



THE ACCIDENTAL ADDICT:
America's High
Opioid Epidemic

**Homeopathy's role in pain treatment
and recovery from addiction**

by AMY ROTHENBERG, ND

Opoid Epidemic

Chronic and acute pain are among the most common complaints seen in medical practice. As a consequence, there has been a galloping increase in the prescription use of opioid pain relievers, such as oxycodone (e.g., OxyContin®) and hydrocodone (e.g., Vicodin®). Nearly a quarter of a billion of these prescriptions were written in 2013 alone—enough for every American adult to have their own bottle of pills.

This has led to unintended consequences, such as increased addiction and drug abuse. An estimated one in four patients receiving long-term treatment with opioid painkillers struggles with addiction. In other words, we all know someone dealing with this addiction.

Along with this unprecedented epidemic of opioid use comes a flood of accidental overdose deaths. Since 1999, deaths from prescription opioids have quadrupled; every day, 78 Americans die from an opioid overdose.¹ The recent death of Prince is one more sad example.

Natural medicine can help

What can homeopathy offer in the face of such dire statistics and such high stakes? I believe homeopathy and other natural medicine approaches have a key role to play. And I am not alone. For example, former U.S. Army Surgeon General Eric Schoomaker, MD, PhD, characterized the military's engagement of complementary and integrative medicine in efforts to relieve pain and limit opioid addiction as *imperative*—because individuals returning from combat deployment use opioids at a rate almost four times as high as civilians.²

A number of medical organizations are also working to modify national prescribing habits to limit opioid prescriptions. For example, three groups—the Pain Action Alliance to Implement a National Strategy, the Academic Consortium for Complementary and Alternative Health Care, and the Center for Practical Bioethics—recently collaborated to create a policy brief, *Never Only Opioids: The Imperative for Early Use of Non-Pharmacological Approaches and Practitioners in the Treatment of Patients with Pain*. Essen-

tially, it advocates for moving integrative approaches from last resort when all else fails, to earlier, first-line treatment.³

Ramifications of pain relief

Opioids are actually a synthetic formulation of the alkaloids found in opium poppies. Historically, opium and its derivatives have been used as painkillers, but they also have great potential for misuse. Anyone who takes prescription opioids can become addicted to them, as the body quickly builds up a tolerance. Stopping can lead to severe withdrawal symptoms.

Many people get addicted to narcotics because they are or were in physical pain. A recent study found 80% of patients having low-risk surgeries such as carpal tunnel or arthroscopic knee repair receiving prescription painkillers post-operatively—a dramatic increase in the past decade.⁴ Some of these patients find themselves addicted after the pain from surgery is long gone. Other people use opioids for the pain associated with acute illness (e.g., a sports injury) or long-term chronic conditions (e.g., osteoporosis). Increasingly, we hope to see better education of physician prescribers to only recommend opioids for a very short time or only at the end of life for those in pain.

How homeopaths treat pain

Homeopaths have long used homeopathic remedies to good effect in helping patients find relief from all manner of pain. We use the same approach to treat a person in pain as we do for anyone else with any kind of condition: we “take the case.” That is, we need to understand how the patient experiences their pain, what it feels like in a specific and in a detailed way. We need to discern what might bring the pain on or makes the pain feel worse, and whether there is anything the patient can do, beyond taking a drug, that offers any relief. We always want to know how the patient reacts to or deals with their pain, how their mood and their life is impacted. And, as with all patients, we must contextualize our patient's pain within a complete review of bodily systems (e.g., circulatory, gastrointestinal,

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musculoskeletal, etc.) to see the patterns of pain and overall impact of the pain on the patient's physical body as well as on their emotional and cognitive well-being.

Helene: Post-op care gone awry

Recently, one of my favorite patients of all time needed help for excruciating pain and other troubling symptoms. I knew Helene as a sturdy, healthy, 70-year-old woman, who I had treated for colds and the occasional backache over the previous 25 years. Some months ago, I received a call from her distraught daughter telling me how worried she was about her mother. As it turned out, Helene had taken a bad fall and had broken her leg and torn ligaments in the knee. Surgery had been performed to reset the bone and to clean out the knee area.

At the time of the phone call, we were four months out from surgery. Boy, do I wish they had called me right away! Post-operatively, Helene was given oxycodone for the pain. As the days progressed, she could not seem to wean off the oxycodone. Of course, as is often true with opioid medication, she also became extremely constipated. But of even more concern to her daughter was the fact that her mother, usually upbeat, ambitious, organized, and productive, had been reduced to a crying, hysterical, and difficult-to-please patient. She kept losing her voice and had a feeling that there was a lump in her throat. She was home now after spending a week at a physical rehabilitation facility, but she was not at all functional. She could not dress herself, could not cook, could barely walk, and was basically 100% dependent on her family for help and support. None of her doctors thought the surgery on her leg should have caused this much pain, discomfort, and disability for so long, and they were not particularly helpful to her at this time.

Elephant in the room

What no one was addressing was the elephant in the room. Unbeknownst to her, Helene had become addicted to oxycodone. One of the worst things about

opioid medications is that they greatly lower one's threshold for *feeling* pain. So the typical pain she *should* have felt from her surgery was now excruciating and absolutely intolerable for her. And each few hours between doses, she was going through opiate withdrawal, with weeping and moaning and an inability to have any perspective on her situation.

When I began to understand the situation for what it was and to explain this to Helene and her daughter, their eyes grew wide and they looked at me incredulously. How could this lovely grandmother of eight be addicted? Well, I replied, it happens all the time. And for some, when access to oxycodone is curtailed or the prescription medication becomes too costly, a shift over to cheap heroine seems to be the only option.

Natural support for recovery

In Helene's case, we worked hard to lower her oxycodone levels *very* slowly over two weeks time. I prescribed for her other pain medications from the naturopathic toolkit, such as curcumin, bromelain, and fish oil, each with its own anti-inflammatory impact. We worked on starting an anti-inflammatory diet and removing refined sugars from her diet. I also taught Helene some basic breathing exercises and shared with her some mindfulness/positive imagery meditation audio files, so she could begin to focus on something else besides her pain.⁵

Most importantly, I prescribed a homeopathic remedy to address the huge emotional aspects of her case, as well as her pain. I knew right away that Helene did *not* need a dose of her usual constitutional remedy, *Calcarea carbonica*, because she was no longer *like* her usual self, or in the kind of pain she generally had, which was mild and aching. The pain she had now was stabbing and relentless, with cramping throughout her legs.

She'd also had a drastic shift in her temperament and personality. Instead of her usual steady, reliable, productive, upbeat ways, Helene was up and down emotionally, difficult-to-please, argumentative almost to the point of combative, and was in extreme distress over just about everything.

When someone is not reasonable and is yelling and blaming others, being unre-

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alistic, demanding, critical and basically difficult from most every angle, as Helene was, there are not that many remedies that come to mind. *Ignatia*, *Nux vomica*, and *Lycopodium* were at the top of the list of homeopathic remedies I considered.

With *Lycopodium*, if there are digestive complaints we expect to see gas and bloating, but these symptoms did not accompany Helene's constipation. With *Nux vomica*, I might have expected more bossiness, more chilliness, and more frank aggression than Helene showed.

In the end, I chose *Ignatia* due to the nature of the pain Helene described—cramping pain that came and went. But it was the emotional hysteria that pointed most clearly to *Ignatia*. And confirming the prescription was the telltale “lump in the throat” sensation Helene described. I gave her *Ignatia* 12c with instructions to take it twice a day—once in the morning and once before bed. She could also use it during the day if she was having a particularly tough time, however she might define tough.

Healing pain, healing addiction

Over the course of a month, Helene slowly discontinued the oxycodone and made excellent progress. Her mood stabilized, her bowels came back to normal, she lost the lump sensation in the throat, and in time, as we thought it would, her leg and knee injury healed.

After having struggled with pain and opioid addiction for four months, Helene finally began to get better, both

because she stopped the oxycodone and because she took the homeopathic remedy and other natural medicine advice. The twice-a-day doses of the homeopathic remedy supported her during her slow weaning off the oxycodone, while the other natural medicine approaches gave Helene building blocks for healing alongside anti-inflammatory effects to address pain from her original injury and surgery. Stopping oxycodone helped to stabilize her mood and energy; and as she became more stable and reasonable, she was better able to do other things that would help promote healing, such as attend physical therapy, eat better, get out of the home for fresh air and sunshine, and commit to a daily exercise routine.

An eye-opening experience

After one month, Helene's daughter was thrilled to have her grounded, capable, self-sufficient mother back and on a clear road to recovery, both from her brief episode of addiction and from her leg injuries. This experience was a real eye-opener for Helene; I know it had a strong impact on her own previous tendency to judge people who are addicted to drugs, legal or illicit.

I counseled Helene and her daughter that should she have future incidences involving pain or need any sort of surgery, they should strongly advocate for either no opiate medication or using opiates only for the briefest of times because Helene is at risk for becoming addicted again.

A key role

Homeopathy can offer so much to patients who are struggling with pain, whether acute or chronic. It also has a role to play for those patients struggling with addiction. There are no magic remedies and no magic answers, but homeopathy should always be used in a comprehensive integrative medicine approach, so that we can offer relief to the suffering of our patients.

FOOTNOTES

1. This and all previous statistics come from the U.S. Centers for Disease Control and Prevention website's *Opioid Overdose* pages: www.cdc.gov/drugoverdose/epidemic/index.html
2. Schoemaker E. The Imperative for Integrative Medicine in the Military: A Personal and System Perspective. May 15, 2014, International Research Congress on Integrative Medicine and Health, Miami, Florida. <http://webcast.ircimh.org/>
3. www.painsproject.org/wp/wp-content/uploads/2014/09/pain-policy-issue-5.pdf
4. Wunsch, H. et al. Opioids Prescribed After Low-Risk Surgical Procedures in the United States, 2004-2012. *JAMA*. 2016;315(15):1654-1657.
5. I will often share the following links to mindfulness/positive imagery meditation audio files with patients, as there is a little something here for everyone:
 - free guided meditations from the UCLA Mindful Awareness Research Center <http://marc.ucla.edu/body.cfm?id=22&otopID=22>
 - healthline.com's reviews of the best meditation iPhone and Android apps, many of which are free <http://www.healthline.com/health/mental-health/top-meditation-iphone-android-apps>

ABOUT THE AUTHOR



Amy Rothenberg, ND, practices in Connecticut (www.nhcmcd.com). She blogs for the *Huffington Post* (www.huffingtonpost.com/amy-rothenberg-nd/). Find her book, *The A Cappella Singer Who Lost Her Voice & Other Stories From Natural Medicine*, on Amazon or www.amyrothenberg.com. She is founder and lead instructor at the New England School of Homeopathy (www.nesh.com). She's president of the Massachusetts Society of Naturopathic Doctors. She has raised three wonderful children with her husband, Paul Herscu, ND, MPH, and spends non-working hours in the garden, in her art studio, and on the ballroom dance floor.



Painkillers: Overuse, Misuse, Abuse

Is Big Pharma partly to blame?

Among the slick ads for cars, beer, and snack foods competing for the viewer's attention during the 2016 Super Bowl telecast was a commercial for “OIC” or opioid-induced constipation. “Why is a \$5 million TV spot for something as seemingly esoteric as OIC being broadcast during the most widely viewed television event in America?” asked Akikur Mohammad, MD, in *Time* magazine. Mohammed, a University of Southern California medical professor and author of *The Anatomy of Addiction*, believes it demonstrates that opioid use is rampant and

that some drug companies have a vested interest in keeping people addicted to opioid painkillers. He says the “ad's underlying message was as obvious as a blinking neon sign that read ‘Use More Opioids!’ It almost feels like the drug companies want to keep their flagship product (opioids) going full steam ahead by countering a major side effect with another drug.”

Compiled by *Homeopathy Today* staff.
Source: Mohammad, A. “Big Pharma Is Partly to Blame for America's Opioid Epidemic.” *Time.com*. 2/10/2016.