Homeopathy, Post Acute Withdrawal Syndrome and Relapse Prevention for Opioid and other Addictive Drugs

Loretta Butehorn PhD CCH
My experience

• Licensed psychologist (PhD)
• Certified homeopath (CCH)
• **40+ years in medical addiction treatment settings in New England**
• Consultant to Dept. of Public Health, Dept. of Mental Health and Children's Services in MA, VT and NH on Substance Abuse
• Co Director pro bono mental health/substance abuse clinics in MA

The Sidewalk and Brighton Homeopathic Collaborative
Agenda

• Current understanding of addiction as brain disease
• Extended withdrawal-PAWS
• Range of treatment-allopathic and integrative
• Homeopathic specific approaches
• Video clips of results
Current understanding of addiction

1972—38 years since the biology of addiction has been understood
Neurotransmitters

- Candace Pert PhD (1946-2013)
- Mother of Neuropsychoimmunology
- Molecules of Emotion
- Grad student identified opioid receptor site in brain
- 130+ neurotransmitters
- Dopamine- epinephrine - serotonin
Neurotransmitters

• Helps you “Feel like yourself”
• Life events increase/decrease NT’s

• Head injury-mental health issues and substance use disorders—all play with same neurotransmitters
Metaphor of Impairment or Addiction

Our NT “pump” shut down by “look alike” molecules (addictive substances)—
Message body gets is --don’t produce NT body is using “foreign imports”—
“Out source-ing” creates addiction
Hangover example

1. Alcohol and/or other drugs **overuse**
2. **Message to pump**: “Slow down production using foreign imports”
3. During night body breathes, pees, sweats **out EXTRA NT**
4. **Wake up at 11** – body experience deficit of NT
5. Takes till late afternoon **to turn pump back up**
6. If no addiction you feel better more like “yourself” if addicted you feel WORSE as you have a NT deficit.....
So addiction is a brain disorder
As are mental health and brain injury
Healthy Brain
Head trauma
depression
During use-alcohol 17 yr hx  Right slide 6 months without alcohol-  bottom image of healthy brain
39 yr old-25 yr heroin use
10 yr weekend pot use
All brain slides shown and more

Can be found at Brainplace.com
Work of Daniel Amends MD
# The Relationships Among Neurotransmitters, Their Functions, Street Drugs, Mental Illness and Psychiatric Medications

<table>
<thead>
<tr>
<th>NEUROTRANSMITTER</th>
<th>NORMAL FUNCTIONS</th>
<th>STREET DRUGS THAT DISRUPT THE NEUROTRANSMITTER</th>
<th>ASSOCIATED MENTAL ILLNESSES</th>
<th>SOME EXAMPLES OF MEDICATIONS USED TO REBALANCE NEUROTRANSMITTERS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Serotonin</td>
<td>Mood stability, appetite, sleep control, sexual activity, aggression, self-esteem</td>
<td>Alcohol, nicotine, amphetamine, cocaine, PCP, LSD, MDMA (ecstasy)</td>
<td>Anxiety disorders (e.g., PTSD, panic disorder, OCD, generalized anxiety disorder), mood disorders (e.g., bipolar disorder, major depressive disorder, depression)</td>
<td>SSRIs (e.g., Prozac®, Zoloft®, Paxil®, Luvox®, Lexapro®, Celexa®); serotonin and SNRIs (Cymbalta®, Effexor®); tricyclic and other antidepressants (e.g., Elavil®, Tofranil®); atypical antidepressants (Desyrel®, Remeron®, BuSpar®)</td>
</tr>
<tr>
<td>Dopamine</td>
<td>Muscle tone/ control, motor behavior, energy, reward mechanisms, attention span, pleasure, mental stability, hunger/thirst/sexual satiation</td>
<td>Cocaine, nicotine, PCP, amphetamine, caffeine, LSD, marijuana, alcohol, opioid</td>
<td>Psychotic disorders (e.g., schizophrenia, schizoaffective disorder); Parkinson’s disease</td>
<td>Dopamine antagonists (e.g., Risperdal®, Clozaril®, Zyprexa®, Abilify®, Invega®); anti-Parkinson’s or dopamine agonist (e.g., L-dopa, amantadine, bromocriptine, rasagiline, selegiline); some antidepressants (Wellbutrin®)</td>
</tr>
</tbody>
</table>
## Psychoactive Drug/Neurotransmitter Relationships

<table>
<thead>
<tr>
<th>DRUG</th>
<th>NEUROTRANSMITTERS DIRECTLY AFFECTED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol</td>
<td>GABA (gamma-aminobutyric acid), met-enkephalin, serotonin</td>
</tr>
<tr>
<td>Benzodiazepines</td>
<td>GABA, glycine</td>
</tr>
<tr>
<td>Marijuana</td>
<td>Anandamide, arachidonyleglycerol (2AG), noladin ether, acetylcholine, dynorphin</td>
</tr>
<tr>
<td>Heroin</td>
<td>Endorphin, enkephalin, dopamine</td>
</tr>
<tr>
<td>LSD</td>
<td>Acetylcholine, dopamine, serotonin</td>
</tr>
<tr>
<td>Nicotine</td>
<td>Epinephrine, endorphin, acetylcholine</td>
</tr>
<tr>
<td>Cocaine and amphetamines</td>
<td>Dopamine, epinephrine, norepinephrine, serotonin, acetylcholine</td>
</tr>
<tr>
<td>MDA, MDMA</td>
<td>Serotonin, dopamine, epinephrine, norepinephrine</td>
</tr>
<tr>
<td>PCP</td>
<td>Dopamine, acetylcholine, alpha-endopsychosin</td>
</tr>
</tbody>
</table>
Following slides from

**Uppers, Downers, All Arounders**, Inaba et al
CNI Publications, 2011
If addicted

Addiction is to **ALL drugs** which replace neurotransmitters.

Nearly all addicted persons use **MULTIPLE drugs**
Addiction is a medical condition caused by

**Overuse of drugs which directly mimic and finally replace** body’s neurotransmitters

**CAUSING**

- mood and functional changes
- short term and long term health consequences

**SEVERE cravings** for the drug if use is interrupted

- **Post Acute Withdrawal Syndrome** when first stop using

- Drugs include: alcohol, cocaine, methamphetamine, anti anxiety drugs (Valium, Xanax and other benzodiazepines) as well as **medically prescribed and recreational opioids**
Lets start with a video: Ellen

• 4th detox-always relapsed (heroin, opioid prescriptions, alcohol)
• NWS at 27—
• Was taking Subzone and Wellbutrin but still severe cravings and agitation
• Nux vomica 200c 2 doses cut down cravings by 90%
• Reports doing better—but look at her presentation—cravings are gone but overall energetic state still impaired
Client Video: Ellen
Repertory for Ellen

| 1 CLINGING, behavior; mother, clings to  |
| 2 REPROACHES, himself                   |
| 3 MOOD, TEARFUL, WEEPING               |
| 4 ANXIETY, conscience (as if guilty of a crime) |
| 5 DESPAIR, recovery; of                |
| 6 DRUGS, OPium                         |

```
| arts | puls | gnp | nat-m | laev | abel | argent-n | aur-s | chin | graph | hel-m | lupus | lyc-n | med | mel | mira | nux-m | phos | phyt | piper | ptarm | pulm | rhus | sal-a | sars | sel-y | sep | sep-t | sila | staph | stry | uva | verat | zim | zinc |
|------|------|-----|-------|------|------|----------|-------|------|-------|------|------|-------|-----|-----|------|-------|------|------|-------|-------|------|------|-------|-----|------|-----|-------|-----|-------|-----|-------|-----|------|
| 5    | 4    | 1   | 5     | 4    | 5    | 1        | 5     | 4    | 4     | 2    | 4    | 3     | 3   | 2   | 4    | 3     | 4    | 1    | 4     | 2     | 3    | 3    | 3     | 2   | 4    | 2   | 3     | 2   | 4     | 2   |
| 2    | 3    | 1   | 5     | 4    | 5    | 1        | 5     | 4    | 4     | 2    | 4    | 3     | 3   | 2   | 4    | 3     | 4    | 1    | 4     | 2     | 3    | 3    | 3     | 2   | 4    | 2   | 3     | 2   | 4     | 2   |
```

---

*Note: The above table represents a portion of the repertory data for Ellen, showing a partial list of remedies and their count numbers.*
Vision Software
drug addiction, morphine, 98 (53) acau116, androgl222, apon116


allotropic (1) herpin133

caffeine (1) arg-n116, des-ac102
heroin, desires (1) phas-c102
injections, especially by (1) vip116
nicotine (1) pasag116
recreational desires (1) androgl222, halco-p102, lsd102, phas-c102, pos102
speed (1) halco-p102, phas-c102
withdrawals, as if in (1) phas-c102
Why remedy for PAWS first?
Detox and withdrawal

• Hospitalization (detox) to get drugs out of system safely

• Post-acute withdrawal syndrome (PAWS) occurs because your brain chemistry is **gradually returning** to normal. As your brain improves the levels of your brain chemicals **fluctuate as they approach the new equilibrium** causing post-acute withdrawal symptoms

• A protracted Roller coaster-out of blue- sudden onset of cravings -can last up to 2 years
Acute – Chronic- Epidemic prescribing

• **Acute** self limiting
• **Chronic** long standing –reoccurring
• **Epidemic**- similar symptoms with entire group of people
Acute fin of whale
Chronic-whole whale
Epidemic - the group
So what happens when a person with an addiction stops using???
Immediate symptoms of drug withdrawal

• Nausea
• Vomiting
• Diarrhea
• Shakes
• Body pain-spasms
• Can include: seizures, hallucinations, multiple physical and emotional responses
• SEVERE cravings
• If severe enough withdrawal can cause death (alcohol and benzodiazepines)
Homeopathy during or post detox

• Withdrawing from alcohol and some addictive drugs **LIFE THREATENING**
• Best to use traditional medical detox in conjunction with homeopathy rather than homeopathy alone as detox protocol
The **major goal of medical detoxification** is to avoid seizures and a special state of delirium called delirium tremens (DTs) with aggressive use of the primary detoxification drug. Death and disability may result from DTs or seizures without medical care.

Not all addictive drug withdrawal is life threatening but extremely difficult nonetheless.
Other medications used as needed in detox

• Barbiturates
• Anticonvulsants
• Beta blockers/alpha adrenergic agonists
• Antipsychotics
• Relapse prevention agents
  : Suboxone: Buprenorphine / naloxone, Subutex, Vivatrol
Treatment for addiction

• Detox-period for addictive drugs use **3-5 days**
• Use of other drugs (benzodiazepines: Valium, Ativan etc) to stabilize the body
• Gradual withdrawal of benzo’s
• Allowing body neurotransmittic system to gradually rebuild
• PAWS- days-weeks-month these are the symptoms experienced while NT system rebuilding
Opioids--downers

- Opioids are a class of **drugs that include the illicit drug heroin as well as the licit prescription pain relievers**
  - oxycodone,
  - hydrocodone, codeine,
  - morphine, fentanyl and
  - others.

ASAM 2018
Medically Assisted Treatment

• Methadone—daily dosing 80-120 mg—detoxing VERY difficult
• Suboxone doctors script—not usually with extra support via counseling
• Vivitrol—monthly injection—must be 7-14 days opioid free before injection to avoid SUDDEN withdrawal
• Naloxone—nasal inhalant stops withdrawal immediately—however cravings ensue—emergency 1st aid
Crisis both of increase use AND death

• When a person suffering from addiction goes to rehab, stops using and relapses
• They frequently use as much as they did before rehab
• **Not realizing their body chemistry has changed and dose is now lethal**

• Example: Alcohol death due to excessive alcohol gulping in fraternity hazing
Stopping death from overdose: Inhalant Naloxone
Always

• Look up on WebMD or AND **DETERMINE IF DRUG IS ADDICTIVE**

• **If it is**-- over time pain reducing capacity lessens leading to overuse leading to addiction!!!!
Biggest risk group

• According to CDC report released Nov 2017—adults between 45-54

• 4 out of 5 people addicted to opioids started off using prescribed painkillers (ASAM 2016)

• 2012 Wall St Journal published “Pain as the Fifth Sign”
Several reasons

• **Less** experienced users
• Lack of patient and doctor understanding of addiction
• **Purer** more plentiful drugs
• Pain as 5\textsuperscript{th} Sign
• Multiple drug use as **norm** on the street
• **Shorter treatment** protocols
• AND I think—**lack of client awareness** that physical symptoms of withdrawal are intermittent and lengthy : PAWS
PAWS (Post Acute Withdrawal Syndrome)

• **Severe cravings** for any drug which causes addiction
• Irritability, agitation
• Nausea, diarrhea, sleep disturbance
• Memory disturbance

• If you have ever had a craving for chocolate **multiply that physical-emotional experience by 1000** and you might get the idea of what client is experiencing
Imagine.......
Changes in

- **Physical**: cravings-symptoms
- **Mental**: obsessions-fixations
- **Emotional**: irritability-resentment-highs and lows
- **Spiritual**: disregard-cynicism-distain
- **Consciousness**: blankness-lack of awareness

To
To a more functional and comfortable state

- **Physical**: ease-return of appetite-sleep-well being
- **Mental**: clarity-memory-decision making capacity
- **Emotional**: equilibrium-emotions appropriate to event-evenness
- **Spiritual**: wonder, gratitude, ability to experience awe
- **Consciousness**: being present-noticing-choosing different behaviors
Emotional symptoms of PAWS

- Anxiety
- Intolerance
- Anger
- Defensiveness
- Mood swings
- Isolation
- Not asking for help
- Not going to meetings
- Poor eating habits
- Poor sleep habits
Physical symptoms of PAWS

- Severe cravings—often easily triggered
- Sleep disruption
- Physical irritability
- Poor appetite
- Physical shaking-cold
- Extreme fatigue
- Residual symptoms: nausea, constipation/diarrhea
- Acute awareness of physical discomforts/symptoms of co-occurring illness
Mental Symptoms of PAWS

• Thinking about people, places, and things you used with
• Glamorizing your past use
• Lying—especially to oneself
• Hanging out with old using friends
• Fantasizing about using
• Thinking about relapsing
• Thinking about my “old helper”—alcohol-heroin-pain killer
• Planning your relapse around other people's schedules
Typically clients

• Expect to feel better soon
• Are not aware of PAWS
• Are not aware of their relapse history and pattern
• Leave a 3-5 day detox back to a VERY stressful life: anxious family, probation, court, child protective, health issues, job issues
• How do we help them prepare for their personal protracted withdrawal?
Client awareness

• Of sixty five clients interviewed over past year for this talk
  76%
  a. had never heard of PAWS
  b. did not know it was intermittent
  c. Did not know it could last 6month-2 years
• 81% had never done a relapse history
• 96% had multiple detoxes, relapses and using multiple drugs
Relapse prevention framework for client

• What is my relapse history and pattern
• Acknowledging PAWS—what are my specific symptoms of physical recovery
• Developing tools and strategies to cope with life on life’s terms-with emphasis on the range of adjuncts from the complementary/integrative field
• Monitoring my stability
• That recovery is a step by step process: Acceptance of my illness-Repairing damage to self and others- Helping other people
A framework because

• Client’s access to a healthy and fully functional prefrontal lobe has been sidetracked and impaired by high jacked neurotransmitters

• A large majority of clients have trauma histories which influence their information processing and memory

• A step by step, muti sensory approach, with frequent repetition is needed for pattern change:
  - debriefing
  - awareness
  - new skills-practice-
  - reinforcement-practice
Skill development

- Unconscious incompetence
- Conscious incompetence
- Conscious competence
- Unconscious competence

-attributed to Maslow
Developed by Noel Burch at Gordon Training International CA
Quality of Life Changes During Treatment *(Bell et al. 2003)*

<table>
<thead>
<tr>
<th>Freedom/ Unstuckness</th>
<th>Coping</th>
<th>Creativity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adaptiveness</td>
<td>Emotional</td>
<td>Energy</td>
</tr>
<tr>
<td>Dreams</td>
<td><em>Life Changes,</em>** Lifestyle**</td>
<td>Mental Functioning</td>
</tr>
<tr>
<td>Memory</td>
<td>Perception by Others</td>
<td>Physical Generalities</td>
</tr>
<tr>
<td>Physical Functioning</td>
<td>Specific Personal Perception</td>
<td>Relationships</td>
</tr>
<tr>
<td>Sleep</td>
<td>Spiritual Function</td>
<td><strong>Global Well-being</strong></td>
</tr>
</tbody>
</table>
Our Paradigms are filters collecting

- 600 billion pieces of sensory data per second
- 2000 per second can be noticed consciously
- 60 per second if trying to pay attention
- **We create filters to “catch”** what we pay attention to: expectations-prejudices-attributions-worries-strong preferences
If **brain** has been **high jacked** by drugs

• Both mind and body are focused on
  - Craving for relief...without intervention
• Relapse inevitable......
Mary’s Story

• 10 different programs for substance abuse treatment
• Asked to leave each time for assaulting staff and other clients
• Violent temper
• Rages
• After giving her Nux vomica for severe cravings and PAWS did constitutional workup
Client Video: Mary
Reparatory for Mary
Homeopathy allows for calmness of body and clarity of mind
Approaches Most Useful with PAWS and Relapse Prevention


• Because they can soothe the cravings and allows for enough comfort to develop greater awareness-consciousness-mindfulness

• Being physically comfortable is the first step

• Paying attention (awareness/mindfulness/consciousness) is the second step in relapse prevention
Homeopathic remedies for pain relief
Back pain relief video “I feel like new money!”
Some Homeopathics which reduce acute pain

- **Arnica**
- **Ledum**-puncture-tooth
- **Ruta** muscle. joint pain
- **Staphaphagria** tooth-post surgical pain,
- **Ignatia, Nat mur** emotional pain

- Use an acute approach for newly emerging pain
For Acute Pain

• Use an acute remedy
• Remedy in glass of water (30)
• Dose 15 min x3 if no response change remedy
• Use acute homeopathic books to give ideas and match symptoms
• Take case
• Repertorize
Bibliography

• ****Hershoff, A **Homeopathic Remedies : A Quick and Easy Guide to Common Ailments and Their Homeopathic Treatment**
• Kerieipp, S. **The Parents Guide to Homeopathy**
• Ravi and Ravi **Homeopathic Guide for Travelers**
• ****Ullman, D. **Homeopathic Family Practice Ebook**
Chronic Pain

• Needs **professional** workup

• **Jigsaw puzzle** of patient: NWS, CC, other conditions/symptoms, head to foot survey, modalities. Repetorized and analyzed
Relapse Prevention
Approach I Typically Use

• Nux vomica 200 c in water-as needed

• If not working-repertorize specific symptoms

• Use drug specific only if a good match

• Once cravings reduce complete workup
Intake for client with addiction

• ALWAYS use Never Well Since—Ailments from.....

• Complete head to foot using most prominent symptoms

• Use modalities: < > temperature thirst specific food cravings/aversions

• Check sensitivities: smell, light, sound, allergies, medications
Dosing

• Use Nux or craving reducing remedy as needed throughout day

• **Cravings include**: thinking about drugs

• Dose with constitutional (potency as determined by sensitivity) one time and **monitor more frequently** than with non drug impaired clients

• Pain sensitivity is especially high 6 months post detox-homeopathic remedies as needed for pain relief (acute prescribing)
Ibogaine
Herbal : Ibogaine

• Class One Drug in US-Not a legal substance
• Research moving forward
• Legal in Canada, Mexico, UK, South Africa and the Netherlands
• Long term craving reduction, elimination

Proving Ibogaine

• Irish homeopath Declan Hammond 2011
• Available on Provings.com
• Soul loss
• Remedy available from Helios in UK
**Tabernanthe iboga** or simply iboga is a perennial rainforest shrub and psychedelic, native to western Central Africa. Iboga stimulates the central nervous system when taken in small doses and induces visions in larger doses. In parts of Africa where the plant grows, the bark of the root is chewed for various pharmacological or ritualistic purposes. Ibogaine, the active alkaloid, **is also used to treat substance abuse disorders and depression**
Remember the elephant

The blind men and the elephant

It's a fan!
It's a wall!
It's a rope!
It's a spear!
It's a snake!
It's a tree trunk!
Three common sound bites for us to Actively WORK AGAINST

• Must be placebo

• Too small a dose to “do” anything

• There is no research

ALL Incorrect........
Is it placebo?
Replace use of antibiotics in livestock


Homeopathy worked better than placebo, at preventing URIs, a common problem in piglets raised commercially.
Recent study of laboratory mice and anxiety

• Comparing use of Diazepam (Valium) and Gelsenium (homeopathic made from Jessamine plant)
• Significant reduction in anxiety with homeopathy-superior to Valium results

Homeopathic Doses of Gelsemium sempervirens Improve the Behavior of Mice in Response to Novel Environments

Evidence-Based Complementary and Alternative Medicine, Vol 2011 Art ID 362517. Paolo Bellavite,1 Paolo Magnani,1 Elisabetta Zanolin,2 and Anita Conforti Department of Morphological Biomedical Sciences (Chemistry and Microscopy Section), University of Verona, Verona
Animal studies

- Controlled study rats and alcohol
- 15 day protocol
- Choice of alcohol and non alcohol bottles
- Significantly reduced alcohol intake rats having Nux

Babies and children respond to homeopathy


Is it really too small a dose?
Nano medicine

- A nanometer is one-billionth of a meter, too small even to be seen with a conventional lab microscope.

- As part of the [National Institutes of Health (NIH) Common Fund](nihroadmap.nih.gov), the [NIH](nih.gov) has established a handful of nanomedicine centers. These centers are staffed by a highly interdisciplinary scientific crew, including biologists, physicians, mathematicians, engineers and computer scientists. Research conducted over the first few years was spent gathering extensive information about how molecular machines are built.
Luc Montangier MD: 2008 Nobel Prize 2008 for discovering AIDS virus

• Demonstrated Ultrahigh dilutions of an HIV drug affect the virus through electromagnetic signaling even when diluted beyond Avogadro’s number

• "I can't say that homeopathy is right in everything. What I can say now is that the high dilutions (used in homeopathy) are right. High dilutions of something are not nothing. They are water structures which mimic the original molecules."

-Science Dec 2010
There is no research—REALLY?
Research reminder:

- Research **does not prove-only** provides support for a hypothesis.
- For any topic one gets both successful and unsuccessful results-no single piece of research “proves” or “disproves”.
- There is a difference between efficacy and effectiveness:
  - **Efficacy** can be defined as the performance of an intervention under ideal and controlled circumstances, whereas **effectiveness** refers to its performance under 'real-world' conditions.
- **RCTs** determine efficacy.
- **Comparative or other non RCT studies** determine effectiveness.
Homeopathy Research Data Base

• American Institute of Homeopathy: Since 1844 The Voice of the Homeopathic Medical Profession www.homeopathyusa.org released in 2017 has a 6000 research database compiled by Drs Iris Bell, Peter Fisher and researcher Peter Gold.

• National Center for Homeopathy www.homeopathycenter.org has educational videos and consumer friendly data base

• Sept 2017 George Washington University’s School of Medicine hosted a 90 minute research webinar on homeopathy featuring Drs. Bell and Fisher.

Here is the link: https://youtu.be/BKAhgHolG9c
Homeopathy for PAWS

• Since 2006 in 3 different programs a simple homeopathic protocol reduced PAWS symptoms 87% (n=901)

• **Program one** completed program 66% H vs 33% NH
• **Program two** completed program 64% H vs 36%NH
• **Program three**: Relapse rates/leaving treatment AMA was 40% non H versus 24% H

**Homeopathic protocol**: Nux vomica 3 pellets in 8 oz water—using as need for cravings—typically 1-3 doses for effectiveness.

Butehorn et al April 2016 International Jour of Com/Alt Medicine- peer reviewed-
Post concussive Rx

- 60 patients-randomized, double blind
- Individualized 18 homeopathic remedies
- Pre and Post Psych test- significant results.

Weintraub, et al 1999 J of Head Trauma Rehab
“Mild Traumatic Head Injury-Post Concussive Syndrome”
Research in addiction and homeopathy

- Heroin addicts in India, 60 patients
- 35% left study from placebo group
- 5% from homeopathic study
- **Significant decrease in cravings and withdrawal symptoms**
- Resulted in institutionalization of homeopathy in substance abuse rx in India

-Baksiki, presented on Nat Conf on Homeopathy and Drug Abuse, March 1990
Detox and Post acute withdrawal

- 1993-Detox CA 703-randomized, controled-18 months: Relapse: 32% of homeopatic, 68% of placebo rx, 72% of regular detox

- 2006-2008- 2 programs- 39% and 33% completion rate non-homeopathic group, with homeopathy 64% and 66% completion rate.
Quotable Research

Oscillococcinum for influenza treatment
Marrari(a, Terzan( and Chaufferin , Ann Ist Super Sanità 2012 | Vol. 48, No. 1: 105-109

In 2012, the three European researchers reviewed three randomized controlled double blinded studies completed between 1988 and 1998 with over a total of 1000 patients all studied showed clinical improvement in flu like symptoms using Oscillococcinum with one study having statistical significant improvement.

Thanks to: (email address of contributor)
Changing lives

• Susan 47 years old
• Shoplifting since age 9 has NEVER paid for anything in a store
• Would get a High like cocaine use from shoplifting
• Target stores: Neiman Marcus, Tiffanys, Lord and Taylors
Client Video : Susan
Repertory for Susan
What homeopathy can do—as you well know

• **Reduce PAWS** for early recovery
• Provide **non liver affecting treatment** for life’s common maladies (colds, flus, menses, headaches etc...)
• Professional treatment for **overall medical** issues (HIV-Hep C-Diabetes- etc)
• Adjunct and/or primary treatment for mental health conditions
• Rebalancing overall “state” of client: physical-psycho-social-spiritual
• **Motivates** clients to seek treatment
In summary

- **Help clients clearly understand PAWS** and prepare for “roller coaster of symptoms” with coping tools
- Use **multi-sensory teaching** and practice remembering you are dealing with an impaired brain which can be re wired with practice
- Do a **relapse history** with clients to alert them to their personal pitfalls
- In **early recovery  Consciousness/Mindfulness-Tai Chi-Acupuncture-Yoga- Imagery and Homeopathy are the most useful integrative approaches**
- **Consider using the simple acute of homeopathic** Nux vomica in water as needed as for severe cravings to minimize immediate relapse
- Remember **consciousness of the most valuable tool** of the entire alternative/complementary/integrative tool kit.
Thank you--questions