Historical Plant Portrait

“Drink before breakfast and vomit”:

The history of witch hazel (*Hamamelis virginiana*) in America and Europe

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Abstract

Background: In North America, *Hamamelis* was used in diverse ways and was taken up by settlers and industry in the 19th century. The substance complex provides a well-documented example of the transfer of Indigenous medical knowledge into European-shaped medicine, of commercialisation, and of the development of regulatory standards.

Aim: To present how applications of *Hamamelis* used by Indigenous groups in North America were adopted and transformed in America and Europe; to trace commercialisation up to the major branded products; to situate the plant in pharmacopoeias and in today’s monographs.

Sources and methods: Evaluation of primary and secondary sources from ethnobotany and the clinical-pharmacological and pharmaceutical literature of the 18th–20th centuries; review of the U.S. Pharmacopoeia and National Formulary; analysis of advertising materials and corporate publications; comparison with European journals and HMPC documents.

Results: In Indigenous traditions, *Hamamelis* served, among other things, as an analgesic and astringent and for skin and mucosal conditions. Settlers rapidly adapted such uses; from the 1840s onwards, industrial production of distillates and extracts followed, culminating in broad marketing by the late 19th century. Inclusion in the U.S.P. and N.F. led to

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standardisation. Reception in Europe has been documented since the 1870s. Modern monographs classify most uses as traditional.

Update since 2017: In 2019 the HMPC issued a corrected bark monograph as well as addenda for leaf and distillate; in 2025 a call for scientific data for the periodic review was launched. The status "traditional use" remains; short-term ocular use is specified for the distillate.

Conclusion: The history of *Hamamelis* illustrates the interplay of knowledge transfer, industrial production, and regulation. Clinically, the plant remains relevant above all for mild inflammatory skin and mucosal complaints and for haemorrhoidal disease. Broader evidence-based appraisal would benefit from additional high-quality clinical research.

Keywords: *Hamamelis virginiana*; witch hazel; history of medicine; ethnobotany; U.S. Pharmacopoeia; National Formulary; commercialisation; pharmacopoeia; HMPC; traditional use; distillate; eye complaints; haemorrhoids

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Botany and etymology

The American or common witch hazel (*Hamamelis virginiana* L.) is native to eastern North America, occurring across the eastern United States and southeastern Canada. It is part of the shrub and understory flora of mixed deciduous forests. A deciduous shrub, it reaches heights of 3–6 metres, occasionally up to 10 metres. Although *Hamamelis* is now also cultivated in Europe, raw materials for commercial products are generally imported from the USA and Canada. Possible confusion with hazel (*Corylus avellana* L.) is noted. [19, 20, 21] The plant flowers in autumn and forms its fruits in the following year. [10]

The first scientific description as *Hamamelis virginiana* was provided by Carl Linnaeus in 1753. [32] Linnaeus chose the specific epithet *virginiana* for the plant's occurrence in the colony of Virginia, which at the time encompassed what later became the U.S. states of Virginia, West Virginia, North Carolina, Kentucky, Tennessee, and Ohio. The Flora of North America Editorial Committee lists 17 synonyms, including *Hamamelis corylifolia* Moench and various descriptions published by Constantine Samuel Rafinesque such as *Trilopus nigra* RAF. or *Trilopus virginica* (L.) RAF. [10] Rafinesque disliked Linnaeus's chosen genus *Hamamelis*, since in antiquity the Greeks used that name for medlar (*Mespilus*) or a similar tree. [45] Rafinesque also prominently advocated in the United States for an eclectic medicine that considered plants used by Indigenous peoples. Two later representatives of this current, particularly popular in the second half of the 19th and the first half of the 20th century, were John King, who from 1854 published "The American Eclectic Dispensatory," and his successor John Uri Lloyd. Both will reappear below.

In German, common names include Amerikanische Zaubernuss, Herbstblühende Zaubernuss, Virginia-Zaubernuss as well as Zauberstrauch, Zauberhasel or Hexenhasel. The latter is a direct translation of the prevalent U.S. name "witch hazel." This designation points on the one hand to the plant's similarity to hazel, and on the other to the former use of its twigs as dowsing rods. Here "witch" does not correspond to the English word for a sorceress, but derives from Middle English *wiche* or Old English *wice* meaning "supple" (cf. also "weak"). This common name can be traced in North America to the mid17th century. [17] Among the Cherokee the plant was called "kûnasútlawă." [5, 16]

Traditional use among Indigenous peoples of North America

Witch hazel was used by several Native groups, mostly for medicinal purposes. The Native American Ethnobotany Database lists a total of 39 references describing use among six different tribes. [41, 40]

The most varied uses are found among the Cherokee and the Iroquois. The Cherokee mostly used witch hazel as an infusion as an analgesic, for colds and skin injuries, against fever and menstrual pain, for sore throats and tuberculosis. [16] For washes it was combined with chamomile. [12] Twigs and leaves were consumed as tea as food. [42]

Among the Iroquois, indications overlapped partly with those of the Cherokee: they used witch hazel for colds (a decoction of young twigs, also as poultices) and cough, as an astringent (bark), and a decoction of root or bark for tuberculosis. A decoction of fresh twigs was used for asthma; bark in general for lung diseases. In gynaecology they used witch hazel preventively against postpartum bleeding; shoots were used after falls during pregnancy. They used the bark of young twigs as an infusion in dysenteric bleeding, poultices with twigs for nausea, and as an ingredient in an oral remedy for arthritis; a decoction of shoots and tips for "blood purification," a bark decoction for anorexia, but also as an emetic; leaves and twigs for "cold" around the heart. Boiled twigs as tea and likewise prepared bark for poultices were used for kidney ailments; an infusion of the bark of young twigs for cholera. For bruises, shoots were boiled for ingestion and bark for poultices. For toothache, parts of the entire plant were employed. In addition, bark was an ingredient in a decoction for venous disorders and the root in a decoction used as a panacea. [18]

The Chippewa used an infusion of the inner bark as a lotion for skin problems and as a wash for eye diseases. The inner bark also served as an emetic, especially in poisonings. [14] The Menominee used the seeds as consecrated pellets in medical ceremonies; a decoction was rubbed on the legs to make them more flexible or supple. For back pain they used an infusion of the twigs. [50] Dried seeds were also used to predict a patient's chances of survival. [6] Among the Mohegan, an infusion of leaves and twigs was used as a lotion for cuts, bruises, and insect bites. They also used twigs for locating water veins and treasure. [52] Among the Potawatomi, twigs were used in the sweat bath for over-acidified muscles. [50] The Osage used the bark to treat various external ulcers. [6]

Early European settlers used *Hamamelis* for inflammations, swellings, cuts, bruises and contusions, and as dowsing rods. In Indiana the plant was used for skin problems, nosebleeds, rheumatism and arthritis. [53]

To stop nosebleeds, dried witch-hazel leaves were stuffed into the nose. [53] For skin redness—but not for rashes or burns—leaves with a little bark were boiled in water. The decoction was applied to the affected skin with clean cloths and left until the cloths dried. [53]

For arthritis, especially in the wrists, a liniment was used consisting of three to four fruits of bitter melon (*Momordica charantia*), 16 ounces of alcohol, 4 ounces of witch-hazel water, and 2 ounces of oil of wintergreen (*Gaultheria procumbens*). The mixed ingredients were steeped for several weeks, then the liquid was strained. [53]

In the 19th century, among the Cherokee who had now settled in southwestern Indiana, powdered leaves as a tea were used for internal bleeding, to prevent miscarriages, to treat colds, fevers and sore throats, and to ease menstrual cramps. Leaves and bark boiled together formed a salve for cuts and bite wounds, bruises, scalds and burns, inflammations, and painful swellings. [46] Leaves, twigs, and bark were gathered and stored in June, July, and August. [46] Edible seeds were harvested when ripe. [46]

For a home remedy of a family with Indigenous roots, boiled leaves were mixed with alcohol (including whiskey, "moonshine") to treat over-acidified muscles or back complaints. [46] For cosmetic purposes, a preparation with chamomile and vodka was used. [46]

Early commercial use in the United States

Through a medicine man of the Oneida, a nation of the Iroquois, Theron T. Pond in the early 1840s in New York State obtained a tea recipe that the Oneida used for burns and other skin injuries. Together they first produced a simple kettle-made tea they called "Golden Treasure." Because it spoiled, they added alcohol (~3% v/v at first, later more). Around 1848 it began to be sold locally; after Pond's death the product was marketed as "Pond's Extract." By about 1871 annual sales were reported at 5,000 dollars; by 1898 a whole family of witchhazel water products reached about half a million, and production ran in large copper stills. [35] "Pond's Extract" was also used in veterinary medicine; by 1903 at the latest a competitor, "Dr. Daniels," was on the U.S. market. [51]

In professional literature and 19thcentury pharmacopoeias

A letter of 1744 recorded by Virgil Vogel reports that Dr. Colden described to Jan Frederik Gronovius in Leiden how among the Mohawk a severe eye disease had been cured with a bark decoction; Colden himself used it with success for eye inflammations. [55]

Constantine S. Rafinesque in 1828 characterized *Hamamelis* as soothing, strengthening and astringent, highly valued by Indigenous peoples and herbalists, with topical use in painful ulcers and various eye diseases; as a leaf tea (sometimes with added bark) he mentioned amenorrhoea, intestinal complaints and gastric bleeding and pointed to tannins as likely contributors. [45]

John King in 1854 likewise emphasized strengthening, astringent and soothing effects; he recommended a bark decoction for haemoptysis, haematemesis and other bleedings, diarrhoea and dysentery, and mucous discharges; he also named tuberculosis. For eye inflammations he gave a lotion from bark of *Hamamelis* and *Hydrastis canadensis* with leaves of *Lobelia inflata*; dose 2–4 ounces, 3–4 times daily. [29]

On early pharmacopoeial mentions the literature disagrees; checks against the books confirm Vogel's outline. [55] The United States Pharmacopoeia (U.S.P.) has been official since 1820; from 1888 to 1975 the National Formulary (N.F.) complemented it, both being merged from 1975. Autumnharvested leaves were officinal in U.S.P. VI–VIII (1883–1916), then in the N.F. until 1955; U.S.P. VIII (1900) also lists bark and twigs. *Extractum hamamelidis fluidum* was a hydroalcoholic extract of the dried powdered leaves (glycerin added in U.S.P. VII).

A bark distillate was first described in U.S.P. VIII as *Aqua hamamelidis*: macerate 10 kg of bark in 20 l water for 24 h, then distil 8.5 l of witchhazel water and bring to volume with 1.5 L alcohol. In U.S.P. IX (from 1916) both water and steam distillation are mentioned; the autumn drug may be bark, twigs, small stems, or the whole shrub; 85 parts distillate are brought to volume with 15 parts alcohol.

The first N.F. (1888) already lists *Aqua hamamelidis* from fresh twigs collected during autumn flowering: 10 lb twigs macerated 24 h in 20 pints water and 1.5 pints alcohol; direct heat or preferably steam distillation; unchanged in N.F. 2 (1896); absent in N.F. 3 (1906); N.F. 4 (1916) again lists dried leaves (per U.S.P. VIII). Today, per U.S.P., 1 kg fresh cut twigs macerated ~24 h in about twice the water, yielding 0~0.80–0.85 L distillate, brought to 1.00 L with 150 ml ethanol (~14–15% v/v).

In 1887 the dermatologist John Shoemaker described haemostatic and analgesic effects in bruises and wounds "of every form," [49] while warning that "Pond's Extract" was not the safest *Hamamelis* preparation. [34] He reported experiences in gastric bleeding, haemoptysis and purpura; for menorrhagia he sometimes found the effect "magical," and *Hamamelis* one of the best remedies for epistaxis. [49] The paper was quickly noticed in Europe, where *Hamamelis virginiana* was recommended for subacute and chronic diarrhoea, with efficacy enhanced by small doses of opium or nux vomica. [43]

Europe (late 19th–early 20th century)

From 1878, "Pond's Extract" was also marketed in London, and witchhazel products spread through British pharmacies. [35] In Germany, Schwabe imported small quantities as early as 1872/73 and, from the 1890s, promoted a growing range

of *Hamamelis* preparations; sales of extracts and ointments rose notably as cosmetics (powders, soaps, face lotions, shampoos) entered the market. [38] Around the same time, European compendia documented official status for bark and/or leaves, indicating broad reception across pharmacopoeias. [39, 57]

Current use

The European Pharmacopoeia defines qualities for *Hamamelidis folium* and *Hamamelidis cortex*; there is no official European quality monograph for witchhazel water. The German ArzneimittelCodex additionally describes bark and the fluid extracts from leaves and bark. Leaves contain about 3–8% tannins (minimum 3% required, calculated as pyrogallol); further constituents include oligomeric proanthocyanidins and flavonoids such as kaempferol, quercetin and astragalin. Bark contains around 8–12% tannins, free gallic acid, ellagitannins and catechin tannins. [47, 19] Compared with leaf extracts, bark contains roughly thirtyfold more hamamelitannin. [54] Clinically, astringent, antiinflammatory and local haemostyptic effects are considered sufficiently substantiated; experimental findings also support antisecretory, tissuefirming, capillarypermeabilityreducing, mildly surfaceanaesthetising, antipruritic, vasoconstrictive and woundhealingpromoting effects. [47]

The HMPC classifies leaf, bark and distillate of *Hamamelis virginiana* as traditional herbal medicinal products, indicated for mild inflammatory conditions of skin and mucosa, including complaints in the anal area (e.g., haemorrhoids); for the distillate shortterm ocular use is additionally specified; controlled efficacy studies exist only sporadically. [19, 22–24] In 2019 the bark monograph received editorial corrections and addenda were issued for leaf and distillate; in 2025 the HMPC launched a call for scientific data for the periodic review; age recommendations remain cautious (cutaneous use from 6 years; ocular use from 12 years, diluted and shortterm only). [22–25] Notes on ocular use (e.g., 1:10 dilution, 2 drops per eye, 3–6× daily up to 4 days) derive from the 2009 monograph on the distillate. [21]

Empirical uses (per Schilcher)

In empirical practice *Hamamelis* is used, beyond official monographs, in care after episiotomy, exfoliative dermatitis, eczematous skin diseases including atopic and seborrhoeic dermatitis, diaper dermatitis, anal fissures, inflammations in the genital area and anal eczema, and for the care of dry aged skin. [47]

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EN abstract: Indigenous North American uses of *Hamamelis virginiana* (witch hazel) were widely adopted by settlers and, from the 1840s, industrialised as distillates and extracts. By the late 19th century branded products dominated U.S. markets; inclusion in the U.S. Pharmacopoeia and National Formulary standardised quality. European reception is documented from the 1870s. Current EMA/HMPC monographs classify most indications as traditional; shortterm ocular use is specified for the distillate. Historically, *Hamamelis* exemplifies knowledge transfer, commercialisation, and the emergence of regulatory standards.

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DE Kurzabstract: *Hamamelis virginiana* (Zaubernuss) wurde in Nordamerika vielfach medizinisch genutzt; Siedler übernahmen diese Anwendungen, ab den 1840er Jahren folgte die industrielle Herstellung von Destillaten/Extrakten und eine breite Vermarktung im späten 19. Jahrhundert. Die Aufnahme in U.S.P. und N.F. führte zur Standardisierung; eine europäische Rezeption ist seit den 1870er Jahren belegt. In den aktuellen EMA/HMPCMonographien gelten die meisten Indikationen als traditionell; für das Destillat ist eine kurzzeitige okuläre Anwendung spezifiziert.

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