

# End of Life Care: Homeopathy and Hospice Patients

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**Abstract:** Homeopathic medicine (and various flower remedies) provide a very valuable alternative approach or complementary addition to the management of terminal (hospice) patients, in many cases providing mental sensorium sparing relief of pain and suffering, both physical and mental, unavailable with orthodox care. Additionally, patients' family members can similarly benefit from such care. Several case histories illustrating the efficacy of homeopathic medicine in this setting are provided, as well as brief material medica descriptions of a few useful homeopathic medicines.

**Keywords:** end-of-life care, using homeopathy for; hospice care and homeopathy.

**E**nd-of-life Care using homeopathic medicine as a palliative can be a valuable treatment when relief and comfort for a dying patient is needed. The problems that arise at the end of life do not always have to be treated with drugs or suffered through. Homeopathic remedies can ease these symptoms and significantly reduce or preclude the need for pharmaceutical drugs thereby enhancing quality of life and meaningful interaction with loved ones in the last days.

The homeopathic similimum, the remedy chosen based on the totality of symptoms, is always the best treatment and can have deep acting effects — sometimes creating a prolongation of life and well-being even when the prognosis is bleak. A homeopath keeps trying to help right up to the end.

Henny Heudens-Mast tells us in her book, *Foundation of the Chronic Miasms in the Practice of Homeopathy*, that “if the ...disease is beyond the level of cure, the remedy's energy will be used up quickly”. She goes on to say that, “As homeopaths, our first goal is to cure our patients, but if there is no possibility of cure, we have to help them meet their end in a positive and good way. People do not need to be drugged, unconscious and unprepared. That is what allopathy does now. Our hope is to help our patients die near their families, making things straight that went wrong, preparing for the end.”(1)

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I want to discuss the situation we find ourselves in when the perfect remedy is not forthcoming, time is short and there are symptoms that need relief. I believe that acutely prescribed palliative remedies can serve to soothe many symptoms common at the end of life.

Palliation is any form of medical care or treatment that concentrates on reducing the severity of disease symptoms or slowing the disease's progress, rather than providing a cure. The goal is to prevent and relieve suffering and to improve quality of life for people facing serious, complex illness.

Palliation is usually considered a “medical evil” in homeopathic philosophy and we make sure to

avoid it in clinical practice so that we won't suppress symptoms, which will block the cure. But palliation of symptoms for incurables is part of our homeopathic literature and history. There are countless references in our books on the uses of homeopathic palliation when a person is incurable. James Tyler Kent told us in his *Lectures on Materia Medica*,

"But when we have given up all hope, then we pay more attention to the most painful parts; we pay more attention to the local symptoms, to the group which causes the most suffering and attempt to do patch work."

Kent went on to say, "If the sufferings in the chest and the exhaustion become most severe, it is true that *Arsenicum* will patch him up a little and make him feel more like life, and he will go on to the end with more comfort. If the pains in the chest are most severe, such medicines as *Senega* or *Bryonia* will help him; if he is sore and feels as if bruised and he must move from side to side, *Arnica* will relieve." But he also said, "These are not the remedies to go deep into the life and eradicate a deep-seated disease like phthisis. Yet with these one may take a consumptive patient in comfort to the very grave, by simply patching him up and prescribing for his immediate sufferings." (2)

In Woodbury's *Materia Medica for Nurses*, written in 1921 as a training manual for nurses being trained to work in a homeopathic hospital, Dr. Woodbury wrote, "There is no question which more concerns the nurse's vocation than the giving of palliatives; that is to say, remedies, which by the removal of pain, the production of sleep, etc., serve the purpose of removing, temporarily at least, single symptoms of disease." (3)

In end of life care it is universally accepted, even among allopaths, that no specific therapy is excluded from consideration to bring comfort to the patient. When I learned this, I felt empowered to call the physician who treats the hospice patients in my hometown and found that he was not averse to my offer to treat those who were interested, with homeopathy. The nurses, social workers and psychologists who provide all the services at this hospice were very welcoming and eager to learn about natural treatments that they could offer to families looking for a more holistic approach. The fact that homeopathic medicines do not interact with drug treatment is a real plus when you need to integrate with allopathic medical regimens. The hospice workers were also delighted to hear that there would be no side-effects from the new treatments and that they were quite inexpensive. This hospice near my town is called Hospice del Valle and is in Alamosa, Colorado.

Hospice care focuses on caring about the whole person, not curing, and care is provided in the

patient's home by family and friends with specialized help from health care professionals. Patients can also receive hospice care in a nursing facility or hospital. Hospice care emphasizes comfort, respect for decisions of the patient, support for the family, and help for psychological and spiritual concerns.

The Hospice and Palliative Care Nurses Association defines hospice as "care that involves a team-oriented approach to skilled medical care, pain management, and emotional and spiritual support specifically modified to the patient's needs and desires." (4) A good hospice makes sure that support is provided to the patient's family as well.

At the center of hospice care is the belief that each of us has the right to die pain-free and with dignity, and that our families will receive the necessary support to allow us to do so. The hospice approach is not concerned with aggressive cure of the disease, but with palliative care of the patient. Hospice is for those who desire that their remaining days be spent with unrestricted access to family, friends, and pets, as meaningful and enjoyable as possible, alert and with a minimum of pain and medical intervention.

Hospice care is covered under Medicare, Medicaid, and most private insurance plans, HMOs, and other managed care organizations. Unfortunately many physicians are not adequately prepared for treating the terminally ill because the majority of physicians in the United States have never been taught the techniques of treating the physical, psychological or emotional symptoms of terminal disease. So palliative and hospice care medicine and nursing is becoming a specialty.

"Hospice is very likely the wave of the future in health care. Hospice should be at the top of the agenda for health care reform in this country. It is generally recognized to be less expensive than hospital care, with estimates of 30-60% savings compared to hospitalization. There appears to be no doubt that hospice does offer a cheaper alternative to radical and aggressive in-patient therapy. Patient stays in the hospice program average 59 days. Hospice provides regular nurse's visits to check on how the therapy is working and provides instruction to the patient and family on self-administration of dosages to manage pain and control nausea and vomiting. It provides nutritional counseling and evaluation of eating habits to enhance the patient's sense of well-being. Hospice workers become so integrated into the family of the patient that they remain with them in and through the death of the loved one, providing bereavement care for the survivors following the time of death. Hospice provides holistic care for the terminally ill patient and his family so that the process of death may be one of dignity, love, and meaning for all involved." (4)

There are now over 2,000 hospices throughout the United States. It cannot be stressed enough that top-quality palliative care can make the difference between a gentle death and one in which suffering is terrible and prolonged. Pain relief is a common concern and hospice doctors and nurses have learned how to minimize this suffering greatly using potent analgesic delivery systems. Patient-controlled analgesia allows patients to control the dose of medication they take. But heavy sedation and pain relief along with the many other drug treatments for nausea, agitation, fear, swelling, and excessive secretions can create more toxicity, liver shut-down and depressed respirations, and hasten a coma-like, drugged death. It may seem easier to accept everything that the allopathic prescribers have to offer, but this is an idealized view, and although pain medications are necessary and merciful, in many cases they do not ensure that one will have a "good death."

A motivated family can take charge and integrate customized palliative treatment using homeopathy into the care plan, which may allow the dying person to need fewer drugs. Homeopathic alternatives to symptom suppression using drugs can be found for almost every situation. I believe homeopathy should be offered as an option in all hospices. I have been in touch with the medical director of Odyssey Healthcare, one of the largest hospice care franchises with facilities in most American cities. I offered to do inservice training for at least one nurse in each city so that families would have the option to try homeopathic and other holistic help during end of life care. Odyssey wants more information on this, and I really hope that they will consider my offer. I feel that the end of life is an appropriate situation for us to be assertive about using homeopathic medicine, but until it becomes more mainstream families will need to consult with a private homeopathic practitioner to help them through the most difficult life transition - death.

My interest in end-of-life care using homeopathy began when I had a unique experience treating a man who was tragically diagnosed with Creutzfeldt-Jakob Disease, or Mad Cow Disease as it is called in animals; it is also known as (bovine) spongiform encephalitis. Creutzfeldt-Jakob disease is a rare and fatal neurodegenerative condition that degenerates the brain, making it mushy or spongy. The man and his family had been told that there was nothing that they could do for him and that they could not allow him into the hospital due to their inability to control transmission of the prions, which are found in the blood and other bodily fluids. So the regular doctors stayed out of the picture totally. They never found out how he contracted this disease. Some people

think that about 15% of all early-onset aggressive Alzheimer's disease could be caused by Mad Cow disease and that only by doing an autopsy would one know for sure.

This man's brain had already started to degenerate when the family called me, but he was still somewhat lucid and functioning. Over the next four months he progressed through every stage of disintegration typical of this disease. The family was committed to homeopathy and the daughter-in-law served as an objective person to judge when and how often to administer the medicines and communicate with me so that we could decide when changes in potency or remedy were needed.

At the beginning of this man's treatment I held a hope of making a difference in the disease outcome and gave remedies that I was hoping would somehow stop the progression — including repeated doses of *Syphilinum* 1M — known in our literature for softening of the brain and degenerative processes; I also obtained a potency of Bovine Spongiform Encephalopathy and gave it a few times.

I chose *Nux vomica* as his original constitutional remedy because he had been a high powered financial advisor just a few months prior, and it seemed helpful overall. The symptoms soon progressed, though, and remedies were needed to help his progressive mental deterioration, characterized by disorientation, getting lost when he wandered out the back door, peculiar behaviors like hoarding of silver and jewelry and worrying whether these valuables would be taken from him; he also poured water back and forth between pitchers, spitted and suffered hallucinations. He would tap his fingers in a rhythm on the table in front of him almost as if he were trying to communicate this way. He had kind of a manic feel to him and I gave *Stramonium*, which seemed to help him get through this stage in a manageable way. Next, rigidity and poor circulation took over, as if his muscles were locked and jerking, with bluish discoloration and coldness of his hands. He would stare at his hands and then say, "I don't want to lose my fingers." It was heartbreaking to hear. He received doses of *Agaricus* 200C during this stage of his rapidly degenerative disease.

All through this ordeal the family was observing and communicating with me and they reported that remedies did soothe each difficulty presented by each stage of the brain degeneration. There were no drugs used at all during this period of over four months and his close-knit family was there for him, seeing as much of their father as they could, knowing the end was rapidly nearing.

Eventually his limbs would not hold him and he stopped being able to talk and had to stay in bed. He was in pain some of the time and was moaning,

but we were not sure where or how much he was hurting; however he still maintained eye contact with his family and held their hands. This was when the hospice nurses who were now helping with bathing and changing the bed, etc. intervened and told the family that he should have something for pain since he was making moaning noises. The family allowed them to give one dose of morphine; however, it drugged him more than was needed and he lay as if sleeping for twenty-four hours with no sign of consciousness — no pain but no one — no consciousness there either. The family was dismayed that they could not interact with their loved one so close to the end and felt that the medication was excessive. So we let that dose of morphine wear off and refused more.

This worked and their father woke up and came back to them for one more day. *Magnesium phosphoricum* 200c was used as needed if he started to moan and again the symptoms were handled in a manageable way. During this time his secretions were pooling and creating a loose rattly cough, which did not seem to clear the congestion much. *Antimonium tartaricum* was helpful for this death rattle, affording some relief from the suffocative secretions as he slowly did slip away into death. The family of this man with such a rare disease was very thankful to have been there for him and that he was present there with them without having to resort to drugs.

Although every dying person will have different symptoms and needs at this time, the family can keep their loved one more comfortable, and enable his or her passage through the stages of the dying process in a more holistic and conscious manner using homeopathic remedies. Remedies for common symptoms in the dying patient, such as nausea, difficult breathing, excessive secretions and death rattle, insomnia, pain and emotional upsets—fear, grief, anxiety—can be prescribed with success. Integrating homeopathic medicine treatment can reduce the amount of pharmaceutical drugging, allowing the dying loved one to maintain mental and emotional clarity.

On-the-spot homeopathic treatment is possible if there is a family member or friend willing to administer the remedies (even to an unconscious patient) and to observe results and report to the homeopath. Homeopathic treatments can be tried for several hours before resorting to conventional medications, and I have found that in most cases the remedy will be very helpful.

It may be necessary to obtain professional homeopathic help in choosing the best remedy, potency and frequency of administration, but there are some specific treatments that I have seen work well that

can be tried by those helping their loved one.

I suggest the use of 30c potency remedies and that one tries at least three to five doses before resorting to conventional medicines. If relief of symptoms is seen but does not hold, the potency should be raised to 200c. Dosing may be repeated as needed and can be given even as often as every five to ten minutes if necessary.

The vital force of a dying person is not strong and resilient, but rather tired and fragile; so high potency remedies may not be indicated. However Dr. Ramakrishnan, author of *A Homeopathic Approach to Cancer*, writes that very high potencies may be needed to keep a patient comfortable as the end nears.

Suffering pain is a major concern at end of life. Homeopathic remedies will not stupefy or dull the patient, nor will they constipate the bowels or depress the respiratory rate, as morphine will. Remedies will not need detoxification by an already overtaxed liver. I have been very inspired by the efforts of several of the families in my care as they went through the difficult end times with a dying family member using remedies to reduce the need for pain medicine, sedatives and other drugs which have many side effects. The family I worked with in the Mad Cow Disease case refused further analgesic drugs (morphine) after seeing their effects (coma-like sleep) and were relieved when their dying father re-awoke from a drugged state and was able to have one more difficult but conscious and emotionally present day with his loved ones before dying a natural death.

The remedy *Magnesia phosphorica* can be tried for almost every muscular pain, cramp, abdominal pain, and even headache. If the person has just had surgery or an injury, then *Arnica* will be needed. A person's pain may also be reduced greatly by treating their fear, grief or anxiety.

Of all the remedies known for helping a dying person, *Arsenicum album* is best known for soothing the fear of death and is indicated when there is agitation, restlessness, thirst, great anguish, internal burning heat with external coldness and desire for warmth. In *A Homeopathic Approach to Cancer*, Dr. A.U. Ramakrishnan and Catherine R. Coulter write that "*Arsenicum album* is probably the most often used remedy in cancer palliation. Patient is extremely restless, tosses and turns in bed, unable to find a comfortable position, and wants to get up and walk about. He moves from bed to sofa and back again, from room to room, or paces the room — not finding relief anywhere. Great exhaustion, weakness, and debility are present. There are burning pains that are relieved by heat. Nightly aggravations (especially between midnight and 4:00 a.m.) occur.

Often there is a constant thirst or dryness of mouth that is not quenched by frequent sips of liquid. The patient is critical and sensitive to disorder around him, and even when extremely ill, still directs the caretaker what to do. He fears being left alone, fears death, and feels it is useless to take medicines.”(5)

Dr. Ramakrishnan, devotes a whole chapter in this book to “Pain Control in the Advanced and Terminal Stages of Cancer” and outlines indications for eleven pain remedies. These remedies include *Aconite*, *Arsenicum album*, *Aurum metallicum* — which is used for bone pains; *Cadmium sulphuricum* — especially for stomach cancer and after bad effects of chemotherapy; *Chelidonium* — especially for pain of cancer that has metastasized to the liver; *Euphorbium* for burning pains of cancer (like *Arsenicum*) but better from cold applications; *Hydrastis*, *Magnesia phosphoricum*, *Nux vomica*, which Dr. Ramakrishnan says is a good remedy to try when *Arsenicum* has ceased to help; *Opium* and *Plumbum iodatum*. Another pearl of wisdom I learned in my research (found in Robin Murphy’s *Materia Medica*) was about *Tarentula hispanica*. There was no reference as to where he found his information, but he said that, “*Tarentula*’s action is similar to *Arsenicum* in many symptoms, therefore when *Arsenicum* seems indicated but fails, it is better to give *Tarentula*.” Murphy also wrote that *Tarentula* is to be given “to palliate death pains and agony.”(7)

Another quote from Kent’s *Lectures on Materia Medica*: “We may comfort that patient, and restore order at least temporarily, so that there is freedom from suffering in these malignant affections. Most patients that have cancer are really in such a state of disorder that only a temporary cessation of “hostilities” can be expected; and one who goes around boasting of the cancer cases he has cured ought to be regarded with suspicion. Do not dwell upon the cancer, for it is not the cancer but the patient that you are treating. It is the patient that is sick, and whenever a patient is sick enough to have a cancer, his state of order is too much disturbed to be cured.”(2) This quote from Kent does not seem very optimistic — perhaps we will get better at the art of homeopathy soon.

Relieving nausea and vomiting for a person near end-of-life is particularly helpful. Nausea is the symptom that the hospice nurses I spoke with were the most eager to relieve because it is so common for patients to suffer with it. I suggested that they try *Ipecachuana* first when nausea or vomiting occur. I remember one case of an aged woman dying of diabetic complications who would have bouts of constant nausea and vomiting for three days straight, leading to a very debilitated state. *Ipecachuana* would greatly ease and shorten these episodes, and then we used the remedy *China* for the weak-

ness she would experience afterwards from the loss of fluids. Another remedy for nausea in end-of-life care would be *Nux vomica*. Examining the tongue can help to differentiate the two remedies. An *Ipecachuana* tongue is relatively clear and a *Nux vomica* tongue is coated and has a toxic appearance.

Another remedy to remember in end-of-life care is *Carbo vegetabilis*, a great collapse remedy, known for great weakness with bluish lips, icy cold skin and cool breath. Although these patients are cold, they want a draft of air. Dick Moskowitz writes in his book *Resonance*: “With deoxygenation also a cardinal feature of the dying process, *Carbo veg.* is well known as “the corpse reviver” for its power to prolong life in terminally ill patients sufficiently for wills, farewells, and other last arrangements to be made.”(8)

A homeopathic nurse colleague who has seen many of these cases in the hospital suggested that *Calcarea carbonica* might help those very sick people who are diaphoretic; this is a situation where one of our slow acting polychrests can be used even in urgent care.

“Breathing at end of life can become shallow and quickened, or slow and labored. The person may make gurgling sounds, sometimes referred to as the ‘death rattle.’ These sounds are due to the pooling of secretions and an inability to cough them up. The air passing through the mucus causes this sound. The breathing pattern most disturbing to those present, called Cheyne-Stokes breathing, is marked by periods of no breathing at all followed by deeper and more frequent respirations. These respirations are common and result from decreased oxygen supply to the vital organs and a build-up of waste products in the body. This condition is not uncomfortable or painful for the dying person, although it may be unsettling to observe. The ‘death rattle’ or Cheyne-Stokes breathing indicates that death is near.”(9)

If the person seems to be having labored breathing, is wheezing or having asthmatic symptoms or burning pains, *Arsenicum album* usually helps. *Arsenicum album* is also known to help the anxiety around not being able to get a good breath. When secretions build up and create rattling in the chest, *Antimonium tartaricum* is the main remedy, especially when the person is very weak and becoming unresponsive.

Kent in his *Lectures* gives us information on this situation and a remedy differential as follows. He wrote, “If you have ever been in the room of the dying, you have heard what is called the death rattle. It is coarse like that. Now and then there is expectoration of a mouthful of light-colored, whitish mucus. The condition is one in which the chest is steadily filling up with mucus, and at first he may be able to throw it out; but finally he is suffocating from the

filling up of mucus and the inability of the chest and lungs to throw it out. It is a paralytic condition of the lungs. The first few days of the sickness will not point to *Ant-t*. So long as the reaction is good and his strength holds up you will not see this hippocratic countenance, sinking, and coldness and cold sweat. You will not hear this rattling in the chest, because these symptoms are symptoms that indicate a passive condition. *Ant-t*. has weakness and lack of reaction. Hence we see that it is suitable in those cases that present this state, or in such patients as are so feeble, when they are taken down, that they at once enter upon a passive or relaxed state. In cases of bronchitis with pneumonia, inflammation of the trachea, inflammation of the air passages in general, the inflammation is likely to be attended with dryness or a scanty flow of mucus. If this be violent, in a few days it will reach a state of relaxation and weakness. But the first state does not indicate *Ant-t*.

“Such medicines as *Bryonia* and *Ipecachuana* come in for the first period...except in those states wherein this weakness is present from the beginning, or where there is lack of ability to react sufficiently from your remedy to recover under it. Then comes in a second remedy, and that is the time when *Antimonium tartaricum* begins its operation. *Ipecachuana* has some of this coarse rattling, but it is attended with great expulsive power of the lungs. *Antimonium tartaricum* has the coarse rattling that comes after many days; it has the coughing and gagging and retching, but in the stage of great relaxation, prostration and coldness. It seems as if he will die. When you hear him cough, you are at once impressed with the idea that there must be some profound weakness in his lung power. We know that it is in the power of the lungs to produce an expulsive action with deep inspirations; there is no such power in this remedy. The chest is full of mucus and it rattles; the cough is a rattling cough, but the mucus does not come up or only a small quantity comes up; however, it does not relieve him. His chest is full of mucus, he is suffocating and he is really passing away, dying from carbonic acid poisoning due to a lack of expulsive power.” (2)

In my research I came across information in Choudhuri's *Studies of Materia medica* that said, “*Solaninum* vies with *Antimonium tartaricum* in respiratory paralysis. We have great accumulation of mucus in the larger air passages causing a regular rattling during inspiration. Hence like *Antimonium tartaricum*, *Solaninum* should be particularly thought of in the death rattle of patients, which condition it removes most marvelously by enabling the patient to expel the obstructing phlegm.” (6)

Our job at this time when a dying person has difficulty breathing is to speak gently and lovingly,

and use gentle reassuring touch to ease fear. Do not panic. This can increase any fear that may already be present for the dying person. It is possible and beneficial to enhance the emotional balance of dying persons and their loved ones as they go through the stresses and stages of grief surrounding death.

If acute fear and panic occur, with or without the well-known symptom “predicts the time of death,” give this person *Aconitum napellus* — repeating the dose as often as every ten minutes to relieve his fearful feelings. In my experience, *Aconite* is the best remedy when a fearful panic has gripped the body and mind and the heart is racing, and the mind can not relax itself away from the distressing thought pattern. Patients may have a look of fear in their eyes or be so tense that it is noticeable in their appearance.

I helped a family whose 78 year-old father had been on dialysis for six years; when the shunt that allowed access to the vein became clogged, the father decided not to undergo the surgery needed to allow for further dialysis. His hospice care at home with family support had been difficult but rewarding to all. As he approached his transitional time he complained of chest pains and panicky feelings. He seemed agitated and very tense. I counseled the family to administer some *Aconitum napellus* alternating with Rescue Remedy, and they reported that their father seemed to relax somewhat as they continued to sit with him as he slipped away over the next hours.

Taking the cell salt, *Kali phosphoricum* 6x, which is known to be a tonic for the nervous system, may help caregivers who feel tense, stressed and overwhelmed. One out of three of the people in my practice who try this can feel a clear response — a feeling of muscles relaxing and stress releasing! I have people take them often, such as four to six times a day in a 6x potency and it seems to provide physical as well as mental stress relief. I call *Kali phosphoricum* homeopathic Valium.

Insomnia, alertness when it is time for sleep, can be helped by *Coffea*. Hylands' combination remedies *Calms* and *Calms Forte* are very helpful, also. *Arsenicum album* helps those who cannot sleep due to worry and fear, and *Ignatia* helps a grieving person sleep.

I use flower essence formulas to help any who need emotional balancing, and I find that a well-chosen customized flower essence formula can make a big difference in whether stresses will be overwhelming or not. I use Bach Flower Remedies, Australian Bush Flower Essences and North American Flower Essences as I search for the right combination based on the current emotional outlook of the person.

Rescue Remedy is perfect for upset patients and

their loved ones. This combination of five Bach Flower remedies covers the panic, hopelessness, grief, trauma and shock. Also, Rescue Remedy can be used anytime that there are upsetting symptoms — pain, agitation, fear, sleep troubles.

We all end up facing the loss of a loved one at some point in our lives. Some losses come suddenly and shockingly; others may be expected, for example at the end of a long illness, but in either instance, the feelings of grief and sorrow can be just as strong. “The consequences of grief and sorrow, if long continued, are worse than those of other affections ...”, (10) wrote Constantine Hering, who lived from 1800-1880, in *The Homeopathic Domestic Physician*. Hering, one of homeopathy’s greatest practitioners, recognized that grief and sorrow are powerful emotions that can affect the physical and psychological health of any person. When the grief of the situation starts to overwhelm, homeopathic remedies can bring healing for the dying person as well as their loved ones.

*Ignatia amara* is used during the acute, initial phase of grief immediately before and after death. *Ignatia* is called the “funeral remedy” and is the number one remedy for acute grief. The sooner it is given, the better — not to suppress the grief, but to allow for better coping and the avoidance of the consequences of prolonged grief on the body and mind. The intense grief of *Ignatia* can bring spasmodic weeping, sadness that is inconsolable and despairing, and contradictory feelings like acute rage. A silent grief, suffered inwardly, needs *Ignatia* also, and symptoms frequently include a lump in the throat. *Ignatia* assists grief-stricken people, and even a home prescriber can successfully use it to help someone through this distressing time. The effects of cumulative loss are known to be especially trying when spouse, family and friends are lost, and loneliness takes over. *Cocculus* is known to help those who have been caretakers of the sick and now have grief and health problems. *Phosphoricum acidum* is for grief when there is very low energy and debility of the nervous system. Mainstream medicine freely gives hospice patients (and any family member who is grieving) anti-depressants, sedatives and more. This is why I wish that everyone knew about how *Ignatia* and these other remedies could help.

Many people have strong feelings about the kind of medical care they would like to receive or refuse in certain circumstances. A new book that came out last year is called *Last Rights: Rescuing the End of Life From the Medical System* by Stephen Kiernan. He writes, “This country is fairly crowded with doctors, families, and patients—all possessed of good intentions—failing to achieve the simple goal of allowing people to die with dignity and grace. In

*Last Rights*, Stephen Kiernan reveals the disconnect between how patients want to live the end of their life - pain free, functioning mentally and physically, surrounded by family and friends - and how the medical system continues to treat the dying - with extreme interventions, at immense cost, and with little regard to pain, human comforts, or even the stated wishes of patients and families. It is full of surveys, interviews, and intimate portraits of people from all walks of life, from the dying and their families to the doctors and nurses who care for them. This book is for our time what Elizabeth Kubler-Ross’s books were for a previous generation. In it the author tells the story of his father’s 28 days in intensive care undergoing increasingly invasive, costly and ultimately futile medical care, and compares it with the much more dignified death of his mother in her home four years later.

Some states are strengthening their laws on advance directives to enable citizens to decide beforehand the level of medical intervention they wish to receive. A document called an advance directive allows you to clearly state your feelings. There is a surge of interest in living wills and advance directives, which are formal documents that specify a person’s desires for treatment. Through these means, patients may now declare the extent to which treatment should be pursued in the attempt to restore them to health or keep them alive. Based on the patient’s advanced directive, life-sustaining technology may be withheld or withdrawn so that the disease may take its course. A durable power of attorney for health care allows you to name a “patient advocate” to act for you and carry out your wishes. Perhaps those of us in the homeopathic community should add homeopathic treatment clauses to our living wills and advance directives to ensure that this type of treatment will be available to us.

I wanted to tell you about *Share the Care*, a book by Sheila Warnock and Cappy Capossela (<http://www.sharethecare.org>) about group caregiving as a proven option for meeting the needs of the seriously ill or dying. The *Share the Care* model outlines how to take a group of ordinary individuals, comprised of friends, relatives, neighbors, coworkers and acquaintances, and turn them into a “caregiver family” to provide individuals and families with the help they need to meet the daily challenges of caregiving. A “Share the Care” team was set up to help a 95 year-old neighbor of mine who needed help so that her daughter would not have to do it all alone — preventing burnout and allowing those closest to the sick person to have time to interact meaningfully.

There are many things that families can do to soothe and bring comfort to their loved ones with-

out pharmaceutical intervention — or in addition to drugs. Healing does not always mean curing. Sometimes it means helping the patient to prepare for death and to enjoy the last days of his life. Compassionate end-of-life care ensures that patients can spend their final days meaningfully and in an environment and amongst people they know and love.

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