



Poison HOTLINE

1-800-222-1222

October 2017



Did you know

The IPCC often gets calls in the autumn about ingestions of nightshade berries. There are two plants commonly called *nightshade*.

Solanine nightshade (aka: black nightshade or woody nightshade) produces white star-shaped flowers and dark purple berries when mature. The berries grow in bunches. Solanine toxicity starts with nausea, vomiting and diarrhea; severe toxicity is rare.

Atropa belladonna nightshade (aka: deadly nightshade) produces bell-shaped dull-purple flowers and individual, smooth, shiny black berries. Belladonna toxicity produces the anticholinergic toxidrome.

Call the IPCC at 1-800-222-1222 with all nightshade berries ingestions.

Tea Tree Oil Melaleuca Oil

Melaleuca oil, also known as tea tree oil, is obtained by steam distillation of the leaves of the *Melaleuca alternifolia* tree, which is native to Australia. The oil contains 50%-60% terpenes, which are a large and diverse group of approximately 100 organic hydrocarbons produced by the plant.

Because of the batch-to-batch variability of terpenes in the oil, an international standard has been established for maximum and minimum amounts of the various terpenes in the commercial product. Over the counter products are typically sold as 100% tea tree oil.

The terpenes in the oil have antibacterial, antifungal, antiviral and anti-inflammatory activity. Tea tree oil has been used as a germicidal disinfectant for numerous skin complaints.

Topical use of commercially prepared products is generally without significant irritant effects. There have been case reports of allergic reactions following repeated applications to damaged skin or after ingestion.

Overdose data is limited. The potential for aspiration due to the oil's hydrocarbon content and low viscosity is of concern with ingestion. GI upset, abdominal pain, nausea, vomiting, diarrhea may occur with larger ingestions.

Central nervous system depression has been noted with ingestion of high concentrations of tea tree oil. Coma was reported in an adult after a tea tree oil ingestion. Confusion, incoordination, drowsiness and ataxia were reported in a younger child after an ingestion of 10 ml of 100% tea tree oil.

Treatment is primarily symptomatic and supportive care. Dermal exposure is treated by thorough skin decontamination with mild soap and water. Treat ingestion by rinsing mouth and diluting with milk or water. If other symptoms such as persistent vomiting or diarrhea occur, treat with fluid replacement and correct any electrolyte abnormalities that develop.

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