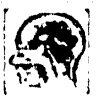


Diseases of the Brain

The human brain, like a gland, secretes thoughts. Human thought is an exalted entity. The trouble is, if it has been powerful for good, it has been potent for evil. For mankind, it is not the pathology- ridden brain that is so much of a problem, as the so called normal healthy brain, whose thought secretions spawn weapons and wars, creeds and conflagrations, garbage and genocide. You ask the plant world, animal world and Mother Earth as to what is the real diseases that affects the human brain. The reply would be: "Human Thought."

The diseases of the brain that homoeopaths and allopaths are worried about are traceable to the components of the brains, namely, nerve cells, neuroglia, blood vessels and meninges.

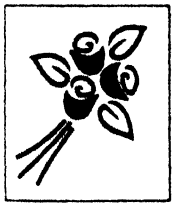
The nerve cells belong to the class of perennial or immortal cells. Hence by themselves they are not prone to multiplicatory misbehavior to cause any tumors. Their plight resides in their steady attrition at the rate of 20-25000 per day. Yet a man at 70 has 70% neurons left, which is 14 times more than his maximal need. The severe atrophy of the brain that manifests itself as Alzheimer's disease is more because of atheroma of the blood vessels infarcting the brain on a wide scale. To both, the silent atrophy of the brain, as also the manifest dementias including Alzheimer's, modern medicine in any form has not much to offer except some prayers.

Neuroglia, 10 times more in number than the neurons, have, like all other diving cells, the penchant for creating benign and malignant lumps, usually called neurogliomas, and astrocytomas. Their natural occurrence is much greater than diagnosed, for many of them stay silent even for a lifetime. Whenever they make noise, the only treatment is excision by whatever palliative means. Their treatment does not differ from that of tumors elsewhere. When a brain has metastatic tumors, surgical therapy is out of question. And palliative radiation/chemotherapy is hardly of any help.

Much commoner than tumors is atherosclerosis of the brain that give rise to a general decline in brain function in one and all, and into stroke in one out of 10 humans. It is a disease of aging and manifests itself as thrombosis or hemorrhage, affecting various parts of the brain. Stroke is the bread, butter, jam and Mercedez of the neurologist. It has no specific treatment except general nursing care. All attempts at improving cerebral circulation by medical and surgical means remains unfruitful. A global survey of stroke by Kurtzke showed that survival in stroke is dependent not on who is treating but on who is being treated.

The most rewarding area of brain diseases is epilepsy. Epilepsy has a herd distribution. Two percent of any population has to have some form of epilepsy. Its cause is shrouded in mystery. However the rapid strides electrophysiology and locating the focus of epilepsy, the ability to selectively ablate that focus, and a vast array of drugs have made management of epilepsy a grand success. It is likely that, since epilepsy is an exaggerated normal brain response, the etiology of epilepsy will never be found. But the progress in more and more safe drugs and ablative procedures will give the epileptic patient the dignity she or he deserves.

With age, the power and the brake of muscular movements degenerates. If the powers that move and the brakes that checks the movements fail almost equally, you have the general slowing of a human being seen around the age of 40. Should the brake fail, you have the uncommon chorea that is related to choreography, results in uncontrolled tremors, ticks and involuntary movements. If the power machine fails, there is stiffness typical of Parkinsonism. Sometimes there is such



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a combination of power and brake failure, that there is both paralysis and agitation leading to the seemingly contradictory syndrome of paralysis agitans, the Latin equivalent of Parkinson's disease. Parkinson's disease is managed by drugs, neuronal ablation, and occasionally by controlled stimulation by an implant.

Much of the advances in the disease of the brain have been investigative and diagnostic. Much can be written on every disease, but as yet, little can be done by the way of treatment. What is true of the brain is true of the spinal cord. The latest edition (6th) of Principles of Neurology by Adams, Victor and Ropper, has the usual detailed chapter on the "Diseases of the Spinal Cord." The chapter ends on a note of humility: " In conclusion, it is always well to remind oneself that of the more than 30 diseases of the spinal cord, effective means of treatment are available for only a few." And not one of the treatable diseases is genuinely of the neurons or neuroglia. Brain diseases have to be the forte of homoeopaths for allopathy has not had any enviable success. ❑

Alzheimer's disease

GENERAL WRITE-UP:

Dr C H Asrani begins with the General write up pf Alzheimer's disease. Alzheimer's disease is a progressive, neurological disorder that attacks the brain and results in cognitive problems, such as memory loss, impaired thinking and strange behavior.

Overview of Alzheimer's disease (for lack of Indian data we shall look at American statistics):

- Approximately 4 million Americans have Alzheimer's disease.
- One in 10 persons over 65, and nearly half of those over 85 have Alzheimer's disease
- A person with Alzheimer's disease lives an average of 8 years and as many as 20 years or more from the onset of symptoms.
- Alzheimer's disease is the 4th leading cause of death in the United States.
- More than 7 out of 10 people with Alzheimer's disease live at home.

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Diagnosis of Alzheimer's Disease

Alzheimer's disease is not just memory loss. People with Alzheimer's disease experience a decline in cognitive abilities such as thinking and understanding as well as changes in behavior. The following 10 "warning signs" aid in the diagnosis of Alzheimer's disease:

- Memory loss that affects job skills.
- Difficulty performing familiar tasks.
- Problems with language.
- Disorientation to time and place.
- Poor or decreased judgment.
- Problems with abstract thinking.
- Misplaced things.
- Changes in mood and behavior.
- Changes in personality.
- Loss of initiative.

Currently, it is not possible to diagnose Alzheimer's disease with 100% certainty. However, an advanced application of MRI, called magnetic resonance microscopy, may be able to detect the abnormal protein deposits of Alzheimer's disease in patients. But this is only a preliminary finding, and not available for masses. Given that there is no single test that can be used to identify Alzheimer's disease, the diagnosis of Alzheimer's rests largely on the judgment of physicians experienced in