

Restored

A person is sitting in a colorful striped hammock, holding a white tablet computer. The person is wearing a blue long-sleeved shirt and blue pants. The background is a blurred outdoor setting with greenery and a bright sky. The overall mood is peaceful and relaxed.

by AMY ROTHENBERG, ND

Intrusive, obsessive thoughts troubled him for 40 years: one remedy relieved him

For the past 40 years, not a day went by that Glen was not troubled by some kind of odd thought. Like, “What happens if I ram my bike into that oncoming jogger!?” Or, “What happens if I spit into my wife’s scrambled eggs? Or, “I wonder if I could break my son’s arm if I just tried to snap it at the elbow.” Or, “I wonder how it feels to blow someone’s head out with a gun ... what if I just shot someone?”

He was not obsessive-compulsive in other regards, meaning he did not have special ways to put away his clothing, clean the house, eat his meals, or wash his hands.

Glen called his issue obsessive-compulsive disorder (because that is what a previous doctor had diagnosed), and it was the reason he was seeking my help. “These intrusive thoughts are getting me down,” he told me.

Crazy-making thoughts

Now mind you, Glen was a perfectly functional guy. He went to work every day as an engineer, had raised two healthy sons, and had been married for decades. He made a good living and enjoyed many of the benefits of his hard work, both in his business and within his family and community. But the thoughts! They were driving him nuts and making it so he had no peace. He felt like he was going crazy. He had been to many doctors over the years, conventional and natural, had tried psychotherapy, a number of pharmaceuticals, supplements, and homeopathic remedies—all to no avail.

Otherwise good health

Beyond his intrusive thoughts, Glen was basically quite healthy. He was somewhat overweight and had a tendency toward constipation, but nothing a good salad and high fiber bread wouldn't help. He had slight seasonal allergies and some difficulty falling asleep due to his thoughts, though once he fell asleep he stayed asleep. He was a bit achey if he worked out too hard at the gym, but he felt that he was doing pretty darn well at age 58. His heart, lungs, skin, and urinary tract were all normal, and he did not have headaches or vertigo. He tended to be chilly and sweated easily from his head and chest when exerting himself. He was not often ill and was both physically and mentally energetic.

Cognitive areas were a strong suit for Glen—he was still productive at work with no plan to retire anytime soon. He especially liked how work organized his day and offered clear expectations on his time and capabilities.

Emotionally, Glen was pretty good. He did not suffer with depression and was not irritable. But the intrusive thoughts

made him feel anxious and that he was not a good person. In essence, this is what troubled him most. He was not particularly obsessive-compulsive in other regards, meaning he did not have special ways to put away his clothing, clean the house, eat his meals, or wash his hands, for instance. He had not developed any compulsions to perform specific rituals in an attempt to ward off his unwanted thoughts, as some people with obsessive-compulsive tendencies do.

Exploring possible approaches

How do we treat a patient like this? Many homeopaths would give Glen *Calcarea carbonica* because his general symptoms fit the indications for this often-used remedy: chilliness, easy sweating from the head and chest, a tendency for constipation, liking his work routine, and relative good health. But *Calcarea carbonica* did not fit the kind of intrusive and dark thoughts that Glen experienced.

You could make an argument for *Nux vomica* because of his dedication to work and tendency for constipation. But Glen was not irritable or especially bossy at home or work and actually maintained a relatively healthy work/home balance. And he did not have the overwhelming attention to detail that I have come to expect from my *Nux vomica* patients.

Some might think of the remedy *Stramonium* with its focus on violence and terror because many of Glen's intrusive thoughts were frightfully violent. But violence and terror do not exactly describe what's at the core of Glen's case, do they?

What is most limiting?

It's important to concentrate our homeopathic treatment on what is currently most severe and most limiting to the patient. So the fact that Glen tended to be sweaty, chilly, and organized was not our focus because that is not what really troubled him and it's not what we were trying to fix.

What most limited Glen were the thoughts that took hold and could not be shaken. We needed to find a remedy

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Now mind you, Glen was a perfectly functional guy.

The Map of Hierarchy A remedy is a remedy is a remedy... or is it?

Some constitutional homeopathic remedies I like to call my best friends—remedies with a wide sphere of influence across physical, mental, and emotional symptoms—which I have used for decades to help little ones, old folks, and everyone in between. These are the polychrest remedies such as *Calcarea carbonica*, *Lycopodium*, *Pulsatilla*, *Sepia*, *Nux vomica*, and *Sulphur*. I truly do not know what I would do as a naturopathic physician let alone a mother without these remedies in my toolkit.

Then there are other remedies that exist in a narrower realm, that do not get pulled off the pharmacy shelf every week, even every year. But they are good friends, too, and when the time comes to use them, they can be just as wonderful as our everyday remedies, as illustrated in Glen's story in the accompanying article.

It is helpful to realize that all homeopathic remedies are not created equal in their hierarchy of use and that different sets of remedies should be considered when a patient is in a more advanced stage of pathology (especially with severe psychological, cognitive, or emotional issues) than in a lesser stage of pathology. To understand this concept, take a look at *The Map of Hierarchy* below, which was developed by my husband and partner Paul Herscu, ND, MPH, many years ago.

The remedies to the left on the Map represent common remedies we give

often to all sorts of people (with all sorts of complaints), who are basically oriented to the world and are mentally and emotionally in more typical ranges. For example, we might see a depressed child suffering with silent grief and headaches after her parents divorce who would benefit from *Natrum muriaticum*; or an anxious, fearful, sensitive child who is easily distracted who would benefit from *Phosphorus*. Each of these examples is a rather "everyday" kind of case that generally requires an "everyday" kind of remedy, such as those listed in Phase I on the Map of Hierarchy (e.g., *Calcarea carb*, *Lycopodium*, *Pulsatilla*, *Sulphur*).

As we move to the right on the Map, however, the level and intensity of emotional and mental issues of the patient is generally worse, so we see corresponding remedies that address deeper pathology. At the far right in Phase IV, the patient may find it difficult to contain subconscious thoughts and urgings from breaking into the conscious realm; so we see corresponding Phase IV remedies, such as *Helleborus*, which fits the stuporous, confused, forgetful child who cannot concentrate, as well as *Tarentula hispanica*, for the impatient, destructive, out-of-control child who is in constant motion.

Of course, the Map is not complete since many more remedies could be included (and because this particular version is oriented more towards treating



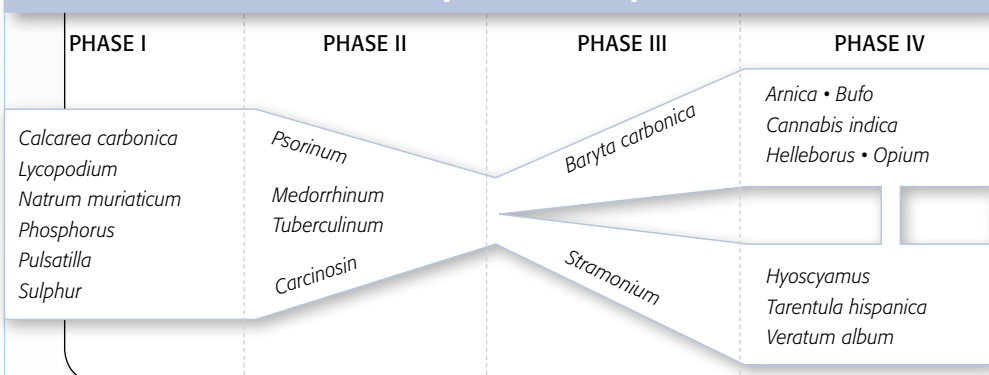
children with autistic spectrum-related issues). But the Map's concepts enable us to understand why remedy states occur in the order they do for any individual over time. The Map highlights the relationship between remedies. It helps us select appropriate remedies and monitor patient progress over time; as patients get better, they will need a different set of remedies, moving towards the left on the Map.

It's also important to realize that while all of the remedies to the right correspond with a deeper level of patient pathology, the patient needing a remedy on the right will *retain symptoms of remedies to the left*. For example, Glen in the accompanying article needed *Mancinella*, a Phase IV remedy, yet he retained symptoms of the Phase I remedy, *Calcarea carbonica*. As he gets better, healthier, and more balanced, I expect that he will move toward the left on this Map, possibly needing an interim Phase II remedy such as *Medorrhinum* before a Phase I remedy, such as *Calcarea carbonica*.

To learn more about the Map of Hierarchy in context of an in-depth case example, see: <http://tinyurl.com/kzrd5nl>

To read Dr. Herscu's original work on the *Map of Hierarchy*, see <https://tinyurl.com/jwhy34j>

The Map of Hierarchy



Runaway thought? Think nothing of it!

I think about Glen and this story from time to time ... when I have patients who have had challenging issues that conventional medicine did not address well.

that matched this more pathological tendency for intrusive thoughts—with the understanding that if we could successfully address this problem and remove its “remedy layer,” a remedy associated with a healthier state, such as *Calcarea carbonica*, would make itself more evident for Glen in coming months or years. [See “The Map of Hierarchy” on page 27 for a valuable tool created by my husband and partner extraordinaire, Paul Herscu, ND, MPH, to help us discern which group of remedies might be needed, depending on where a patient lies on the healing continuum.]

A remedy for Glen

In my experience, the very best remedy for a person like Glen with these sorts of intrusive, unrelenting, and usually not too pleasant thoughts is *Mancinella*, a remedy derived from the fruit, leaves, and bark of the manicheel tree. There is often some kind of weakness of will (or intellect) of the individual who needs this remedy. The patient has had an experience or event that was not good, whether a violent event or a big shock or a long-ago disappointment. Remember, *it is rarely the event itself but rather the susceptibility to the event*—and a thought comes into the person’s mind. They cannot shake the dark thought, which can lead to fear of being evil or insane. Then they obsess about the thought, and this is itself exhausting, which of course does not help the weakness of will, and there the cycle starts again. When Dr. Herscu and I teach through the *New England School of Homeopathy*, we like to teach the “Cycles and Segments of Remedies,” which explains why and how a person could get stuck in such an unending and repetitive pattern.

Most people experience unwanted, intrusive thoughts on occasion. Perhaps you had a fleeting thought to laugh loudly and inappropriately during a somber ceremony. Walking across a bridge, you might have wondered what would happen if you jumped into the river below. Maybe you briefly thought of harming your beloved animal companion for no reason—and were horrified at yourself afterwards. When odd thoughts such as these pop into our heads, most of us are able to brush them off and move on.

It’s when such thoughts are more intense, long-lasting, and not easily dismissed, when they lead to anxiety and fear, and when they negatively affect quality of life, that mental health professionals diagnose obsessive-compulsive disorder (OCD). First-line conventional treatment for this and other manifestations of OCD is cognitive behav-

I sent Glen home with some recommendations for more aerobic exercise and fewer simple carbohydrates, along with a dose of *Mancinella* 200c. He called two weeks later to ask me a question about one of his sons, who I was also treating for an unrelated condition. I make it a habit to never ask about another patient on such a phone call, but Glen volunteered, “I think you hit the nail on the head. I have had hardly any of those thoughts.” Well, that about made my day!

“Why didn’t I know about this before?!”

When I saw Glen a month later at a six-week follow-up appointment, he told me that the recurrent and intrusive thoughts were completely gone. He couldn’t believe it and wondered why no one had given him the remedy *Mancinella* before.

A year later now, after several more doses of *Mancinella* (which I prescribed when a few intrusive thoughts crept back), Glen has remained otherwise free from the dark, troubling thoughts that had plagued him daily for 40 years. I think about Glen and this story from time to time, when I have other patients with intrusive thoughts, or when I have patients who have had challenging issues that conventional medicine did not



ioral therapy and/or selective serotonin reuptake inhibitors (SSRI antidepressants). Homeopathic treatment can become a first-line treatment for problems with obsessive thoughts/OCD, too, because in my experience, it can yield great results with no worries about side effects, as we saw in Glen’s case.

address well. Not every case in my files has such a wonderful response as Glen’s, but when it does happen, both doctor and patient are overjoyed.

I would like to give Glen another remedy at some point, but none has made itself known to me yet! I still think *Calcarea carbonica* is underneath his *Mancinella* layer and that he would benefit from *Calcarea carbonica* eventually, but we cannot rush the evolution of a person.

Keep Mancinella in mind

It’s good for all of us prescribers to remember some of these less frequently used remedies, such as *Mancinella*. When they are on the mark, they can sure change a person’s life!

ABOUT THE AUTHOR



Amy Rothenberg, ND, practices in Connecticut, www.nhcmcd.com. She blogs for the *Huffington Post*, www.huffingtonpost.com/amy-rothenberg-nd/. Her book, *The A Cappella Singer Who Lost Her Voice & Other Stories From Natural Medicine*, can be found at www.amyrothenberg.com.

She is founder and lead instructor with Paul Herscu, ND, MPH at New England School of Homeopathy, www.nesh.com; join the 8-weekend NESH class in the Pacific Northwest in 2018. She raised three wonderful children and spends much of her non-working hours in her art studio and on the ballroom dance floor.