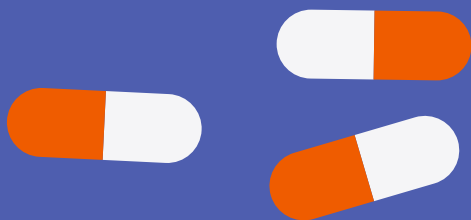


Keep calm and get off these prescription meds for good—with help from natural medicine



STUCK IN THE Benzo Trap?

by AMY ROTHENBERG, ND, DHANP

Xanax, Klonopin, Ativan, Valium, Restoril—you surely know someone taking one of these drugs. If you visited a doctor recently for anxiety, insomnia, panic attacks, back pain, or other chronic pain, you may have received a prescription yourself. These are the five most frequently used of 15 benzodiazepine drugs on the market today, and these five (along with their generic equivalents alprazolam, clonazepam, lorazepam, diazepam, temazepam) accounted for 120 million US prescriptions in 2017.¹ For perspective, compare that to the number of people in the United States: an estimated 330 million.

What are benzodiazepines? “Benzos” are sedatives that work by raising the level of the inhibitory neurotransmitter GABA in the brain, which then slows nerve impulses throughout the body and results in increased feelings of calm and relaxation. In addition to easing acute bouts of anxiety and insomnia, benzos can relax muscles and relieve seizures.

Short-Term Relief, Long-Term Trouble

There is a time and place for every medication, and someone who is suffering severe pain after trauma or acute psychological distress will likely be grateful for the quick relief these drugs can offer. Benzos were created for and are supposed to be taken for the short term only, yet many patients have been on them for years, even decades. In our time, they are being given more and more to both the young and the old and to everyone in between for what may in other eras have been considered relatively typical responses to sad or stressful events—the bumps along life’s way. From 2005 to 2015, ongoing prescriptions—those that are refilled seemingly without end—rose by 50%, and that upward trend continues. We are in an epidemic of use, dependence, and addiction to these drugs of never-seen-before proportions. And here I do not only blame the prescribing doctors; many patients come in asking for the drugs by name after seeing TV, magazine, or internet advertisements or getting recommendations from friends.



When You're Anxious, Depressed, in Pain, Can't Sleep

NATURAL MEDICINE APPROACHES CAN HELP!

For people who are experiencing anxiety, depression, pain, or insomnia (regardless of whether they're taking prescription pharmaceuticals), I recommend homeopathic treatment by a qualified practitioner. In addition, I find that various natural medicine and lifestyle approaches can be helpful in getting a person back on track. I always individualize the approaches to the patient before me, but here are some examples of the kinds of recommendations I might make:

- 1. Bring daily exercise to the top of the priority list.** Every study on the subject of exercise, from pretty much every angle, shows that exercise helps raise your threshold for feeling stress, helps dissipate the stress you have, and helps you be better perfused (ie, gets the blood moving), which further amplifies all the other good choices made related to diet, supplements, and homeopathy.
- 2. Address the microbiome.** Increasing evidence supports the idea that a robust and diverse microbiome keeps inflammation at bay. There is also a strong connection between the gut and the mind. Using probiotics and including food and beverages that are fermented or cultured are two ways to help support gut health and thereby support the whole person – body and mind.

After as little as one month on benzos, you can develop substance dependence. To make matters worse, the body adapts to the drug over time and builds a tolerance, so you will end up needing higher and higher doses to achieve the desired effect. The list of potential long-term side effects from benzos is long and includes cognitive impairment; drowsiness; increased reaction time; short-term memory loss; confusion; involuntary muscle movements; and motor incoordination, such as slurred speech or difficulty walking.

Yet, going off benzos cold-turkey proves challenging indeed and often results in unpleasant to severe withdrawal symptoms, many of which the benzo was prescribed for in the first place! These include anxiety, panic, irritability, insomnia, sweating, headaches, muscle pain and stiffness, poor concentration, sensory distortions, nausea, heart palpitations, high blood pressure, agitation, and tremors. It is no joke trying to decrease or discontinue ongoing benzo medication, and many people fail.

A Helping Hand

As a licensed naturopathic doctor, my goal is not to have patients off all conventional medication but to have them feel better and to prevent illness, if possible. I have more than a few patients who live a healthy lifestyle, ensuring proper nutrition and exercise, yet they think nothing of taking Xanax to sleep. When I am working with someone who is benzo dependent, I share with them the compelling list of potential long-term side effects, even if these effects are not on their radar. Education is important, and honest (sometimes difficult) conversations need to happen.

Thankfully, we have ways to help someone who wants to decrease their benzo dependence. Recall that side effects are dose dependent, so being on fewer drugs is often helpful. I work in tandem with prescribing physicians and create personalized plans to help patients reduce and, if possible, come off the drugs. Before helping a patient consider and embark on dose reduction to eventual discontinuation of any medication, I take into account a number of factors. I ask if it's okay for me to have a conversation with the prescribing

physician, and I ask for written permission to do that. I consider the time of year, as I rarely suggest reduced dosing during cold, dark months or right before the holiday season. I ask about what else might be coming up on the patient's calendar, like a big family event or a trip, and help them consider whether they might want to wait until afterwards to begin to make changes. I want my patients to have a successful experience, and finding a more optimal time can contribute to that.

Homeopathy has a special role to play with our patients who are dependent on benzos. We rely on homeopathy's deep effects in addressing root causes and the underlying symptoms that led people to take benzos in the first place. At the same time, homeopathy can effectively support people as they wean off their medication, helping with side effects as well as fostering the inner resolve needed to stick with the dose-decreasing process. We always individualize our homeopathic prescriptions for the patient at hand and how they experience their problems in the context of the rest of their health – physically, psychologically, and cognitively.

Many other natural medicine approaches can also be useful in these situations, including exercise, mindfulness, therapeutic nutrition through food and supplementation, and botanical medicine. We also refer patients to talk therapists and family therapists to help address underlying personal stressors that often cause psycho-emotional symptoms. For more detail on some of these approaches, see the sidebar, "When You're Anxious, Depressed, in Pain, Can't Sleep, Natural Medicine Approaches Can Help!" opposite and on pages 21 and 22.

Four Cautionary Tales/Success Stories

What follows are vignettes of patients who were struggling mightily with prescription drug dependence before successfully reducing their benzodiazepine medication. These cases illustrate the range and breadth of the issue and highlight the positive role homeopathy can play.

Rob and Back Pain

Rob, a 70-year-old attorney, came to see

me after suffering with severe back pain for more than five years. He'd been using Ativan in increasing doses to help with pain, and now he could not fall asleep or stay asleep without it. He'd always prided himself on being "as sharp as a tack" but now recognized that his mental acuity, essential in his ongoing professional work, had been affected by the drug. He slept poorly and woke feeling groggy. He worked hard in all aspects of his personal and professional life and was a conscientious and dedicated community member. He hated the fact that he was addicted to this medication but also felt overwhelmed at the prospect of trying to reduce his dosage.

Rob was somewhat portly ("I've always had a bit of a weight problem," he said). He tended to be chilly, with a propensity to perspire easily. He also had osteoarthritis, which culminated in his ongoing back pain. It was these symptoms and tendencies, along with his hardworking, conscientious nature, that led me to the homeopathic remedy *Calcarea carbonica*. I had Rob take one dose of *Calcarea carbonica* 12c, morning and evening.

I also created a dose-reduction chart for his Ativan. At the time of his visit, he was taking 2 mg of Ativan each night before bed, so his chart followed a pattern of slow reduction over a month (see below).

Slowly he worked his way down, continuing a similar dose-reduction pattern over the next couple of months. When Rob was on one-quarter of his original dose for a week (0.5 mg), he quit cold turkey, had a few bad nights, and felt triumphant when he was off the Ativan for good.

At the one-year mark, Rob reports sleeping better and waking rested. His mind feels "like it's back to normal." He

continues to have some back pain, but his regular work with a physical therapist, his modification of his work station after an ergonomic assessment, and his commitment to daily walking have helped enormously.

Geena and Depression

Geena, aged 65 years, had a different story altogether. As someone who had suffered with depression her whole life, she had been on all manner of psychoactive medications. But it was the Valium she was on for the past decade or more that had left her "feeling numb and like a shell of my former self." She could no longer work as a receptionist, or at anything, for that matter. She was on the brink of being destitute when I first met her, living month to month on minimal Social Security benefits. She felt no connection to anyone; she felt separate from the world. She felt her life was a failure as she could not connect with people and because she felt nothing at the core. She had lost the very strand of who she was and did not see any way out. She could not go off the Valium no matter how many times or how hard she tried.

I gave Geena the remedy *Thuja* 12c based on her self-deprecating manner, her lack of a sense of self, and the way she was not connected to the world or the people in it. We also created a plan for a very slow taper of the Valium. She did her best, but several times over the next year, we needed to backtrack and go up again on her dose. We also needed to use the *Thuja* in increasing potencies throughout this Valium reduction process.

Eventually, by the end of the year, Geena was able to wean off the Valium completely. She considers herself in recov-

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
3/7 2 mg	3/8 2 mg	3/9 1.5 mg	3/10 2 mg	3/11 2 mg	3/12 1.5 mg	3/13 2 mg
3/14 2 mg	3/15 1.5 mg	3/16 1.5 mg	3/17 2 mg	3/18 1.5 mg	3/19 1.5 mg	3/20 2 mg
3/21 1.5 mg	3/22 1.5 mg	3/23 1.5 mg	3/24 1.5 mg	3/25 1.5 mg	3/26 1.5 mg	3/27 1.5 mg
3/28 1.5 mg	3/29 1.5 mg	3/30 1 mg	3/31 1.5 mg	4/1 1.5 mg	4/2 1 mg	4/3 1.5 mg

3. Eat an anti-inflammatory diet. And remove any foods to which you may be sensitive or allergic. A healthy digestive system affects all areas of health.

4. Lean into behavioral and body-mind approaches. Everything from talk therapy to group therapy; from mindfulness practices to yoga, tai chi, and qi gong; from biofeedback to progressive muscle relaxation; breathing exercises; and more have been shown to reduce anxiety, depression, and insomnia and increase the ability to tolerate pain. Consider a gratitude journal. Taking time to think about and write down what we are grateful for each day, if only a few lines, is associated with decreased anxiety and depression.

5. Learn something new. Studies show that learning something new is invigorating and inspiring and can take the edge off anxiety and depression. It can make us feel happier and have more self-agency and energy. Learning something new can also hit high marks for fun, helping us get "in the zone," which has a similar impact as meditating. Learning a new subject can often bring new people into our lives, which can lead to more social connection, which is also associated with better health outcomes.

6. Address poor or inadequate sleep. Insomnia is associated with many health concerns, including worsening anxiety, depression, and response to pain. Ensure proper sleep hygiene, take some time away from screens before bed; exercise earlier in the day; reduce stimulants such as coffee, caffeinated teas, and chocolate; sleep on a comfortable-for-you mattress; and as indicated, use other natural medicine approaches to insomnia. On the top of that list we have melatonin and many of the supplements helpful for anxiety, as listed in number 8. (Also, see my article in the Autumn 2019 issue of *Homeopathy Today* titled "Sweet Dreams, Back to School and Feeling Better: Homeopathic Help for Insomnia.")

7. Spend time in nature.

Increasingly, research shows us what we already knew: Time in the outdoors is good for both physical and mental health. You do not have to go backpacking in a National Park to derive these benefits. (Though if you can, you should consider it!) Time in your backyard, gardening, sitting in a city park, or walking on a bike path or alongside a waterfront count, too.

8. Take appropriate nutritional and herbal supplements.

There are many evidence-based nutritional and herbal supplements for the treatment of anxiety, depression, and insomnia. We individualize and select for specific patients both the item and the dosing based on presenting symptoms, other drugs or supplements being taken, weight, and diet. There are many supplements to choose from, including GABA, L-theanine, passionflower, skullcap, hops, kava, lavender, lithium orotate, and magnesium. It is important to work with a provider who understands drug-drug, drug-nutrient, and drug-herb interactions and to use natural medicine approaches in an intentional and coordinated way.

ery from that addiction. She has crawled her way back into society in volunteer roles and with participation in a local spiritual community. She has begun to feel more connected to individuals and to different small communities. The social connection should never be underestimated because we know feeling connected to others is one essential ingredient for good mental health.²

In the several years since Geena stopped taking Valium, I have given her another dose of *Thuja* on several occasions, when her spirits were flagging and she felt down on herself, and she bounced right back.

Lydia and Performance Anxiety

Lydia, a self-possessed and seemingly confident college student, displayed another rendition of benzo addiction. Having struggled with performance anxiety in the classroom and on the athletic field, she was prescribed Xanax by her family doctor

during her high school years. Now, she found she needed to take it more often and at a higher dose to experience the same relief. Lydia felt that when she took Xanax, she could be more like her peers, who she perceived as easygoing and not so uptight. While taking Xanax she thought, “Wow, this is what it must be like to not be so stressed out all the time.”

But Lydia often felt tired and sometimes dizzy. She knew she was not thinking as clearly in school anymore, and her college grades reflected that. In the end, she was putting out a LOT of energy so no one could tell she was anxious; she overcompensated and often “felt like a big fake.” That pattern of anxiety, apprehension, and low confidence, which she worked hard to cover up—alongside her lifelong irritable bowel syndrome symptoms and general chilliness—led me to prescribe *Lycopodium* 12c twice a day.

Because Lydia was eager to get off the Xanax, she took my suggested dose-reduction chart and sped it up a bit. She did better than most people do with a quick dose reduction and didn’t even need to backtrack; I attribute this to her youth, her general robust health, and her impressive commitment to exercise and meditation, both of which can deeply help a person trying to reduce taking benzos. Over four months, Lydia was able to reduce and discontinue her Xanax. She found her confidence improved now that she was thinking more clearly and not second-guessing herself as much.

Lydia continues to use approaches that help raise the threshold for feeling stress and that help dissipate stress, too. (See sidebar opposite, and on pages 20 and 21.) Her toolkit for dealing with anxiety has grown, and she has also gotten *more comfortable being uncomfortable*, which is something many people might strive for!

Robin and Stress

Robin came to me as a stressed-out mother of three. She was riddled with anxiety and could not handle the running of a busy household. Her school-aged children were a constant source of worry for her, as was her anxiety about her own health and a never-ending concern about having enough money and enough time to go

around. Luckily, Robin was young and healthy, but small problems took on great significance for her, and she fretted over her occasional loose stools and acne that came and went. She was sure she had a worse ailment looming.

Robin had begun using Xanax several years earlier, when her family doctor agreed she needed something to help her cope. She started out with a daily dose but had gone on to also take the drug “as needed” when things were especially overwhelming. At the time of our first visit, Robin could not get through a day without extra doses of Xanax. However, she had begun to develop many of the typical side effects, including fatigue and drowsiness. The latter particularly stressed her, as she was often driving around a van full of children. She also could not sleep and had been experimenting with over-the-counter sleeping aides, which were not helping her already cloudy thinking. She felt her reaction time was slowing, and when she was not under the influence of Xanax, she felt her anxiety mounting.

I prescribed the remedy *Arsenicum album* 12c for Robin because of its broad impact on anxiety, especially when that anxiety revolves around the person in question, their health, and feelings of not having enough resources. I asked her to take the remedy once in the morning and once before bed. And I gave her strong words of encouragement for adopting some of the lifestyle recommendations that have been found to support an anxious person and anyone weaning off benzos. (See sidebar.) She took the *Arsenicum* faithfully, and she slowly began to integrate some of those lifestyle changes into her routine.

After several months, Robin was back down to her daily dose of Xanax, rarely taking an extra pill through the day. She stayed at that dose for three months, and we then started a slow dose-reduction pattern. It took Robin eight months to get totally off Xanax. She called the homeopathic remedy “her bridge to freedom.”

The problems that used to bother Robin also improved; her loose stools firmed up, the acne was much less noticeable, and she felt less stressed out about every little thing. Robin is now a dedicated exerciser

and meditator, which is certainly part of her healing.

She also strategized with her partner about getting more help at home, some through trades and some for pay, which is giving her more time to take care of herself and to be less overwhelmed with the details of running a household. Robin feels it is the homeopathic remedy that finally helped her make the changes she needed to make, and she is grateful for homeopathy!

How to Dose the Remedy

While I often treat people suffering with chronic conditions by giving a single dose (or infrequent doses) of their constitutional remedy in a high potency (e.g., 200c or 1M), I typically approach dosing differently for people weaning off pharmaceuticals. I may start patients out with a low-potency homeopathic remedy in repeated doses, and it seems to work well. Because they are used to taking something at different times of the day, having that small vial of a homeopathic remedy with them can be a comfort. I also have an eye toward what kinds of things might antidote the effects of a homeopathic remedy. Some of the psychoactive drugs may, so taking a daily, repeated dose of the remedy helps address that challenge. And we know that homeopathy is not habit forming and not addictive. It's also true that dosing, like all of homeopathy, is patient specific, and I appreciate that another provider might dose patients in these situations differently.

Double Danger: Opioids and Benzos

By now, the opioid epidemic in this country is well publicized. I wrote about it for *Homeopathy Today* back in 2016 when the public was not as aware of the problem, and I described how homeopathy can be used to help people deal with opioid addiction.³ In 2017, more than 191 million opioid prescriptions were dispensed in the United States.⁴ It's estimated that 130 Americans die of an opioid overdose each day.⁵ In our small college town in western Massachusetts, we continue to lose people of *all* ages to this galloping and tragic problem.

It's relevant to note that more than 30% of people who overdose on opioids are also taking benzodiazepines.⁶ Both opioids

Both opioids and benzodiazepines sedate a person, meaning that they impair cognitive function and also suppress breathing—which is how deadly overdoses occur.

and benzodiazepines sedate a person, meaning that they impair cognitive function and also suppress breathing—which is how deadly overdoses occur. This is especially pertinent for older patients, who are taking more of these medications than ever.⁷ There are many reasons for this: people living longer and not having adequate support systems as well as loneliness, anxiety, and pain. The overuse of benzodiazepines—by themselves and in combination with opioid abuse—is potent, prevalent, and dangerous in all age groups but especially among our senior citizens.

Access to Integrative Care Is Essential

The American Geriatric Association's updated guidelines on prescribing or reducing prescriptions are helpful.^{8,9} But a drug prescribing reduction policy is only part of the solution. Most importantly, patients are suffering, so it is essential that they have access to nonpharmacologic, nonaddictive, effective approaches to address chronic pain, anxiety, depression, and insomnia. Homeopathy is key here, along with naturopathic and integrative medicine. This is pertinent now more than ever because some patients report feeling abandoned by their conventional doctors, who understandably fear overprescribing opioids, benzodiazepines, and antidepressants.¹⁰ We know, however, that physicians and patients both desire more coordinated care.¹¹ We need systems that improve and facilitate referral pathways both to and from providers who offer homeopathy, natural medicine, and lifestyle approaches to health and medicine.

Homeopaths; integrative health practitioners; licensed acupuncturists; licensed naturopathic doctors; and, increasingly, conventionally trained doctors appreciate that we should never turn to opioids or benzodiazepines as a first choice. There are many other approaches to use before ever resorting to medications that carry tremendous side effects, are habit forming,

and are difficult to stop. Psychological support alongside gentle and effective natural medicines, including homeopathy, can improve outcomes and lower health care costs for the treatment of pain, anxiety, depression, and insomnia.

REFERENCES

1. Drug Enforcement Administration. *Benzodiazepines. (Street names: benzos, downers, nerve pills, tranks)*. https://www.deadiversion.usdoj.gov/drug_chem_info/benzo.pdf. Published July 2019. Accessed February 20, 2020.
2. Sturgeon J, Zautra A. Social pain and physical pain: shared paths to resilience. *Pain Manag*. 2016;6(1):63-74.
3. Rothenberg A. The accidental addict: America's hidden opioid epidemic. Homeopathy's role in pain treatment and recovery from addiction. *Homeopathy Today*. 2016 Summer. <https://www.nesh.com/wp-content/uploads/2011/08/Opiates-and-Addiction-Summer-2016.pdf>. Accessed February 20, 2020.
4. Centers for Disease Control and Prevention. Opioid overdose: prescription opioids. <https://www.cdc.gov/drugoverdose/opioids/prescribed.html>. Updated August 29, 2017. Accessed February 20, 2020.
5. Centers for Disease Control and Prevention. Opioid overdose: understanding the epidemic. <https://www.cdc.gov/drugoverdose/epidemic/index.html>. Updated December 19, 2018. Accessed February 20, 2020.
6. National Institute on Drug Abuse. Benzodiazepines and opioids. <https://www.drugabuse.gov/drugs-abuse/opioids/benzodiazepines-opioids>. Updated March 2018. Accessed February 20, 2020.
7. Span P. A quiet drug problem among the elderly. *New York Times*. <https://www.nytimes.com/2018/03/16/health/elderly-drugs-addiction.html>. Published March 16, 2018. Accessed February 20, 2020.
8. American Geriatrics Society 2015 Beers Criteria Update Expert Panel. American Geriatrics Society 2015 updated Beers criteria for potentially inappropriate medication use in older adults. *J Am Geriatr Soc*. 2015;63(11):2227-2246.
9. Levy HB. Polypharmacy reduction strategies: tips on incorporating American Geriatrics Society Beers Screening Tool of Older People's Prescriptions criteria. *Clinical Geriatric Medicine*. 2017;33(2):177-187.
10. Hurstak EE, Kushel M, Chang J, et al. The risks of opioid treatment: perspectives of primary care practitioners and patients from safety-net clinics. *Subst Abuse*. 2017;38(2):213-221.
11. Penney L, Ritenbaugh C, Elder C, Schneider J, Deyo RA, DeBar LL. Primary care physicians, acupuncture and chiropractic clinicians, and chronic pain patients: a qualitative analysis of communication and care coordination patterns. *BMC Complement Altern Med*. 2016;16:30.

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