

Battle the Bulge &



**A Whole Person Approach
to Metabolic Syndrome:
hypertension, high cholesterol,
pre-diabetes, & obesity**

by AMY ROTHENBERG, ND, DHANP

Get Healthy!

CAROLINE WAS A ROBUST AND OUTGOING WOMAN IN HER MID-50S WHO HAD LIVED A life filled with family, friends, satisfying work as a teacher, and community involvement in her hometown. That she was overweight seemed part of her life story, though she said it hadn't noticeably affected her health until the past few years. When she was in her 40s, her blood pressure had crept up, and her cholesterol profile had worsened. Likewise, her fasting blood sugar had climbed higher than normal, and her weight had further increased to the point that she was now 50 pounds overweight. With all these risk factors for heart disease, stroke, and diabetes layering one atop the other, her family doctor had recently diagnosed her with "metabolic syndrome."

"I'd never even heard of that until my doctor wrote it down for me," she said. After doing some reading on metabolic syndrome, Caroline was feeling overwhelmed by the gravity of her health challenges and what seemed like an unavoidable downward slide.

The funny thing was, Caroline didn't feel too bad! She expressed concern though about taking a lot of medications, as until fairly recently, she had not taken any at all beyond a multivitamin and an occasional Vitamin C. "Now, it seems that each time I go to the doctor, he gives me yet another drug to take!" she said. Caroline was taking a statin drug to lower cholesterol, two different drugs to lower blood pressure, and Metformin to help her body's insulin work more effectively, thereby lowering blood sugar.

A syndrome of epidemic proportions

Right on the heels of the epidemic obesity in the US, we have an epidemic of metabolic syndrome*—defined as a cluster of conditions occurring together that affect metabolism, including hypertension, high blood sugar, an unhealthy cholesterol pro-

file, and the presence of extra abdominal fat. Any one of these would not be ideal, but when they exist together, a person is ripe for all sorts of serious health problems related to blood vessels, heart disease, stroke, and type II diabetes. Some sources report upwards of 25 to 30% of Americans over age 20 have metabolic syndrome—an epidemic by any measure. [See "Do you have metabolic syndrome?" on page 34.]

The "spare tire" as culprit

According to the National Library of Medicine's *PubMed Health*, the two most important risk factors for metabolic syndrome are:

- *An apple-shaped vs. a pear-shaped body*—as your waistline grows, so do the risks for serious illnesses; extra abdominal weight is worse than extra weight distributed elsewhere or more evenly throughout the body.

- *Insulin resistance*—when your body's cells don't respond adequately to normal levels of insulin (the hormone that carries glucose into the body's cells), glucose levels in the blood rise; and abdominal fat contributes to insulin resistance.

Other risk factors for metabolic syndrome include aging, a family history of type II diabetes, lack of exercise, and a body-mass index greater than 25.

There is hope

The good news is that lifestyle modification alongside a handful of natural medicines *can* mitigate the cascade of metabolic syndrome. And even if the syndrome cannot be entirely reversed for every patient, we can often improve the risk factors for illness (e.g., lower the blood pressure, triglycerides, blood sugar, etc.), which will allow the person to take fewer or lower doses of pharmaceuticals, thereby reducing unwelcome drug side effects.

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Where does homeopathy fit in? After several decades of practice, I can say clearly that homeopathy, in and of itself, can help with blood pressure issues. But more to the point, homeopathy can help a patient with the impact of stress, which often gets in the way of healthy food choices, exercise, and mindfulness practices—each an essential component of treating someone with metabolic syn-

drome. I also have found that a well-prescribed constitutional remedy can give a person the additional resolve and willpower needed to make the difficult lifestyle changes essential to improving metabolic syndrome.

Goodbye visions of sugar plums...

Holiday times can be the *most* challenging for patients who struggle with these issues,

since we have the triple whammy of family stress, sugary and fatty foods everywhere, and travel/schedule shifts that interfere with diet and exercise routines. For patients with metabolic syndrome, I always schedule an appointment before the holidays, as a combination homeopathic/naturopathic follow-up visit, alongside a strategy/cheer-leading session. Caroline's visit coincided with the start of this challenging season.

Our first goal was to take an honest look at her diet. There is no magic formula for weight loss, and my recommendations were all things she already knew: smaller portion sizes, fewer refined foods, more fiber (through vegetables, whole grains and some fruit, especially those lower on the glycemic index**), and the addition of heart-healthy foods. On that list I always place legumes, oat bran, garlic, and onions. Over the years, I have found that helping people put foods *into* the diet is often just as important as getting foods *out* of the diet.

My dietary recommendations are always individualized to the patient, much like a homeopathic remedy; they are based on the person's current diet and their relationship to food at the time of our visit. It's all well and good to make sweeping recommendations according to one of the popular dietary approaches promoted for metabolic syndrome and/or weight loss—from extremely low carb to completely vegan, and everything in between. But since these dietary changes are going to need to be permanent, I would rather a patient make gradual and sustainable changes than grandiose ones they cannot maintain.

So if a person is drinking soda 3 or 4 times a day, I would start with helping them discontinue the soda habit. If the person has been vegetarian, I would encourage them to consider adding meat and fish into the diet, as adequate protein is essential to feelings of satiety and these are easy forms of nutrient-dense food. In general, I encourage my patients to eat a low fat, natural foods diet where carbohydrates are limited and complex and vegetables are plentiful. I like to increase the use of olive oil and decrease or eliminate dairy foods (or at least shift to low- or no-fat dairy).

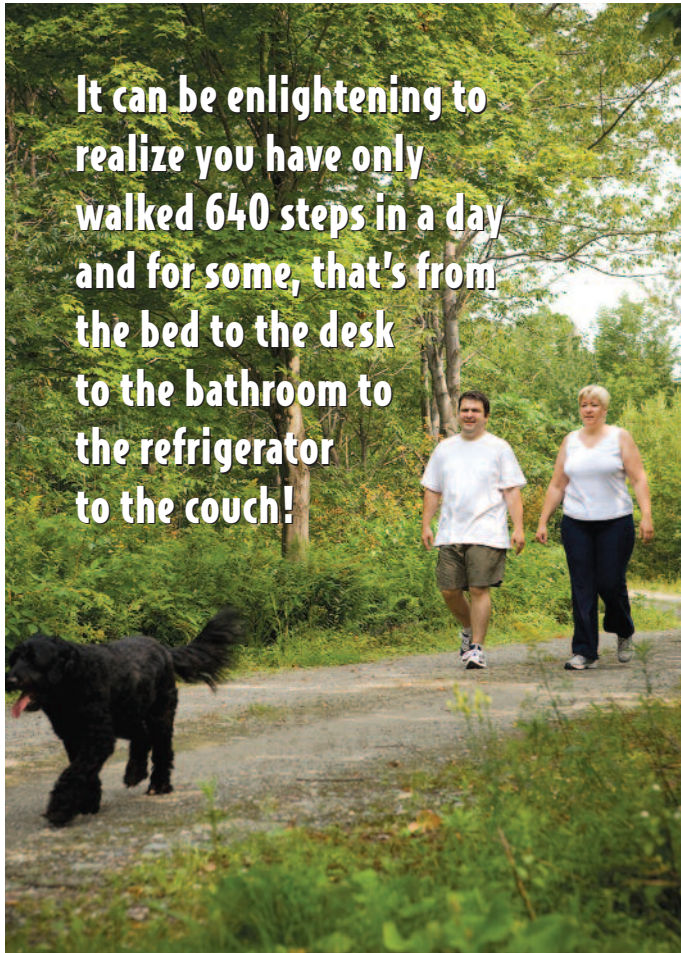


Do you have metabolic syndrome?

The American Heart Association and the National Heart, Lung, and Blood Institute list 5 factors that make up metabolic syndrome. The diagnosis of metabolic syndrome is made if you have at least three of these:

Large Waist Size	<i>For men:</i> 40 inches or larger <i>For women:</i> 35 inches or larger
Cholesterol: High Triglycerides	<i>Either</i> 150 mg/dL or higher <i>or</i> Using a cholesterol medicine
Cholesterol: Low Good Cholesterol (HDL)	<i>Either</i> <i>For men:</i> Less than 40 mg/dL <i>For women:</i> Less than 50 mg/dL <i>or</i> Using a cholesterol medicine
High Blood Pressure	<i>Either</i> Having blood pressure of 130/85 mm Hg or greater <i>or</i> Using a high blood pressure medicine
Blood Sugar: High Fasting Glucose Level	100 mg/dL or higher

It can be enlightening to realize you have only walked 640 steps in a day and for some, that's from the bed to the desk to the bathroom to the refrigerator to the couch!



With Caroline, I spent time talking about healthy snacks that contain protein and do not include refined carbohydrates like those in cookies, candy, and cake. Snack examples that topped my list for her were: low fat cheese with whole grain crackers; a *small* palm-sized portion of nuts with an apple; hummus with carrots.

Because of her high blood pressure, we also spoke of the need to seriously reduce salt intake, best accomplished by not eating prepared foods in general, reading labels carefully, and not eating out as often as she did. The recommended amount of sodium for people with high blood pressure is about 1500 milligrams a day. Any reduction Caroline could make in her salt intake might help, though not all hypertensive patients are impacted similarly.

Essential exercise

Though Caroline was not as sedentary as many of my patients, she did not get good sustained aerobic exercise very often. She did enjoy working weekly with a trainer on weightlifting and Pilates-type exercises, and I encouraged her to stick with that. Muscle burns more calories than fat, so toning up helps. I encouraged her to get a pedometer and aim for 10,000 to 12,000 steps a day, as a consciousness raiser if

nothing else! It can be enlightening to realize you have only walked 640 steps in a day and for some, that's from the bed to the desk to the bathroom to the refrigerator to the couch! Adding physical activity helps with weight loss while simultaneously decreasing the risk of diabetes and coronary heart disease. At least 30 minutes of moderately intense exercise a day is recommended. Walking is fine! I often encourage patients to walk with a friend; if you make a social date, you are more likely to do it!

Counteracting inevitable stress

I also knew that in Caroline's case her blood pressure was worse when she was stressed, and the past several years had found members of her extended family in a number of crisis situations, which weighed heavily on her heart. We talked together about what she could do that would be stress-reducing—from meditation to yoga, from painting to playing the guitar. She agreed to sign up for a mindfulness meditation program and give that a whirl. We are never too old to try new things, and Caroline was ready to try something different.

Whole person homeopathy

For homeopathic treatment, I needed to find a constitutional remedy for someone with high blood sugar and hypertension, who was also generous and outgoing. If we look in the *Synthesis Repertory*, in the "Generalities" section, we can find the rubric: "Hypertension." Also, in the "Urine" section, we see the rubric, "Urine: Sugar," which is another way to say diabetes. Even way back when many of our homeopathic books and tools were written and created, we had illnesses like hypertension and diabetes.

In interviewing Caroline, I took her full homeopathic case and learned a few additional things of interest to aid my remedy search. She had a history of very difficult

menstrual cycles, with strong symptoms of PMS including irritability, feeling hot, excessive bleeding, and abdominal pain, all very much relieved when the flow began. She would also get significant premenstrual headaches. She was just about finished with monthly cycles, though thus far, menopause had not been easy for her. Between mood swings and hot flashes, she often felt on edge. Her family laughed with her about these symptoms, but she could get to feeling overwhelmed pretty easily, and then she'd snap, especially at her husband. She got over it quickly, apologized, and they'd move on. She was looking forward to the end of these hormonal ups and downs.

Caroline also had a history of sore throats; it seemed to be her weak area, and she could count on one or two bad ones a year, which she treated at home with rest, gargling, and extra fluids.

The only other issue Caroline had was sleep apnea, which interfered with her rest. She had difficulty with the C-PAP machine she was supposed to use at night when she slept (a ventilation device that blows a continuous stream of air into the nose to keep the airway open) and had mostly abandoned it. I encouraged her to go back to her sleep doctor and try a different machine, as a connection between sleep apnea and metabolic syndrome has been postulated in recent years, and improvements have been made to the C-PAP machines as well.

Good health history, not-so-good genetics

Besides the birth of her two children, who were now grown, Caroline had never been hospitalized, and prior to ten years ago, she had never taken medications. Her family history was notably replete with diabetes, hypertension, and overweight. Her grandparents all lived to their 70s, and all had passed away from things related to these risk factors. We had an honest and difficult conversation about how genetics can be hard to beat. I saw how concerned she was and how much work these changes were going to be for her—but I also saw how very motivated she was and that she was determined to not become another statistic.

That she had a supportive husband at home and friends who were going to help had me optimistic about her ability to change the course of her health. We brainstormed ways she could ask for support (e.g., don't bring sweets into her home, be a walking buddy, take a meditation class together).

Caroline had a lot of confidence, she spoke articulately, and directly. Her energy was outward, not inward, if you will. She was easy to connect with. The only bodily symptom she felt that related to the metabolic syndrome was a sense of pulsation in her neck and head, likely due to her high blood pressure.

A remedy for Caroline

In a basically healthy, warm-blooded, extroverted, confident, patient who has menstrual/menopausal symptoms along with hypertension and blood sugar issues, I am usually thinking about four remedies: *Sulphur*, *Lachesis*, *Belladonna*, and *Medorrhinum*. People needing each of these remedies tend to be extroverted, upbeat, and able to easily connect with others. While there are many possible remedies that might be considered for her chief complaints (hypertension and diabetes), in reality, she had very few physical symptoms related to her diagnoses. So

instead, I needed to rely more on physical general symptoms and modalities alongside temperament and personality to find a remedy for Caroline.

Sometimes students ask me, how can it be that easy? I suppose it's not that easy, because a certain amount of experience and understanding goes into arriving at such small handful of remedies! Once I am at that small group of remedies, I use my understanding of differential *materia medica*—that is, comparing remedies that share certain aspects—to then choose the remedy that best matches the patient before me.

I chose *Lachesis* for Caroline as she had the keynote confirmatory symptom of generally feeling *better with the menstrual flow*. She also had the history of sore throats (often a weak area of the body for *Lachesis* patients) and the sleep apnea (a *Lachesis* keynote—gasping while falling into deeper sleep, found in the repertory rubric “Respiration, difficult, sleep, during.”) The way Caroline described her headaches, where the main thing she could report was that the pain was better with the start of her menses, was another clear *Lachesis* symptom (see the repertory rubric: “Head, pain, menses, before, beginning of, ameliorates”). She also articulated a feeling of fullness when her blood

pressure was elevated, which pointed to *Lachesis*.

Like many of our more emotionally balanced patients, Caroline did not have the classic jealousy or ragefulness that we sometimes see with those needing *Lachesis*. She was certainly chatty and had a lot to say, but she had not crossed that line of being unbearably loquacious (a classic *Lachesis* symptom). She did tend to get snippy with family especially during the PMS time or more recently, related to perimenopause (those needing *Lachesis* can sometimes be malicious or nasty), but I did not see these as dire symptoms that were deeply impacting her life. Nonetheless, you can see shades of *Lachesis* in these tendencies, and I did use that understanding of her emotionality to confirm my prescription.

I recommended one dose of *Lachesis* 200c.

Natural medicine support

In addition to the lifestyle counseling and homeopathic prescription, I recommended some supplements for Caroline aimed at helping to improve her body's ability to use insulin, lower total cholesterol, lower LDL cholesterol, raise HDL cholesterol, and support normal blood pressure. These prescriptions were based on Caroline, the results of her lab tests, her current weight, and other medications she was taking. Some of the things I use in such cases include *Guggul commiphora* to lower cholesterol, fish oil to help with hypertension and the cholesterol profile, and the cardio-protective supplements Co-Q10 and the amino acid L-carnitine. If you or a loved one has the same diagnosis, in addition to seeing a good homeopath, please refer to a well-trained naturopathic physician. (See www.naturopathic.org for referral listings.)

Positive steps

When I next saw Caroline at our one-month follow-up visit, she was happy to report that she had lost three pounds. Her hot flashes had become less frequent and less intense, for which she was thankful. “I’m sleeping much better now, too. I don’t feel like I’m waking that often,” she said “but I made an appointment for

Trim your tummy in 2012

As if having excess belly fat wasn't a scourge in itself whenever we pass by a mirror or try to zip our favorite jeans, we now know that it puts us at risk for all kinds of serious illnesses! The culprit is not so much the soft fat you can pinch with your fingers but the deep, hard visceral fat that collects around the abdominal organs. Those abdominal fat cells secrete hormones that have far-reaching effects, contributing to insulin resistance and increased inflammation throughout the body. Excess belly fat is much worse

than the fat that collects on the thighs, legs, or upper arms; it has been linked to metabolic syndrome, diabetes, cardiovascular disease, asthma, dementia, breast cancer, stroke, colorectal cancer, and more.

Just some more great reasons to make that New Year's resolution to exercise 30 minutes a day, cut out the sugary foods, and drop those extra pounds!



another sleep study for next month anyway.” Caroline had been taking her supplements twice a day, though she often forgot her evening doses. She had started in with the meditation class; she wasn’t sure it was for her but planned to stick with it for a while.

Caroline had made it through the holidays in *Lachesis* style, telling everyone she ran into about her diagnosis, what it was, what she had to do to help herself, and getting all kinds of support and encouragement from friends and family. Overall, Caroline seemed to be doing very well. While weight loss is often associated with an improvement in sleep apnea, it would take a lot more than three pounds to make the kind of difference Caroline had reported. So the significant improvements in her



doing constitutional homeopathy in the context of a general naturopathic practice for more than 25 years. I have a sensibility about what is doing what for a patient. When I see menopausal symptoms abate and sleep apnea disappear and headaches and sore throats cease, I know the homeopathic remedy is hard at work. Although I use whatever tools I have to help my patients (e.g., supplements to help lower cholesterol and lifestyle counseling to lose weight), the homeopathic prescribing is key: it helps to optimize the impact of all the other things, it gives the person’s vital force a push, it gives the patients some additional energy and the willpower to make essential changes.

I use a dose of a well-indicated homeopathic remedy when patients need a boost, when there are physical symptoms that just won’t budge, and when the spirits are flagging. And I lean on my naturopathic knowledge, too! As is true for all patients with metabolic syndrome, including Caroline, I love having a range of approaches to help them along their path toward better health!

FOOTNOTES

* Metabolic syndrome is also sometimes called Syndrome X or Insulin Resistance Syndrome.

** The glycemic index (GI) ranks carbohydrate foods on how quickly they affect blood sugar levels. Foods that break down quickly to release glucose into the bloodstream have a higher glycemic number than those that release glucose more slowly. For example, cherries have a relatively low GI at 22, while watermelons have a high GI at 72. It is easy to find glycemic index charts on the internet.

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sleep, her sleep apnea, and her hot flashes told me that we were on the right track with the homeopathic remedy. I did not repeat the remedy at that visit.

A year of progress

Caroline continued to see me periodically over the following year and continued to make progress on all fronts. She had fewer illnesses in general, with no reported sore throats. After years of monthly headaches before her periods, she was amazed to have had many months without a premenstrual headache, even though her menstrual periods seemed to be back to regular. Although she still had the occasional hot flash, they were nothing terrible and certainly not as severe or frequent as before.

At the one-year mark, Caroline was thrilled to have lost 14 pounds and, working with her primary care doctor, to have been able to eliminate one of her blood pressure medications without an increase in blood pressure. Her sleep doctor confirmed that she no longer had sleep apnea

at all, which I would assume was a result of the weight loss—with help from the homeopathic remedy. Caroline felt more in control with her eating and was faithful to her exercise program of weightlifting and walking. Her LDL cholesterol went down and her HDL cholesterol went up. She was still on Metformin and Lipitor® but had already discussed the possibility of lowering each with her primary care doctor. Emotionally, she felt much more stable, less overwhelmed, and more calm.

A key to increased resolve

Homeopathy and natural medicine in general, are not going to be cure-alls for metabolic syndrome. Serious examination and modification of lifestyle factors will necessarily be the cornerstones of any treatment of a patient with this diagnosis, but homeopathy should be used to help with stress reduction and to increase the resolve patients often need to make such health-centered changes.

I have had the unique perspective of



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