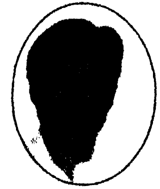
Management of a Case of Encephalitis with Homoeopathy

ABSTRACT: Encephalitis is an acute inflammatory disease of the brain by direct viral invasion or hypersensitivity initiated by virus or foreign protein with dysfunction of brain. Allopathic antiviral drugs only work on a limited number of viruses. Homoeopathy is effective both in the prevention and treatment of Encephalitis. A diagnosed case where allopathy failed, was brought to our hospital in a hopeless condition. This case was treated successfully in our Govt Hom Hospital, Hyderabad with Stramonium.



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Encephalitis was first described in 1871. In India first epidemic was noted in 1955 in Tamilnadu. It is endemic in AP, Karnataka, West Bengal, UP and North Eastern States. According to National Institution of Virology, Pune, half of the population in South India had neutralizing antibodies to virus. It is not unusual to have epidemics of viral encephalitis mainly Japanese Encephalitis (JE) post monsoon season from almost all states of the country barring a few Northern Indian States. JE virus is the only causative virus for these epidemics.

Encephalitis may be a primary manifestation or a secondary complication of a viral infection. Viruses causing primary Encephalitis may be epidemic (Arbovirus, Poliovirus, Echovirus and Coxsackievirus) or sporadic (Herpes-simplex, Varicella-zoster and Mumps viruses). Mosquito-borne arboviral encephalitides (St Louis, Eastern and Western equine, and California) infect humans only during warm weather. JE is a seasonal disease that occurs during monsoon and post-monsoon between August and December, when stagnant water breeds mosquitoes (Culex variety), which transmit the virus from pigs to human beings. Infected insects (such as mosquitoes or ticks) and animals can transfer some viruses directly into the bloodstream via their bite.

The deadly Japanese Encephalitis exhibits a particular pattern by striking every alternate year. It is common in children, with incubation period of 7-16 days, the child develops non specific prodromal symptoms ie fever, headache, altered sensorium, seizures, focal signs and symptoms of meningeal irritation and IICP (Increased intracranial pressure). Lasting 2-3 days, neurological symptoms begin suddenly with increasing deteriorating levels of consciousness and generalized convulsions and some focal neurological signs of raised ICP, Patients run the risk of slipping into a coma. Invasion of the brain is likely to result in neuronal necrosis, frequently with visible inclusion bodies. In Para infectious and post infectious encephalomyelitis, perivenous demyelinating lesions are characteristic.

THE SYMPTOMS OF JE ENCEPHALITIS INCLUDE: Headache-62.4%, Altered sensorium, Fever, focal S/S, Convulsions, Meningeal-sign, Motor

deficiencies, Cranial nerve involvement, pyramidal signs Aphasia, Involuntary movements and Coma.

Allopathy treatment aims to reduce the severity of the symptoms Vaccination is the only protection against Japanese Encephalitis virus infection.

Homoeopathic Concept

Homoeopathy is effective both in the prevention and treatment of JE. All acute cases are due to explosion of latent psora. Acute miasm is a disease producing power, which causes acute, specific, infectious epidemic diseases having almost fixed manifestations. Master Kent defines acute miasm as *"An acute miasm is one that comes upon the economy, passes through its regular prodromal period, longer or shorter, has its period of progress and period of decline and in which there is a tendency to recovery"*.

A Case Report of JE Encephalitis

Master AR, aged 13 months was brought to the hospital in hopeless condition on 16.9.98

Presenting Illness: Fever with convulsions, shaking of right upper limb and right lower limb, rolling up of eyes, vacant look.

Past History: Birth by cesarean section.

Family History: H/O Convulsion in father's family [1st cousin]

Treatment History: Allopathic treatment in a nursing home for a week without relief.

Physical Examination

O/E—pupils dilated, rolling of eyes, Doll's eye reflex- +ve

Deviation of mouth to right side,

Decerebrate posture (Scale 6).

Cranial nerves: Deviation of mouth to right.

Motor system: Tone increased in both sides, power more in upper limbs

DTR: Absent, Signs of meningeal irritation+.

P/A: abdomen soft, Hepatomegaly +ve,

Investigations

CBP: (27/8/98)

WIDAL: (26/8/98): Poly O: 1:80, S Typhi H: 1:80, STyphi AH:1:80, S Typhi BH: 1:80.

C S F: (27/8/98): Glucose: 59 mg/dl, Proteins :8.4 mg/dl, Gram stain: No microorganisms, occasional inflammatory cells.

Blood Chemistry (27/8/98): RBS: 78mg/dl, S Calcium: 9.2mg/dl.

S Creat: 0. 5mg/dl, Total Proteins: 6.3 G/dl, Albumin: 3.8 G/dl, Globulin: 2.5 G/dl

Bilirubin total: 1.6 mg/dl, Bilirubin direct: 0.5 mg/dl, sodium: 143mEq/L,

Potassium:4.7 mEq/L, SGPT: 23 IU/L, Alk Phosphatase: 280 IU/L,

Prothrombin time: 17 sec, A/G ratio: 1.5:1

CT SCAN (Contrast) (27/8/98): Mild changes of focal cerebral atrophy in Fronto-parital regions on both sides.

Blood Chemistry (29/8/98): RBS:120 mg/dl, sodium:142mEq/L, Potassium:4 mEq/L,

Diagnosis: Was based on pyrexia, absence of rash, epidemic, altered sensorium and asymmetrical symptoms. In this year (1998) 524 cases were reported in AP. Fatality rate 38.36 in 1998.

Signs Symptoms Taken For Prescription

High fever with convulsions and chills

Shaking of Rt upper limb and Rt lower limb

Rolling up of eyes

Vacant look

Restless sleep

Pupils dilated

Cerebral irritation

Treatment / Selection Of Remedy

16/09: *Belladonna* 200C (in water, every 4 hours)

Progress of the case after 24 hours

Temperature came down on 2nd day, pupils were still dilated, convulsions occurred at 8 PM, 10.30PM, 12AM, 4.30AM and 7.30AM-10.30AM

BOWELS and URINE: N. Moving the mouth to side, jerks in upper right and right lower limb, and Jerking in sleep were present. Extreme muscular mobility. Pupils widely dilated twitching and jerking of the arms and lower limbs Deep sleep, comatose somnolency, Coldness of whole body, especially of limbs, < Dark. Constant restless movements of all limbs and the whole body. Perspiration with fever, *Stramonium*, was selected on 18/09 *Stramonium 0/1* given in water 6 hourly.

PROGRESS AFTER *STRAMONIUM*

19/09: Jerks persisted; *Stramonium* 0/1 in water continued.

20/09: As child was able to swallow fluids nasal feeding was stopped, jerks reduced in intensity, child was still restless, excessive crying.

On 5th day ie on 23/09 *Stramonium* was stopped, as jerks stopped.

PROGRESS AFTER *STRAMONIUM* [5th day]

Involuntary jerky movements of right extremities disappeared, pupils started reacting to light, and restlessness and crying stopped, Verbal response ++, Bowels: N, Urine: N. DTR–RT. (Biceps, triceps, knee and ankle) ++ LT -N, *Rubrum* was given for the next seven days.

CONCLUSION

Few people still have misconceptions: that in emergency homoeopathy has no role. This case treated in Homoeopathic hospital is an eye opener to critics. This was a given up case treated with Homoeopathic medicines. The case was followed for four years -case initially was treated for seven days in a private nursing home, shifted to our hospital. Case recovery was miracle, but child couldn't escape the permanent cerebral sequelae.

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ON ADMISSION

Reports sent to NJH:

CT Head and Brain 01-02-99: Mild changes of focal cerebral atrophy in frontal, parital regions on both sides.

MRI: 01-02-1999: Normal study.

2 years later