

# Senile Dementia

**ABSTRACT:** The Author has trained under Dr R P Patel and his focus is on cases of Cancer, Infertility, Memory Enhancement Therapy, Behavioural Problems and Learning Difficulties. Apart from practice he gives talks on Homoeopathic - Awareness for layman, over radio and TV, Rotary clubs "The Economic Times" [Times of India] since the past four years.

In these cases he has shown how, after giving homoeopathy, the Dementia pt is free from seizures and lived a happy life there after till today at the age of 81



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## CASE 1: SENILE DEMENTIA

Mr VH 74 years. Diagnosed as Senile Dementia since 5 yrs; got No relief with modern medicine, for Homoeopathy with the following

### CHIEF COMPLAINTS:

1. Misplacing things
2. Loss of short term memory and difficulty in recalling the long term past incidents.
3. Trouble recalling names of close relatives, familiar towns, cities etc.
4. Getting lost on familiar routes
5. Losing interest in things previously enjoyed
6. Difficulty [and gradually aversion to] performing mental tasks

### PRESENT COMPLAINTS

Chronic tendency to nasal catarrh [hereditary].  
Bronchitis since 6 yrs.

Epilepsy. Seizures since 3 yrs, often 'status epilepticus' which as per the family members has worsened the dementia.

### PATIENT AS A PERSON

A tall, lean, narrow shouldered gentleman of dark complexion. Mild tempered and very friendly by nature, esp fond of children, animals and birds. Had fear of lung cancer since few years because of his intense, recurrent bronchial coughs. Also fear of thunderstorms and loud noises. Had multiple warts on his body, esp around neck. Strong craving for excess salt and chilled drinks. Suffered from

chronic constipation.

**FAMILY HISTORY:** Diabetes: Parents, two brothers.  
Hypertension: Parents, brother. Chronic nasal catarrh: Mother, brother.

**PAST HISTORY:** No major complaints or illness.

### INVESTIGATIONS

**MRI BRAIN:** No age related dystrophy or any other abnormality. **EEG:** No abnormality.

**BLOOD:** All parameters normal.

**PLAN:** *Medorrhinum* was selected on the basis of strong family history of diabetes and a tendency to nasal catarrh, both of which portray a miasmatically strong Sycotic trait.

*Phosphorus* selected as constitutional remedy, based on his nature, cravings, fears and physical traits.

*Absinthium* was added later because it's a good remedy for memory loss with a history of epileptic seizures.

### TREATMENT

- 22.6.1999: *Medorrhinum* 1M/1d.
- 06.7.1999 *Phosphorus* 200/1d, SL 30/bds for rest of month.
- 25.7.1999: Memory improved a wee little bit. Recalls people or names with little lesser effort. *Phosphorus* 200/2d, fortnightly + SL 30/bds, for a month.
- 1.9.1999: Patient positively improved. Memory recall better and faster by 30%. Nasal catarrh tendency bit less. One mild episode of seizure,

which left his mind blank for few hours. *Medorrhinum* 1M/1d, *Phosphorus* 200/next day. *Absinthium* 6/bd on rest of the days; for 2 months.

- 15.11.1999: A remarkable improvement in memory. Hence the same treatment was continued for the next 6 months, with *Medorrhinum* repeated every 2 months and *Phosphorus* 200 once a month and *Absinthium* 6 daily

The patient's memory recall has been total and remains so to this day, of 81 yrs! He is active. Bronchitis and nasal catarrh is far less than ever before and seizures are rare.

## CASE 2: TRAUMATIC DEMENTIA, CEREBAL HMG

Mr PT, aged 62 years, met with a massive car accident on 24<sup>th</sup> March 2006.

A case of emergency, of Internal Brain Hemorrhage, followed by stroke and coma. Pt in ICU since 5 days and critical. By then the doctors had given up hope. A CT-Brain indicated blood accumulation in the left cerebral hemisphere and its excess pressure led to a 7mm 'midline' shift towards the right which could be fatal, if not controlled.

The patient was operated upon, but the haemorrhage could not be checked and the midline shift increased. To control the same the patient was given drugs which by the 3<sup>rd</sup> day started affecting the Serum Urea and Creatinine levels, with the impending fear of renal failure.

On the 4<sup>th</sup> day, the situation worsened as patient developed pneumonia as a secondary complication and had to be put on ventilator. Doctors ultimately gave up hope...

On the 5<sup>th</sup> day I was called in with the request: can Homoeopathy do something as a last resort? On meeting the Neuro-surgeon, [who mistaking me for an Allopathic physician, accepted to discuss]. I was informed that it was serious, just a matter of time [24-36 hrs]. If the medicines to reduce the pressure in the cerebrum were stopped, the patient would be 'brain-dead' and if continued, the kidney's would fail and lead to secondary complications present, there was no way the patient would survive.

## TREATMENT

28.12.2006: *Arnica* CM/3d hrly, followed by *Phosphorus* 0/6, every half an hr.

24 hrs later: The patient could be made to lie down [from the semi-inclined posture], as his dyspnoea improved. Pt yet comatose. A fresh CT-Brain showed no further increase in the midline shift. [The dose of the concerned allopathic medication was reduced with reluctance]

36 hrs later: Pt opened his eyes, semi - comatose and no recognition. Meanwhile another fresh CT Brain, most surprisingly confirmed a reversal of the midline shift by more than half..! [Hence the medication for the same was stopped completely]. The Urea and Creatinine levels improved.

Now *Lachesis* 0/6 hourly, day and night.

52 hrs later: Pt out of coma. CT Brain revealed total normalcy of the mid-line shift and absence of any clotted blood!!! Blood picture revealed normal renal parameters. The lungs were functioning normally without the ventilator since 24+ hrs...

Pt was shifted out of the ICU the next day, but the memory remained effected, could not recognize known people or confused their names. Could not recall the past or present, except for occasional phases when he recollected well. Doctors felt that as all parameters were normal, it could take its own natural course, may be a few months to gradually recover and only time would say how much he would recover.

From 10<sup>th</sup> day pt was put onto... *Arnica* CM/OD followed by *Lachesis* 0/6 3 hrly, every day for the next 10 days, during which there was total recovery of the pts memory [which remains so to this day]...!!

*Phos* 0/6 was stopped when the lung function was normal... *Arnica* CM and *Lachesis* 0/6 were continued as the idea was to work on the cause of the dementia, rather than the dementia itself, which proved just the right approach.

## REMEDY SELECTION

*Arnica* CM was selected on the history of intense trauma.

*Lachesis* was selected constitutionally as the patient by nature was loquacious, shrewd, never

trusted easily, never could bear anything tight around his neck, thermals hot and also the haemorrhage was in the left cerebrum.

*Phosphorus* was for the pneumonia and also covers haemorrhage in a strong way, as even in the semi comatose stage, the pt was breaking into ir-repressible bouts of cough that left him moaning, brought up rusty or bloody sputum.

**LM POTENCY** was selected as the doses could be repeated very often without fear of aggravation even in high potency, which from experience I've found quicker critical emergencies.

Also drug relationship is not to be looked into, under LM Potency

### CASE 3: DEMENTIA AFTER INFECTIOUS DISEASE

Mr Hitesh, Age: 24yrs, Date: 18 Oct 1989

In Coma for 36 hrs, with very high temp, uncontrolled along with repeated epileptic seizures.

Condition finally diagnosed after 48 hrs as "Cerebral Meningitis"

After 72 hrs hope was given up by doctors as neither the temp nor the seizures could be controlled and that the pt would not survive beyond 24 hrs. They also felt the damage to the brain would be very extensive.

### HOMOEOPATHY STARTED ON THE 4<sup>TH</sup> DAY

*Tuberculinum* 200/ 1<sup>st</sup> day.

*Belladonna* 1M 15 mins for the 1<sup>st</sup> day and then half hrly the next day.

In 16 hrs pt showed some eye and body move-

ment and convulsions far less and temp not as high. 20 hrs: Opened his eyes, but no recognition. No convulsions and temp not above 101' F. Now introduced *Cup-met* 0/3 half hourly.

36 hrs later temp normal, no seizures. Physical movement satisfactory.

NOTE: Doctors astonished at the recovery, but felt that there would be a partial paralytic effect and that a certain degree of permanent brain damage that would invariably reflect on his memory.

*Cup-met* was continued 2 hrly for the next 2 wks until the pt was discharged from the hospital, with absolute recovery of his dementia, and his mind and body functions. A wk later the pt was back to managing his business. That was in 1989, and to this day the pt comes for other problems with no negative impact of the massive cerebral - meningitis attack he suffered then.

### REMEDY SELECTION

*Tuberculinum* selected as it is one of 'the' remedy for Meningitis and has the power to reduce any inflammation of the meninges, which is covered by the Tubercular miasm.

*Belladonna* again is the remedy for meningitis and the intense high burning fever and seizures confirmed its use.

*Cupurum-met* in spite of *Bell*, was given because of the intense 'frequency' and prolonged duration of the seizures which were uncontrollable. It follows *Bell* well.

## ☺ ☺ "Some Funny Laws, Which Are Actually True" ☺ ☺

### ☺ Law of the Telephone ☺

When you dial a wrong number, you never get a busy signal.

### ☺ Law of the Alibi ☺

If you tell the boss you were late for work because you had a flat tire, the very next morning you will have a flat tire.

### ☺ Variation Law ☺

If you change lines (or traffic lanes), the one you were in will start to move faster than the one you are in now.