Conium maculatum; a case of severe chronic photophobia in a six year old child.

“Madam, we must consider your child as blind; it is time to enrol her in a specialised school.” We are in February 2002, A.’s mother is listening to Dr. C, national consultant in ophthalmology, who is evaluating her child’s health.

Born in 1996, in difficult circumstances – emergency caesarean section after loss of amniotic fluid in a febrile context and an APGAR score of 6/10/10 – A. has a 50% loss of central auditory function, for which she received a hearing aid at the age of fifteen months. From the age of eighteen months onwards, a photophobia appears, which obliges her to constantly wear dark glasses. As the years go by, the photophobia becomes so severe that life in daylight has become impossible.

At the age of six, it is a completely closed off young girl who enters my practice, permanently hiding her eyes behind both hands. She experiences a burning sensation, her eyes are bloodshot, particularly on the left side, and purulent in the morning.

Regarding diagnosis, several hypotheses are considered by our eminent Parisian colleague after a complete check-up; the funduscopy reveals an atrophy of the retinal pigment epithelium, particularly on the left side. An early USHER syndrome is considered (genetic disease also explaining the hearing loss) but a functional hypothesis from psychological trauma is not excluded, despite the absence of psychotherapeutical results.

There is, nevertheless, no amelioration from any approach and the last recourse is to enrol her in the Marseille Blind Institute.

The psychological trauma hypothesis rests on the fact that at the age of eighteen months, while A. was in her mother’s arms, who was walking in a snowy field on a sunny day, a violent argument took place between the parents: the child had previously urinated on one of the living room’s armchairs of their holiday rental in a ski resort and the father was reproaching his wife of neglecting the child’s education in personal cleanliness, while the mother argued that it was still too early to do so. The argument worsened to such an extent that the father ended up violently punching his wife. Since then, they have separated and the father is rarely seen. A. was the couple’s only child and the father has now a new partner.

Confronted by this difficult case, I consult the rubric ‘photophobia’ in Kent’s repertory, in the eyes section: it proposes 192 remedies under the main rubric and none of the proposed sub-rubrics manage to attract my interest.

Realising that I will not find a solution following that path, I then consider the hypothesis according to which the photophobia, considering its major intensity leading to blindness, would have a psychosomatic origin; the child fleeing from the light. As it happens, there is in Kent’s repertory under MIND a rubric: “shuns
light”, which contains seven remedies, with only one at the third level: Conium maculatum.

Children requiring Conium maculatum are dictatorial and meticulous, traits which correspond well to A.

Accordingly, I prescribe a treatment of Conium maculatum in increasing potencies; 15c, 18c, 24c, and finally 30c, with a dose every fortnight and after a drainage with dilutions of the vaccines she has received that could have created an energetic barrier (particularly, Hepatitis B, which secondary side effects have been mentioned several times in ophthalmology congresses).

**Follow-ups:**

A. comes back, three months later, with a marked amelioration. We can finally see the young girl’s beautiful eyes; she does not hide them anymore. Her behaviour has improved and, surprise, the auditory loss is down to 30% without the hearing aid and with it, normal!

In between consultations, she has had oral aphthosis, cured by Baptisia tinctoria 7c, three granules, three times daily for two days; this remedy corresponds to anxiety caused by separation and provides great help when families fall apart.

We continue Conium maculatum 200c, one dose; one month later, 1M, one dose; another month later, 10M, one dose.

She comes back two months later for a lingering sore throat; her father has a new partner and does not want to sleep with her anymore, when she comes for a visit. Lachesis 15c, one dose is prescribed; Lachesis is the central remedy for the Oedipus complex and its characteristic jealousy.

Six months later, she has a little ophthalmic aggravation but not serious enough to warrant the use of dark glasses again. I prescribe Conium maculatum 5M, one dose and two months later, 10M, one dose. A plantar wart has appeared.

Three months later, the wart has disappeared, the eyes are no longer a problem, and hearing has further improved; she does not wear her hearing aid in school, where she does well for her age group. She does not like washing herself; grubby. I prescribe one dose of Sulphur 9C.

Nine months later, she is well; she has no vision problems; her sight is perfect. She does not use her hearing aid, saying that she does not need it. She presents with Molluscum contagiosum on the abdomen.

**Prescription:** Psorinum 30C and two weeks later, Conium maculatum 30C.

Four years later: she is a healthy teenager.
Comments:
This case illustrates well the irreplaceable character of homeopathic therapy; proposing efficient solutions when allopathic medicine has no more solutions to offer. The constant rejection by a section of conventional doctors for this non-violent and economical medicine appears more and more irrational in a time when wave systems communication and nano-technologies have made such progress.

Conium maculatum (hemlock) is a plant with well known properties since Antiquity and which played a major role in Socrates’ death. It gives, indeed, with little doses, an ascending paralysis, enabling the condemned man to speak till the end. Socrates’ last words were: “Crito, we owe a cock to Asclepius. Will you remember to pay the debt?” (Asclepius is the Greek god of medicine)

Hahnemann, the founder of homeopathy, is the man-rooster (Hahn, in German means rooster). The rooster represents the double symbol of the man-womaniser, prey to his sexual impulses, and the man-prophet – the rooster signalling the arrival of dawn, for example. In the later case, he has sublimated his sexual impulses and has concentrated all his energy in the upper part of his body to access knowledge. Accordingly, the message taught by Socrates was: “Know thyself!”

In our case, A. shuts herself off from the means to access knowledge, firstly by her deafness, then by her blindness. This tragedy unfolds when she is eighteen months old, a key period in psychological development, when the influence of the father must allow the child to leave the oral stage and her symbiotic relationship with the mother; the father is the ambassador of the society. Thanks to the limits and the prohibitions given by the father, the child moves from the oral stage to the anal stage and acquires the rules to live in society. In this case, we can observe that the father argues for the child’s personal hygiene but is rebuffed by the mother, who prefers to let the oral stage linger as well as her limitless symbiotic love. Consequently, the father reacts violently, provoking the couple’s failure and the girl’s psychological trauma, who associates the sunlight’s sharpness on the snow with her father’s violence: the light becomes dangerous and she seeks refuge in darkness. Beyond the light, it is the access to knowledge that is compromised.

Dr. C’s proposal to institutionalise the girl, which will separate the mother from her child, is the trigger which moves her to seek a homeopathic solution.

Conium maculatum, as a homeopathic remedy, allow mankind to re-discover the path to knowledge, by favourising the migration of energies from the lower centres to, what the Tibetans call, the higher chakras.
References:


Plato, *Phaedo*, 118a