

ACONITUM NAPELLUS

DR. WILLIAM GUTMAN, M.D., NEW YORK

The telephone rings at night. It is an urgent call to see a patient in a far outlying district of the city. We find a woman of eighty-one with signs of restlessness, turning about in bed, the face congested, breathing somewhat difficult, groaning, delirious. The temperature reads 103°F. Examination of the chest reveals the typical incipient rales of the first stage of pneumonia over both lower lobes of the lungs. In view of the serious character of the condition and our inability to see this patient regularly because of the travel distance involved, we suggest hospitalization. This is refused energetically by the relatives because the patient had been only a few months ago in the hospital with pneumonia, and needed a long time to recover, which fact the relatives attribute to the treatment, abounding with antibiotics. They want Homœopathy this time, being somewhat familiar with the method. With no choice left, we administer the indicated remedy, *Aconite*, in the 200th potency, to be given from a solution in water, one teaspoon every hour.

In the morning the temperature had come down to slightly above normal. The patient is better, but a delirious state continues. The patient has suffered for quite some time from cerebral arteriosclerosis with periodical slight disturbances of consciousness. *Stramonium* is prescribed, since the patient desires light near her bed. This prescription proves helpful. The full fury of the attack was broken by *Aconite*, but for the remaining symptoms and the resorption of exudation *Lycopodium* was required. The condition never reached the state of full hepatisation, and recovery followed in the course of little more than two weeks, when the patient was out of bed and in fairly strong condition.

In the previous attack, treated in the hospital with antibiotics, recovery was a long drawn out process where weakness continued for many weeks. I might add that most of the

follow-up during the illness had to be done by telephone, since it was impossible to see the patient frequently. It is now two years since the attack, and the old lady is still alive.

It seems to us not without significance that another attack of pneumonia followed so soon the attack treated with antibiotics, which would tend to prove the contention that antibiotic treatment, by not permitting the body to build up its own defenses, renders it more susceptible to new infections.

A girl four years old is brought by the mother to the office with the complaint of sleeplessness. The rarity of insomnia at this age aroused our inquisitive curiosity. The sleep is restless, short and often interrupted. The history reveals nothing which would account for the symptom, nor does it give any clear cut indication for a remedy. We start to question the mother about herself, particularly about the period of pregnancy. Among other things the mother mentions, more as an afterthought, a car accident, and remembers that she had felt immediately afterwards particularly strong child movements. We gave the child *Aconite* 200., and from that moment the child slept undisturbed. This case shows the effect of prenatal experiences, in this instance shock, transmitted obviously by the mother to the fetus through nervous and humoral pathways. It shows at the same time the far reaching effect of the potentized homœopathic remedy.

These two cases, chosen from many experiences with *Aconite*, demonstrate the wide range of *Aconitum napellus*, one of the greatest remedies of the homœopathic materia medica.

In all its parts, but particularly in the root, *Aconite* harbors one of the most formidable poisons known. For the old Greeks it constituted *the* poison. In their mythology they attributed its origin to the foam spilling from the mouth of Cerberus, the watchdog of hell. *Aconitin*, the main representative of a group of similar alkaloids contained in the plant, is the most poisonous and swiftest acting alkaloid. Three milligrams are sufficient to kill a horse. More powerful than hydrocyanic acid, it acts with similar tremendous rapidity.

Such overwhelming power, if released within the human economy, can evoke only one kind of mental reaction—fear.

The expression of fear in its highest degree, the fear of death, the fear that the end is approaching, will be found only among the most powerful poisons which attack life at its very source. The condition which is most likely to produce this deep-rooted biological fear is interference with the process of respiration. This expression of fear is to be found particularly in patients who suffer from dyspnoea, be it of pulmonic or cardiac or toxic or mechanical origin. The process of respiration, i.e., of oxidation, is at the very source of life and any obstruction of this process resulting in local or general anoxemia will result in fear. Among the "fear remedies," *Arsenicum* owes its effect in the first place to its interference with tissue and cell respiration. *Hydrocyanic acid* acts so fast, that it offers no chance to develop many mental symptoms during its acute effect. However, anxiety is present, due obviously to its basic effect, interference with the process of oxidation. *Digitalis* and *Veratrum album* show great fear because of the anoxemia of circulatory origin produced by these drugs. We may now infer that the basic underlying factor of the *Aconite* picture is anoxemia.

The wanderer in the mountains, where the oxygen content of the air diminishes with increasing altitude, leading to a state of anoxemia known as "mountain-sickness," will find in these altitudes the typical habitat of *Aconite*, *Digitalis*, *Veratrum album*. These plants are obviously able to resist the relative anoxia of the high mountain regions. At the same time these are the plants whose poisons are able to produce and to cure this condition, so likely to occur at these great altitudes, whether brought on by a severe chill, as in the case of *Aconite*, or through exhaustion of the heart, as in the case of *Digitalis*, or through the collapse of the vasomotor system characteristic of *Veratrum album*. *Arsenicum album*, which owes its effect likewise to its influence on respiration and the vasomotor system, bringing about and reversing its collapse, is the remedy of the native mountaineers and peasants of Styria and the Tyrol, enabling them to climb mountains with less respiratory distress.

If we compare the symptoms of "mountain sickness," which is due to relative anoxemia, with symptoms produced by

Aconite, we shall find a certain similarity. Among the mental symptoms of "mountain sickness" we find, first, stimulation, rapid sequence of ideas, exhilaration, gradual loss of mental control and judgment. Similar symptoms are to be found among the mental symptoms of *Aconitum ferox*, the most poisonous of all *Aconite* varieties (possibly of all plants), which is at home in the highest of all mountains, the Himalayas. Later on develops a quarrelsome state, ill temper, terrible weariness and restlessness, numbness and tingling, sudden hæmorrhages. These are typical *Aconite* symptoms, pointing to anoxemia as the underlying factor of the *Aconite* effect. The death of *Aconite* is due to final paralysis of the respiratory center itself, producing general anoxemia and suffocation.

The characteristic pains of *Aconite* are "unbearable" as the patient expresses it, and of burning quality. The "unbearableness" is the expression of a hyperalgesia, produced through a lowering of the pain threshold. A similar lowering of the pain threshold with the burning character has been shown to occur in progressive asphyxia or anoxemia of sensory nerves, induced by interruption of circulation in an extremity, preceding the development of complete anesthesia, with numbness and tingling. Burning, intolerable pain, followed by tingling and final numbness and anesthesia, is the typical expression and sequence of the *Aconite* pain. Also in the more localized expression of its symptomatology the *Aconite* effect appears as the consequence of anoxemia.

Aconite has a particular, so far not explained, affinity for the trigeminal nerve, producing and curing a typical form of trigeminal neuralgia. Wolff et al. have found reasons to assume that trigeminal neuralgia is due to ischemia, i.e., a local anoxemia of the trigeminal nerve and the Gasserian ganglion through vasoconstriction. That such vasoconstriction should particularly easily occur in the trigeminal nerve, Wolff explains as due to the poor vascularization of the ganglion Gasserii, thus permitting any vasoconstrictive influence to take a quick hold. Such effect (the provocation of an attack of trigeminal neuralgia) Wolff could produce with vasoconstrictive agents, like epinephrine; but, also, through the sudden shock of the im-

mersion of an extremity in ice water. Besides, he found that apprehension or "sudden startling" of the patient could provoke the pain attack. Here we find the two main causative factors, characteristic of *Aconite*: Sudden chill, and fright. Both have an immediate vasoconstrictive effect which leads to local anoxemia, which could be typically eliminated by a strong vasodilator, such as *Amyl nitrite*.

A threatening generalised anoxemia, through direct attack upon the center of respiration, will account for the great fear and restlessness, those main characteristics of the *Aconite* picture. The fear of impending death through suffocation, provoked by an overwhelmingly strong poison, and the restlessness are expressions of the mental-physical reaction to such a poison, instinctive escape movements, expressed by tossing around, and heightened by the intolerable character of the typical *Aconite* pain. At the end of the frightful course of *Aconite* poisoning we have actual suffocation through paralysis of the respiration.

Autopsy is on the whole always negative, and the only changes are signs of internal asphyxia.

Besides the leading mental symptom of fear of death, the restlessness and the tossing, the intolerance of pain and the subjective pain character of burning, followed by tingling and numbness—all of which can be now explained through a single common pathology, anoxemia—we find as main physical symptoms extreme chilliness, followed by intense heat and increase of body temperature. The chilliness seems to be caused by a direct stimulation of the parasympathetic cold center and, on the other hand, through stimulation of the vasomotor center leading to constriction of the arteries and consequent peripheral anoxemia with the sensation of chilliness. The subsequent heat and increase of temperature (several degrees in animal experiments with *aconitine*) are due to reactive stimulation of the sympathetic heat center.

The same symptomatology is produced by sudden chilling in dry, cold wind, and by the emotions of fear, fright and anger. Sudden chill leads to local or generalised vasoconstriction; followed by ischemia and reactive hyperemia. If affecting locally

a nerve, for instance the trigeminus nerve, which is particularly susceptible because of the poor blood supply of the ganglion Gasserii, an acute neuralgia will be the result. If affecting an organ or the whole body the chill will lead to more generalised vasoconstriction, followed by reactive hypermia and heat. Sudden fright, fear and anger have a similar vasoconstrictive effect, possibly mediated through stimulation of the adrenals, secreting vasoconstrictive hormones.

All these symptoms can be produced and cured by *Aconite*, and have a characteristic rhythm of action. They come and pass away with the violence and suddenness of the atmospheric or emotional storm which may cause them. They will make their appearance, particularly, in a personality type which has a quickly and vigorously reacting vasomotor system, as expressed in the plethoric type or the type of "rigid fiber," as Hahnemann called it. The patient comes down suddenly with an attack of high temperature, preceded by a severe chill and arterial hyperemia, which can settle in any organ. Acute simple cold; sore throat; bronchitis; croup; beginning pneumonia; acute gastroenteritis; conjunctivitis or otitis; acute urinary trouble; neuralgic rheumatic conditions—any of those will respond to the similar effect of *Aconite*. In the plain head cold from exposure to cold, dry wind, very little or nothing will be noticed of the mental symptoms of the grand *Aconite* picture, and *Aconite* will be still useful in the very beginning of such a cold, to be compared, in contrast to the great storm of the fully developed *Aconite* disease, with a tempest in the teapot.

Sudden fright or shock or vexation might bring about similar changes in the vasomotor system, but also suppression of the menstrual flow, or sudden urine retention, or sleeplessness, or fainting, or palpitations, even irregularity of heart action (extrasystoles). If the impact of exposure or emotional disturbance is strong enough, then the full picture of the *Aconite* disease will unfold with all its ferocity; its anguish, restlessness, fear, even prediction of the hour of death by the patient; agonised tossing about in bed; intense burning pain or heat; lamenting; moaning; screaming with pain. But all this will pass away under the influence of one or a few doses of *Aconitum napellus*

like magic, restoring the peaceful calm of health after the stormy onset of disease.

The *Aconite* disease breaks out like the storm which sweeps the mountain heights where the plant grows. A slender, but very rigid stem, with sharply pointed lancet-like and deeply lobed leaves, carries the helmet-shaped flower to a height of three feet. The steel blue helmet gave the plant its common names, helmetflower or stormhood, also monkshood. This flower, ingeniously built, closed from all sides, performs in a perfect manner its function of protecting the inner organs, stamen and pistil, against cold, wind and rain. Studies of the unique form of the petals have shown that the helmet fulfills its protective function against weather influences to such a perfect degree that, even after intense and long lasting rainstorms, the crown inside is free from any injurious moisture, and well-guarded against cold. Temperature measurements, by bringing a thermometer inside the petals, indicated a temperature within the crown which is on the average three degrees higher compared with the outside temperature. Many insects use the natural protective power of the crown of *Aconite* against cold and rainstorms by hiding inside the helmet.

As in a picture, we are able to perceive, through appearance and function of the plant, the very essence of the healing power of *Aconitum napellus*.

—*Jourl. of the Am. Inst. of Homœopathy, Jan., '57*