

# Paul Herscu

## Stramonium, With an Introduction to Analysis Using Cycles and Segments

Leseprobe

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von [Paul Herscu](#)



<http://www.narayana-verlag.de/b7402>

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Narayana Verlag GmbH

Blumenplatz 2

D-79400 Kandern

Tel. +49 7626 9749 700

Fax +49 7626 9749 709

Email [info@narayana-verlag.de](mailto:info@narayana-verlag.de)

<http://www.narayana-verlag.de>

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# *Sleep*

...at that more truthful hour when my eyes closed to the things of the outer world (on whose frontier intellect and will, momentarily paralyzed, could no longer strive to rescue me from the cruelty of my real impressions) reflected, refracted the agonizing annihilation, in the mysteriously lighted darkness of my organs. World of sleep in which our inner consciousness placed in bondage to the disturbances of our organs, quickens the rhythm of heart and breath because a similar dose of terror, sorrow, remorse, acts with a strength magnified a hundredfold if it is thus injected into our veins; as soon as, to traverse the arteries of the subterranean city, we have embarked upon an inward Lethe meandering sixfold, huge solemn forms appear to us, approach, and glide away, leaving us in tears.

Proust, from *Sodomme et Gomorrhe* 22-224

Along with the mental-emotional realm and the nervous system, the realm of sleep offers the most insight into the *Stramonium* cycle. In fact this area is so rich in confirmatory symptoms that if you have a child with absolutely no sleep symptoms to verify a prescription of *Stramonium*, it is unlikely to be the correct remedy.

That there are so many sleep symptoms is not surprising, for it is during sleep and in the process of drifting off to sleep, that the conscious mind finally relinquishes control and the unconscious mind takes over. It is here, in the night, that everything held in check during the day will finally be expressed. The intense battle-line between conscious and unconscious, so carefully drawn throughout the day, shifts during the night, as one side loses its ability to fight and the other gains in power. As the images of death increase, the segments having to do with stillness, with death, grow stronger, and this serves to intensify the segment of fear in the child.

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This battle can be witnessed in three different areas. **The presence of symptoms in any one of these areas can be used to confirm the need for *Stramonium*:**

- Fears before Sleep
- Nightmares and Night Terrors
- General Sleep Symptoms

Each of these categories will be presented separately, but first I would like to draw the reader's attention to a valuable book for understanding children's sleep, Richard Ferber's *Solve Your Child's Sleep Problems*, published by Simon and Schuster. This book is most helpful in developing a fuller understanding of sleep cycles and sleep disturbances. I strongly recommend chapters one, four, and five for parents and clinicians alike.

### **Fears Before Sleep**

**Fear of going to bed** is a fairly characteristic symptom found in most *Stramonium* children. Many young children will be unable to voice specific reasons for their fears, but older children will commonly admit to: **fear of the dark, of monsters, of being left alone**, and such fears as are often associated with **movies and stories recently seen or heard**. A more common cause for bedtime fears, whether the child verbalizes it or not, is a previous history of terrifying dreams. It is the **terror of repeating such dreams** that makes a *Stramonium* child fear going to sleep. One gets the feeling that there is a battle raging within the child between a dark demonic side and the forces of light. Each night, there surfaces within the child an overwhelming sense that, at some deep level, he is about to go through those same horrible visions—visions of torture, of terror. And so, each night, he resists his parents' attempts to put him to bed, and even more desperately resists falling asleep.

Many authorities on sleep disorders believe that nighttime fears are brought about by some stress or anxiety that has occurred during the day but only surfaces at night. The stresses may be *external* in origin, such as fear of being separated from the mother or the kind of fears that often accompany a divorce. There may also exist a justifiable fear of being beaten or violated in some way, which can develop after the child has been abused. Even one beating can bring on such fear.

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Stresses may also be *internal* in origin. At the time when the child is developing impulse control, when he wants to misbehave, his impulsive side may begin to struggle with and fight against his controlling side. Most children ultimately work this out, but the *Stramonium* child does not. In observing the child's attempts to establish control over impulses, the parent or practitioner will witness the following sequence unfolding in an introverted *Stramonium* child: first, he feels a strong impulse to misbehave (the violent overreaction segment), then guilt over this impulse mounts (the closing off/introversion segment), so he struggles to control it, which makes him hypervigilant and anxious about relinquishing control (the shut down/dead segment). No wonder he becomes increasingly more fearful of going to bed and has so much trouble falling asleep. He worries and worries, although quite unable to pinpoint why he is worried in the first place. In truth, he is worrying about his own impulses. The darkness or monsters that these children fear are nothing more than their own impulses buried deep in the unconscious. The horrible nightmares and night terrors spring out from these buried impulses. Herman Melville expressed this well in *Pierre*, "One trembles to think of that mysterious thing in the soul, which seems to acknowledge no human jurisdiction, but in spite of the individual's own innocent self, will still dream horrid dreams and mutter unmentionable thoughts."

In the *Stramonium* child you are likely to see certain typical behaviors at bedtime. Many of these, in one way or another, exemplify the rubric: MIND: Clinging. During the preverbal stage, from eight to fifteen months, the child may scream when being put to bed. No matter how hard a mother may try to ensure a smooth, love-filled transition from the waking state into the sleep state, the outcome is more likely to be such loud shrieking that it renders her temporarily deaf. Despite continued attempts on her part to soothe the child, he will shut his eyes tight and scream at the top of his lungs. This bedtime shrieking often resembles that of *Medorrhinum*, *Tuberculinum*, *Lycopodium*, *Chamomilla*, *Borax*, *Cina* or *Calcarea phosphorica*. All the mother's warm, soothing words and the loving tone of voice do not penetrate through whatever horrible thing it is that envelops the child at that time.

So every night a push/pull scenario takes place. When picked up, the little one will struggle and resist and pull away, which only exasperates

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the parent. At the very same time he may be asking to sleep in the parents' bed, where he sleeps best, especially if actually in contact with the parent. Sometimes he will be content if the parent lies down with him in his bed, but as he drifts off, as soon as the parent attempts to rise quietly and tiptoe away, the child will startle, half-awake, and begin to cry anew.

An older child will be more likely to express his fear of going to sleep by acting out or by strongly resisting any request made throughout the evening that even hints of bedtime. A simple suggestion such as, "Time to brush your teeth," will set the child off like a time-bomb. The parents begin to wonder if their child is crazy. The therapist may describe him as irrational, impulsive, or oppositional. Yet, in reality, the child is scared witless but lacks the verbal maturity required to express it. Often the parent, failing to realize what's behind this irritating and confusing behavior, tries to force the child to go to sleep. But because he is unable to express what is bothering him, he resists, and a major conflict follows. These bedtime wars only further disrupt the already shaky parent/child relationship.

Unfortunately, the battle waged between parent and child over the terrain of the *Stramonium's* psyche never engages the real enemy (the fear, the isolation, the confusion). Moreover, the conflict only seems to deepen the child's pain, causing a further expansion of the breach in the containment of his unconscious, which results in his spiraling even deeper within the same cycle. **The *Stramonium* child experiences these injunctions and actions (such as forcing him to go to bed) as attempts to alienate or isolate him. Even worse, he feels abandoned to his fate—a night full of hideous visions. To deal with these fears, the child may develop an almost opposite strategy to the time-bomb behavior, a strategy of over-control.** He may begin to act rigidly, even exhibit **ritualistic behaviors**. One parent described her daughter's bedtime ritual. "She insists that I read the same book every night. Then I have to rub her back clockwise for a while, then counter-clockwise. Then she turns, sighs, and says, 'Go,' dismissing me with a word, as if my services are no longer required."

If the child is older, he may be able to articulate his nighttime fears, citing specific events from the past that frightened him. Some children report frights from experiences such as being attacked by a person or an animal. They become increasingly upset by the possibility of this fright recurring as night closes in. Most commonly in contemporary North



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242 Seiten, kart.  
erschienen 1996



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