



# *It's* SUMMERT AND LYME



# TIME... TIME

## A case of chronic Lyme disease

by AMY ROTHENBERG, ND, DHANP

**P**racticing homeopathy with one's life partner has its ups and downs. There are difficult aspects to negotiate, such as: Who will be on call? And who will oversee the running of the office? Likewise, there are certain pleasures involved with working as a team, including building a practice together, spelling each other during the early years of childrearing, sharing successes, and helping each other with difficult cases.

Periodically, Paul [Herscu, ND] and I will sit together with a patient, especially when one of us feels we are not getting the whole story or are missing key aspects to the case. Invariably, the fresh pair of eyes and different ways of seeing will help us get to a better remedy for the patient. It is generally true that two heads are better than one.

At other times, one of us will send the other a patient after having spent very little time with them. We do this when we perceive that a patient or family might prefer to develop a working relationship with the other provider. Our perception is naturally subjective, but usually we are right on the money. We have the liberty and freedom to do this in our intimate office, and we exercise it from time to time.

### **Sarah's story: Chronic Lyme disease**

Sometimes, I wonder why Paul sends me a particular patient, often a lovely person and a pleasure to treat. Such was the situation when Paul referred 19-year-old Sarah to me. Large boned, tall, and lean, she had a strong, clear way about her, with her shoulder-length blond hair pulled back in a loose ponytail and her athletic attire attesting to her former strength and involvement in the world of sports.

On the intake form, under *Reason for Today's Visit*, Sarah had written, "treatment for chronic Lyme disease." Sitting in my office, she recounted her story.

Some three years before, Sarah had had a terrible case of poison ivy, which wound up being treated with oral steroids. In the month following, she pulled an engorged tick off her scalp after a camping trip. It took a long time for the bleeding to stop. A few months later, during her junior year of high school, she developed severe, debilitating fatigue and generalized aches and pains throughout her body. By the winter of that year, she was unable to get out of bed, reflecting the intensity of the fatigue. At this time, she was diagnosed with mononucleosis and depression.

Sarah was put on an antidepressant, which made her symptoms much worse. Within a month, her platelet count had dropped to dangerously low levels, and she was diagnosed with Immune Thrombocytopenic Purpura, which meant her blood wasn't clotting as it should because her immune system was destroying platelets. She was put on steroids to address the low platelets.

By the summer of that year, Sarah was diagnosed with Lyme disease. She was put on an IV antibiotic, which made many of her symptoms worse. At that point, her most troublesome symptoms were fatigue, joint pains, nausea, dizziness, and headaches. She remained on oral or IV antibiotics for one and half years—with little to no improvement in her symptoms.

### Lyme disease

The engorged tick that Sarah pulled off her scalp was most likely a deer tick infected with *Borrelia burgdorferi* or *Borrelia mayonii*, the bacteria responsible for Lyme disease in the U.S. Not all deer ticks are infected with Lyme bacteria, and only a small portion of tick bites lead to Lyme disease. If an infected tick is attached to you for less than 36 to 48 hours, chances of the bacteria reaching the bloodstream and causing infection are slim. But if you find a tick on your body that has grown a lot larger than its usual tiny, poppy-seed size, chances are it has been feeding a while, as in Sarah's case.

Within three to 30 days of a tick bite, (many, but not all) people who contract Lyme disease will see a bulls-eye shaped rash that expands outward from the site of the bite. Fever, fatigue, body aches, and swollen lymph nodes are common during this period, but many people don't recog-

nize these as indicators of a Lyme infection.

People suffering with late-stage Lyme infection frequently have severe joint pain and swelling, especially in the knees. Numbness, tingling, and other pains in limbs, muscles, and tendons are common. Severe fatigue, headaches, partial facial paralysis, dizziness, memory problems, heart palpitations, brain inflammation, and other neurological problems are also possible. Conventional medical care for both acute and late-stage Lyme disease involves the administration of antibiotics.

### Tough times

During the time when Sarah was grappling with severe fatigue and pain, she suffered the loss of a favorite dog as well as the death of a close aunt. These two griefs compounded her problems and pushed her further into fatigue and joint pain. While grieving, she preferred to be alone, and any comforting from loved ones made her feel worse.

She also struggled with poor memory and difficulty concentrating. She missed most of the second half of her junior year and half of her senior year of high school because she was home in bed. Miraculously, she did graduate with her class, a testament to both her intellect and determination.

### Small strides

Sarah's family, seeking other approaches because the antibiotic treatment was not working, settled on a vitamin supplement program. She was taking a multiple vitamin along with high doses of Vitamins C, E, and B12. She was also taking a botanical preparation of *Ginkgo biloba*, known to enhance memory. With this protocol, Sarah finally began to feel somewhat better and more able to rejoin the life that had previously

come to a standstill for her. Sarah had no further vertigo or headaches since the vitamin therapy.

### Still suffering

She still struggled with general fatigue, muscle aches, and chronic sore throats, however, and this was why she had come to our office. Most days followed the same pattern: she would feel worse in the morning and often took a three- or four-hour nap in the afternoon. Then, she would perk up as the evening came on.

She had stopped playing competitive sports, at which she had excelled, because of her chronic low platelet count. Her hematologist felt she would be at risk of serious bleeding, especially if she suffered any sort of head injury.

Sarah's sleep was good; she preferred to sleep on the left side and stay covered. Her joint pains were sharp and moved around from here to there. The pains were worse if she was not well rested and were generally better when she got enough sleep. Even so, Sarah experienced some joint pain just about every day. She also complained of random numbness in her hands, feet, and legs that would come and go. The numbness had been happening since she was ill and was better if her extremities were rubbed.

Sarah's sore throats had begun a few months back; sometimes, her throat hurt so much she could barely speak. She felt pain whenever she swallowed (whether swallowing food or not), and she felt better sucking on a Popsicle. She thought that perhaps her sore throat was worse from breathing through her mouth, which she did more now, especially during sleep, due to her congested sinuses from mild allergies.

**Sarah finally began to feel somewhat better and more able to rejoin the life that had previously come to a standstill for her.**





## Revelations

In her medical history, Sarah reported that in the third and fourth grades she suffered with anxiety, chronic worrying, and low self-esteem. She was even put on Prozac for a period of time, which made her much worse. Sarah was eventually helped by a psychologist, who taught her relaxation techniques. Sarah also described a history of irritable bowel syndrome with rectal bleeding some years before, though not recently.

Sarah craved sweets, salt, and fish and was averse to meat. She drank a lot of water. She had no problems with her urinary tract or skin. When outdoors, she did her best to stay in the shade rather than in full sun, since she felt better there.

Sarah claimed she was a neat freak, liking everything in order. She loved all types of music though she described herself as tone-deaf.

Sarah's mother, who accompanied her to the appointment, offered the following: "Before I knew I was pregnant with Sarah, my father died. I was in a horrible grief-stricken state, which I held in entirely. Then, I found out I was pregnant. It was a melancholy time for me."

## Don't think zebras

In selecting a homeopathic remedy for Sarah, I considered a number of possibilities. *Lycopodium* came to mind because of her general weakness and fatigue in the afternoon, her sore throats, and her history of anxiety and insecurity. I also thought about the remedy *Silica* because of her ongoing weakness and her tendency for illness, as if she could not fight off infections. And, of course, with her history and her family's history of loss and deeply felt grief, the remedy *Ignatia* came to my mind. But, she lacked key elements indicative of *Ignatia*, including irritability and a fault-finding nature, and she did not have spasms or cramps anywhere, as I would have expected to see.

In the end, I prescribed *Natrum muriaticum* 200c based on Sarah's overall demeanor of being somewhat reserved but also direct, clear, and precise in her manner of sharing information, as well as her physical general and mental symptoms: she liked her salt, she did not care to be in the sunshine, and she preferred to be

alone when she was feeling low. Her fastidiousness, as a self-described "neat freak," fit the remedy profile, as well.

This was a pattern recognition case for me; she looked like, sounded like, and acted like a person needing *Natrum muriaticum*. As is taught in any medical or naturopathic physical and clinical diagnosis course: *If you hear the sound of hoofs, don't think zebras*. In other words, when weighing the evidence to make a diagnosis, think first of the more commonplace diagnostic categories over the more exotic ones, since the probability of a common diagnosis is much higher. This is drilled into students because novices tend to gravitate towards making more exotic diagnoses (perhaps because unusual diagnoses are more memorable). For homeopaths deciding on a remedy for a patient, the adage translates as: *Think first of our most frequently used polychrest remedies over the lesser known and used remedies*.

*Natrum muriaticum* is a remedy that is used often and successfully by homeopaths for all kinds of patients with all kinds of complaints—when a person's symptoms fit the remedy profile. A history of deeply felt yet silent grief and/or ailments arising after grief are often found in patients needing this remedy. Certainly, Sarah had experienced plenty of grief in her young life, with the loss of her dog, her aunt, and even her grandfather when she was in her mother's womb.

## Helping people with Lyme

Over the last decade, I have seen numerous patients struggling with the long-term effects of Lyme disease (also called *post-treatment Lyme disease syndrome*), and in my experience, they generally do well with homeopathic constitutional prescribing.

In addition, as a licensed naturopathic doctor, I employ many supportive therapies to help the body fight infection and get on a more balanced footing with immune function. For Sarah, I tailored my suggestions on diet, lifestyle, and natural medicines to her individual situation, as I do for all my patients. See "A Whole Person Approach to Lyme Disease" at right for the general idea.

## Expectations

I asked Sarah to return in six weeks. What

# A WHOLE PERSON APPROACH TO Lyme Disease

In addition to giving a constitutional homeopathic remedy to people with chronic Lyme disease, I use many other supportive therapies to help the body fight infection and get on a more balanced footing with immune function. Here are just a few of the natural medicines I tend to employ:

- **FLAX SEED OIL** as a general anti-inflammatory
- **GINSENG**, which can enhance attention and memory
- **ECHINACEA AND GOLDENSEAL** to support immune function
- **DANDELION AND MILK THISTLE** to help cleanse and build healthy blood and as general liver support.

For more about the naturopathic approach to treating people with acute or chronic Lyme disease, I recommend the article, "Lyme Disease: A Whole Person Approach," by my colleague Darin Ingels, ND, FAAEM, on the *Naturopathic Doctor News and Review (NDNR)* website. In it, he lays out many other naturopathic modalities and approaches to Lyme disease in an evidence-based way. His recommendations include:

- **EATING** an anti-inflammatory, alkaline-heavy diet that eliminates processed foods, sugar, and coffee and reduces animal protein to 20% of the overall diet
- **SUPPORTING** intestinal health with natural medicines and foods, in order to promote motility and rebalance gut flora, possibly including probiotics, magnesium salts, glutamine, curcumin, and fish oils, depending on the individual's needs
- **TREATING** active infection with herbal protocols (e.g., Dr. Zhang's Modern Chinese Medicine protocol and Dr. Lee Cowden's protocol)
- **IMPROVING** lifestyle habits with high quality sleep, plenty of exercise, and stress management
- **CONTROLLING** environmental factors, such as avoiding mold toxicity in the home and workplace
- **DETOXIFYING**, if indicated (saunas can be helpful for this), and supporting immune function through various immune-enhancing therapies

Find the full article at:

<https://ndnr.com/autoimmuneallergy-medicine/lyme-disease-a-whole-person-approach/>



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## Natural PEST CONTROL

Guinea fowl are an effective and natural solution to yard and garden pest control. Wild guineas eat mainly insects, but domestic guineas can consume large amounts of insects without affecting garden vegetables or flowers. Guineas can be used to control ticks and insects such as grasshoppers, flies, and crickets. Guineas can reduce keepers' risk of Lyme disease by consuming deer ticks, which carry the disease. Guinea fowl also eat slugs, and flocks have been known to attack snakes.

-Homeopathy Today staff

would I like to see in those six weeks? I would like to see Sarah's energy level improve, perhaps to where she did not need naps anymore. I'm not against the idea of napping or siestas. But in her case, it interfered with her life. Napping was not a choice, she *had* to lie down! I would like to see her joint pains and numbness decrease or go away altogether. And, lastly, I would like to see her sore throats abate.

I spoke with Sarah about these expectations. I find it a good habit to make a list of those things I would like to see a remedy address at the end of my charting and oftentimes to share that with patients. Then, we are on the same page during the follow-up visit and have reasonable expectations of the action of the remedy.

### On the upswing

Upon her return five weeks later, Sarah reported: "I felt great, it was like I was normal again. I had tremendous energy, and I had no joint pain at all after the first three days. And then last week, I started feeling worse again." Her main complaint now was

the arthritis-like feeling in her back. One week prior to this visit, she'd also had a headache, much like the ones she used to get when she was in the thick of the Lyme disease.

Mentally, however, she felt very well, with improved academic performance at school. (She was attending a local community college because she was not well enough to go away to school—a big disappointment for her.)

Also, she had not had any sore throats over the past five weeks—a major change from the months of painful swallowing she'd endured.

This was an excellent initial report, considering that Sarah had felt poorly for more than three years prior to coming to see us. She had responded well to the homeopathic remedy and supportive naturopathic treatment, with improved energy and focus for four weeks and no joint or throat pain. Her energy had recently taken a dip, however, and she'd had a bad headache along with some back pain; this indicated that her response to the remedy was probably declining, so I gave her another dose of *Natrum muriaticum*.

### A bright future for Sarah

I spoke with Sarah by phone three months later when she shared that she had felt wonderful, until about ten days before this call. (This was the same pattern as last time—I began to feel that I should set the follow-up appointment for about two years away!) She was playing sports again because her platelet count had returned to the mid-normal range, and her energy was good! But, she had had a hamstring injury playing soccer. Since the injury, she felt the fatigue creeping back in, nowhere near as bad as it was, but she worried about it returning.

Sarah had not had any problems with headache, nausea, dizziness, sore throat, or her memory. The numbness in her hands and feet was also gone, and her digestion remained good. Her overall feeling of well-being was excellent, and she was excitedly preparing to begin her next semester of college away.

At this point, because she was doing so well overall, I could have "watched and waited," giving her no further doses

of *Natrum muriaticum*, and she might have bounced back from the stress of the hamstring injury on her own. Alternatively, because of her recent small setbacks, I could have either given her another dose of *Natrum muriaticum* in the same potency as before or given her a dose of that remedy in a higher potency. I decided on the latter option, as Sarah was just about to embark on a big change, and although she was greatly looking forward to going away to school, I knew it could be a great stress to her system overall. So, she could likely use the extra support of a dose of *Natrum muriaticum* in a higher potency.

I asked Sarah to call me if any of her symptoms returned or if she got any sort of acute illness that did not resolve on its own within two to three days. She is not out of the woods entirely yet, but she is well on her way. Homeopathy has a beautiful way of gently going where other medicines cannot and turning around a longstanding problem, such as Sarah's struggle with the long-term effects of Lyme disease.

### Tailored to fit

Do I think Paul would've found the same remedy for Sarah? Probably. Would Sarah have been as open and comfortable with him as with me? Probably not. Do I think he would have enjoyed this straight-shooting, confident young woman as much as I did? Probably! Regardless, I enjoy the possibility of tailoring the physician, a bit, to the patient at hand; sometimes, it is essential. For instance, I will almost always send my emotionally "closed" adolescent boys to Paul, and he likewise sends his "closed" adolescent girls to me. Sometimes, it's just a feeling, but it is those kinesthetic experiences of our patients that lead us to ask pertinent questions—and it's there that many a clue to the correct homeopathic prescription is found.

### ABOUT THE AUTHOR



Amy Rothenberg, ND, practices in Northampton, Massachusetts, where she spearheaded the effort to license naturopathic physicians (NDs) in the state. She is a founder and principal teacher for the New England School of Homeopathy: [www.nesh.com](http://www.nesh.com). You can find her writing on *The Huffington Post*, *Elephant Journal*, *Thrive Global*, and *Medium*.