

A change of personality

Mabel Aghadiuno describes how persevering with a medicine had beneficial effects for her young patient

Sammy first came to see me with his mother last spring at his GP's request. His mum was quite desperate and did not know what else she could do for her son. The problem centred on his outbursts of anger. During his fits of temper he would wreck his room and even break things that were quite dear to him. His anger was spiced with spitting, striking and swearing. He would also call his mum a "bitch" and be very difficult to handle. His mother would have to resort to restraining him physically if she could but this was becoming an increasing challenge. He was doing what all boys of 13 do – grow – and he was thus becoming too strong for her. Sammy's child psychiatrist prescribed him Ritalin but his mother reported that this only seemed to make his behaviour worse. The angry outbursts could occur every day or sometimes several weeks would pass before anything of any moment occurred. In between the outbursts Sammy was

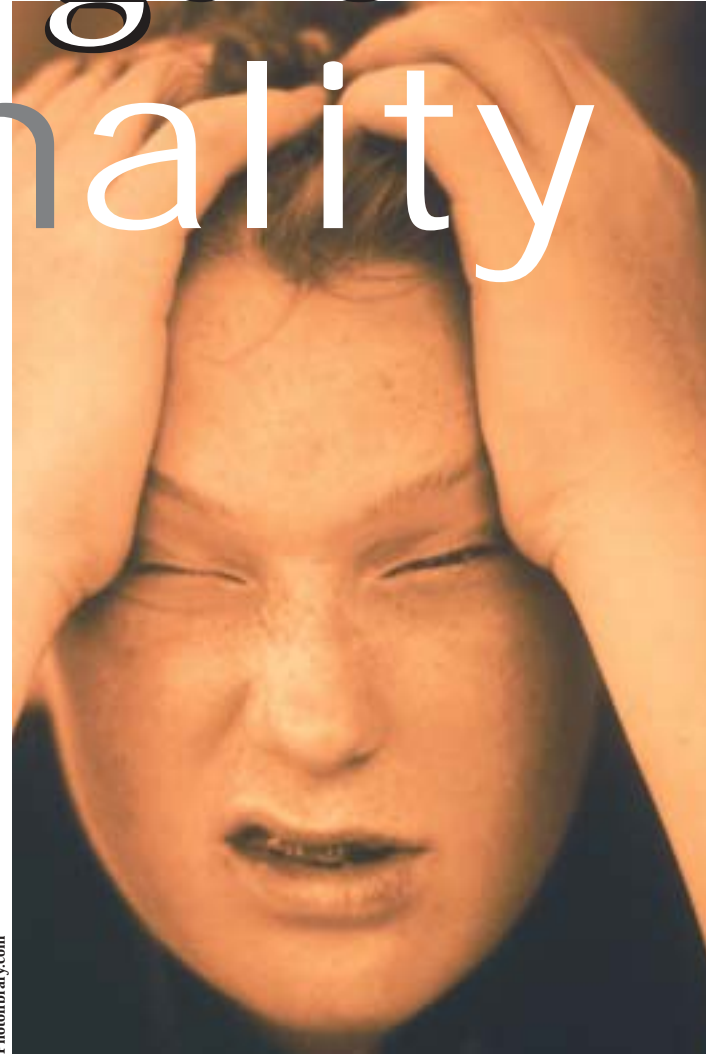
generous, helpful and good to his younger brother.

Unfortunately Sammy's behaviour was disruptive at school too. He was suspended and the special needs school was now speaking of excluding him permanently. I looked at the two people who were in front of me: Sammy who was rather nonchalant and wore a set frown on his forehead with a puzzled screwed up facial expression and his mum whose face was taut with concern to the point of real anguish.

I asked Sammy first what the problem was. He commented with a slow, slurred drawl that he did not have any. He sat on the chair quite quietly and I found it hard to believe that he was capable of the violence which his mum had reported. His sad story then unfolded.

Sammy's history

Sammy was knocked down five years before and he suffered severe brain damage. He was in coma for four months and while in coma



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his eyes were wide open and he just stared. He showed no signs of recognition of his family and it was unclear whether or not he could hear. He lost his memory and had to re-learn for example what a cup was. He could no longer control his bladder and he was unable to hold a conversation because he simply no longer possessed any vocabulary – in effect he had become like a baby.

Gradually he started to move his arms and legs and then the slow painful road to recovery began. He remained in a rehabilitation unit for eight months and should actually have remained longer but homesickness made him ➤

A model expresses the frustration Sammy often feels

ask to leave.

Conversation with Sammy consisted of only a few sentences in response to my questions. The vocabulary was simple and I was conscious of trying to be as clear as possible in order not to emphasise even more that his speech was inappropriate for a boy of his age. In fact he tended to get very frustrated because he could not express himself as quickly and as adequately as he wished.

The accident had left him with very bad weakness and spasticity of his arms and legs. His gait was slow and he tended to drag his feet along the floor. There were also problems with his balance and he staggered. The GP had pointed out to me that Sammy had absence seizures.

As well as the angry outbursts since the accident Sammy had developed a predilection for play with younger boys and liked the toys of his younger brother. He had periods when he expressed the desire to kill himself and he felt down because he did not have any friends. His mother commented that he also seemed to have lost his inhibitions and looked at pictures of semi-dressed women without any embarrassment or compunction. Prior to the accident there had been no history of developmental problems or of epilepsy and his health had been good.

The history of head injury and of the childlike behaviour made me wonder about *Cicuta virosa*. The reversion in his behaviour seemed to me the thing that was particularly characteristic of his case. Other features were the coma following head

injury, the fact that he had ailments since head injury, the angry outbursts and the absence seizures. I also had to consider his habit of swearing, spitting and striking.

I repertorised the case so that my bias towards *Cicuta* might not exclude remedies, which could be potentially more helpful. *Arnica*, *Helleborus*, *Nat sulph*, *Opium*, *Stramonium* and *Hyoscyamus* were also suggested on repertorisation but it seemed to me that *Cicuta* best fitted his case even though the florid epilepsy picture which it described in the *materia medica* was lacking in Sammy. He was supplied *Cicuta 200c* to take daily for three days to be followed by *Cicuta 6c* daily for as long as necessary.

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Follow up

Sammy returned two months later and his mother commented that the “school had noticed a big improvement in his behaviour”. He was “a lot calmer”. There was an incident where someone hit Sammy. Normally he would have responded with equal gusto “but he accepted the apology” and did not react. His mother commented that the improvement coincided with his taking *Cicuta*.

At home his younger brother still “wound him up” and a tantrum would ensue but Sammy seemed to be coming out of the tantrums much quicker. He would be in the middle of one and then

“come down” becoming suddenly “sweet”. His mother was amazed as she and her husband had been told that “he wouldn’t be able to control situations since the accident”. I gave his mother a supply of *Cicuta* to take in case there was any relapse. She ranked his improvement at 50 to 70 per cent.

Three weeks later Sammy returned with his mother and she reported deterioration in his behaviour following *Cicuta 200c* once he stopped taking *Cicuta 6c* daily. He was a lot more defiant and could not control his tantrums, which were lasting for 20 minutes, at all. Other people had noticed this deterioration in his behaviour. I instructed Sammy to recommence *Cicuta 6c* daily.

Two months later Sammy’s mum phoned to say that he had settled down and was doing quite well back at school. There had however been some difficult moments over the school holidays but generally he was better. I suggested that Sammy continue on *Cicuta 6c* daily taking *Cicuta 200c* if there was a general relapse in his behaviour.

Last October Sammy came to see me. His mother reported that he was excluded from school for a day. His behaviour was destructive and he punched a pupil and one of his teachers. In the house he was constantly arguing with his brother. I had noticed a mischievous glint in his eyes at different moments when he came to see me. He certainly had been mischievous! He got angry with his brother at the slightest remark he made and relished getting him into trouble. Sammy seemed to



take great pleasure in telling me that his brother was his “natural enemy”. He was being obstinate and uncooperative at home. The intensity of Sammy’s violence and aggression came across from the history, which his mother had given me. I wondered if I really had given Sammy the correct remedy and then opted to prescribe Stramonium.

Two months later his mother explained that Sammy had been hitting the other children at school. He was only “slightly better” since taking the Stramonium. He seemed “to go out of his way to wind his brother up and he was wilfully being a nuisance”. He used the most colourful assortment of scurrilous words with which to insult his brother and the other family members. He also took great pleasure in seeing his brother cry and added that he hated his father and brother. Sammy said he was a great fan of Elvis Presley and that Elvis talked to him during the night.

I thought that his mischievousness and

obstinacy might have called for Tuberculinum. Five weeks later his mother reported that he was “quicker to calm down”. He seemed to get worse initially but then he got better. He had “not really” been striking his mother and he was playing better with his younger brother. He let his brother come into his room – usually forbidden territory – and they managed to watch a video together amicably. He was also “a wee bit more alert” in that he was making jokes and being witty.

Unfortunately this improvement did not last long. His tantrums began to increase again and the school was threatening to exclude him. He lost his temper frequently but was quick to apologise. His mother with hindsight thought he was a lot better on Cicuta.

At the beginning of last year I decided to repeat Cicuta at the slightly different potencies of 200c, 1M and 10M taken over three days whenever he has a relapse and to continue with the daily dose of 6c daily. His

mother reported a month later that he was much better and his behaviour at school had improved. Four weeks after this he “had not hurt anyone once”. He was playing well with his brother at home, he was “very pally” with him and was “very good” at school. The school holidays passed off without any incident and this was usually a difficult time for everyone. I suggested he continue on Cicuta taking the high potencies if there was a relapse.

During the past year he has had some minor setbacks but in his behaviour generally he is much better. He is calmer and during the summer holidays he made a good friend.

The remedy

Cicuta belongs to the Umbelliferae family and its common name is cowbane. It is also known as water hemlock. Clarke in his *Dictionary of Materia Medica* has identified these as some of the characteristics of this remedy:

- He confounds the present with the past.
- Discontent and ill-humour.
- Forgets his own name.
- He thinks himself a young child.

According to homeopathic literature Cicuta has been used successfully in the past to cure cases of cerebrospinal meningitis and also epilepsy. Violence is apparently a leading feature as are some of the classical features of epilepsy.

Sammy’s case taught me that you have to persevere with a remedy once it seems to stop working, using it in different potencies until you are finally convinced that it is not working. Only then might you consider trying a different remedy.

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