

A Light at the end of the Tunnel

BY AMY ROTHENBERG, ND, DHANP

MARYLOU, 44, contracted COVID-19 early in the pandemic. For ten days, she struggled through a fever, chills, general achiness, extreme fatigue, and coughing. But she was never sick enough to be hospitalized or concerned about dying from her illness. And, by all accounts, she seemed to recover well.

But a month after the symptoms cleared, her extreme fatigue returned. And with it came terrible brain fog, intractable headaches, and relentless body aches. She had an irritated feeling in her throat, loose stools, and shortness of breath whenever she exerted herself. Her hands and face were swelling up at times, especially if she ate salty foods, which she loved. Along with all this, MaryLou had deep feelings of depression, which were not entirely foreign to her, but were worse than she'd ever felt.

Help for long-haul COVID-19 sufferers

What if this never leaves?

Three months into feeling poorly, MaryLou came to see me for the first time. She arrived at my office feeling desperate and asking, “Is this ever going to go away? Is this going to be my new normal?” She was unable to work at her computer-based job because she would get eyestrain and headaches from sitting in front of the computer. In any case, her thoughts were so muddled and her attention span so diminished, she felt she could not contribute in meaningful ways anyway. She had taken short-term disability from work and was thankful her employer offered that benefit.

MaryLou said she’d been spending many weeks lying on the couch, staring at the ceiling. “My husband has been really kind through it all, and he tries to help but ... mostly I just want to be left alone. I cannot put energy into relating to him right now,” she told me.



Lingering misery

According to published reports and patient surveys, 50% to 80% of those who've had COVID-19 continue to have symptoms three months after the acute ailment. This is regardless of the severity of the initial COVID-19 infection and well after blood tests show no virus in the system. And for others, a wide range of symptoms across physical, cognitive, and emotional landscapes are even more long-lasting. Based on the prevalence of COVID-19 infection from 2020 through 2021, we may see a multitude of patients suffering from post-COVID-19 symptoms for decades to come.^{1,2,3,4}

Post-viral syndromes are not new. We've long known that acute viral infections can leave some people with lingering symptoms, such as fatigue, weakness, a general unwell feeling, cognitive impairment, headaches, sore throat, and the like. And the homeopathic literature includes many examples of people who have "never been well since" the flu or other viral infections, such as pneumonia, herpes, or mononucleosis. But we're not used to seeing post-viral patients in such multitudes as we're seeing with COVID-19.

A big-picture approach

Many patients are seeking a fresh perspective on addressing their COVID-19 long-haul challenges, in addition to the diagnostic and therapeutic approaches that conventional medicine offers. Having worked with post-COVID patients since mid-2020, I notice a similarity of symptoms with other patients who suffer long-lasting ailments, especially chronic fatigue syndrome, fibromyalgia, and autoimmune disorders such as lupus and multiple sclerosis, as well as with patients who are clearly symptomatic, yet have eluded specific diagnoses.

Thankfully, we are seeing positive results with post-COVID patients in our clinic, as we work with homeopathy, alongside naturopathic approaches to rejuvenate immune function, decrease overall inflammation, support a robust and diverse microbiome, reverse autonomic nervous system dysfunction from ongoing stress, and reduce environmental exposures that may affect endocrine dysfunction.^{5,6,7} (See sidebar, Natural Medicine and Long-Haul COVID, page 17.)

Tailored care: constitutional or acute

There is no single homeopathic remedy for long-haul COVID symptoms; prescriptions are individualized to the patient. I take a full case, just as I do with all my patients, to determine whether the person needs a constitutional remedy aimed at the whole person, or whether they need an acute remedy, focused more narrowly on their current symptoms.

When under any kind of stress that is strong enough, most people will develop symptoms. The stress could be an altercation at work, disappointing news, a car accident,

seasonal pollen, money worries, a loss of a friendship, air pollution—the list is endless. Sometimes that stress is an infectious agent, such as a virus.

Some people react to this stress with symptoms that are in line with their underlying constitutional state. For example, if they are constitutionally *Nux vomica* and tend to overwork, drink too much, and have heartburn, these tendencies may get stronger when they are under stress. In such cases, a dose of their constitutional remedy helps the person be less susceptible to the impact of stress, and to modify their behavior and subsequently become less symptomatic.

Other people who experience stress will develop symptoms that shift away from their constitutional state, signaling the need for an entirely different remedy. This is especially noticeable with personality or temperament changes, for instance, when a person who is usually mild-mannered becomes very irritable—or visa versa! Another sign that a person may need a completely different remedy is when their physical-general symptoms change—such as how warm or cold they are, how they perspire, what foods they crave, how thirsty they are, or the nature of their pain.

Deciding between a constitutional remedy or an acute remedy tends to be clearer when working with long-time patients, since I'm already familiar with their history and their constitutional state. For a patient new to my practice, however, I am still interested in whether the person is in an entirely new state for them or just a worsening or deepening of a previous state. This helps me understand the arc of the person's life and where this newfound constellation of symptoms fits in.



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Choosing a remedy for MaryLou

Since MaryLou was a new patient to me, I was looking for a remedy that captured her physical and emotional states, her sensitivities and sensibilities, as well the intensity with which she experienced her symptoms. After hearing her story, I was fairly certain that she needed the same remedy she had needed before ever falling ill with COVID-19—a constitutional remedy.

Based on MaryLou's long history with depression and her tendency for headaches; considering the way she preferred to be alone and was bothered by comfort and consolation; taking into account her quiet and serious temperament, I thought of a handful of remedies, particularly *Ignatia*, *Sepia*, *Carcinosin*, and *Natrum muriaticum*.

I set about trying to rule in or rule out each of these remedies. For *Ignatia* to be a good fit, if there were throat issues, I would expect a lump in the throat, difficulty swallowing, and an improvement in throat pain when she ate hard, crusty food. Instead, MaryLou had a mild sore throat that felt better when she drank cool drinks. She had no lump sensation, and her sore throat did not impede her swallowing. With *Ignatia*, I would also expect to see some evidence of irritability, but I didn't notice that in MaryLou's behavior or in the story she told me. And when asked directly about irritability, she said, "No, I'm mostly pulled into my shell."

If MaryLou needed *Sepia*, I would expect her digestive issues to be related to constipation, rather than the loose stools she reported. I would also expect her to be chillier in her general body temperature than she was, and to have more of a flat affect on the emotional level. So I ruled out *Sepia*.

Those who do well with the remedy *Carcinosin* tend to be more outgoing than MaryLou was, and to seek more attention and protection from loved ones than MaryLou did. And if something were to be troubling them in the digestive system, it would be more related to constipation than to loose stools, so I ruled out this remedy, too.

With *Natrum muriaticum*, I found a good match. Here was a sensitive, self-assured person, with numerous physical complaints including fatigue and headache, all of which fit the remedy *Natrum muriaticum*. That she pushed her husband away and did not want consolation, craved salt and cool drinks, and had very challenging headaches were all strong confirmatory symptoms for this remedy. I gave MaryLou one dose of *Natrum muriaticum* 200c.

Supportive care

In addition to taking the homeopathic remedy, I recommended that MaryLou support her microbiome by taking a probiotic and eating more cultured and fermented foods, which go a long way to help balance immune function. I asked her to limit salt in her diet, as she had reported that it was causing swelling. I asked her to read labels of prepared

Natural Medicine & Long-Haul COVID

For optimal results, naturopathic treatments are tailored to each individual, addressing their unique symptoms and history. In general, however, my recommendations to long-haul COVID patients often include:

- Suggesting a healing, anti-inflammatory, appropriate-for-the-patient **diet**
- Working to support their **microbiome** by encouraging them to consume fermented and cultured foods and drinks, and in some cases, to take supplemental probiotics, since a healthy microbiome is so important to immune function
- Investigating any **nutritional deficiencies** (e.g., Vitamin D) or potential food sensitivities
- Offering evidence-informed **nutritional supplements** or botanical medicines, as needed, each with its specific or synergistic biochemical impact
- Ensuring they are getting **adequate hydration**, perhaps half their body weight in ounces, if possible; this helps to coordinate body temperature, keep the joints lubricated, prevent various infections, bring nutrients into cells, and keep the major organs functioning well. Being well-hydrated also helps improve sleep quality, cognitive function, and overall mood.
- Working with the patient to make sure they get sufficient, regular, **restful sleep**
- Encouraging appropriate **exercise**, but only as is tolerable, and in consultation with cardiologists and pulmonologists, since many post-COVID patients have respiratory weakness
- Encouraging the physical **therapy**, respiratory therapy, and talk therapy that are often part of the conventional medical care of long-haul COVID patients
- Teaching and/or referring the patient for **body-mind approaches** to help normalize the activated stress response, because psychoneuroimmunology is so important (i.e., the relationship between mood, immunity, the endocrine system, and the central and peripheral nervous systems).

foods and avoid those with high sodium content, and to not add salt during cooking. I also wanted to ensure that MaryLou had an adequate Vitamin D blood-level, which had reportedly been low in previous years. Vitamin D is an essential fat-soluble vitamin involved with many physiologic actions related to immune function, as well as being known to help with depression. Based on her lab results, I suggested she supplement with Vitamin D to get her levels in a higher range. To reduce inflammation in general, I also suggested daily Epsom salt baths.

The fog lifts

When MaryLou returned eight weeks later (a little longer than I would have liked), she reported feeling much better. Within the first week after taking *Natrum muriaticum*, her energy had begun to return and her brain fog had lifted. While she still had headaches, they were not severe or long lasting. Her throat and body aches were negligible. Perhaps most notably, she told me, “I’m in the best mood I’ve been in for years!” She said she felt like something deep inside had shifted.

This was a wonderful first report, but I asked her to return in one month, thinking that perhaps her response to the remedy would diminish and she would need another dose. Indeed, when MaryLou returned a month later, her headaches were mounting again, as was her sore throat. She was happy to report that her mood and energy were still fine though, and that she was back to work and clicking along at a good pace. So I gave her another dose of *Natrum muriaticum* 200c.

It’s now been six months since then, and MaryLou continues to feel very well. She thanks me profusely for what she calls her “special medicine.”

David’s story

David, a 60-year-old financial manager, also sought help for long-haul COVID symptoms, but his story was entirely different from MaryLou’s. Two months after having tested positive for the virus, his main symptoms were pretty much the same as they were during his first weeks of COVID-19. He had shortness of breath with a sense of constriction and asthma-like symptoms, as well as extreme fatigue. He also experienced intermittent back spasms and cramping in his abdomen. And, like many people with COVID-19, he had lost his sense of smell and taste.

David was irritable and short-tempered at home, and he felt frustrated by no longer being able to work to the standards he held for himself. He was snapping at his partner and had “no patience.” I had treated David previously with the remedy *Natrum muriaticum* for low-grade depression, seasonal allergies, and chronic cold sores, to which he had responded well. But I had not seen him in several years when he returned to our office with long-haul COVID symptoms.

A major shift

When I heard David’s story, I knew right away he no longer needed his previous constitutional remedy *Natrum muriaticum* because, historically, he’d been a more reserved and patient person, in line with that constitutional state. And the nature of his pains had not included constricted sensations or a cramping nature in the past. He also had shifted from being quite warm in the past to being very chilly now, which was another physical-general tendency that had changed.

I was trying to decide between the remedies *Nux vomica* and *Ignatia amara*, both of which have the cramping, closing-off type of symptoms that he had, along with irritability and snappishness. As we were talking, David’s cell phone beeped, and he excused himself to take a work call. A few minutes later, it happened again. By the time he came back to our conversation, he was steaming over these interruptions and explained that he was exasperated by one of his charge’s incompetence. When I asked about work, he

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offered a long list of aggravations about his job and other people’s incompetence. “As you can see, I can’t even take any time away to get better, without something going wrong there,” he fumed. He was also going twice a week for physical therapy and respiratory therapy, which he resented, as it took time from his job.

A clear-cut choice

As I watched this episode unfold and listened to him describe his work, the remedy he needed became crystal clear. For people needing *Ignatia*, the cycle of pathology starts with having high ideals about how things should be done, and then invariably being disappointed by others, which leads to a kind of hysteria and acting out. This did not describe David. In contrast, people who need *Nux vomica* have strong ideas about the way they want things done, but instead of getting involved emotionally with whatever the frustration might be, they will go in and just get the job done, which did describe David. The entire over-focus on work is a strong confirmatory symptom for *Nux vomica*, all the more pronounced in David’s case because he really did not feel well and was struggling to get through every day.

Whether David had shifted away from his past *Natrum muriaticum* state long before he contracted COVID-19 (in which case we would consider *Nux vomica* his current con-



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stitutional remedy) or he had shifted from that state when he contracted COVID-19 (in which case *Nux vomica* could possibly be an acute remedy for a more temporary state), I was not sure, as I had not seen him for several years. Mind you, these two remedies share certain characteristics, such as a need for order in their surroundings and a serious demeanor, but what is driving those behaviors is different. For *Natrum muriaticum*, it's more an inner need for order and peace, whereas for *Nux vomica*, it's all about the work.

Breathing easier

I prescribed one dose of *Nux vomica* 200c, and the first thing David noticed was an ease in his breathing and the ability to take a big breath again. His gastrointestinal symptoms were next to resolve.

At our one-month follow-up visit, he was still struggling with back spasms, on and off. And he still did not have a good sense of smell and taste, but he felt they were starting to come back. Work was still driving him crazy, but on his partner's insistence, he had taken a week off, and he was now cutting off work-related activities by 7 p.m. each night, instead of working right up until bedtime. Clearly, David was improving, but since he still had a ways to go, I prescribed another dose of *Nux vomica* 200c.

Some four months after our initial visit, David has made great strides. His only remaining symptoms are low energy and a sub-par sense of taste and smell. I will continue to monitor his situation and prescribe accordingly.

All together now

MaryLou and David are two examples of numerous long-haul COVID patients who have responded well to homeopathic remedies in the context of naturopathic medicine. Individualizing treatment is key, as no two patients are the same. Seeing how the whole person was unbalanced by the stress of the virus, which systems were most impacted, and how their physical, emotional, and cognitive spheres were affected, helps guide whole-person treatment plans. If you or someone you know is suffering from long-haul COVID, consider adding a provider skilled with homeopathy and integrative medicine approaches!

I would love to see naturopathic/integrative practitioners partner with conventionally trained colleagues in research and clinical settings to create both diagnostic and treatment approaches that employ our collective breadth of understanding of human physiology and suffering, for the best possible patient outcomes. Now is the time to join forces to design studies, enroll patients, and report results—to investigate *all* approaches that might be part of the healing solution for this growing population of post-COVID sufferers. 💧

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