

It was not hip discomfort or pain, however, that brought her to see me several weeks before the surgery. Rather, it was high anxiety and stress. Diana was terrified of the upcoming procedure, afraid of the hospital, and anxious about the planned stay in a rehabilitation facility afterward. She hated not being in control, and honestly, what can put you more out of control than general anesthesia!?

After speaking with Diana about her situation, I noted that her overall temperament, her way of coping with stress, and her physical general symptoms were very much the same as they always were. That is, she was still chilly, slightly constipated, and sweaty. She wanted her carbohydrate comfort foods. And, more to the point, she was highly focused on making and getting through her "to-do" lists; she wanted to take control of the situation. These symptoms fit the indications for Calcarea carbonica, a remedy that had helped her constitutionally many times in the past. When Calcarea carbonica-type people are under stress, they feel best when they can DO something, organize something, clean something, and get ahead of their "to-do" list. The only difference was that at present, Diana was so stressed about her upcoming surgery that she was not able to do the things that were normal for her-things that actually helped her to feel better. Because Diana's symptoms had not changed substantially-that is, she was reacting to stress in a way that was consistent with her usual Calcarea carbonica state—I did not consider giving her an acute remedy aimed narrowly at anxiety. Rather, I gave her another dose of her constitutional remedy, Calcarea carbonica.

Within a day or two of taking Calcarea carbonica, Diana felt the fear and anxiety lift enough that she was able to get busy again. She began to put things in order at home, leave notes for her husband, pre-pay bills, and pack for her time away in an organized and relatively calm fashiontrue to her sturdy, capable, Calcarea carbonica self. She felt relieved and grateful for the homeopathic help, and as part of her preparation, asked, "Would you prescribe homeopathic remedies for me in the hospital if I need them-say, if something goes wrong or something unanticipated arises?"

## Homeopathy in the hospital?

In a recent interview\*, someone asked me a similar question but in a more general fashion: "If someone has a friend or relative in the hospital, what advice would you give for intervening with homeopathy?"

First, I believe that question will be less and less relevant in coming years. Historically, the purpose of a hospital stay was to concentrate expensive equipment and operating rooms. As conventional medicine moves toward powerful pharmaceuticals and in-office equipment and procedures, traditional uses of the overnight or longer hospital stay will become less and less common.

Second, I would not use the word intervene. Homeopathy is a helpful tool to use alongside other medical and healing modalities.

#### From first breath to last ...

There are many reasons why a patient would be in the hospital, and those reasons inform the role homeopathy plays. I have had numerous opportunities to treat people in life or death situations in the hospital, whether at the first breath of life or the last, during acute ailments, and when the ravages of chronic disease take their toll. I have worked with head trauma patients and recipients of donor organs, patients recovering from joint replacement and those having tonsils removed. I have been at the bedside of a patient in a coma and in the recovery room when a patient awakes after cancer surgery.

From a homeopathic perspective, there is no difference in how you take a person's case (i.e., gather information and choose a remedy) with someone who is hospitalized. You look at their specific symptoms (i.e., their chief complaint), you look at physical general symptoms (i.e., symptoms that affect them overall, such as chilliness

Symptoms can change quickly, and a new or different remedy may be indicated within hours or days.

or thirst), you take into account temperamental aspects (i.e., their mood and mindset), and you prescribe the best remedy you can-to match the presenting symptoms. We do not worry about other drugs or diagnostic tests or IVs. We use the potency indicated-sometimes lower and repeated, at other times the highest available. If a patient is on strong or multiple medications, for example, I would generally choose a lower potency remedy (12c or 30c) to be taken once or twice a day. If they have had significant trauma, I usually offer the highest potency I have (1M or 10M); but it remains true with homeopathy that the best potency is the potency you have. It is also important to remember that depending on the reason a patient is hospitalized, symptoms can change quickly, and a new or different remedy may be indicated within hours or days. (This is very different from treating ambulatory patients suffering with chronic ailments, where months may go by without a change in the homeopathic prescription.)

# Hospital situations where homeopathy can help

One of the main goals of all physicians is to keep people out of the hospital, but there is a time and a place for hospital care, and homeopathy can be used to good effect in many of these cases. Below are five categories of hospital-related situations in which I've successfully treated patients with homeopathy:

 Diagnostic Work-ups. Sometimes a patient undergoing a routine or not-soroutine diagnostic test may experience an adverse event, such as a toxic exposure or an allergy to medication or medical supplies. They may also undergo physical trauma (e.g., a sore throat from an upper GI endoscopy) or an emotional response to a procedure or news revealed from a diagnostic work-up. In each of these cases, homeopathy can help support the patient, so that essential findings are gleaned, but the person has not suffered unnecessarily.

I have given Veratrum album to a patient who had had a lumbar puncture ("spinal tap") to rule out meningitis and was left with a terrific headache with nausea, vomiting and diarrhea, chilliness, and excessive perspiration. The symptoms



n one of my only routine homeopathic recommendations, I recommend Arnica montana after surgery (barring unusual complications). I am happy to report that an increasing number of surgeons who work with my patients recommend it postoperatively or after other invasive procedures as well. Surgeons who use Arnica report notable reductions in swelling and inflammation along with faster healing times in the involved areas. These results enable patients to use less pain medication and enjoy speedier recoveries. The general protocol is to administer Arnica montana 200c or 1M an hour after the patient is awake from surgery and again once a day for three days.

Other homeopathic remedies are sometimes indicated post-surgically, depending on symptoms that arise. We look at the patient and their individualized symptoms after surgery and prescribe accordingly.

- For the patient who cannot urinate after bladder or gynecological surgery, think of Causticum (paralysis of bladder, cannot feel the urine coming out).
- · For patients who have a difficult time coming out of anesthesia, Phosphorus (they may have had excessive blood loss during the procedure) or Nux moschata (they remain sleepy a long time after anesthesia) might be indicated.
- For patients with extreme pain at the site of an incision, Staphysagria is commonly effective.
- For patients who feel bruised post-surgery, especially in the gynecological or abdominal areas, where Arnica does not seem to be helping enough, consider Bellis perennis.
- In a patient with a severe headache after a spinal tap or spinal anesthesia, I have successfully used Belladonna (pounding headache, hot head, cold extremities, glassy eyes) or for others, Veratrum album (vomiting, diarrhea with cold clamminess and extreme weakness).

It is generally beneficial to avoid the overuse of medications whenever possible, and homeopathy is an effective and cost-effective approach that can be used safely alongside conventional medications. The remedies will not cause side-effects, and in my experience, they often reduce the need for additional drugs and interventions for the hospitalized patient.

were classic indications for Veratrum album, which provided much needed relief within a few minutes. I have given Ignatia to a patient who received bad news after a breast biopsy and reacted with difficult breathing, uncontrollable crying, and irritability. This is one of the first remedies to consider when shocking news brings on breathing trouble, erratic emotions, and spasmodic crying (termed "hysteria" in the old homeopathic books), and after taking Ignatia, she calmed down quickly and was

able to work rationally with her healthcare team to plan her next steps of care.

 Severe Trauma. Sudden, unexpected injuries can bring patients to the hospital, as we all know. In extreme firstaid/trauma cases, we are often dealing with species susceptibility vs. individual susceptibility; that is, as humans, we all react to blunt force trauma, for instance, in a similar way—we all bruise. This really narrows the field of possible remedies to choose from, making the chance of getting the right remedy much greater! That's why homeopaths tend to recommend Arnica so freely to people who have experienced extreme physical trauma.

It's important to remember that Arnica is not the only remedy to consider in these situations, however. In head injuries, for example, the possible remedy choices would also include Helleborus, Opium, Natrum sulphuricum, and numerous others. [See my article in the Autumn 2011 issue of Homeopathy Today on concussions.] And believe it or not, some hospitalized trauma patients will still be best treated with their constitutional homeopathic remedy rather than Arnica or another remedy focused more narrowly on their acute trauma. It is as if the trauma further pushes them into their typical constitutional state, albeit a more intense, pathological one (much like my patient Diana, whose stress before an upcoming procedure pushed her further into her constitutional Calcarea carbonica state). That is why, even for patients in the hospital with severe physical trauma, I always take a full homeopathic case-gathering mood/temperament information and as many physical-general symptoms as possible. It is this information that will help me choose the best remedy that is individualized to the patient.

As mentioned earlier, monitoring trauma patients over time in the hospital often means giving different remedies as their symptoms develop and evolve. Take, for example, a patient of mine who fell off her bike while speeding down a hill. Thankfully, Jennifer had been wearing a helmet so did not sustain a head injury, but she broke numerous ribs on both her left and right side, punctured a lung, and severely bruised her shoulder and back. When I first spoke with her husband, he explained that Jen was much worse from any motion and had tremendous pain everywhere. She was extremely irritable (for her), and on day three post-fall, she was terrifically constipated, in part due to the opiate pain medications she was prescribed. Bryonia fit her symptoms well with its classic indications of feeling worse from the slightest motion, having painful stitches in the chest on breathing, aching all over, being dry and constipated, and feeling very irritable. Bryonia helped, and

within a few days, Jen's constipation and irritability had moderated greatly as did some of the worst pains. In monitoring a hospitalized trauma patient, I'm always looking to see what is most limiting to them at any given time as they heal, and I focus my help there. Now, it was the feeling of being unable to breathe that gave her the most difficulty. Jen felt like she couldn't get enough air with each breath, and she only wanted to sit in front of a fan, which she'd had her husband bring in from home. Carbo vegetabilis came to the rescue—it has a great reputation for helping debilitated, weakened people with breathing difficulties who crave air and want to be fanned. Shortly after taking Carbo vegetabilis, she stopped requiring the fan and she was relieved of the oppressed breathing. By the second week of her healing process, Jen went into an Arnica state, feeling bruised and beaten up but otherwise, not too bad; at that point, she was helped with some judicious doses of Arnica. And a month into her healing process when she returned home from the hospital, I ultimately gave Jen another dose of her constitutional remedy (Sepia); this helped her when low energy along with mild depression (tendencies that had been kept in check with occasional doses of Sepia before the accident) seemed to return.

◆ Acute Illness. Severe acute illnesses such as appendicitis, pneumonia, or a sudden cardiac event are also responsive to homeopathic remedies. In many of these ailments, time is an important variable—the quicker help is offered, the better. The correct homeopathic remedy for a hospitalized patient during an acute illness or event can be extremely useful, and though there is more variability than in a first-aid or trauma situation, the overall number of remedy possibilities is still lower than in a chronic ailment situation. One young boy I treated who was hospitalized with pneumonia was not responding well to antibiotics. His bloody sputum and increased thirst pointed to Phosphorus, a remedy often indicated in cases of pneumonia or acute chest complaints. Given in increasing potencies, Phosphorus pulled him out of his ailment. He went on to need a number of other homeopathic remedies once he was home, which is typical of pneumonia, the natural history of which goes through phases.

- Elective or Planned Procedures. If I know a patient well and know ahead of time that they will be hospitalized for a treatment protocol or planned procedure, I might send them with a number of remedies I think they could potentially need. (See the sidebar on page 34 for general ideas about treating patients postsurgery.) In special situations, such as childbirth or hysterectomy, for example, there are homeopathic prescriptions that are common. I would write out the indications of each remedy sent, for a close family member or caregiver to give if need be. With patients currently under my care, I would be in touch during their hospital stay, sometimes visiting, sometimes working by phone or Skype.
- Care for the Caregivers. We also use homeopathy in the hospital setting to support family members or caregiving friends who are often present around the clock. They can easily succumb to the impact of worry, the stress of the hospital setting, as well as disruption to diet, exercise, and sleep habits. For a patient of mine who is caregiving around the clock, I often have them take a dose of their constitutional remedy to shore them up. If they develop new symptoms that do not fit within the indications of their constitutional remedy, I look for a better, more appropriate remedy. For example, Cocculus may help those who fall ill from "night-watching," or staying up long hours to care for a loved one. Vertigo, weakness, and headaches are among the common indications.

### Healing is the priority

As a naturopathic doctor, I also often make dietary and supplement recommendations for hospitalized patients as well as review the importance of staying hydrated and bringing items from home (clothes, music, pillow, etc.) that are comforting, both physically and psychologically. I help my patients who are in the hospital on a non-emergency basis to strategize for the time they will come home, in order to have help and support with cooking, cleaning, laundry, and other chores—so that the work of healing can be their singular priority.

### Easing her way back to health

Remember Diana, who was terrified of having hip replacement surgery? Her procedure went well, but afterward her bowels just about stopped moving due to the strong pain medications. (Opioid-based narcotics tend to have that effect on people.) She was "out of it" for a number of days and not her usual engaged, animated self. I gave her the homeopathic remedy Opium 200c, which is indicated for people who have some degree of insensibility, stupor, or lack of concentration, along with obstinate constipation. This brought her back to her livelier typical demeanor and helped to get her bowels moving within an hour of taking the remedy. Some weeks later while at the rehabilitation facility, Diana caught a cold with a nasty dry cough. She was irritable with everyone and felt defeated by the rehab process. Again she was constipated. I gave her Bryonia 200c, which helped with the cough and got her through the last weeks of in-residence rehab. Once back home, Diana was thrilled to be able to complete her healing in a familiar and comfortable setting where she could control her environment and have things done the way she liked them.

She was especially grateful to have had my help throughout her healing journey—right alongside that of all her other doctors and therapists in the hospital and rehab center. "Going through this hip replacement process was no picnic!" Diana acknowledges. "But I definitely had an easier time of healing than lots of other people I met in rehab." She credits homeopathy with easing her way and speeding her recovery. And now that her hip is healed, she's back to being as busy as ever!

\*The aforementioned interview, which covers a number of other topics and is followed by several other pieces written by Dr. Rothenberg, can be found here:http://hpathy.com/homeopathyinterviews/paul-herscu-and-amy-rothenberg



ABOUT THE AUTHOR

Amy Rothenberg, ND, DHANP, practices in Enfield, CT (www.nhcmed.com) and teaches through the New England School of Homeopathy (www.nesh.com). A Two Year

course in Boston began in April 2013. She is currently the president of the Massachusetts Society of Naturopathic Doctors. Her book, The A Cappella Singer Who Lost Her Voice & Other Stories from Natural Medicine can be found on Amazon or at www.amyrothenberg.com.