Barberr and the Treatment of Sexual Trauma

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(A chapter excerpted from his book entitled Getting at the Root: Treating the Deepest Source of Disease)

Abstract: Post-traumatic stress disorder, particularly in response to past sexual abuse, is far more prevalent in today’s society than is commonly acknowledged. Many patients suffering the consequences of such trauma, particularly those presenting with genitourinary and/or biliary (and arthritic, with wandering pains) symptoms and who are prone to emotional suppression and secretiveness, will find an impressive balm in Berberis vulgaris. Many homeopaths are unaware of this association; here Dr. Lange makes his case for considering Berberis a major remedy for this condition. Two impressive cases are presented, one of multiple personality disorder and another with presumed biliary obstruction.

Keywords: Berberis vulgaris, post-traumatic stress disorder; sexual abuse; multiple personality disorder; biliary colic/obstruction

“We must describe the other half of man in order that the physician may understand him as a whole. Although this aspect is invisible, it may be seen in the light of nature. It is the same when we hear a bell on a dark night. We cannot see it, and yet we see the work of the bell; that is, we hear it, for every work has a light in which it can be seen. Do not be downcast that all things are not clear as day, but consider how secretive God is. And when we learn something, we discover that we erroneously call the invisible things invisible, for all works teach us that they have a cause. We see the work visibly before our eyes, and once we have investigated its author, that is also visible to us.”

Paracelsus

In each person is a secret, sometimes long forgotten, that they hide even from themselves. Likewise, in every medicine are healing properties which correspond to our ills yet are often disregarded. To call attention to what is unseen and reveal its nature is the basis of the law of similars. It is a matter of respecting the subtle properties of life, the wisdom of the infinitesimal, those processes that are beyond the scope of our senses. There is no way to fully know the patient or the medicines; we are led by clues and associations. We make inferences and determine from past experience our conclusions and best judgment.

When we study a person or their corresponding medicine, it as if we are looking at a jewel through different facets, trying to see its inner workings from the outside. Most of the facets are invisible to us or are clouded over. Because we try to find one facet that is visible to our perception, that fits our limited knowledge, each of us inevitably has a different interpretation of the situation. It’s difficult to come from the inside, to understand the healing function. The light of nature is a natural phenomenon. It is everywhere.

It is much as we might try to understand a close friend. There are so many people walking down the street, yet we recognize our friend by their walk or that funny hat they wear that we never really liked, or by any of those things that make up an individual.

It is the same with our petty judgments and gossip. Our opinions are based on one-sided interpretations. We see only the results of others’ behavior.
and hear only innuendoes of misperceived actions. If we are to have compassion for others, we must look at the underlying history of others’ actions. Perhaps the reason for that individual being such a creep is that some of the most important people in their lives treated them the same way. Maybe they were beaten down, made to feel like no one could ever love them or that they were to blame for something horrible that happened to them. It becomes a self-fulfilling prophecy. Those who have been abused look for some way to escape from the blame they inflict upon themselves. They wonder, if they had done something differently, would it have happened?

The Unstated Origins of Disease

We need to see behind the mask. It demands being aware of how to communicate in a way that doesn’t threaten others. Behind our defenses is the repressed desire for love and appreciation. Our anger is often misdirected towards the innocent, hiding the fears and hurts. Our sadness is unexpressed, tears well up at a sad movie when the soundtrack triggers our emotions, but we are often incapable of responding honestly in human encounters.

This sociopathology we see around us arises from the chain of inhumanity that repeats itself from the imprints of past generations. When Sigmund Freud introduced his trauma theory, it was so unacceptable to the medical society of his time that he was forced to couch it in symbolic rather than direct terms as the Oedipal complex. If we were only aware of the extent of abuse and trauma, we would be in constant pain at the shocking pervasiveness of evil that exists in our society. In recent years more and more information has been accumulating about the depth and breadth of this problem. Sexual abuse is being reported and studied with increasing frequency. Recent studies suggest that as many as one in three women and one in five men have been sexually abused. This sickness in our society is not being adequately addressed, either by the legal system itself or by our communities.

Many sexual abuse situations are cases of incest. What is the definition of incest? Incest can be defined as any sexual abuse of a child by a relative or other person in a position of trust and authority over the child. It is the violation of the child where he or she “lives,” literally or metaphorically. A child molested by a stranger can run home for help and comfort. A victim of incest cannot.

Incest and other abuse victims also suffer from post-traumatic stress disorder. This is the same disorder that has been identified in war veterans and victims of torture. The symptoms include, but are not limited to, amnesia, nightmares and flashbacks. People who have post-traumatic stress disorder may “leave their bodies” during the abuse, and they may dissociate for decades, long after the abuse ends. Most sexual abuse victims have sexual problems as adults and many have eating disorders. There is a distinct inability to nourish or be nourished.

Perhaps the greatest tragedy is that most of the people who have suffered abuse have been threatened in their lives and told to not say anything. So the suffering lies hidden in secrets.

Secrets of Barberry: The Holy Thorn

*Berberis vulgaris*, or barberry, is a bushy shrub that grows to a height of three to eight feet. The stem woods, pith, bark, and flowers are yellow. *Berberis* is the Arabic name of the fruit, signifying a shell because the leaves are glossy like the inside of an oyster shell. The Italians call it the “holy thorn” because it is thought to have formed part of the crown of thorns made for Christ. Cows, sheep and goats eat the shrub; horses and swine refuse it, and birds seldom touch the fruit because of its acidity.

Gerard, in *The Herbal or General History of Plants*, speaks of *Berberis* as being useful against hot burnings and choleric fevers, allaying the heat of the blood and liver. He mentions the fruits and berries as an antidote for hot flashes, the “bloody flux” or dysentery, and any superfluous bleeding.

Dr. Hesse, one of the early German homeopath, proved *Berberis vulgaris*, and published his findings in the *Journal for Materia Medica* in 1834. The first translations appeared in Jahr’s *Manual*, which was published in English in 1834. James Tyler Kent, MD, one of the most influential homeopathic physicians, who developed psychological descriptions for clinical applications of medicines at the turn of the century, states that few of the mental states of *Berberis* are known. For the most part, the use of *Berberis* has been limited to acute prescribing for kidney infections and gallstone colic.

It was through clinical experience that I was able to discover the range of action of this wonderful medicine.
A forty-seven year-old woman came to my office complaining of sinus problems that had begun after she found out her brother had an incurable disease. He subsequently died of primary pulmonary hypertension at age 37. At first she only spoke of her presenting symptoms, but soon, as I let her know that her history was important to me, she described her experiences of multiple personality, which she’d had since childhood. Her disorder was misdiagnosed until later life. At 30, she was diagnosed as manic-depressive, and put on lithium. Her other brother also had a diagnosis of multiple personality disorder and was alcoholic. She was a recovering marijuana “addict.” She had quit coffee, which she felt suppressed her feelings. Finally, she revealed a critical piece of her story, she had been beaten at 16 months and she suspected that her father sexually molested her. During her teens he was sexually aggressive towards her.

She had been fearful since her brother’s death a year earlier, and had been unable to do her work. She felt a combination of anxiety and insecurity. She felt scared in grocery stores. She said she was pessimistic and cranky. She didn’t get angry easily, because she was afraid she’d get really angry if she did. “Poor me,” she said to herself. She always kept secrets from people. In fact, during our conversation, she stopped and asked if it was alright to talk about this, because the psychiatrist who had originally diagnosed her had told her it was better not to mention it to anyone, because they wouldn’t understand. She told me it was the first time she had shared her story since then.

She had four separate personalities. Susan was younger and maintained the knowledge of early traumas. Danny appeared only when things were going well. Sharon was the original personality and didn’t know of the others. Terra was the first split from Diana.

A month earlier, she suddenly felt extremely cold. She had a sinus infection that had been chronic for two years. It was diagnosed as a staphylococcal infection. She had a creamy yellow nasal discharge, but no head pain. A bronchial cough remained since she quit smoking. She had chronic kidney and bladder infections, with an urging to urinate and heavy burning before urination. Yet her urine tests were negative.

For me chronic recurrent urinary symptoms are a red flag. Often symptoms can be a natural defense in areas where we feel we have been violated. There were pains in her abdomen (presumably from the bladder) and in her back behind the kidneys. Her menses were normal. She had low blood pressure and body temperature. She craved sweets, oranges, and bananas, as a child she ate ice. She was plagued by chronic constipation.

Her food cravings told me more about her metabolism. She slept on her stomach, never on her back, showing how she protected herself at night. Perhaps no one else really listened to her before. I asked questions only to allow her to clarify and release as much as possible, to let her know that what she had to tell was important, that I cared about her and what she said.

She was the single parent of a seven-year-old daughter. She said her “hysterical body” reacted to emotions, yet she didn’t remember having sex. Her sexual experiences remained coalesced in the memory of a separate personality.

I chose *Berberis vulgaris* as an initial prescription in this case, because it is one of the main remedies for chronic kidney and bladder infections and the associated pains. It is also listed as a minor remedy under sinus infections. Interestingly, Dr. Marjorie Blackie, Queen Elizabeth’s former family physician, mentions it as being useful in “contradictory, changeable personalities.”

The case had many elements of what Hahnemann described as the Sycotic miasm. The miasms are a theory of chronic disease in homeopathy in which the chronic effects of a suppressed or incompletely treated disease are related to subsequent syndromes. For example the sequelae of gonorrhea might include the common symptoms of Reiter’s syndrome: urinary inflammation (urethritis), eye inflammation (conjunctivitis) and arthritis.

Some of the patterns associated with the sequelae of gonorrhea can also include sinus infections, allergies, and a psychological state of secretiveness. I certainly considered giving her *Medorrhinum*, which is a specific remedy for the sycotic or gonorrheal miasm. She did have the classic cravings for oranges and a history of eating ice, which corresponded to the symptomology of *Medorrhinum*. She even slept on her abdomen, which is also a characteristic symptom to indicate *Medorrhinum*. But I may have led the interview too much, asking for symptoms confirming a well-known medicine. I felt if she required *Medorrhinum*, she would express more excessive sexuality, rather than inhibition.

I also thought of *Thuja occidentalis*, the Arbor vitae tree, for this case. *Thuja* has many of the characteristics of *Medorrhinum*. Its profile incorporates the psychological state of secretiveness and it is one of the main medicines in the treatment of the abused. The secretiveness of *Thuja* originates more from a feeling of insecurity and worthlessness. The patients feel the need to fit in and hide their pasts. In *Thuja* patients you get the feeling that there isn’t much to this person; they seem too ordinary, complacent and depressed. *Medorrhinum* is the opposite. The secretiveness is more an expression of a truer darkness, of people whose behavior challenges morality and who relish their ability to shock and offend others’ conservatism.

However I was not satisfied with *Thuja* or any other commonly prescribed medicine. I had come to the conclusion that *Berberis* is very close to *Thuja* in its
symptomology.

I finally gave *Berberis* because of its exact correspondence to this patient’s physical symptomology and some insights I have attained into its psychological states that I will discuss later. After all, in homeopathy, it doesn’t quite work to look up multiple personalities and come up with some simple solution. It takes some digging to understand why and what put this person in that state.

The two week follow-up took me by surprise. The physical aspects of her case had largely resolved, in particular the bladder and kidney pain, as well as the sinusitis. However the most remarkable aspect of her response was a noticeable integration of several of the personalities and a subsequent re-emergence of the personality that represented her original split, Terra. Terra was the aspect of herself that she described as whole, the predecessor of her lost self.

Six weeks after her initial visit the integration of her personality continued to progress. By this visit she had only conscious dialogues with Terra, rather than missing periods of time in which she was unconsciously dominated. She continued to do well, without any repetition of the remedy. I then referred her to a psychologist who specialized in the field of multiple personalities.

In another case, a 38 year-old woman visited me complaining of internal hemorrhoids with excessive bleeding. She had pain in the rectum, which was worse when sitting. Four months earlier she passed a cup of blood with her stool for a couple of days. This recurred at Thanksgiving, which she associated with eating meat.

Twelve years ago she had kidney and bladder infections and was coughing up blood, though I never found out why.

She was a lovely woman, and her voice was so quiet, I almost had to strain to understand her. She said she suffered from depression. Her family was abusive when she was growing up. Her mother had been hospitalized for a nervous breakdown. She stated she was raped repeatedly between the ages of seven and twelve.

She was raped repeatedly between the ages of seven and ten by a family “friend.”

She was withdrawn, and had been a recluse for the past year. She tended to hold in her anger and she felt bitter. She felt heat rising to her head, at which time she felt as if she were going to have a stroke. She cried a lot, although she did not even cry during her labor. She felt apathetic.

Ten days earlier she began coughing up blood after being exposed to the cold. She felt cold in general. She felt heat in her left breast and liver. Her menses were irregular. She had been sexually active since 18. She was unable to have an orgasm until she left her first husband, and then had six affairs after her marriage ended. At that time she had a ravenous appetite for sex and was attracted to abusive men. In the past several years she had no sexual desire. She feared that her daughter would die and she would be left alone. Her hands trembled visibly. She had anxiety attacks and heart palpitations. I gave her *Mercurius corrosivus*.

*Mercurius*, indicated for her bleeding hemorrhoids, is also known in homeopathy as a medicine for extremely closed individuals, who hold the mysteries of their lives inside.

Twelve days later she returned. She was sleeping through the night, and her palpitations had ended. The coughing had stopped. Her bowel movements were normal. The stool was normal without any pain. The heat in her liver was not as intense and the heat in her breast was almost gone. Her rectum still hurt when she sat, but not as badly. The night sweats were gone. She felt her mental state was unchanged. I felt this was a good response; so I allowed the medicine to continue its action.

Three days later she returned with pain below her sternum, which was reduced by lying on her back. Her eyes had begun oozing yellow mucus two days earlier, and were bloodshot. There was no longer blood in her stool. She got occasional nausea, but wasn’t regurgitating. She was chilly and her skin was jaundiced.

I had to differentiate the cause of the jaundice. In this case because of localized pain upon palpation of the gallbladder, I determined that the colic pain and jaundice occurred from a bile duct obstruction.

The question for me here was, what was the effect of the *Mercurius*? There were no changes in the mental state; so the prescription may have had an acute effect without affecting the chronic state. Or perhaps it was acting superficially, suppressing the underlying chronic condition temporarily and leading to a crisis. Or was this some sort of healing crisis? Was the liver obstruction an attempt by the body to eliminate toxins, which were overwhelming its capacity?

These are kinds of the questions we must ask ourselves at every follow-up, even when a crisis isn’t occurring. What is the effect of the prescription, not only regarding the chief complaint, but also on the whole life of the person? How does the effect of the medicine upon its intended target of symptoms relate to its effect on the myriad of unexpressed symptoms?

In this situation I prescribed *Berberis* in the botanical tincture. This may seem confusing to some. Homeopaths tend to pride themselves on the use of potentiized substances rather than crude extractions. For me, homeopathy isn’t just about the potentization of medi-
cines, it is about understanding how to prescribe. Any
substance, whether pharmaceutical, botanical or from
any source can be applied by the law of contraries to
to control physiology, or by the law of similars to catalyze
healing.

The question of dosage concerns both the subtle
properties of matter and also the toxicological side-effec-
tsof improper use of crude substances. All matter
has its subtle effects. A homeopathic dose or a botani-
cal tincture can carry its effects. But the purpose of ho-
meopathic and alchemical preparations of substances
has been to remove the dross of a substance’s gross
action and accentuate its more subtle and powerful
systemic action.

So, in giving the tincture, I may have focused the
prescription at a physiological situation, but because
I was prescribing homeopathically, I understood that
deeper effects of Berberis might take effect.

Soon after taking the Berberis tincture the patient’s
jaundice and pain subsided. Within the next month
her friends noticed an entire change had occurred
in her life. She was able to overcome her depression and
withdrawal, and had made plans to start a new busi-
ness. Her way of seeing her world had shifted. This is
what we seek in treatment. This change in life tells us
we have been able to reach a deeper level of healing.
We have affected the root.

Berberis vulgaris is a medicine for the secret wound
inside. We all contain separate personalities within us.
In cases where there has been severe physical or sexual
abuse, as is the case in all multiple personality disor-
der patients, the split becomes too great and normal
conscious activities can coalesce under the direction of
unconscious aspects of the subpersonalities.

The first case led me to examine the cases where I
had prescribed Berberis previously, particularly in the
cases of chronic vaginitis and urinary tract infections.
As I discovered that many of these cases had histories of
sexual abuse, I came to the conclusion that these physi-
cal symptoms might be acting as a defense mechanism
for the emotional wounds of the patient. I hypothesized
that Berberis might indeed treat the deeper wounds, of
which the physical aspects were only a manifestation.
Since my initial presentation of these ideas at a confer-
ence in 1992, they have been consistently confirmed.

The essence of the wound that requires Berberis is
a secret that remains hidden even to the patients them-
selves. The medicine combines the symptomology of
urogenital inflammation, suppression of emotions, and
secretiveness. It lies somewhere between the symp-
tomologies of two other medicines, Staphysagria and
Thuja occidentalis. In Staphysagria, the anger lies
close to the surface manifesting as trembling and quiv-
ering of the voice. In Berberis, the origins are often
no longer accessible to the conscious mind. They lie
quiescent, coalesced in a conflict that creates fatigue,
withdrawal, and psychosomatic expressions of pain
and discomfort. The pain itself is not clear. It wanders,
radiating in different directions from the kidney, liver,
joints and sexual organs.

The mental state is described in the first homeo-
pathic text translated into English, Jahr’s Manual,
published in 1848: “Mental languor, with difficulty to
collect one’s thoughts...Indifferent, sad mood. Calm,
sometimes even apathetic. Striking melancholy, and
irresistible want of disposition to talk, with silent long-
ing of a spiritual nature. Disposition to weep. One
feels vexed and even tired of life. Anxious mood, with
great fearfulness and tendency to start. Great anguish
and uneasiness.”

It is listed in the materia medica under Agony, desire
for death; Instability of ideas; Indifference and Insanity.
Barthel, a modern author, lists Berberis under Ailments
from suppressed sexual desire; Enjoymnt absent (dur-
ing sexual activity); Aversion to coition; Orgasm de-
layed; Generally worse during and after coition; and
Premature aging.

Constantine Hering, the father of American Home-
opathy, wrote of Berberis: “[It has] suppressed desire
with long delayed thrill, and frequent cutting and
stitching in parts during coition. Complete want of
pleasurable sensations during coition. Coition is pain-
ful. Indicated in Ovarian disease.”

E.A. Farrington mentions in his Clinical Materia
Medica of 1887, its usefulness in inflammation of the
peritoneum that lines the cavity of the abdomen, also
known as peritonitis and metritis, which is inflamma-
tion of the uterus lining. It is interesting to observe how
early the homeopathic physicians were far ahead of
their time in being able to objectively deal with sexual-
ity and understand its importance in human health and
function. Though they held that ethical behavior was
an important aspect of a healthy inner state, their abil-
ity to describe the consequences of sexual diseases was
coupled with a realistic observation of human sexual
experience.

The physical characteristics of Berberis vulgaris are
well documented. A modern author and good friend,
Matthew Wood notes:

“(The pulse is described) in some patients as ‘full,
hard, and rapid.’ These are usually the more recent
cases where there are symptoms of fullness and heat:
swollen, hot, red tissues. In the more chronic patients
the pulse is more likely to be low, wiry and rapid; the
face is pallid, with sunken eyes surrounded by blue or
blackish circles, puffy underneath. In most of the cases
I have seen, the tongue was red, especially along the
blackish circles, puffy underneath. In most of the cases
the pulse is more likely to be low, wiry and rapid; the

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Berberis vulgaris is in the same botanical family as Goldenseal (Hydrastis canadensis) and Oregon Grape (Berberis aquifolium or Mahonia). They all contain high concentrations of Berberine, which is a botanical active ingredient used for its antibiotic properties. While such mechanical properties of Berberis are a virtue, we see through developing our understanding of the individual plant nature, that we can develop a deeper understanding of the true healing properties of our medicines.

About the Author: Andrew Lange, ND, served as Chair of the Department of Homeopathic Medicine and Supervising Clinical Physician at Bastyr University in Seattle. He has taught internationally, serving on the faculty of the College of Homeopathy in London. He maintains a private practice in Boulder, Colorado.

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