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HOMOEOPATHIC PERSPECTIVE IN TREATING NEUROLOGICAL DISEASES

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It has been proved beyond doubt that many neurological diseases can be tackled perfectly with homoeopathic medicines.

Before presenting the cases I would like to present a brief description to approach a neurological case.

THE NEUROLOGIC METHOD OF CLINICAL EVALUATION

LOCATE THE LESION

The first priority is to define the anatomic substrate responsible for the patient's illness by seeking to determine what part of the neural axis is likely to be involved in causing the neurological symptoms. Can the disorder be mapped to one specific site in the nervous system, is it multifocal, or is there evidence of a more diffuse neurological disease? Is the disorder restricted to the nervous system, or does it arise in the context of a systemic illness? Is it in the central nervous system (CNS), the peripheral nervous system (PNS), or both? If in the CNS, is the process restricted to the cerebral cortex, or is there evidence of basal ganglia, brainstem, cerebellum, and/or spinal cord involvement? Are the pain-sensitive meninges involved? If in the PNS, could the disorder be located in peripheral nerves and, if so, are motor or sensory nerves primarily affected, or is a lesion in the neuromuscular junction or muscle more likely?

DEFINE THE PATHOPHYSIOLOGY

Clues to the pathophysiology of the disease process may also be present in the history. Primary neuronal (gray matter) disorders may present as early cognitive disturbances, movement disorders, or seizures, whereas white matter involvement produces predominantly "long tract" disorders of motor, sensory, visual and cerebellar pathways.

THE NEUROLOGIC HISTORY

Attention to the description of the symptoms as experienced by the patient and substantiated by family members or friends often permits an accurate localization and determination of the probable cause of the complaints even before the neurologic examination is undertaken. Two principles should be followed. First, each complaint

should be pursued as far as possible in an effort to delineate where the lesion might be or, more importantly, to formulate a set of questions to be answered by the examination. Second, negative associations may also be crucial.

THE NEUROLOGIC EXAMINATION

A systematic neurologic examination should encompass a survey of all functions from the cerebrum to the peripheral nerve and muscle, i.e., from the mental status examination to the simplest reflexes.

ESTABLISH AN ETIOLOGIC DIAGNOSIS

The clinical data obtained from the history and the examination are assembled into one of the known syndromes and are interpreted and translated in terms of neuroanatomy and neurophysiology .From the syndrome the physician should be able to determine the anatomic localization(s) that best explains the clinical findings

A case of *LATERAL RECTUS PALSY was presented with all the clinical details*

The eyes must be rotated constantly within their orbits to place and maintain targets of visual interest upon the fovea. This activity, called foveation, or looking, is governed by an elaborate efferent motor system. Each eye is moved by six extraocular muscles, supplied by cranial nerves from the oculomotor (III), trochlear (IV), and abducens (VI) nuclei. Activity in these ocular motor nuclei is coordinated by pontine and midbrain mechanisms for smooth pursuit, saccades, and gaze stabilization during head and body movements. Large regions of the frontal and parietooccipital cortex control these brainstem eye movement centers , by providing descending supranuclear input.

EYE MOVEMENTS AND ALIGNMENT

Eye movements are tested by asking the patient with both eyes open to pursue a small target such as a penlight into the cardinal fields of gaze. Normal ocular versions are smooth, symmetric, full, and maintained in all directions.

Eye movements are the second sign of importance in determining if the brainstem has been damaged. Abnormalities, implicate both midbrain and pontine functions, thus permitting the analysis of a large portion of the brainstem. An abducted eye indicates a medial rectus paresis due to third nerve dysfunction .An adducted eye indicates lateral rectus paresis due to a sixth nerve lesion and, when bilateral, is often a sign of increased intracranial pressure.

On 30-4-1998, Mrs. Sita devi aged 60 yrs, occupation house wife approached me with a complaint of double vision since 1.5 months. Initially 1.5 month back during casual sitout, she had an attack of severe headache and vertigo. Then she took rest but did not find relief. Later she took allopathic Rx but there was no relief. Next day she approached an eye specialist Dr.Shiva reddy. The doctor diagnosed the case as paralysis of ocular muscles. Later she approached LV prasad eye institute where she was diagnosed Left facial palsy with Left lateral rectus palsy. The left eye was not deviating towards the left. Drooping of eye lids was observed, no pain or heaviness of the head

She was treated with Causticum and physostigma for a span of 4 months with complete recovery of her problem

A brief profile of causticum Through the vegetative nervous system, it especially acts upon the respiratory and urinary organs.Through the sympathetic nervous system, the motor spinal nerves are more or less affected. Adapted to weak, scrofulous people, with yellow complexion Head. Cannot keep the upper eyelids up; they are nearly paralyzed, and will fall down over the eyes. Sudden and frequent loss of sight, with a sensation of a film before the eyes. Great melancholy; looks on dark side of everything. Excessive sympathy for others. Neuralgia, right side cheekbone to mastoid process; worse at night. Facial paralysis.

A brief profile of physostigma Causes contraction of the pupil and of the ciliary muscles. Induces a condition of short-sightedness. Rigidity of muscles; paralysis. Depresses the motor and reflex activity of the cord and causes loss of sensibility to pain, muscular contractility is not impaired.

Night-blindness, photophobia; CONTRACTION OF PUPILS; TWITCHINGS OF OCULAR MUSCLES. Lagophthalmus. flashes of light; partial blindness. GLAUCOMA; **paresis of accommodation**; astigmatism. Profuse lachrymation. SPASM OF CILIARY MUSCLE, WITH IRRITABILITY AFTER USING EYES. INCREASING MYOPIA.

RADIAL NERVE PALSY (WRIST DROP)

Nerve	Origin (Spinal Segments)	Muscles Innervated	Anatomic Site	Clinical Features	Comments
Radial	C5-T1	Triceps, brachioradialis, wrist, finger, and thumb extensors	Spiral groove of humerus Radial nerve; proximal lesions produce weakness of brachioradialis or triceps	Wrist drop(weakness of extension of wrist, fingers, and thumb); variable sensory loss at dorsum of hand, radial side most obvious, also finger and thumb extensors paralyzed	Saturday night palsy (acute compression) is frequent cause

On 3-7-2004, Mr.Krishna aged 38 yrs, occupation Dhobi complained of weakness in the left wrist since the previous day afternoon. Started after sleep. He had kept the hand below his head during sleep. Complete loss of power in the hand. Unable to hold any object. Heaviness of the whole left upper extremity.,

Before treatment

Symptoms of pain started on new and full moon previously.(took rx for sciatica previously) yesterday it was new moon and the pt alleges that it is because of that.
Mentals: increased thoughts, fear, dull memory, slow in perception
Habits: regular toddy drinker

This case was treated with Plumbum met for a span of 3 months with complete recovery of her problem

After treatment

A brief profile of plumbum met This remedy has a powerful action upon the cerebro-spinal system. The great drug for general sclerotic conditions. Lead paralysis is chiefly of extensors, forearm or upper limb, from center to periphery

with partial anaesthesia or excessive hyperaesthesia, preceded by pain. Localized neuralgic pains, neuritis. The blood, alimentary and nervous systems are the special seats of action of Plumbum. The nervous centers are softened and indurated; producing anesthesia , paralysis, great atrophy of the muscular system; the bodily and mental powers are completely prostrated;The motor nerves are mostly affected,Sciatica, with drawing, pressing pains.

Extremities

Paralysis of single muscles. Cannot raise or lift anything with the hand. Extension is difficult. Paralysis from overexertion of the extensor muscles in piano players. Pains in muscles of thighs; COME IN PAROXYSMS. WRIST-DROP. Cramps in calves. Stinging and tearing in limbs, also twitching and tingling, numbness, pain or tremor. Paralysis. Feet swollen. Pain in atrophied limbs alternates with colic. Loss of patellar reflex. Hands and feet cold. Pain in RIGHT BIG TOE at night, very sensitive to touch.

SCIATICA

Root lesions, referred to as radicular, are frequently accompanied by deep, aching pain along the course of the related nerve trunk. With compression of a fifth lumbar (L5) or first sacral (S1) root, as may occur with a ruptured intervertebral disc, sciatica is a frequent manifestation.

Mr.SAKARAM MANIK RAO, Male aged 44 years, Occupation business, R/o HUMNABAD, BIDAR DIST, KARNATAKA approached me after he was referred by one of my relative to try homoeopathic medicine. The patient was about to undergo Lumbar surgery for the sciatic pain.
The complaints were severe unbearable Pain in the left Lower Extremity 1 month. Pain radiating from lumbar region to the foot mainly on the posterior side of the leg., pulling type of pain
< On walking, when ever he steps the foot there is pain as if stretched like a spring.,
>Sitting, lying,
Seems to have started after lifting heavy object and traveling on scooter on bad road.,
Pain in the lumbar region < bending backwards.

5-7-2004 -MRI of lumbo sacral spine….MRI morphology image is s/o lumbar spondylosis with degenerative lumbar canal s/o rt para central disc protrusion at D12-L1 with significant indentation over thecal sac bulge from L2-L3 to L5- S1 with indentation over the thecal sac causing narrowing of bilateral neural foramen.

This case was treated with Colocynth for a span of 5 months with complete recovery of her problem

A brief profile of colcynth: This remedy seems to spend its action upon the great sympathetic nervous system, It acts particularly upon the sentient nerves, especially upon those which go to make up the plexus coeliacus. It likewise acts upon the trigeminus, or fifth pair, upon the **sacral plexus, upon the lumbar** and crural nerves, and upon the mucous and fibrous tissues over which these nerves are ramified. affecting the crural nerve, its action may lead to paralysis of the extremity. Its action upon the trigeminus is manifested by various neuralgic affections of the face, eyes, and head. It may likewise cause sympathetic irritations in the lungs and heart, by its action upon the peripheral extremities of the pneumogastric nerve and the solar plexus. The sphere of Colocynth lies among the neuroses, especially where pain is the most prominent symptom. It is in colic and sciatica that its greatest triumphs have been achieved..

With this article I would like to reaffirm that homoeopathy is one of the best system of treatment for many of the neurological disorders even with its limitations.

So I request all my collogues that we homoeopaths should enlighten the people with the good effects of homoeopathy. In the present day era of contradiction and controversies where homoeopathy has been targeted as non scientific medicine, it becomes the duty of the homoeopaths to counter such statements by treating such diseases which creates faith and trust in the people in this system of medicine.