

## **If You Hear Hoofbeats, Don't Think Zebras— A Case of Chronic Lyme Disease**

*Amy Rothenberg ND, DHANP*

Practicing homeopathy with one's life partner has its ups and downs. There is the difficult aspect of who will take call, and who will hire and fire the front office help. There are the innumerable and tedious tasks of keeping the office running (for which Paul and I have been incredibly blessed with Linda and Kim for many years now!) Likewise, there are certain pleasures involved with working as a team. Building a practice together, spelling each other during the early years of childrearing, sharing successes and helping each other with difficult cases are each elements of being work partners that I cherish.

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

In another scenario, sometimes we will send each other a patient after having spent very little time with them. There is something about the patient or the family that we perceive they might prefer to develop a working relationship with the other person. This is naturally quite subjective, but usually we are right on the money. We have the liberty and freedom to do this in our small office and we exercise it from time to time. Sometimes I wonder why Paul sends me a particular patient, often a lovely person or family and a pleasure to treat. Such was the situation when Paul referred me a 19-year-old woman named Sarah.

Sarah was a large-boned young woman, tall and lean. She had a strong and clear way about her, with her shoulder-length blond hair pulled back in a loose pony-tail and her athletic attire attesting to her former strength and involvement in the sports world.

On the intake form, under *Reason for Today's Visit*, she had filled in Treatment for Chronic Lyme Disease. She recounted her story. Some three

years before, Sarah had had a terrible case of poison ivy, which wound up being treated by oral steroids. In the month following, she pulled an engorged tick off of 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 at all, reflecting the intensity of the fatigue. At this time she was diagnosed with mononucleosis and depression.

She was put on an antidepressant, which made all of her symptoms much worse. Within a month, her platelet count had dropped into dangerously low levels and she was diagnosed with Immune Thrombocytopenia Purpura. Soon after that she was put on steroids to address the low platelets. By the summer of that year she was diagnosed with Lyme disease. She was put on a strong IV antibiotic which made all of her symptoms worse. At that point her worse symptoms were: fatigue, joint pains, nausea, dizziness and headaches. She remained on oral or IV antibiotics for one and half years, without seeing much, if any, improvement.

During this time she also suffered the loss of a favorite dog as well as the loss of a close aunt. These two griefs compounded her pathology and pushed her further into fatigue and joint pain. During these times of grief she preferred to be alone and any comforting from loved ones made her feel worse.

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

Her family, seeking other approaches because the antibiotic treatment was ineffective, settled on a vitamin supplement program after which they finally began to see some results. She was taking high doses of Vitamins C, E and B12 as well as a multiple vitamin and a botanical preparation of the herb *Ginkgo biloba*, known to enhance memory. With this protocol, Sarah began to feel somewhat better and rejoin the life which had come to a standstill for her.

However, and this was why she had come to our office, she still struggled with general fatigue, muscle aches and at that point, chronic sore throats. Most days were the same. She would feel worse in the morning and afternoon and often took a 3-4 hour nap in the afternoon. Then she would perk up as the evening came on.

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

Her sleep was good; she preferred the left side and stayed covered.

Sarah described her joint pains. They were sharp pains here and there, worse if she was not well rested. They were generally better with sleep. Most days she had some pain; she may have had a few days together where there is no pain, but that was rare.

Her sore throats had begun a few months back; sometimes it hurt so much she could barely speak. It hurt to swallow empty or food and felt better sucking on a popsicle. She thought that perhaps it was worse from breathing through her mouth, which she thought she probably did more of now. This was especially during sleep due to her being clogged from mild allergies.

She also complained of random numbness in her hands, feet and legs, which would come and go. The numbness had been happening since she was ill and was better if the extremities were rubbed.

She had no further vertigo or headaches since the vitamin therapy.

In her medical history she reported that in the 3rd and 4th grades she suffered with anxiety and chronic worrying. 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.

She also described a history of irritable bowel syndrome with some rectal bleeding some years before, though not recently.

She craved sweets, salt and fish and was averse to meat. She drank a lot of water.

Her urinary tract and skin were normal.

Her mother, who sat in during the interview, 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."

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

I prescribed *Natrum muriaticum* 200c based on her overall demeanor, her direct and precise manner of sharing information, her physical general symptoms and her mental symptoms. This was a pattern recognition case

for me; she looked like, sounded like and acted like a person needing *Natrum muriaticum*. As they used to teach in Physical and Clinical Diagnosis class: If you hear the sound of hoofs, you shouldn't think of zebras!

In addition to the homeopathic remedy, I asked her to take:

*Flax seed oil* - one tablespoon per day as a general anti-inflammatory.

*Ginseng* extract in tablet form - one tablet, twice a day as a general blood builder and energy booster.

*Echinaceae* and *goldenseal* tincture - one dropperful two times a day as support for her immune function.

*Dandelion/Milk thistle* tincture - one dropperful two times a day to help cleanse and build healthy blood and as general liver support.

Lastly, I asked her to return in 6 weeks.

What would I like to see in those six weeks? I would like to see her energy level improve, perhaps not needing naps anymore. I'm not against the idea of napping, or siestas! But in her case, it interfered with her life; it wasn't a choice, she *had* to lie down! I would like to see her joint pains and the numbness she experienced decrease or go away altogether and lastly, I would like to see her sore throats abate. I spoke with her 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 often time share that with patients. Then we are on the same page during the follow-up and have reasonable expectation of the action of the remedy.

I have seen numerous patients struggling with sequelae to Lyme disease over the last decade and they generally do well with constitutional prescribing.

Upon her return 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. (About 5 weeks after the remedy and treatment plan.)

The main thing now was the arthritis-like feelings in her back. Mentally she had felt very well, with improved academic performance at school (she is attending a local community college, because she was not well enough to go away to school—a big disappointment for her.)

She also had a headache last week, much like the ones she used to get when she was in the thick of the Lyme disease.

She has not had any problem with sore throat since she was in.

This was an excellent initial report, considering the number of years she had felt poorly (more than three). I repeated the *Natrum muriaticum* 200c.

I spoke with her by phone three months later when she shared that she had felt wonderful until about ten days before this call (I began to feel that I should set the follow-up for about two years away!) She had had a hamstring injury playing soccer (she was playing sports again because her platelet count had returned to the mid normal range and her energy was good!) Since the injury she feels the fatigue creeping back in, not like it was, but she worries about it returning.

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

At this point I could have either waited or gone up in potency; I decided on the latter as she was just about to embark on a big change, which though she was looking forward to, could also be stressful. I left it with her that should any of her symptoms return or if she were to get any sort of acute illness which does not resolve on its own within two to three days, that she should call me. 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 can not and turning around a longstanding problem.

Do I think Paul would've found the same remedy? Probably. Would she 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 doctor a bit, to the patient on hand; sometimes it is essential —(for instance, I will almost always send my closed adolescent boys to Paul and he likewise sends his closed adolescent girls to me.) Sometimes it's just a feeling, but it is in those kinesthetic experiences of our patients that many a clue to the correct prescription is found.

*Amy Rothenberg, ND, DHANP is the editor of this journal. She just returned from teaching for Homeopathy without Borders in Cuba, which she thoroughly enjoyed.*