Is Dementia Reversible with Homoeopathy?

ABSTRACT: The case of an 81 year old female, suffering from progressive senile dementia since 2 years was under Homoeopathic treatment. She had gone through an episode of Myocardial Infarction. Subsequently her case was reviewed and she showed a remarkable improvement in all areas of functioning. The case report raises the question as to whether the functions lost in Dementia can be regained. What could be the mechanisms which may be operative in such cases?

Dr Sunita Nikumbh DHMS
Dr Kumar M Dhawale MD (Psych) DPM, MF Hom [London]
Department of Psychiatry, Rural Homoeopathic Hospital; Palghar

Introduction

Senile Dementia is a neurological, chronic progressive degenerative disease of late adulthood. Disease produces the picture of failing memory –first with the names of relative then with close ones. Person may experience loss of Intellectual function and may progress to a state where he is not able to do his daily chores. Changes in personality occur gradually. Patients are not able to express themselves; lack in facial expression and hence others are also not able to understand their pain. They are unable to think abstractly and solve problems. Dementia normally is also accompanied with impairment in emotional control, moral control and ethical sensibilities which is reflected in abnormal behavior of patient.

The prognosis is dismal and a steady degeneration with periodic exacerbations is the rule.

Etiological Factors

- Degenerative process
- Repeated Cardio-Vascular Accidents [Stroke]
- Certain infections- Syphilis, Meningitis.
- Intracranial tumors, Abscess
- Certain diet deficiency
- Repeated / severe head injury.
- Anoxia

Clinical Features

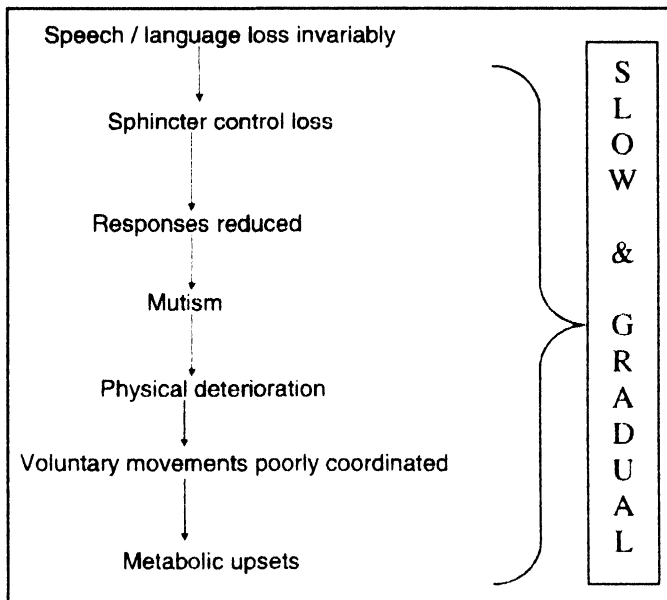
- Syndrome initiates with certain observation by relatives
- Lack of inhibitions
- Irritability
- Loss of interest
- Forgetfulness
- Inability to perform up to usual standard
- Distractibility
- Inattentiveness
- Inability to think
- Decrease general comprehension
- Perversion in Speech / Action / Thoughts / Memory
- Mood changes / Apathy / Fluctuations
- Lapses in social graces
- Impaired judgment
- Paranoid ideas, Delusion, Occasional Hallucinations.

Evolution of Illness

Degenerative processes are unified by some general pathological features. The major common features of degenerative diseases are:

1. They are diseases of neurons and selectively affect one / more functional system of the neuron while they leave the other intact.
2. They are marked generally by symmetrical and progressive involvement of CNS.

In Dementia the pathology involved is as follows: The whole process may evolve over months / years. The primary symptoms are direct symptoms of the disease of Nervous system. The secondary symptoms are the reaction to catastrophic of losing mind.



CASE

Mrs MK, 81 Yrs, Widow since 18 yrs

CHIEF COMPLAINT

LOCATION	SENSATION	MODALITIES	CONCOMITANTS
MIND Since 1985 Gradual onset ↑ 2yrs	Forgetfulness First names – gradually did not recognize other people- then close family members. Loss of Orientation to Time / Place Irrelevant talk. Keeps undressing herself. Involuntary passage of urine / stool. Sleeplessness. Behavioral disturbances-leaves house anytime without notice. Repetitive acts. Sensitivity to noise[3]	A/F Head Injury > Company[2]	Heaviness on Forehead[2]
In 2004	Behavioral changes++ Gets up at night –asks daughter to complete grandson's homework. Does not allow anyone to touch her- Says her body will turn black.		
HEAD FOREHEAD	Heaviness. Sensation as if cloud on forehead	< Night[2] < When Alone[2]	
CVS Since 1989	Accidental detection of hypertension	A/F ? Daughter's anxiety	on Antihypertensive

FAMILY HISTORY: Three sisters had similar illness.

PAST HISTORY: Jaundice in '90, Fracture of Right leg; many yrs back.

LIFE SPACE

Born and brought up in a very wealthy family of well educated parents. Eldest daughter. Father being a famous Advocate of his time, patient never had to face any stress. She got married but life changed drastically after marriage. It was a big family of at least 20 members consisting of Husband's sister and her children. 3 PA of Husband and In-laws.

Husband was very whimsical, extremely attached to his parents and sisters. He even neglected his own children for them. Patient many times tried to oppose his decisions but could not succeed in changing attitude of H. He used to doubt the intelligence of his children and hence would justify being not interested in their education. But both the daughters were taken to their maternal uncles

and educated. Son was left without any exposure. So patient became very anxious and concerned for him and the younger daughter. Husband never allowed her to step out of the house and she also did not go for almost 40 yrs out of obstinacy.

She worked in the house right from the morning to late afternoon and many times slept on empty stomach as food was always in less quantity. Never complained to husband, but used to remain in vexation.

When husband died in'89 she hardly shed tears for him. She was mainly worried about the only son who is not doing well as compared to his sisters.

Calm and quiet by nature. Talks very less. Attached to younger daughter as her Husband has habit of drinking alcohol and their IPR was disturbed. So she is worried more for that grandson.

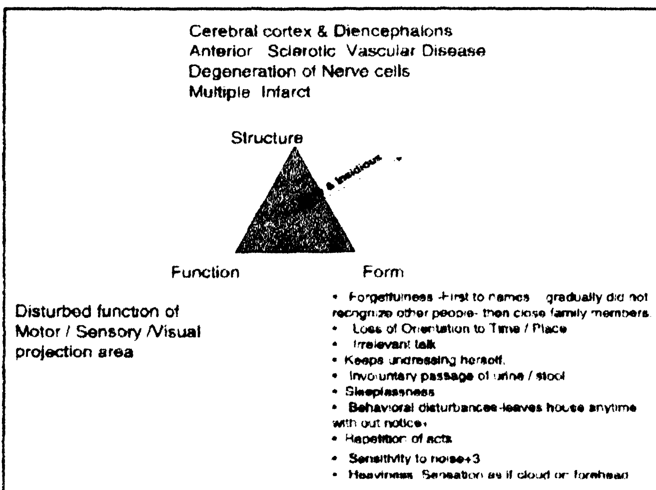
She is known for her fastidious, perfectionist qualities.

Physical Appearance: Lean, Thin.

Physical Examination: B P: 120/ 90, CVS / RS: NAD

C T Scan: 14/ 03/ 05: Lacunar infarct in left basal ganglia and right subinsular region. Ischemic changes in bilateral peri-ventricular parietal white matter.

Thus this is a case of progressive dementia. How is it to be treated? The disease pathology is known to be of an irreversible kind. So here the concept of 'Structure-Function-Form' which helped in solving the question.



After study, remedies coming up were: *Calcarea / Baryta / Conium / Opium / Thuja*

Baryta falls in to the 'Alkaline Earth group'. Its high atomic number develops expressions of syphilitic miasm in a big way. It has a strong carry forward balance from parents. The syphilitic traits are abundant. Hypersensitivity combined with a defect in the transmission system.

Baryta is known as a Cardio-Vascular poison and acts mainly on muscular coats of heart and vessels making them soft, degenerate and more distended.

It is indicated in Infancy/Old age; suited for those who are backward mentally/physically. It has been reported to be particularly suited in Cardio-Vascular–Cerebral diseases where degenerative changes first occur in the arteries. Confusion is created at temporal level producing imbalance. Time clock is altered and patchy development occurs in the form of single effect. This leads to poor perception, defective memory and inappropriate responses.

Syphilitic degenerative processes are also joined with slowness in Transmission, irregularity in expressions.

Stramonium was selected as an opening prescription on the basis of fearfulness, worse at night and a vague suspiciousness with insomnia, agitation and sensitivity to noise.

Discussion: It is seen that *Stramonium* did not play any significant role in the initial phase of the illness. There was a very partial and fluctuating response. The myocardial infarction occurred during this phase.

Baryta-carb on the other hand appears to have restored the lost functions to the extent that she was able to undertake a trip to her native place and remember all the people of the village. She was able to enjoy the trip to a very great extent. She was restored to human condition which she has nearly lost.

Conclusion

Can we legitimately say that *Baryta-carb* has magically restored the brain to its premorbid state? Obviously not. We have not conducted a repeat

Follow Up

Date	Sleep	Appetite	Abnormal Behavior	Action
	Before case definition, on presentation of symptoms *Phos* 200 QDS was given to control disinhibited behavior of undressing and *Pulsatilla* 200 for weeping mood of the patient. No significant improvement was seen			
21st Jan'05	Case defined			*Stram* 200 1P
23rd Jan'05	Slept at 10 PM got up midnight	S	S	*Stram* 200 Daily
24th Jan'07	Sleeping entire night . Day time S	S	S	*Stram* 200 Daily
1st Feb'05	>2	G	S . Requires a dose of Intercurrent	*Syph* 200 am *Stram* 200 QDS
14th Jan'05	>2	G	>2 for 2days then little disturbed	*Syph* 200 am *Stram* 200 QDS
23rdFeb'05	>2 Sleep little disturb as D-In-Law was not around	G	>2	*Syph* 200 CM *Stram* 200 QDS
8th Mar'05	>2	G	>2 Irreverent talking S Bed wetting 2d	*Syph* 200 CM *Stram* 200 QDS
11th Mar'05	Disturbed +		Stereotyped behavior + No clothing	*Stram* 1M
12th Mar' 05 – 20th Mar 05	Drowsiness + + , Not responding to verbal command hospitalized – BP 200 /118. BSL- 78 mg Diagnosed- MI Abnormal behavior continued. Discharge on request.			Discontinued Allo Rx
22nd Mar'05	Case reviewed and Restarted Homoeopathic treatment			*Baryta-carb* 30 daily HS
29th Mar'05	No abnormal behavior. Started keeping clothes on body. Well oriented.			*Syph* 200 CM *Baryta-carb* 30 Daily
31st mar'05	Trembling+. Delusion- some one will poison her.			*Syph* 200 CM *Baryta-carb* 30 Daily
April'05 onwards patient is on increasing doses and repetition of *Baryta-carb* 30 Daily to 30 BD / TDS.				
28th Aug'06	Behavior normal. Started using 9-yard sari.			*Baryta-carb* 30 TDS
Mar'07	Decided to go to native place in Konkan. Very enthusiastic about it. Remembered each and every station on railway route. Recognized people whom she was meeting after a long time. Climbed staircases/ hills of Konkan areas. Very active in 15 days. Wanted to stay for longer periods but said that has to go for Son and D-In-Law. So returned happily. Behavior normal.			*Baryta-carb* 30 QDS

scan to see the effect, if any. On general considerations too the explanation of healing the degenerated part may not hold any truth. And yet, there is incontrovertible evidence that the patient has indeed recovered significantly.

We come to the interesting phenomena of neuroplasticity. This is a concept which postulates that neuronal dendrites are ever active and will continue to form new connections to neural cells hitherto not connected. This they will do when there is a strong motivating force from inside along with a significant loss of previously held function. Under such conditions, the synaptic framework will be regenerated.