

Centre for Integrative Medical Training
In Association with the Centre for Integrative Care &
The Academic Department, Royal London Hospital for Integrated Medicine



Foundation Course in Medical Homeopathy

A Blended Course in Homeopathic Medicine for Healthcare Professionals

Part 3.6

Section 12.1 *Nux Vomica*

Introduction.

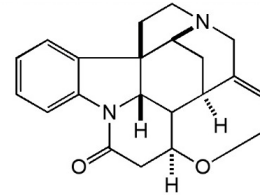
Nux vomica is an important polychrest remedy. The source material is plant: the *Strychnos nut*.

You can probably guess from the name, that the main active principal in this remedy is the alkaloid *Strychnine*, a renowned poison.



Toxicity and Doseage (another example of the Arndt Schultz phenomenon)

The toxicology of most alkaloids is dose-dependent, as you would expect from agents which have powerful biochemical and physiological effects. The symptom picture of *Nux vomica* is wider than that of *Strychnine* (*Strychninum*), however. This is because *Strychnine* is only one alkaloid in a 'community' of active substances, that exist in the source plant material.



Toxicity of Strychnine

It is worth looking at the biochemical / toxic profile of *Strychnine*, however, because it makes up a dominant part of the overall remedy picture.

If a minuscule dose of *Strychnine* is ingested, it has a stimulatory effect on the central nervous system. The result is elation, quick-wittedness, rapid ideation and a feeling of heightened awareness and energy.

Before you consider that this sounds pleasant enough or that it could have value as a 'recreational' drug, consider that the dose threshold between this positive stimulatory effect and unpleasant toxicity, is very narrow. With a small increment in exposure, the central nervous system becomes over-stimulated and dis-inhibited.

Overstimulation begins with **hypersensitivity** of the special senses. Sounds become sharp or uncomfortable and there is intolerance of light (photophobia), accompanied by irritability.

With further stimulation and **disinhibition**, the person becomes irascible and perhaps even violent.

Disinhibition of the descending inhibitory spinal pathways causes segmental problems in the reflex arc. This manifests first with fasciculation of motor muscles, followed by twitching. If the dosage rises further the problem progresses to spasm, or tetany.

There is also **autonomic disturbance** and *Nux vomica* toxicity is associated with disordered intestinal motility: oesophageal incoordination, gastric reflux, and unstable bowel habit. Laryngeal spasm can also occur.



Watch a lecture presentation on *Nux vomica*:

<https://youtu.be/n9gdeSPrQ9A>

Progressive stimulation/disinhibition causes **autonomic dysfunction** of pelvic innervation: bladder instability, vaginismus, from lightest touch, and priapism.

The threshold between hyperstimulation and paresis is also a very narrow one and animals poisoned with *Strychnine* quickly progress to paralysis of the respiratory apparatus and death.

The Homeopathic Symptom Picture of *Nux Vomica*

At this point, you may be wondering how the toxic profile, we have just described, relates to the clinical remedy picture of *Nux vomica*.

The important concepts to remember in the pathogenesis of a *Nux vomica* state is

1. Stimulation and
2. Dis-inhibition.

Pathogenesis:

Adults who are predisposed to this remedy profile are typically **quick, intelligent individuals**, before they evolve towards the *Nux vomica* 'state' we are about to describe. (This is the so called 'healthy' constitutional picture).

Implicit in every human strength is also a predisposition to illness. Unlike Sulphur types, the *Nux vomica* type is very focussed and (usually) ambitious. They are able to see the kernel of a problem or argument and act very directly and practically on their observations. They are often promoted to positions of responsibility or power at an early stage of their career.

With influence and power (and perhaps an income to match), come temptations and self-fulfilling ambition. These individuals drive themselves extremely hard and can often be found 'burning the midnight oil'. They will also party hard: eating and drinking to excess particularly at night, and they may overuse alcohol, coffee, tobacco or recreational drugs and enjoy a promiscuous sex-life.

If these activities become habitual, they become progressively over-stimulated and sleep-deprived, perhaps falling into bed in the small hours of the morning, only to waken a short time later, consumed with thoughts of the following day's workload - and unable to get back to sleep.

They may arrive at their place of work with a headache, or hung-over, hypersensitive and irritable. Typically they will pull down the blinds on the window, because the light hurts their eyes. They may shout at people for cheerfully whistling in the corridor and fly into a temper over any trivial matter.

Physically they are sensitive to small changes of temperature and may feel intermittently shivery. Busy people often eat quickly and although patients moving towards a *Nux vomica* state can enjoy quality wine and rich food, they can also gorge on junk food and coffee, merely to sustain themselves through a period of pressured work.

There may be an addictive personality type which drives certain behaviour patterns in these patients. The thrill of the chase and the excitement of landing the 'big deal', the attraction of the high life and its promises of wealth, recognition, easy sex and fast cars ...

Not all *Nux vomica* patients are so 'nakedly ambitious' some are on a creative quest, or they are forging their way as an integral part of a momentous project. Whatever the main motivation, the net result is the same: over-stimulation, dis-inhibition and loss of smooth control.

Chilliness, sleep-pattern disturbance, headaches, fatigue, neuromuscular disturbances, neuralgic pain, irritability, loss of tolerance and aggression, can all be accentuated in the emerging *Nux vomica* state.

***Nux vomica* states in Children**

Children can also become over-stimulated by loss of sleep, high action computer games and the use of stimulants in so-called 'energy' drinks, with their refined sugars, caffeine and additives.

These children tend to frustrate their teachers, who recognise their innate intelligence, but observe their dysfunctional and aggressive behaviour towards their peers and also notice their short attention span in the classroom.

Activity:

Now study *nux vomica* in more detail and look at the illustrative cases before continuing to the next section.

Nux vomica (Poison nut)

Outline Summary



Hypersensitivity, hyperstimulation, spasmodic violent action
Fastidious, ambitious
Very chilly, < early morning

Typology

Hypersensitive, nervous, chilly often gastro-intestinal problems.
Irritable and cannot stand contradiction. Sallow complexion with a dusky flush. Hard workers.

Tissue Affinity

- Nervous system
- Digestive tract

Mentals

- Strong inner urge to achieve, ambitious
- Fastidious, fault-finding, irritable
- Oversensitive to impressions

Generals

- Generally chilly, but sensitive to extremes of environment
- Ineffectual urging

Desire for:

Stimulants, ie coffee, alcohol

Aggravated by:

Stimulants, ie cold air, pressure of clothes

Ameliorated by:

Free discharges

Clinical Indications

- Hyperactivity, ailments from overwork (workaholics)
- Dyspepsia from overindulgence
- Constipation haemorrhoids
- Alcoholism
- Rhinitis

The case studies overleaf have been incorporated into the lecture presentation linked on Page 1 of this module.

Nux Vomica in Children

Nux vomica children are a bad influence. They are the kind of child that other children's mothers might ask her own children not to spend time with. The *Nux vomica* child seems physically robust, but is often unstable at a mental-emotional level.

Disinhibition is one of the keynotes of *Nux vomica*, and the pathogenesis of *Nux vomica* in children emerges due to a lack of parental control and guidance. At primary school they are bullies and other children are frightened of them because they can be so unpredictable. One moment the *Nux vomica* will be seen engaging in an amicable game with other boys of his age, and in the next moment he will be seen holding them in a strangle hold or possibly, involved in a full-scale fight. These children sit up most of the night watching videos. In their teens, they are out hanging around with friends and possibly experimenting in illegal drugs or alcohol.

For all their unpredictability and irritability *Nux vomica* children are intrinsically bright. The motivated or idealistic teacher will recognise the potential within these children and may make it their mission to educate them successfully in spite of their insubordination and lack of discipline.

The *Nux vomica* child can be violent, and in the modern culture violence against pupils and teachers in the classroom can often be ascribed to the disinhibition and volatility which is inherent in *Nux vomica* children. *Nux vomica* as a phenomenon in childhood is rising in the modern suburban culture, particularly as the incidence of broken families and absent fathers is on the increase. Night watching, abuse of stimulants like tobacco, alcohol, and soft drugs will all contribute to the emergence of a *Nux vomica* state. The cycle may become one of self perpetuation as these children form adolescent groups which initially engage in innocent bravado, but later become involved in violent criminal activity.

The *Nux vomica* state can occur in adults who have become overdriven by ambition and over worked. Adult *Nux vomica* states, however, are not particularly associated with criminality, but more with driving commercial ambitions and competitiveness.

Pathological expressions of *Nux vomica* in Children:

- Muscle cramp
- Painful constipation
- Tics and twitches
- Emotional outbursts
- Infant colic
- Asthma
- Enuresis (see *Nux vomica* case below)

Some Further Relevant Reading is listed on page 8. First, however, let's take a look at a representative *Nux vomica* clinical case.

Nux vomica Clinical Case

Robert M Age 10

Presenting complaint: Enuresis

History of the presenting complaint:

Robert has been wetting the bed for most of his childhood. He will empty his bladder at 2/3am and fail to wake until he starts to become chilled.

The parents have tried everything that has been suggested: including enuresis alarms, restricting fluids, clinical psychologists, alarm call routines, etc, to no avail. He has been sleeping with a mattress cover for the past six years.

His mother explains that he performs well at school, but is always getting into trouble. At home he is 'difficult' and will hit his younger sister at the least provocation. Robert protests at this point in the interview saying that she is always teasing and provoking him. On questioning Robert explains that he tends to have exciting dreams which are often violent.

On examination he is well built and sits somewhat impassively in the consulting room. He has a slight visible tic in the orbital muscles of the right eye. Sometimes there is blepharospasm when questions are directed to him. He has a slightly nonchalant and rather arrogant mien for a boy of 10. Several homoeopathic remedies have been tried and failed.





We will now watch the short video clip of Robert M.
What do you observe? Jot down your observations in
the box below. <http://youtu.be/mRQ1-pchJSA>

Observations:

Treatment:

Nux vomica – 3 stat doses/30c

Follow-up after one month:

Marked improvement in terms of the enuresis. Robert has now
been dry for 12 consecutive days which is the longest span ever,
and appears to have become more tolerant of other children.

Adult Nux vomica - Case Study

Man with longstanding right sided facial neuralgia <http://youtu.be/76MiBeJQ4Ic>

Outcome <http://youtu.be/9qeHXgxwkhA>

"I just took one sore face, the day afer I took the wee sachet things, and I have never had one since"

Further Relevant Reading

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Homoeopathy 1979 29: 51-58
- Gibson DM
The killer that cures (VI)
Homoeopathy 1972 Jul;22(7): 99-102
- Anon
Trees nux vomica, trees, oleander
Homoeopathy 1969 May;19(5): 49-51
- Gibson DM
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Homoeopathy 1968 Sep;18(9): 103-108

SAQ 3.3



Without looking at the text, how many of the keynotes of *Nux vomica* can you remember?

Mind

General, environmental and constitutional features

Local

Frequent pathological indications

At home read *Nux vomica* in your *materia medica*:

Page 709 Vermeulen

Page 613 Clarke

Page 475 Boericke (2nd British ed)

Page 690 Neatby and Stonham

Page 433 Phatak

Page 283 Jouanny

Page 228 Boyd