of the children presented with more than one initial complaint.

Behavioural/ emotional problems - 17 children (Two of these were excluded due to inability to follow up)
Learning difficulties, dyslexia – 5 children
Respiratory illnesses - 1 child
Skin problems - 1 child
Alopecia - 1 child
Grinding teeth - 1 child

Specific symptoms from cases effectively treated by *Hyoscyamus niger* were aggression, tantrums, bedwetting, night terrors, jealousy, overly affected by reprimands, fear of the dark, delayed developmental milestones such as talking and toilet training, restlessness, loud talking, needing lots of attention, clinginess, sly behaviour and concentration problems. Three of the children mentioned a fear of being eaten either by monsters or dinosaurs.

Medicine relationships

The table below lists other medicines used in conjunction with *Hyoscyamus niger*, if it was not the only medicine used for the entire case. Many of these medicines also have a reputation associated with the treatment of children who have behavioural issues. By comparison Vermeulen[8] lists the medicines that follow *Hyoscyamus niger* as *Belladonna, Phosphorus, Pulsatilla, Stramonium* and *Veratrum album*, and that *Hyoscyamus niger* follows after *Belladonna, Nux vomica, Opium* and *Rhus toxicodendron.*

Medicine	**Presenting Symptoms**
Tuberculinum bovinum	Respiratory/behaviour
Lycopodium clavatum	Respiratory/skin problems
Apis mellifica	Behaviour
Lachesis mutus	Respiratory
Carcinosinum	Learning difficulties/behaviours
Antimonium tartaricum	Respiratory/behaviour
Chamomilla	Skin problems/behaviour
Drosera rotundifolia	Respiratory
Nux Vomica	Respiratory/vomiting

Fig 2: Medicines used in conjunction with *Hyoscyamus niger*

Categories of improvement

The case histories were divided into three categories, according to observable improvement after administration of *Hyoscyamus niger*. (Note, please refer to Figure 3. Response Range, for a description on slight, moderate, marked or excellent improvement)

Category 1 (Five children): Children considered to be a constitutional *Hyoscyamus niger* and were given few or no other medicines and showed marked or excellent improvement on the medicine.

Category 2 (Five children): Children who received *Hyoscyamus niger* for 50% or more of the case, and showed slight, moderate or excellent improvement.

Category 3 (Five children): Children who received *Hyoscyamus niger* for less than 50% of the case and showed none, little or slight improvement, and also having benefit from other medicines. One of these children showed excellent improvement where *Hyoscyamus niger* was part of their ongoing treatment, however the effect was not able to be repeated.

Response range	Response	Description	Efficacy of the medicine
<	Aggravation followed by improvement	Initial deterioration of symptoms (this was short lived, followed by an improvement of symptoms)	Two children (added to improvement % below)
-	No improvement	No improvement of symptoms	6.7%
>	Slight improvement	Slight overall improvement, or improvement seen in one area only	20%
>>	Moderate improvement	Improvement seen in at least two aspects of the case	20%
>>>	Marked improvement	Improvement see in at least three aspects of the case	0%
>>>>	Excellent improvement	Excellent overall lasting response to medicine, where presenting symptom(s) were fully resolved	53.3%
		Overall number of children showing positive response, even if slight	93.3%

Fig.3 Response range and efficacy of the medicine

Efficacy of the medicine and results of the study

Of the nineteen cases in this study, the two adults were excluded from statistical analysis. There were also two cases of children excluded (one boy of five years and one girl of one year) where the child's response to the medicine was impossible to ascertain, due to inability to follow up with parents. There are many different reasons for failure to follow up and this may indicate failure of the medicine in those two cases. The following data was based on the remaining fifteen cases. There were two cases where an aggravation occurred, which in one child was followed by an overall general improvement of their symptoms, and in the other child resulted in a slight improvement. (These cases are also included in the improvements.) There were no side effects reported and no cases resulting in any ongoing adverse responses.

In one case out of fifteen children, 6.7%, the child was given *Hyoscyamus niger* with no improvement and the medicine was changed. In three out of the fifteen children improvements were slight, 20%. Three children showed moderate improvement, 20% and eight of the fifteen responded with excellent overall effects, 53.3%. Out of these eight, there were four cases of long term improvement where they were considered totally improved by their parents/guardians. Overall the number of children who had a positive response even if slight was 93.3%.

Causative factors	Pregnancy and/or birth trauma and/ or post-natal difficulties	Breastfeeding difficulties	Adverse reaction to vaccination
Yes	12	8	3
No	2	5	9
Unknown	1	2	3**
Total cases	15	15	15
Calibrated Ratio *	12:14	8:13	3:12
Calibrated Percentage*	85.7%	61.5%	25%

Fig.4 Causative factors

* Results with missing data were calibrated so that totals were rounded down by the amount of missing respondents. Please refer to the discussion for more details.
** 2 unknown responses, 1 child not vaccinated

Causative factors

The most significant causative factors seen in this study were complications and/or trauma at either a physical or emotional level during the pregnancy and/or birth and/or early post natal period. Information about the pregnancy and/or birth had not been recorded in all cases. Twelve mothers and/or their babies taking part in this study had experienced traumatic events either during the pregnancy, birth or soon after. (There was one unknown in this group of data). Examples during the pregnancy included severe relationship problems resulting in maternal anxiety, along with slow foetal weight gain, and moderate to severe bleeding. One mother became lost for ten hours without food or water in the Snowy Mountains early in the pregnancy. Birth traumas included emergency caesareans, problems with the position of the baby leading to long protracted labour, low Apgar scores, neonatal seizures and foetal distress, leading to various complications and interventions in the birth. It would appear that ailments from a traumatic event or severe anxiety during pregnancy and/or the birth and/or the early post natal period are significant causation factors for the child requiring *Hyoscyamus niger.*

Breastfeeding difficulties (sometimes with severe anxiety) were also commonly seen in this study, with eight of the cases having experienced problems in this area. (Five children had no problems and two were unknown). This brings the ratio to eight out of thirteen children who experienced problems with breastfeeding as newborns.

Post-natal depression (included in Figure 4. under Pregnancy, birth trauma and post natal difficulties) is also thought to be a contributing factor to the Hyoscyamus niger state developing in the child, with at least four of the fifteen mothers experiencing emotional difficulties after the birth. (This aspect was not mentioned in the other eleven case histories.) Emotional and behavioural problems have been observed more frequently in children with depressed mothers[9] and vice versa with problem children impacting on maternal functioning[10].

Vaccination as a potential trigger in these cases was investigated. Out of the fifteen childhood cases, there were three cases where an adverse reaction occurred after vaccination. One

child developed a chronic cough after the DPT vaccination. Another child developed a fever after each vaccination, as well as alopecia starting after the meningococcal vaccination. The third reaction was an asthmatic cough and wheeze and a refusal of the breast after the vaccination at four months. There were two cases out of fifteen in which the vaccination status was unknown, as well as one child who was not vaccinated.

Two Case Histories

Names of the children have been changed to preserve anonymity. These cases were Category 1. and considered to be constitutional.

Case 1 ~ Mark

Mark was four and a half when he came in for skin problems and allergies. His eczema was red, raised and angry, worse for extreme humidity and dry winds but better overall in the summer months. It would flare up in response to various allergens, and there were nasal and respiratory symptoms at the same time.

Mark's behaviour was considered to be much more problematic than the behaviour expected at his age, with him frequently being uncontrollably silly, showing off and not knowing the boundaries between play and destructive actions. There were also problems going to sleep and waking during the night.

A history of Mark's early childhood revealed birth trauma with foetal distress leading to an emergency caesarean. There were breast feeding problems with a reaction to breast milk leading to refusal, according to the mother. In his first year, Mark's parents took him to a centre where they practiced controlled crying, as he was waking hourly. Later, at two years of age, he started having night terrors.

After treatment with *Hyoscyamus niger* Mark's skin condition showed excellent improvement within a month. His play became less rough, his behaviour was age-appropriate although his voice was still loud and some excitability persisted. It was unclear in the case notes whether the nasal blockage ever resolved. There was a minor aggravation after the first doses, with increased thirst and some gastric complaints along with a short-lived return of his sleep terrors after which there was excellent improvement in his sleep.

Potencies of *Hyoscyamus niger* used were 30c, 200c, and M.

Case 2 ~ Jerry

Jerry was six-years-old when he first came in for treatment for his constantly recurring colds, ear infections and a chronic dry wheezy cough which came on around 11.00pm. His behaviour was described as 'wired up', going crazy especially when overtired. He also exhibited a reduced attention span, jealousy towards parents and siblings, attention-seeking behaviour, running about naked, bedwetting and inappropriate silliness. Jerry's mother had experienced a very stressful pregnancy, having stopped her schizophrenia medication for the gestation period, which led to her feeling out of control and resentful of having to go through the experience. When Jerry was four months old, his grandfather on his mother's side had a heart attack, which left Jerry's mother with little time and attention for a new baby.

Hyoscyamus niger 200c was given which resulted in him being generally healthier and more emotionally resilient. His sleep improved as well. There were some residual quick tempered reactions to minor problems as well as anxiety, with no change to his bedwetting and possessiveness. However, the family had undergone a move of house, as well as a change of schools and they were impressed with the way Jerry coped with the change. Jerry was then given *Hyoscyamus niger* 1M with limited improvement. A dose of *Hyoscyamus niger* 10M following this made a major difference with Jerry having a much calmer demeanour and a reduction in 'allergic shiners' around his eyes and reduction in his bedwetting and cough. There was some lingering oppositional behaviour which was gradually addressed over the course of his subsequent treatment.

Discussion

This report and analysis was based on similar work done in Austria regarding the medicine *Medorrhinum* by Gnaiger-Rathmanner and Böhler[11]. The data in this Australian report was analysed and collected by hand and a recommendation for further study would be the use of a computer patient database because even the most basic examination of data from a clinic may require an extraordinary extra amount of time and effort from already busy practitioners. Therefore a note to fellow practitioners: if you aim to keep data for later examination, think carefully which items of data to record alongside normal case taking details and keep it well. Writing this report has amplified our understanding of the importance of keeping more complete, accurate and detailed records for consistency of data collection with a basic set of questions to be answered. For example, in the case of two children the breastfeeding history was missing. Also in two cases the child's response to the medicine was impossible to ascertain, due to inability to follow up with parents and their cases were excluded from the study.

In our view, the most interesting information gained from this case series analysis of *Hyoscyamus niger* was the number of children (twelve of fourteen) who had experienced a traumatic event during their pregnancy, birth or post natal period.

Age/sex distribution showed that twice as many boys as girls were prescribed *Hyoscyamus niger*.

Some data was not collected at all over the six year period, for example: cost effectiveness, which is now seen to be an Australian Research Priority[12].

If necessary, in future, certain questions could be completed on a check list after the case taking/receiving part of the consult is finished so as not to interfere with the flow of the consult, to fill in any vital information not having been included. The cases with data missing were still included in this study, however the non responses were calibrated by reducing the total number of respondents in each area that was applicable. An example of this is the data relating to breastfeeding, where the total number of cases was unable to be used based on incomplete answers. This was the most effective way to use the data without needing to exclude the whole case, however the statistics may not totally reflect the reality of the situation if the data left blank was actually of an extreme nature. By applying this method we are assuming that those responses were within the average range.

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