

# Women and Children FIR



An addictions treatment program uses homeopathy to offer help and healing to its residents

## *Once upon a time...*

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Those are the words that open all good stories, and this one is no exception. It begins in the heart and mind of Nia Imani, a substance abuse counselor in a residential treatment program for women with addictions. Nia was also a student at Teleosis School of Homeopathy in Cambridge, Massachusetts. As she learned about homeopathy's all-encompassing healing potential, she kept thinking, "Homeopathy could change these women's lives!" And indeed it would, beyond her wildest expectations.

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## Real women, real stories

We will follow the stories of Jessie, Alice, and Kim. Their names and identifying data have been altered, but these are real women who are representative of many others.

Jessie, 47, has a cocaine and alcohol problem. This is her fourth attempt at getting sober; each of the other times, she left the program insisting, “I can do it on my own,” and each time she relapsed. She began drinking alcohol at age nine and has made her way in the world by shoplifting ever since. Jessie is Caucasian and of English ancestry.

taken from her and have been adopted, but her three-year-old lives with her in the treatment program. Kim is Latina and comes from a large extended family.

Jessie, Alice, and Kim are representative of the women in the program, spanning a wide range of racial, ethnic, and spiritual backgrounds, sexual orientations, and socioeconomic classes. Addiction is a non-discriminating, equal opportunity problem.

## Addiction is not a choice

Many people think addiction is a choice—that drug users enjoy getting high and can

*Addiction is a non-discriminating, equal opportunity problem.*

Alice is a 23-year-old African American woman with two children, ages two and three. Her mother was a heroin addict, but Alice was raised by her father, finished high school, and had a good job. Then she went looking for her mother and started using heroin with her, thinking if she

understood the drug maybe she could get her mother to stop. This is Alice’s first time in treatment and she is not sure she wants to be here, but she does want to get her kids back. Custody of her children was awarded to her father, and he will not let her see them until she gets sober.

Kim, 35, has been in two treatment programs before but got into fights, was expelled, and then

stop at any time. In fact, the choice to use drugs is a choice only early on. Most people don’t realize that addiction is a medical problem and stopping the drug is as difficult a task as curing our own asthma or deciding not to have a heart attack.

If you’ve ever had a glass of wine to relax or experienced the pain relief and euphoric floating feeling of a prescription painkiller, you can imagine how those pleasant experiences might be an invitation to a drug problem—when we take too much in an attempt to keep the good feeling flowing.

What makes a drug addictive is its chemical similarity to our body’s own neurotransmitters. The body has more than 130 natural chemicals (neurotransmitters) that enable the body to do what human bodies do: feel and express emotions, digest food, create new cells, think thoughts, enjoy a sunset, reflect on our past, and live our lives. When we take drugs (including alcohol) too often, the body mistakes the drugs for real neurotransmitters. Because it seems already to have enough, the body reduces its production of these body chemicals—and then when the drugs wear off, we crave more to fill the gap. It is a vicious cycle. Soon the



Nia Imani

The women in Nia’s program ranged in age from 22 to 60. They had struggled with addiction, on average, for 12 years, battling everything one could imagine: cocaine, heroin, alcohol, prescription drugs, and so on. The average length of stay in this residential treatment program was 6 to 8 months. Most of the women were mothers and some had their children with them.

relapsed each time. She grew up in the juvenile justice system because of her assaultive behavior. She has three children; two were

drugs become a necessity so we won't go into withdrawal and get sick, because if the body does not have a good supply of neurotransmitters, various body functions break down, and we become ill.

Replacing natural body chemicals with artificial ones might be all well and good except that these look-alike neurotransmitters have other actions of their own. Remember what it feels and looks like to be intoxicated? Addictive chemicals may also cloud our judgment, make our thinking fuzzy and our behavior irresponsible, and instigate extreme irritability and violent behavior. They can also create the beginnings of a host of other physical problems such as diabetes, hypertension, pancreatitis, cirrhosis of the liver, epilepsy, dementia, heart disease, increased chance

of cancer, nutritional deficiencies, sexual dysfunction, depression, and predisposition to an early death.

Some people are more susceptible to addiction than others. As with any illness, a family history of addiction can be a predisposing factor. Addiction can also be fueled by an early age of first exposure and by heavy and frequent use. Jessie and Alice came from families plagued with addictive illness. Most of the women in the program were young when they began to medicate pain in their lives, and none of them considered the possibility of addiction—they all thought, "It won't happen to me!"

### Detox and recovery

When someone gets "sick and tired of being sick and tired" and seeks treatment,

what happens? First the person needs a medically supervised program called detoxification. If you try to stop drug addiction "cold turkey" the body often goes into a kind of shock called withdrawal—which can be life threatening.

When the look-alike neurotransmitters stop entering the system, it takes some time for the body to resume its normal functioning. Medical treatment is necessary to safeguard the person from going into severe withdrawal and dying. Even during medically supervised withdrawal, the patient has many difficult and unpleasant physical symptoms, such as vomiting, diarrhea, seizures, or leg spasms (the source of the phrase "kicking the habit"). It is difficult even to put into words how harsh this physical readjustment can be.



## Kicking the Habit

### A remedy that can ease withdrawal

Throughout the history of homeopathy, *Nux vomica* has helped people with addictions. It can ease withdrawal symptoms, smooth and shorten the detoxification process, and address the lingering effects of overdoing any drug. Like any homeopathic remedy, however, *Nux vomica* is not a panacea and works best when selected to fit a person's individual symptoms.

Modern-day homeopaths use *Nux vomica* in much the same way as did these homeopathic forebears:

- [*Nux vomica* can help] "patients addicted to use of much wine or coffee... Drugged subjects."  
—Constantine Hering, *Guiding Symptoms of Our Materia Medica*, 1879
- [*Nux vomica* is] "one of the best remedies with which to commence treatment of cases that have been drugged by mixtures, bitters, vegetable pills, nostrums or quack remedies, especially aromatic or 'hot medicines,' but only if [the patient's] symptoms correspond [to the symptoms the remedy is known to address]."  
—H.C. Allen, *Keynotes of the Materia Medica*, 1898
- "One reason why there are so many *Nux* patients is because people have been over drugged by the old school [allopathic medicine]. When a patient comes from the old school and bad prescribing, having had stimulants and tonics to brace him up,

wine, and stimulants of all sorts, it is sometimes impossible to get reliable symptoms, to get the patient settled down, until we give *Nux* as an antidote.

"It is useful in those over drugged by tea, coffee, wine. ... It is a routine remedy in men trying to sober up; even in delirium tremens. Old debauches, broken down with stimulants."

—J.T. Kent, *Lectures on Materia Medica*, 1905

*Nux vomica* has an affinity for the neurological system. People who need *Nux vomica* often display some combination of: disorientation, irritability, chilliness, spasms, and hypersensitivity to light, noise, and touch.

Most home users of homeopathy recognize *Nux vomica* as "the hangover remedy" in their homeopathic remedy kit, because it can help those who suffer with the above symptoms after overindulgence. *Nux vomica* is also frequently useful for those with a disordered digestion including feelings of nausea or vomiting, when some of the above neurological symptoms are present.

—compiled by *Homeopathy Today* staff



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*Custody of her children was awarded to her father,  
and he will not let her see them until she gets sober.*

After detox, a life of recovery begins, presenting its own steep challenges not only physically but also mentally, emotionally, and socially. The stay at a detox facility is typically short—just three to five days in many places. If we think of Jessie using drugs since age nine, Alice’s grief over her addicted mother and the lost custody of her children, or Kim’s lifelong problems with anger, we can see that each woman has all kinds of living issues she will need help with. The drugs were dependable but abusive friends before, blunting the pain of life but also inflicting other problems. Learning how to cope with “life on life’s terms” while managing drug cravings is no easy task.

### How homeopathy helps

So when Nia dreamed of bringing homeopathy to the drug treatment program, how did she think it would help? When a group of her colleagues and homeopathy teachers sat down to consider the project, we saw a number of possibilities, starting with using homeopathy for first-aid and acute situations like colds and flu or injuries. This would have several benefits: introducing a safe, inexpensive way of dealing with life’s bumps and bruises; relieving the clients from further taxing their liver’s recovery with additional medications; and empowering women to use safe, natural substances for themselves and their children.

The second area of impact might be to help these women, most of them only days out of detox, with the cravings and symptoms that come in the first six months of recovery. In drug treatment this is called “post acute withdrawal syndrome.” When the look-alike neurotransmitters are withdrawn from the system, it takes months for the body to heal fully. During this time people often experience memory and sleep problems, agitation and irritability, and many other kinds of physical discomfort. Traditionally, there is no treatment for this other than learning to live with it. The discomfort can be so daunting that people drop out of treatment and return to their addictions; national statistics show that even in residential treatment programs, nearly two-thirds drop out during this time. Easing the discomfort these clients experience might impact their

longevity in the program, and hence their ultimate success in recovery.

The third area was the chronic life issues that had often led the women to use drugs in the first place. Why had Jessie started drinking at age nine? Perhaps the sexual assault by a family member and the loss of her sense of safety when she was forbidden to talk about it. Did Alice still feel a festering grief over her mother leaving her as a young child? What had contributed to Kim’s rage attacks? Perhaps her history of gang rape as a young teen, which made her feel so guilty that she did not tell anyone and still suffered from nightly dreams of being attacked and not being able to fight back.

Underlying issues like these can be treated conventionally with an integrated approach, working on the psychological and emotional issues alongside the struggle to remain drug-free. Ironically, post-traumatic symptoms such as these women’s are often treated with psychotropic drugs, which many people in recovery from drug addiction will understandably refuse, as they fear another addiction. The catch-22, of course, is that if precipitating and underlying issues remain unaddressed, they can trigger relapse. Homeopathy, in the hands of a qualified practitioner, can help people resolve the impact of their past without these drugs.

So it was clear there were multiple areas in which homeopathy could be useful.

### Getting staff on board

Before homeopathy could be systematically introduced to residents, the staff needed to be brought on board. First, we invited the directors and senior staff of Nia’s program to our ongoing community education

series on alternative therapies to show them how homeopathy might be useful in drug treatment. Having piqued their interest, we offered an in-house training to teach the counselors how to use homeopathy for first aid and acute ailments. We encouraged them to try it on themselves and gave them free samples of common remedies.

At a follow-up meeting three weeks later, we asked for a show of hands from the counselors who had experimented, and nearly everyone in the room held their hands up! We heard about menstrual cramps relieved by *Belladonna*, a sprained ankle helped by *Arnica*, a child’s bee sting soothed by *Apis*, cuts and bruises cleaned up with *Calendula*, pain from a tooth extraction relieved by *Ledum*—we couldn’t get them to stop telling their stories and sharing their amazement. We had their attention.

### Reaching out to residents

The next step was to introduce the idea to the residents. We gave them a similar training and suggested they ask the staff for a homeopathic remedy the next time symptoms came up. Gradually the stories rolled in. Staff and residents told us how one dose of *Pulsatilla* was given to a woman for unstoppable tears upon first entering the house and how the news that “it worked!” spread like wildfire through the house. When clients asked for something for headaches, cramps, sleeplessness, or any other acute problem, the staff would ask: “Do you want a Tylenol® or a homeopathic remedy?” After that first *Pulsatilla* success, many of the clients would say, “Let me try the natural stuff.”

Once the staff and clients were comfortable using homeopathy for acute prob-

lems, we introduced a detox protocol. Most of the women entered the program right from detoxification and were still experiencing serious cravings for drugs. We had staff give them a basic description of homeopathy and offer *Nux vomica* 30c, 1 dose a day for 3 days. Many accepted the protocol, and the staff reported that cravings went down significantly. *Nux vomica*, known for its usefulness for hangovers, was a perfect choice as withdrawal symptoms are essentially the hangover the body experiences as it tries to replenish its supply of natural neurotransmitters. Cravings, irritability, chilliness, hypersensitivity to everything (lights, noise, touch) are symptomatic of both a hangover and post acute withdrawal syndrome—and all of these are known to be helped by *Nux vomica*. (See Kicking the Habit on page 36.)

### Helping on a deeper level

Homeopathy helped the residents in the first two ways we had anticipated—acute ailments and post acute withdrawal symptoms. What about their deeper, predisposing issues? This would take much more extensive expertise; since homeopaths certified by the Council on Homeopathic Certification were consulting on each level of this endeavor, we felt ready to introduce a chronic case-taking clinic. At first once a month, and later twice a month, we held a clinic where a client's complete case would be received, homeopathic remedies given, and long-term follow-up provided.

The certified homeopath and two or three students worked in a small cramped office. Although we invited all the residents to participate, time limited the actual number of people who could be interviewed individually and offered a constitutional remedy.

What we found was a clientele in whom the pain was palpable. Their ailments could be traced to incest, physical abuse, rape, injury, early loss of parents, familial drug addiction, domestic violence, time in prison, and despair. After each client interview, we had to debrief among ourselves, as the life stories were so painful and raw. Many tears flowed from the clients during the interviews, and later from the homeopaths.

The students in this teaching clinic learned a great deal not only about addic-

tion but also about how life circumstances can unbalance a person's vital force and about the resiliency of the human spirit. The outcomes were as amazing as those of us who have experienced the wonders of homeopathy have seen.

### Jessie stops shoplifting

In our homeopathic interviews, we gathered the information we needed to choose individualized homeopathic remedies for each client. We learned from Jessie that her shoplifting felt similar to taking drugs: her words, facial expressions, and body language in describing it reminded us of someone experiencing drug cravings. She was also intensely irritable and materialistic, and she was competitive about her shoplifting. All of this led us to choose *Nux vomica* for her—not because we considered *Nux* a specific remedy for her drug cravings, but because her whole expression of her problems both with drugs and with shoplifting carried

the *Nux* quality of compulsive addiction and competition.

One day a couple of weeks after she took her remedy, Jessie burst into the office and hugged us: "I did it! For the first time since I was nine years old I went into a shop and bought something! I did not steal it." She told us how it felt, so different from going into a store with an intense craving to steal and an almost sexual satisfaction when she was successful. Since her target stores had been Neiman Marcus, Barney's of New York, and other stores where the "payoff" was enormous, she had mastered a powerful urge. She said now she felt "like a normal human being—if I need something I pay for it." Jessie had been in three other programs previously, each time using the same detoxification protocol and receiving counseling, and nothing had changed her stealing behavior until now. While this is not a scientific study, the clinical evidence is strong that the remedy made the difference.



Addiction treatment center staff: Leah Randolph, Executive Director and student at Teleosis School; article author Loretta Butehorn, PhD; Faye White, Director.

## How you can help

The homeopathic clinic at the treatment center is an ongoing project since March 2006. We are now exploring opening a neighborhood clinic to be called The Sidewalk School and Center for Holistic Healing to meet the demand for treatment of our clients' friends and family. As of now, all time and materials have been donated, but there is a need for support to continue these programs. Tax-deductible donations can be made payable to STM/The Sidewalk, 47 Orlando Street, Mattapan, MA 02126. For more information, contact Loretta Butehorn at [lbutehorn@earthlink.net](mailto:lbutehorn@earthlink.net) or 617-529-2806.



*Tanya stopped hearing voices and seeing the devil sitting on the edge of her bed and urging her to use drugs, thanks to Anacardium.*

### Alice meets a challenge

In her interview, Alice told us some things about herself that helped us identify her remedy. She craved ice cream and peanut butter, and she had a history of conjunctivitis. She also felt emotionally better in a cool breeze: “Isn’t that weird,” she told us, “I always feel a little less lonely when I have air around me.” We had observed that Alice fit *Pulsatilla*’s psycho-emotional profile of dependency on others. Her need for connection with her mother was so extreme as to lead her to use heroin; in treatment she needed a great deal of reassurance, and she was often tearful as those needing *Pulsatilla* can be. All of this information led us to choose *Pulsatilla* for Alice.

When she returned for her follow-up visit, Alice was still struggling with whether or not she wanted to be in the program, but her grief was lifting and she was able to stay calm and avoid thinking about returning to drugs. Her migraine headaches had eased considerably. Almost immediately after she received her constitutional remedy, the staff commented that in moments of stress she would now ask for their assistance instead of going off pouting. This was good news, but within a few weeks Alice had a powerful test of her transformation. She was admitted to the hospital for emergency gallbladder surgery and returned to the treatment program with prescriptions for the strong opiate-based painkillers Oxycontin® and Percocet®—both of which could have been an open door to a relapse. She told us of holding the scripts in her hand and thinking, “I could go get high and make some money on these as well...” Then she ripped them up. “I thought, I don’t need to be just like my mother. I can love her and still be clean.”

### Kim takes a deep breath

We chose *Stramonium* for Kim based on her symptoms of rage, ailments from vio-

lence, fear of the dark and of water, and night terrors. Kim was also fearful of violence and responded to her fears with her own violent reactions. This dynamic plus the physical symptom of an eye tic helped us to confirm the choice of *Stramonium*.

A few weeks after receiving her remedy, Kim told us the surges of rage had begun to abate almost immediately and she was now able to “step back and think about how to react.” Staff was impressed with the changes in Kim and confirmed that she was “keeping it together and not flying off the handle.” She still did not like the rules and being told what she needed to do to stay sober, but finally she was able to curb her urge to strike out. She was also becoming more comfortable with talking about her feelings, which enhanced her self-control. Her nightmares had become far fewer, too.

### And many more improvements

Other residents experienced deep healing as well. Cindy told us how her panic about her family had subsided so she could now sleep through the night. She had received *Arsenicum album* because of her panic attacks over unfounded fears of her family members dying, her tremendous fear about health issues, and her resulting fussiness. Cindy was also extremely chilly and often quite irritable, and experienced bouts of burning diarrhea when especially upset; all of these symptoms had helped us choose *Arsenicum* for her.

Eve was able to reconnect with her family in a positive way and stay out of their

dysfunctional arguments. Her self-description as the “peacemaker,” her aversion to confrontation, and her inability to assimilate milk had helped us choose *Magnesia muricata* for her. She also reported having a sensation like electric shocks that would jolt her awake when she tried to rest, another indication for this remedy.

Tanya stopped hearing voices and seeing the devil sitting on the edge of her bed and urging her to use drugs, thanks to *Anacardium*. We chose this remedy for her because of that recurrent hallucination and also because she had tremendous feelings of inferiority, tended to swear, and felt much better in every way from eating.

And the list of residents who experienced deep changes under homeopathic treatment goes on.

### Happily ever after?

The story is not finished yet. Recovery is a lifelong process. Will these women relapse in the future? We don’t know. What we do know is that in this program the completion rate of the women who use homeopathy is twice that of those who do not. We believe that homeopathy gave these women a better chance at continued sobriety and smoothed their path toward recovery.

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