# CONCUSSION, That's NOT the Way

When first introduced to Valerie, I was taken by her height, her posture, and her smile. This 18-year-old high school senior carried herself with an air of confidence and composure. Her handshake was strong and sure. "She must be an athlete or a dancer or someone who has some expertise in something," I thought to myself. I soon learned she was a star student-athlete, playing soccer, basketball, and lacrosse, and slated to play the latter in college.

Just as soon as she had learned to walk, Valerie kept up with two older brothers who treated her like one of the pack. She was as fast as lightning and sure footed, had accurate and perceptive field sense, and had grown into a passionate leader both on and off the field or court. She also excelled academically, taking an all-honors track and likely headed to be one of the top students in her class.

### **Head-on collision**

And then Valerie's junior year began with a bang. Literally. During a competitive soccer scrimmage, she sustained a concussion when an opponent running at full speed crashed into her. The crack of skulls colliding could be heard across the field. She was prone on the ground for what seemed like hours, according to her mother, but it was actually less than five minutes. She did not lose consciousness, but she came out of the game and complained of headache and fatigue for the next week or more. She was cleared to reenter competition a few weeks later, but in that initial week back at practice, she headed a ball with precision and force and promptly collapsed. She had come back

too soon. Valerie was out of soccer the rest of the fall.

When basketball season began, she assumed she would be fine and began practicing with the team she was to captain. Unfortunately, she was hit in the head by a ball intended for a teammate, and this direct blow would be the one that ended her high school athletic career. Valerie was diagnosed with Post Concussion Syndrome and was told to take it easy, rest as much as she could, and reduce the stress of schoolwork. It is significant that Valerie also sustained sports-related concussions at age 10 and 13, which were untreated and from which she seemed to have recovered fully. She had had a number of MRIs and X-rays to the head over the years, and the tests were always negative for fracture or other obvious medical issues. It is known, however, that repeated concussions can lead to *cumulative* effects especially in neuropsychological functioning.

# **Lingering concussion symptoms**

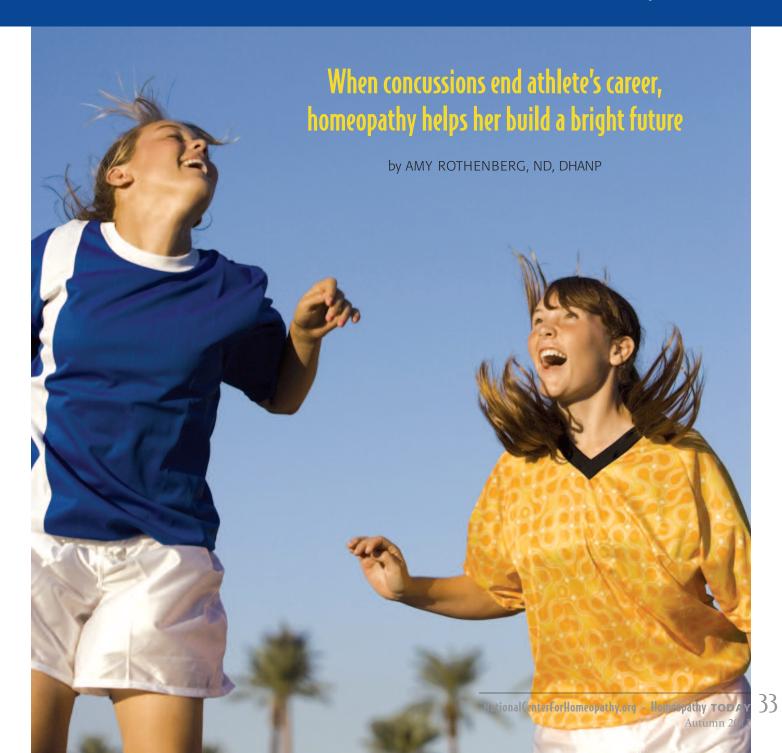
Post-concussion syndrome (PCS) is a complicated diagnosis, made when the symptoms of concussion, such as headaches and problems with balance or cognition, last for weeks or even months subsequent to the original injury. The traumatic brain injury is mild and can happen after a blow to the head; there may or may not have been a loss of consciousness at the time of the injury. And in a curious medical observation, the incidence of PCS does not seem commensurate with the severity or frequency of the injury.

PCS symptoms usually last for a week or two or dissipate over the first three months post-injury, but some patients experience symptoms many months or even years after the incident(s). In sports like boxing, hockey, or football, where blows to the head are common, there has been increased awareness about concussion and PCS. But it is important to realize that concussions can and do occur in any sport where speed and proximity to other players is part of the game. There is some debate about whether heading the ball in soccer contributes to increased incidence of concussions or PCS; many researchers believe it does. Even with proper technique, it is not recommended that children under the age of ten use heading as a part of play.

Patients with PCS present with a laundry list of complaints including: depres-



# to Use Your Head



sion, fatigue, headache, other pains, balance issues, sleep changes, temperament shifts, irritability, anxiety, apathy, sensitivity to light and sound, and problems with memory or the ability to think clearly. For the homeopath, all this symptomatology (especially if there are clear modalities\*) helps to guide our hands.

#### One size does not fit all

The homeopathic remedy Arnica can be helpful when used immediately after a head injury, but I caution against recommending it routinely except within the first day or two of the event. In the days, weeks, months, or even a year after a concussion or mild traumatic brain injury, some people will need Arnica, but many will need a different remedy entirely. I give Arnica when someone has remained in an Arnica state: feeling shell-shocked and jumpy, still quite sore and irritable, and much worse from being touched or bothered. Some who stay in that Arnica state seem to be susceptible to further injury; somehow they are out of balance or may describe feeling "out of whack," which contributes to the propensity to have further accidents, large or small.

When I saw Valerie, she was in the spring of her senior year and had been unable to compete in athletics at all. She had had "the worst year," unable to do the things she loved most; in fact, unable to do much. Athletics had been the center of her social life as well, so the repercussions were far reaching. Though she had followed medical advice, she was now almost a year from her last concussion and was seeing very few signs of improvement.

#### **Before & after**

In Valerie's case, I sought to understand her-who she was in all aspects both before and after the head injury. I was curious to know whether she would now need a dose of what may well have been her constitutional remedy before the concussions, or whether she would need a different remedy entirely. Knowing someone's previous constitutional remedy can be helpful in finding a remedy for either an acute state or for the newer constitutional state they may find themselves in. We can think of that as the patient's underlying nature and then try to see how the current situation, trauma, or stress has pushed that particular patient's system. In my experience, knowing where they began can often offer clues to where they have wound up.

I learned that, at present, Valerie fatigued easily and basically sought solitude, but she rose to the occasion when meeting new people or in brief social encounters by being outgoing and upbeat. Before her PCS, however, she was a very different person. She was the one to organize outings, get groups of people together, and ring-lead whatever group she created. She had friends in all circles and would pull all kinds of kids into her overlapping and ever-widening friend groups. She was able to multitask and did so with gusto; the more you piled on, the better she did. She occasionally got into trouble by pushing parental or school limits, but she was basically a good, if spirited kid. She was robust, outgoing, energetic, and a bit of a show off. Physically, she had a history of many upper respiratory tract infections with free-flowing green or yellow mucus. She had had asthma when she was younger but had outgrown it entirely. She had mild seasonal allergies that she did not treat. Other than that, she'd enjoyed excellent health.

Her mother's descriptions and Valerie's answers to my questions made me pretty certain that before the concussions, Medorrhinum would have been the best constitutional remedy for Valerie. She had never taken that remedy so I could not be 100% certain, but I felt pretty sure. People who need Medorrhinum tend to be very outgoing with an ease of connection and contact with others, and they seem to thrive on such contact. Those who benefit from this remedy are often "the life of the party" and can be counted on to include everyone in their merry-making. Valerie's history of respiratory tract issues, asthma, and allergies with much mucus were further confirmation of my thinking that this had likely been her constitutional type.

# **Hopeful despite dashed dreams**

At the time of our first visit, Valerie felt irritated by social settings and was becoming more and more withdrawn. Her primary care doctor felt she should go on an antidepressant but Valerie offered that though her situation of chronic head pain, mild confusion, and deep fatigue were depressing to have to deal with month after month, she was not actually depressed. She was sad that her dream of playing college lacrosse had died just as it was emerging; she had received definitive medical advice against ever competing at that level again. And she had taken the advice to heart. She knew that the skills and abilities she had gained though athletic pursuits could be applied in any number of arenas and though she didn't know where that might be for her, she was sure something right would evolve.

The headaches were constant for Valerie and came with a sick feeling in her stomach, which she described as a "gnawing nausea." She felt like she couldn't think straight, and had in fact taken the spring semester of school off. She had enough credits to graduate and she really couldn't



handle the lights, noise, or people, nor could she do the academic work required to maintain her top-notch grades. She slept a tremendous amount and kept close to her mother who was supportive and encouraging and, understandably, very worried about the possible long-term effects of her daughter's diagnosis.

# A remedy for Valerie

After hearing how much Valerie had changed in such significant ways temperamentally and physically, I was quite clear she did not need the remedy Medorrhinum anymore and that she had in fact shifted to needing a different remedy entirely. Taking into consideration her head injury, mood shifts, and more withdrawn and sensitive state, along with her chronic head pain and nausea, and the real downward shift in her cognitive abilities, I prescribed Natrum sulphuricum 200c. This remedy is one of the main medicines used in practice when personality change can clearly be attributed to head injury. Other remedies I have used to help people with ailments from head injury include Arnica, Helleborus, Opium, Cicuta virosa, and Hypericum. [See pages 36-37 for more about these remedies.] You can think of Natrum sulphuricum as having symptoms of Sulphur, Natrum muriaticum, and Medorrhinum. Knowing this association between Natrum sulphuricum and Medorrhinum underscored my prescription.

# An immediate, clear change

Valerie came to our follow-up appointment a month later with a big grin. She said she had felt clearer right away, within the first week of taking the remedysomehow better in her thinking. She was still sleeping much more than she liked, but when she was awake she felt "less out of it." More impressive was the fact that after more than a year of fairly constant headaches, she now described her head pain as a "whisper," just a faint sense of a headache, but not bad at all. The diminution of the headache happened during the first weeks after the remedy, and the improvement continued through the time of our visit.

Valerie reported that she felt less irritable, and her mother concurred. She had started to be interested in the possibility of hanging out with friends again—a real



change for her—though she emphasized that she'd not yet picked up the phone. Mother and daughter were very pleased with the results of homeopathic treatment and could not thank me enough.

# **Energetic & college-bound**

I asked Valerie to come back in two months, to call me before that if it seemed she had slipped in any way, and to keep doing what she was doing: sleeping a lot, keeping stress to a minimum, and taking it easy on all fronts. When she returned two months later, which was three months after the original, single dose of Natrum sulphuricum, it was clear we were on the right track. Valerie felt much more energy, had been spending time with friends, had enjoyed the festivities around her high school graduation, and was planning to attend college the following fall, albeit as a student, not a student-athlete. She was no longer suffering with headaches or nausea and had been cleared to begin exercising as she felt able, though with the strict warning against participating in any contact sports.

Some might say that Valerie would have gotten better anyway, but that seems unlikely to me as it had been such a long time that she had suffered, even without further trauma or insult to the head, and she had been sliding downward physically and emotionally as well—until she received homeopathic treatment. Furthermore, it's well documented in the homeopathic literature that *Natrum sulphuricum* can act this profoundly on people with symptoms like Valerie's who are suffering after a head injury. In cases like this, as a doctor, I am eternally grateful for the power and the grace of homeopathy.

I continued to see Valerie every two to three months for a year, just to be sure she was well and did not have any relapses. She never needed more of the *Natrum sulphuricum* nor have I had the opportunity to treat her for any other ailments or to visit the possibility of giving her an underlying constitutional remedy. She knows where to find me should any troublesome symptoms arise, and I hope that she will do just that.

## Back to school & an effective tool

On occasion, a single correct remedy, given in the right potency, can help move a person in the right direction and let the healing begin. In a problem like Post Concussion Syndrome, where there is often not a whole lot that the allopathic medical world can offer, homeopathy can be an effective tool even if the symptoms began many months or years ago.

So, this fall, especially with children and teens heading back to the athletic fields, courts, and tracks, bring awareness to the diagnosis of Post Concussion Syndrome, and if someone has this increasingly common diagnosis and you are asked, you can say, "Yes, homeopathy has something to offer!"

\* By modalities, we mean specific conditions that "modify" the symptoms or make them better or worse, such as "better from warmth," "worse from wet weather," "better from movement," and so on.



## ABOUT THE AUTHOR

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