

A Chronic Case of Belladonna

By Valerie Sadovsky, RC, RSHom (NA), CCH

Initial Appointment — October 7, 2005

Pete is a five-year-old boy brought in by his mother. On the intake form she specified nighttime enuresis and frequent epistaxis as chief complaints. However, in the course of the interview, it turned out that he had a pronounced emotional disturbance which manifests as abuse toward his younger sister.

Family History — Intake

Paternal grandmother – lung cancer

Paternal grandfather – diabetes

Maternal grandmother – stroke at 45

Observations

The mother brought in Pete and Ellen, his three-year-old sister. He is tall, thin, pale and wearing a turtleneck and sweat-pants. It was a bit of a problem to get him to talk with me, but after a few times of “I won’t tell you,” he became more verbal. When the mother took Ellen to the bathroom, Pete insisted on going also, although she was sure that he didn’t need to go (“If I take her, he always tags along”). While I am speaking with the mother, Pete is playing in the toy area, but he is attentively listening to our conversation and corrects her if something does not sound right to him. He is quite bossy with Ellen and tells her which toys to play with and gets irritated if she does not obey.

Mother: We are here because Pete wets his bed. He used to wet his bed once in a while, but the last three weeks it’s been happening every single night. I don’t think it’s because of the school, because school started quite a while ago. Maybe it’s because I went back to school three weeks ago and most of my classes are at night, so their father puts them to bed. I talked with his teacher and she couldn’t relate it to anything. He says that he sleeps so soundly that he just can’t wake up in time. He can fall asleep anywhere, even in the middle of fireworks, and it’s very hard to wake him up.

He often has very bad nosebleeds, like a flood. It’s bright red and it’s very hard to stop. The only thing that somewhat helps is an icy-cold cloth on his face, and most of the time it happens when he is asleep. He is afraid when this happens and starts crying. He is very restless in his sleep and snores a lot although his nose is not stuffed up.

I couldn’t get pregnant for three years, then I had two miscarriages before Pete, and they told me I would never be able to have children because my uterus was contracted. The whole pregnancy was very easy. I was running around like crazy till the very last day. I had a little bit of bleeding during the seventh month but otherwise no problems. I was in labor for thirty-six hours and when he was born, both he and I had a high fever, so we were on antibiotics for about ten days. It was the first and the last time he had a fever. If he gets sick, it’s usually very mild and goes away by itself in a day or two.

The first few days he just ate and slept. He slept so much that I was worried, but the doctor said it was normal for a newborn. He was a very quiet baby, didn’t cry at all, in the first days nor later. My husband was on a business trip when I had him so we were alone. Since we were new in town, I didn’t have any friends yet, so I felt very lonely in the hospital. Lonely and weird and the doctor’s visits were like a present.

He is a very sweet child and hugs and kisses me all the time. He is usually nice with other kids, but not with his sister. He’s a real terror to her. “I’m getting the juice first, I’m getting into the car first, why does she have more food on her plate?” I always hear something like that from him. Anything related to her, he wants to be first. He often hits her and it started right after she was born, “Take her away! I don’t want her!” On the one hand he seems to love her (he may hug or kiss her), but all of a sudden he may hit her. It’s as if something clicks in his mind and he loses control. I asked him so many times why he does it and the response is always the same, “I don’t know.” When she was very little, he used to pull her hair. I couldn’t leave her alone with him for a second, so she spent the first few months of her life in a car seat on the kitchen counter.

Maybe he is like that because when I was seven months pregnant with Ellen, we had to leave him with my parents for a few months, and when we took him back, she was already born. My husband was looking for a job, so we were on the road all the time. I just couldn’t drag a two-year-old from one place to another. Maybe this was very stressful for him. He loves my parents and when it was time to take him back, he didn’t want to and cried for a long time after. He has complete freedom there. No one makes him read, anything is allowed and everyone pays a lot of attention to him.

If I could change just one thing about him it would be how he treats Ellen. He constantly picks on her, makes her do things his way and hits her. When he is in school, it's so quiet at home, but after three it's a whirlpool. He turns everything and everyone upside down.

When he was little he used to bite his dad, but I think this is how he was trying to get his dad's attention. Toilet training wasn't easy, as if he couldn't understand what we wanted from him. He was afraid of the toilet bowl for a long time.

He is very stubborn. No matter what you ask him to do, his first response is always "don't want to." We have to repeat over and over again. He can get very angry with me and break something. Yesterday he broke a very cute umbrella Ellen got for her birthday. I sent him to his room and he slammed the door. The worst punishment for him is to completely ignore him. He then follows me around like a little puppy, whining for forgiveness.

He has tons of energy. When we go to the mountains, Ellen and I get tired after an hour or so, but he may run back and forth three times and be ready for more. He's so fearless that it scares me, as if there is no stop button screaming "Danger! Danger!" in his brain. He climbs up tall trees, runs into the woods all by himself and is just wild sometimes. He picked up downhill skiing just like that. He is afraid of the dark—sleeps with an overhead light and always takes Ellen with him if he has to go to a dark room. He says he is afraid that there are monsters out there. A few times he woke up screaming and it took a while to calm him down. He sometimes sleepwalks.

When he was little he could sit quietly for hours tearing newspaper into little pieces, and even now he loves to play with scissors and to tear paper.

He loves sour: green apples, tea with lemon, lemonade and oranges. He loves cold water with ice, and I caught him chewing on ice a few times. He loves to chew on dry spaghetti and would eat hot dogs and nothing else if he could. I haven't noticed any particular reaction to hot or cold weather, but he is obviously warm-blooded. We couldn't get him out of the ocean in the middle of November. He loves water and can spend hours in a tub, under a sprinkler or in a pool in the summer.

Practitioner: I asked Pete about his dreams. He was a little cranky initially, but then warmed up. "I never dream." Never? "Almost never." But if you dream, what are your dreams about? "I don't want to tell you." You don't, why? "I don't know." When I dream, I dream of people or animals, what about you? "I dream of scary things." Scary things? "Yes, a monster." And what does it look like? "It can turn into animals, different animals." And what color is it? "Orange, no, it is black. He looks like a little black mouse with little sharp teeth and he runs after me." Are you afraid of him? "When he is that little, I am not, but when he turns into a big one, I am." A big one? "Yes, he is as big as a house

with long teeth that touch the ground, and he breaks the house with his long teeth because he doesn't want us to have a house, and he eats trees so we can't build a house, and the monster turns into a snake and then it helps me."

Mother: I have no idea where it's all coming from. I don't think it's a real dream, he's never told me about anything like that before. He is not afraid of animals at all. He loves snakes, he has at least 10 toy snakes, and when we were in Florida at Gatorland, he had them wrapped around his neck.

Practitioner: When I asked Pete about school he said "I like school. I like recess because I can play. My favorite game is to pretend that I'm in a little house. There is a table, chairs and plates in the house, and I eat the plates! And the forks! And the knives! And I eat the table! And I eat the house! And I eat the teacher and the whole school!"

Initial Assessment

Pete is brought in for enuresis and frequent epistaxis; however, his aggressive behavior toward his little sister is of great concern to his mother. It was so extreme when his sister was born that the mother could not leave Ellen alone with Pete for a second. It has been three years, but it doesn't look like things are getting better. Pete is still emotionally and physically abusive to her. This indicates that this problem should be addressed too.

Miasmatically, I would classify this case either as tubercular (nosebleeds, enuresis) or cancer (family history of diabetes and cancer).

Repertorization

(Using Complete Millennium Repertory—by totality)

Mind: Jealousy; general

Mind: Dictatorial; domineering, dogmatic, despotic

Mind: Fearlessness

Mind: Forsaken feeling

Mind: Biting

Generalities: Heat; sensation of

Bladder: Urination; involuntary; night, incontinence in bed

Nose: Epistaxis; general; children in

The "Mind: Forsaken feeling" rubric was selected because the mother felt very lonely when she was delivering Pete due to her husband's absence and lack of family and friends in town; Pete was left with his grandparents for a few months before his sister was born; he always wants to be included in any activity involving Ellen, even going to the restroom; the worst punishment for him is being ignored by his mother; mother says he did not want to leave his grandparents because everyone was paying attention to him. Also, nighttime enuresis started three weeks ago at the time when his mother went back to school and couldn't be at home to put the children to bed.

The “Mind: Biting” rubric was selected because Pete used to bite his father; his dream of a monster with long teeth; and, because in his imaginary play he wanted to eat everything around.

The rubric “Generalities: Heat; sensation of” is the closest analog to being warm-blooded.

Analysis

The remedies seriously considered based on this repertorization were *Belladonna*, *Lachesis* and *Medorrhinum*.

Belladonna covers all the rubrics except for the “forsaken feeling.” *Belladonna* belongs to the Solanaceae family, which also includes *Stramonium* and *Hyoscyamus*. *Stramonium* is in italics in this rubric and all of these three remedies are among the top 15 remedies in the repertorization. That tells me that the Solanaceae family remedies must be strongly considered. *Hyoscyamus* is very often indicated in cases where children become extremely jealous when a new sibling is born, so if we take just this symptom into consideration, *Hyoscyamus* would be a good choice. However, since Pete’s physical complaints are very well pronounced, I would like the remedy to cover all of them. *Hyoscyamus* is not in the “epistaxis” rubric; however, Pete’s dreams of black animals with sharp teeth (Hering’s Guiding Symptoms: Anxiety and fear of imaginary objects and hallucinations... black animals, rats, dogs, wolves, etc.), high fever at birth, desire for sour, waking up shrieking and fear of the dark are good confirmations for *Belladonna*. Toilet training is often delayed in Solanaceae kids (this is mostly seen in *Hyoscyamus*). Out of all the remedies in the repertorization, *Belladonna* covers two chief complaints the best (in bold and italic). Based on these, *Belladonna* is my first choice.

Lachesis is another remedy that, like *Hyoscyamus*, is often indicated in jealous children. Pete’s fascination with snakes is interesting as he has a whole bunch of toy snakes and he is not afraid of them at all. It is often indicated for warm-blooded persons with tendencies to hemorrhages; however, *Lachesis*’s hemorrhages tend to be dark colored not bright red. *Lachesis* patients can have enormous amounts of energy which we see in Pete. *Lachesis* is known for being very loquacious; I do not see this in Pete. On the contrary, I struggled to make him talk with me. He’s wearing a turtleneck, so he’s probably not sensitive to pressure around his neck. *Lachesis* can be very distrustful and suspicious, but I’m not sure it is easy to see this in a young child. As I mentioned before, I would like the selected remedy to cover all the chief complaints; however, I couldn’t find *Lachesis* in any “enuresis” rubrics, which made me set it aside. It does cover the case quite well, so it is my second choice remedy.

Medorrhinum. What made me think of *Medorrhinum*, aside from the fact that it scored among the top ten remedies, are extremes of behavior we see in Pete; on the one hand he is a sweet, loving child who hugs and kisses, but on the other hand he can be rude and even cruel to his sister. High energy and fearlessness mark *Medorrhinum*, and Pete exhibits both. Fear of the dark, compulsiveness, craving for oranges and nighttime enuresis are characteristic for *Medorrhinum*; however, it does not have epistaxis. For *Medorrhinum*, I would like to see some “inflammation” symptoms, at least at some point (e.g., nasal catarrh with greenish discharges or joint problems); however, Pete is very healthy physically and never had problems of this nature in his life.

Based on my evaluation, *Belladonna* was selected. I decided to give Pete a single dose of 1M. We need to match the energy of the remedy to the energy of the child and Pete is a very vital and physically strong boy.

Follow-up — November 18, 2005

Observations: Pete is not as pale as the first time. His sister was playing in the toy area and he came up to her and started hitting her with a toy. His mother tried to stop him, but pretty unemotionally.

Mother: Pete got sick with a very high fever a week after he took the remedy. The fever lasted about four days, but he didn’t have any other symptoms with it. He was very lethargic and pale, slept a lot and once woke up crying as if he had a nightmare, but calmed down easily. When he was sick he wet his bed only once, now it happens about every third night. The last time he had a nosebleed was when he was sick with fever; that’s a huge improvement because he used to have one 1-2 times a week. There is something new though; he sweats terribly at night now and sometimes I even have to change him.

Fear of the dark hasn’t changed and the way he treats Ellen hasn’t changed too much either. Yesterday he told me that he punished her. I tried to explain to him that it wasn’t his responsibility to punish her, but I don’t think he understood. It seems that he hasn’t been saying “don’t want to” all the time, so it’s easier to deal with him.

We got a report card from school. The teacher says that he gets along with kids but his concentration is low and she has to repeat several times for him.

Practitioner: I again asked Pete about his dreams. “I don’t dream of scary things anymore, but I dream of dinosaurs! And they poop! They eat a lot and they poop a lot! And the doggies poop! Everyone poops!” Mother says, “Shame on you! If you

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don't stop it, we are not taking you to the mountains tomorrow!" Pete says: "Not fair! Ellen is coming but I am not!"

Assessment

Enuresis is better (every third night vs. every night). Epistaxis is gone. He is easier to deal with and doesn't say "no" all the time. He doesn't dream of monsters anymore. On the other hand, he still mistreats his sister and his fear of the dark hasn't subsided. "Poop" talk may indicate that maybe he needs *Hyo-scyamus*. Night sweats are new, which is characteristic for *Calc-c*, so I need to keep it in mind since *Calc* is complementary to *Bell*.

Plan

Wait and watch. I don't think the remedy needed to be repeated at this point—the first dose was high and he hasn't relapsed.

Follow-Up – January 13, 2006

Observations: Pete is not cranky and not barging into our conversation all the time. He is quietly playing with Ellen without bullying her during the session. He and Ellen are happily drawing.

Mother: The last two weeks he's been wetting his bed every night again. First, I thought it was because he had so many activities and got tired (school, music, swimming lessons), but it was the same over school break. Then I thought that he just wanted our attention because every time he got wet, he ran to our bed. But he may pee into our bed too, so it's unlikely. I also thought that he was afraid to go to the bathroom in the dark, because he is still afraid of the dark.

He keeps sweating at night, not every night though, sometimes absolutely dry, sometimes soaked. I also noticed that he's been salivating a lot on his pillow. Now, he often sleeps on his knees and belly and snores very loudly.

He hasn't had a bloody nose since when he was sick with fever and he stopped complaining about headaches.

Everything is okay in school. His teacher says that he understands much better and can concentrate longer. He's easier to deal with and hardly ever says "no." He's better with Ellen; before he would hit her right away, now it's more like bossing her around like "do this, go to mom and tell her that," etc.

He's been obsessed with an idea that we should get another baby. He's pestering me every day about it and when I tell him that now is not a good time; he goes, "Why? Don't you love babies?" He loves little babies, all but Ellen. My girlfriend has a 6-month-old, and when they come over he always plays with her very gently. I wish he were like that with his own sister.

His appetite has been so-so lately. He wants to eat hot dogs and nothing else, especially Polish sausage.

Practitioner: Pete says, "I had a dream about stinging nettle, it grew very tall and started chasing me." He drew a picture of stinging nettle, a little house, Ellen and himself. There are a lot of ghosts and skeletons here. "Ellen and I have swords and we swing our swords at them. And then a witch came and she wanted to turn Ellen into an animal!"

Assessment

Besides enuresis, there is obvious improvement, both physical and mental/emotional. There are no more nosebleeds, no headaches, he is easier to live with (extreme stubbornness subsided) and he doesn't bully Ellen as much. Fear of the dark hasn't improved. Drenching night sweats are a little better. His dream this time has scary characters again (witch, ghosts, skeletons, giant stinging nettle chasing him) and the witch wants to turn Ellen into an animal. Is it a sign that he needs *Belladonna* again? Drenching sweats, sleeping in the knees-to-chest position, desire for hot dogs, high energy and lung cancer in the family speak for *Tuberculinum*. It's interesting that Roberts, in *The Principles of Art and Cure by Homeopathy*, says, "The pre-tubercular child will have hemorrhages from the nose at the slightest provocation... Nocturnal enuresis... is tubercular." *Medorrhinum* is a good candidate again, especially because of the characteristic sleep position, fearlessness and the points listed above. I am going to repeat *Belladonna* to see if it changes anything. It worked quite well the first time, and I don't want to abandon it unless I'm absolutely sure it stopped working.

Plan

Belladonna 1M, sd. I also suggested putting a potty under Pete's bed so he wouldn't have to go to the dark bathroom if he needs to pee in the middle of the night.

Follow-Up – February 24, 2006

This time Ellen stayed at home, so I can't watch how Pete is with her. He spent the whole time quietly flipping through a coloring book.

Mother: Bedwetting is much better and happens once in 5-7 days. Sometimes he even gets up and goes to the bathroom. He hasn't been sweating as much in his sleep; I would say it's 50% better. No bloody noses to speak of. He hasn't been terrorizing Ellen as much and we even have quiet moments when they play together without screaming. He still has tons of energy, so it's hard to keep up with him. His appetite is still so-so, he loves hot dogs, bread and sweets. He's doing well in school.

Practitioner: When questioned about his dreams, Pete said he couldn't remember any. He was not very communicative this time, answering "I don't know" to most of my questions.

Assessment

The mother reports significant improvement on the physical level: epistaxis is gone; bedwetting is much better and he even gets up to pee. He doesn't sweat as much at night either. He is

much calmer with his sister and they can now play together. Neither the mother nor Pete reported scary dreams or headaches. His appetite is still low. I don't see any new picture emerging, so I decided to wait longer.

Plan

Wait and watch. I instructed the mother to get in touch with me if there is a decline.

Phone Follow-Up – May 26, 2006

Mother: Within two weeks or so after we saw you Pete stopped wetting his bed. We went on a long vacation over spring break in March, so I was afraid it would start again because of stress, but it didn't. He wet his bed the first three nights after school started and I was about to call you, but it stopped by itself. I tried to find out what could cause it, but he couldn't give me a good explanation. I think it started again because he was too tired and couldn't wake up when he needed to go, so I've been trying to put him to bed at 8:30 at the latest. Ever since this last episode in March, he's been dry. I don't think he had headaches, he usually tells me or I can just see it because he gets pale and lethargic. No nosebleeds at all. I'm so grateful for this because his pediatrician didn't offer any options except for sending us to an ENT doctor for cauterization, and I really didn't want to put him through that.

I know that you want to know about his dreams, so I ask him all the time, but he says that he doesn't remember.

He is okay with Ellen most of the time, there are episodes of commanding her around once in a while, but it's nothing compared to beating her up all the time. It's very good for her, because she used to stay by my side all the time. I think she was afraid of him.

Practitioner: I asked her if there was anything she would like me to address and she replied that they were pretty happy

with the outcome and she didn't see any other problems to mention.

Assessment

Pete continues doing well. It's been four months since the second dose of *Belladonna* and his main physical complaints are gone. He also stopped hitting his little sister. It looks like he hasn't been having scary dreams either. As of February, I don't see any new picture emerging, so I decided to wait.

Plan

Wait and watch. I instructed the mother to get in touch with me if there is a decline.

Phone Follow-Up — July 05, 2006

Preparing this case, I called to inquire about Pete's condition. His father said that Pete continued doing well. *Belladonna* is usually considered an acute remedy; however, as we see in this case, an "acute" remedy may work very well in chronic conditions as long as the symptoms agree. I anticipate that as he gets older, Pete will require another remedy, probably *Calcarea carbonica* (his games and dreams about houses indicate that home is important to him; home = security). On the other hand, I won't be surprised if he will need *Medorrhinum* (see initial assessment.)

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