

Well-meant meds, a merry-go-round of misery: How Sasha regained her balance

# *Unwinding* **Prescribing**

by AMY ROTHENBERG, ND, DHANP

**T**welve-year-old Sasha had been suffering with an upset stomach and diarrhea for a month. Down eight pounds from her already slight 88-pound frame, she sat on the exam table in my office looking woefully tired and unwell. Several years earlier, I had treated her for mild eczema, from which she recovered, and she had been doing very well, until recently. “Sasha was a healthy, robust baby, remember? I just don’t know what’s happened to her,” her mom said.

Working to understand and contextualize Sasha’s main complaints, I found that Sasha now had symptoms on most every system of her body. As a licensed naturopathic doctor, I am always interested in the root cause of symptoms or diagnoses and take the time to learn what might have brought a young person to this state over a short period of time. As I took her history, Sasha’s story unfolded.



# *the* **Cascade**

## One thing after another

Six months earlier, Sasha had sprained her ankle in a dance class. When it did not improve after two weeks of conservative treatment (rest, ice, elevation, compression), her pediatrician prescribed naproxen (a non-steroidal anti-inflammatory drug, brand name Aleve®). Within 10 days, with the ankle still bothering her, Sasha developed heartburn and digestive discomfort. Another provider in the pediatrician's office prescribed Prilosec® (a drug that decreases stomach acid) for presumed gastro-esophageal reflux. A few weeks later, Sasha developed daily headaches that had her lying in a dark room and not wanting to move. Her mom was told to give her ibuprofen (another non-steroidal, anti-inflammatory drug) for the headaches. Almost immediately, Sasha began to have diarrhea—on top of a sore ankle, heartburn, and daily headaches.

My first thought was, wow, I sure wish her mom had brought Sasha to me when she initially sprained her ankle! But after 35 years of practice, I have come to appreciate that even when we help a person or a family, sometimes they forget to come back, or they don't appreciate that our gentle, effective approaches might also work for their current health challenge!

## Crushed by a cascade

A quick look at potential side effects for naproxen, Prilosec®, and ibuprofen, shows each of Sasha's subsequent symptoms listed highly. Her small and sensitive body was not built to handle the onslaught of these pharmaceuticals. And although the advent of the electronic medical record holds the promise of consistency—where each provider has a clear understanding of the patient history and timeline of ailments—overwhelmed clinics, short doctor visits, and incomplete patient reporting can coalesce in ways that may leave patients victim to overmedication by way of the “prescribing cascade.” This is when a first drug given leads to side effects, or signs and symptoms, which are *perceived as a new condition*, for which an *additional* medication is prescribed. Even though the prescribing cascade and its problematic impact are well understood, it has become an increasingly common occurrence in the conventional medical world.

## Getting to the root of susceptibility

Because many of Sasha's symptoms were drug reactions, I knew that one of our main goals would be to discontinue the drugs, if possible, on an appropriate schedule and with plenty of support. But delving further into the history of Sasha's present illness, I also wanted to know more about her initial ankle injury. Was anything else happening in her life around that time that made this otherwise healthy young lady more susceptible to a worse injury than normal, or to *not heal* in a typical timeframe, even though she had followed her doctor's and parents' recommendations to a tee? Had there been any acute illnesses, specific stressors at home or at school, or anything else that had been difficult for Sasha or her family in the months before her injury?

When I asked about this, mother and daughter looked at each other, and Sasha began to tear up. As it turned out, several weeks before the injury, her very best friend, someone she considered a dear sister, had moved far away, and Sasha was devastated.

Her mom reported that Sasha had retreated from the family, seemed “hard to reach,” and did not want to talk about it. Her mom described Sasha as having “a heavy energy” since then and being less interested in everything, from school to family time, and even to her previously beloved dance classes.

I was not glad that Sasha had suffered this disappointment, loss, and sadness, but I was glad to have a little more context for understanding her story. It would help me to formulate a treatment plan for Sasha and choose an appropriate homeopathic remedy to support her healing. I was interested to note that, while it seemed that many of her complaints were caused by the medications she took, those drugs did not exactly address her complaints. The symptoms were piling up, one against the other, like stacked wood about to go up in smoke.

## Acute or constitutional?

My first job was to ascertain whether Sasha needed a whole-person-focused constitutional remedy or a more narrowly-focused acute remedy. A constitutional remedy is broad-acting and could potentially address all the stops on her merry-go-round of symptoms. Such a prescription would take into account how she experienced her symptoms, almost regardless of cause, as well as her temperament and specific physical general symptoms, such as temperature preferences, food choices, and thirst. An acute remedy would be aimed more narrowly at the diarrhea and upset stomach or the nagging headache or the ankle soreness.

From working with this family over time, I knew that a few years earlier Sasha had responded well to the constitutional remedy, *Natrum muriaticum*, so it was possible that she simply needed that remedy again. I would give *Natrum muriaticum* and not look for an acute remedy if the following were true:

1. Sasha was basically still the same person as a few years ago with regard to her temperament and the way she interfaced with the world: kind and sensitive, caring deeply about others, not overtly gregarious, but someone who feels deeply.
2. Her physical general symptoms had not changed.
3. The nature of her pains or discomforts were covered by *Natrum muriaticum*, even if she had not had those symptoms before.

If any one of these three areas had shifted or were not covered by the remedy *Natrum muriaticum*, I would go to work to find an acute remedy (or remedies, over time) to address each symptom complex.

## Still the same Sasha

As it turned out, Sasha's temperament and nature still fit the underlying sensitivity and sensibility of *Natrum muriaticum*. That was part of the reason why her friend's leaving had such a deep impact on Sasha. People who do well with this remedy often form long-lasting and meaningful bonds, connections, friendships, and relationships with family members, friends, teachers, mentors, coaches, and so on. When these relationships end or perhaps become less close over time, the *Natrum muriaticum* person's grief may run wide and can make them more susceptible to all kinds of issues—physical, cognitive, and/or emotional.

I also confirmed that Sasha's general physical symptoms had not changed over the last number of years. She was still warm-blooded, still preferred cool drinks, and still had a singular craving

# PRESCRIPTION PITFALLS: *Be Your Own Advocate*



Lest we think that only the very old and very young are vulnerable to the potential problems of the pharmaceutical prescribing cascade, geriatrician Dr. Paula Rochon reminds us in a recent *New York Times* article that it can happen to anyone. “Everyone needs to consider the possibility every time a drug is prescribed,” she warns.<sup>1</sup>

She advises patients or their responsible family members to ask the health provider these questions before accepting a prescription:

- Am I experiencing a symptom that could be a side effect of a drug I’m taking?
- Is this new drug you’re prescribing being used to treat a side effect?

- Is there a safer drug available than the one I’m taking?
- Could I take a lower dose of the prescribed drug?

And most importantly:

- Do I need to take this drug at all?

Dr. Rochon advises everyone to keep a list of all their medications (including the dose, frequency, and when and why they started taking each drug) and to show this list to every provider they see.

Patients taking conventional medications (or their responsible family members) may also want to familiarize themselves with certain side effect loops that commonly occur with often-prescribed drugs, such as those

for high blood pressure, high cholesterol, or Type 2 diabetes. To learn more about some of these potential pitfalls, you can find helpful resources on the websites of Deprescribing.org of Canada and the U.S. Deprescribing Research Network:

<https://deprescribing.org/resources/deprescribing-information-pamphlets/>

<https://deprescribingresearch.org/for-patients/>

## REFERENCE

1. Brody JE. The risks of the prescribing cascade. *The New York Times*. September 7, 2020. <https://www.nytimes.com/2020/09/07/well/live/prescription-medication-drug-side-effects-cascade.html>. Accessed November 17, 2020.

for salty foods, all in line with the remedy *Natrum muriaticum*. When she did not feel well in her spirits or her body, she preferred to be alone, in a dark, quiet room. Her mom could come in, but Sasha did not seek, nor did she seem to be helped by, a big showing of affection and coddling. These preferences also fit the profile of *Natrum muriaticum*, as people needing this remedy tend to desire solitude, suffer their grief silently, and feel worse when someone tries to console them.

The nature of Sasha’s pains fit the profile for *Natrum muriaticum* as well; her headache was much worse from the light, which is a strong modality for people who benefit from this remedy. And when describing her digestive discomfort, she used the expression, “like there’s a hard ball in my belly,” a *Natrum muriaticum* confirmatory symptom.

### Unwinding the cascade

I prescribed the homeopathic remedy, *Natrum muriaticum* 200c, and asked Sasha to discontinue the ibuprofen. We also used some tried-and-true naturopathic remedies to help with diarrhea and stomachaches, including taking a probiotic, sipping on chamomile and ginger tea, and eating probiotic-rich foods, along with a low-residue diet. Over the next several weeks, Sasha’s mood began to perk up. As the diarrhea abated, so did the headaches.

I asked her mom to slowly wean Sasha from the Prilosec because some people have rebound worsening of GERD symptoms when they quit cold turkey. I suggested that Sasha use chewable slippery elm lozenges to help with any reflux symptoms, and

refrain from drinking water with her meals.<sup>1</sup> One by one, over the course of three weeks, Sasha came off the conventional medications until she was back to a sore ankle with both limited range of motion and reduced ability to bear full weight. We now had Sasha shift to an anti-inflammatory diet, start taking some gentle anti-inflammatory botanicals (such as curcumin, bromelain, and ginger), and go for several physical therapy sessions. It did not take her long to heal and come back to herself—a sensitive person who was symptom-free and full of energy and passion again.

### Sailing smoothly

Over ensuing years, Sasha has continued to do well and comes to see me periodically if she or her mom feels she needs a “tune-up.” I have prescribed *Natrum muriaticum* for her on a number of occasions, such as when stressors were high and she developed a series of migraine headaches related to her menses. Each time, she responded well to her constitutional remedy and came back into a healthy, balanced state.

On one occasion, after overdoing it at dance class and experiencing back, neck, and head pain, Sasha took the remedy *Bryonia*. We switched to that acute remedy because she had shifted in her temperament, becoming very irritable, which was not typical for her, and also constipated and rather dried out overall—symptoms more indicative of *Bryonia*. (As you may know, some constitutional remedies have a kinship with some acute remedies, and *Natrum muriaticum* and *Bryonia* are two such remedies.)

## Polypharmacy predicament

With the support of homeopathy and natural medicine, Sasha was able to get off the pharmaceuticals, unwind her downward health spiral, and flourish as a teenager and young adult. We can only imagine, however, what her life might have been like if she had continued declining as a result of a prescribing cascade, with no end in sight for her many troublesome symptoms. Sad to say, but many parents are struggling to support children stuck in this same type of cycle.

Thankfully, earlier this year, “The KIDS List” was published—*Key Potentially Inappropriate Drugs in Pediatrics*.<sup>2</sup> Developed by the Pediatric Pharmacy Association, this peer-reviewed list aims to create a standard of care for safe medication use in pediatric populations. Hopefully, it will raise awareness and provide essential information to practitioners prescribing for our youngest patients, who are more vulnerable to pharmaceutical side effects and whose parents may be too overwhelmed with other elements of raising a family to notice when drugs are being inappropriately prescribed.

Of course, the prescribing cascade is even more problematic for older adults, who frequently take multiple prescription drugs. Forty percent of adults age 65 and older take five or more prescription drugs on a daily basis, and this polypharmacy makes it very difficult to determine which drugs might be causing which symptoms.<sup>3</sup> Also, some side effects do not appear until months or even years after a person starts a drug. Moreover, older adults are physiologically unable to process drugs in their systems as easily as younger adults, leading to more adverse reactions. For these reasons, in 1991, geriatrician Mark H. Beers created the Beers Criteria for Potentially Inappropriate Medication Use in Older Adults.<sup>4</sup> This evidence-based resource, updated every three years by the American Geriatrics Society, is an essential tool for all healthcare professionals who treat older patients. Applying its recommendations supports the safer prescribing of pharmaceuticals for the geriatric set. The list focuses on the concept of *deprescribing* drugs to help reduce issues that arise from drug-drug interaction and adverse effects. For some patients, that means reducing doses, because side effects are often dose-dependent, and for others, it means working toward complete elimination of a particular drug in question. The iGeriatrics app, offered by the American Geriatrics Society, provides similar information in a convenient, accessible format.

If all prescribing providers took pause, considered how a patient might respond to a particular medication, and appreciated that sometimes a presenting symptom is really a side effect of a previously prescribed drug the patient is taking, we could avoid the potential for at least some forms of iatrogenic (medically induced) disease.<sup>5</sup> Since we do not live in a perfect world, however, it often falls on patients and their family members to be aware of these potential pitfalls in prescribing, and to monitor their loved ones’ medical care as best they can (see the sidebar, “Prescription Pitfalls: Be Your Own Advocate,” on page 35).

## Lessons learned

Not only did Sasha blossom with homeopathic treatment, but Sasha’s parents learned a few important lessons. First of all, the body, when given the right nourishment and support, has enormous capacity for healing. Second and just as important, using

pharmaceuticals to address side effects of other medications is, plainly put, just not a good idea. Finally, looking first to gentle approaches, such as homeopathy and botanical medicine, makes good sense. Let’s save the conventional drugs for the times they are well indicated and have the best potential for working.

## REFERENCES

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Amy Rothenberg, ND, DHANP, practices in Connecticut and Massachusetts ([www.nhmed.com](http://www.nhmed.com)) and by telemedicine. Dr. Rothenberg is the AANP’s 2017 Physician of the Year. With her husband, Paul Herscu, ND, MPH, DHANP, she teaches through the New England School of Homeopathy ([www.NESH.com](http://www.NESH.com)). A new NESH cohort begins October 2020 in Amherst, MA, and for the first time, with virtual attendance possible. Her writing can be found at *Medium*, *Thrive Global*, *The Huffington Post*, and more. When not working, Dr. Rothenberg enjoys spending time with her family, in nature, and putting in her art studio.

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