

CLINICAL

Homeopathic approach in the treatment of patients with mental disability

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The author describes his experience assisting mentally disabled patients with homeopathy. In these patients' anamneses, common traits shared by some syndromes, pathologies and behaviour, were taken into consideration, mainly to choose the most characteristic symptoms in each case. The study includes 58 cases of patients suffering from this pathology: 28 females and 30 males, ages ranging from 1 to 49 years (mean 20). Forty-seven had some improvement.

Homeopathy is a useful alternative to relieve pathologies associated with mental disability. In those cases in which there were similarities between remedy and whole symptomatology, improvements in adaptation skills and in overall health were observed. *Homeopathy* (2005) 95, 31–44.

Keywords: Mental disability; Homeopathy; Characteristic symptoms; Single remedy

Introduction

According to the World Health Organization (WHO), 10% of the population of developing countries suffers from some kind of disability; half of these suffer from mental disabilities.

Health professionals who are not accustomed to such patients frequently find them hard to care for. Some lack basic understanding of the mental disability, others are afraid of these patients and a few carers are still prejudiced against them. Resources are scarce, and homeopathy, which has little representation in medical services in general, is even less used in this context. As a result there is little knowledge and experience in this area. This study reviews the literature and presents the authors experience.

Out of 104 patients treated at the *Centro Espírita Nosso Lar Casas André Luiz*, a philanthropic foundation in Guarulhos County, Greater São Paulo, Brazil, from April 2001 to March 2003, 58 patients were chosen: 28 females and 30 males, all of whom suffered from mental disabilities of various kinds and severity.

There are two different units at the institution—a Long Stay Unit (LSU), in which patients live, and an ambulatory unit. I was required to assist patients from both units as a homeopathic specialist; I was not directly responsible for the patient's daily care. The criterion for them to be included in the study was attendance at at least three homeopathic consultations, over at least 3 months, during the period mentioned above. Patients seen at the LSU (25) are represented in Table 1, and those who received ambulatory assistance (33), in Table 2. Patients' age ranged from 1 to 49 years of age; the average age was 20.

The first column shows the main complaints and reason for consultation, and the second column, the underlying disease and associated symptoms. Some complaints and diagnoses are marked with letters so as to represent them in the progression column after treatment.

Next, medicines that the patient was already taking at the time of the first consultation are shown. I have used Greek letters to represent pharmacological groups so as to simplify description (Table 2).

The next column presents the characteristic symptoms, chosen for repertorization. The *Repertório Homeopático Digital* and *Sihore* (*Sistema Homeopático de Repertorização*, or Homeopathic Repertorization System) software were used. In some patients' cases,

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Table 1

Ident.	Age	Sex	Principal complaint	Diagnosis and associated symptoms	Chronic medicines	Characteristic symptomatic totality	Homeop. prescription	Duration of treatment (months)	Evolution	General evolution
M.A.E.	39	F	Poor appetite (A)	Convulsive syndrome (B)	χ	(1) Desires eggs (2) Face, cold perspiration (1) Fears things (2) Faces, swallows his own	Puls. 30 CH	6	A: >> B: =	=
C.E.	38	M	Behaviour disturbance (A)	Emaciation (B) Sleeplessness (C)	χ		Camph. 200 CH	8	A: >> B: >>	>
T.Z.	10	F	Spinal muscular atrophy with paraplegia (A)	Convulsive syndrome (B)	χ	(1) Escape, attempts to	Camph. 200 CH	10	C: > A: >> B: =	=
R.C.J.F.S.	17	F	Chronic bronchitis (A) Bronchiectasis (A)	Behaviour disturbance (B)	ρ φ χ ψ φ	(2) Desires sweets (3) Convulsions, during the fever (4) Stupor during the fever (5) Stupor + sleepiness after convulsions (1) Kill, desire to, with a knife (2) Threatening (3) Naked, wants to be (4) Suicidal disposition (5) Expectoration, bloody, streaked	Hyos. 300 CH	24	A: > B: >	>
A.S.S.	38	F	Constipation (A) Abdominal distension (B)	Spastic paraplegia	κ δ	(1) Abdomen, distension (2) Rectum, inactivity (3) Gestures, children put the fingers into the mouth + bites himself + bites fingers (1) Touched, aversion to being (2) Restlessness, anxious, compelling rapid walking + restlessness, anxious, driving from place to place (3) Bite, desires to + bites, himself + bites, objects (4) Chest, perspiration, axilla, offensive	Sil. 30 CH	24	A: ? B: ?	?
L.V.	48	F	Hyperactivity (A)		χ	(1) Escape, attempts to being (2) Naked, wants to be (3) Touch everything, impelled to (1) Head, perspiration, forehead (2) Sleep, position, hands under the head	Tarent. 10M FC	12	A: >	=
P.H.P.B.S.	11	M	Hyperactivity (A)	Convulsive syndrome (B)	χ	(1) Escape, attempts to	Merc. 2M FC	22	A: > B: ?	>
A.D.S.	14	M	Fever of unknown origin (A)	Brain Hypoxia-Ischemia Hydrocephalus	χ		Chn. 200 CH	20	A: > B: =	=

A.A.A.	27	F	Recurrent infections of urinary tract (A)	Paraplegia Neurogenic bladder	δ	(3) Sleep, sleepiness, heat, during the fever (4) Fever, catarrhal fever (5) Head, pain, heat, during the coldness, foot, fever, during (6) Extremities, coldness, foot, fever, during (7) Expectoration thick to (1) Company, aversion to (2) Sleep, failing, eating, after perspiration leg, cold (3) Extremities, uncover, inclination to, feet (5) Bladder, urination involuntary (1) Weeping with pains bites, himself (3) Warm amel. + Menses, painful, warmth amel (1) Desire sweets (2) Shrieking before convulsions (3) Perspiration during convulsions (4) Tonic convulsions (5) Eye turned (6) Convulsions with involuntary urination (7) Extremities, clenching thumbs (8) Extremities, paralysis, lower limbs (1) Timidity, bashful (2) Kisses everyone (3) Admonition agg. + ailments from reproaches + weeping from admonition (4) Looked at, cannot bear to be (1) Abusive, insulting (2) Urine, sediment, purulent (3) Urine, odor offensive (4) Urine, color brown (1) Chest, perspiration, axilla, offensive (2) Clothes, intolerance of	Nat-m 30 CH	11	A: >	C: >
L.M.S.	21	F	Vomiting (A) Dysmenorrhea (B)	Microcephaly Spastic tetraplegia Pyloric substenosis	δ ι		Beil. 2M FC	16	A: > B: =	=
A.A.O.	37	M	Vomiting (A) Refuses food (B)	Convulsive syndrome (C) Constipation (D) Neurodegenerative disease Generalized muscle atrophy	ι δ		Plb. 12 CH	23	A: > B: ≥ C: ? D: =	?
I.A.	40	F	Recurrent infections of urinary tract (A)	Paraplegia Spastic neurogenic bladder Constipation (B)	ι		Lyc 30 CH	6	A: = B: =	=
V.R.O.	43	M	Recurrent infections of urinary tract (A)	Paraplegia Kidney failure (B)	π ε		Hep. 12 CH	2	A: = B: ≪	=
M.L.A.	27	F	Recurrent infections of urinary tract (A) Hematuria (B)	Paraplegia Kidney microolithiasis	ε		Sil 30 CH	14	A: = B: π	=

Table 1. (continued)

Ident.	Age	Sex	Principal complaint	Diagnosis and associated symptoms	Chronic medicines	Characteristic symptomatic totality	Homeop. prescription	Duration of treatment (months)	Evolution	General evolution
C.E.S.S.	17	F	Fever of unknown origin (A) Recurrent otitis externa (B)	Paraplegia Convulsive syndrome (C)	γ	(3) Gestures, fingers into the mouth, children put + bites himself + bites fingers (4) Urine, sediment, purulent (5) Urine, bloody (1) Starting when touched (2) Lying amel (3) Fever, burning heat (4) Fever, chill, with (5) Face, dryness, lips (6) Face, discoloration, lips (1) Irritability during menses (2) Desire sweets (3) Lying on abdomen amel (4) Menses, clotted, dark (5) Stomach, vomiting, bile (6) Generalities, side, right (1) Company, aversion to (2) Naked, wants to be (3) Desires sweets (4) Feces, swallows his own + desires, lime, slate pencils, earth, chalk, clay, etc. + desires strange things (5) Sexual desire increased before menses (1) Rage followed by repentance + remorse, repents quickly + anger alternating with quick repentance (2) Anxiety anticipating an engagement (1) Sensitive to rudeness + ailments, rudeness of others (2) Servile, obsequious (3) Dictatorial (1) Touched, aversion to being (2) Abusive, insulting	Sil 24 CH	24	A: ≫ B: ≫ C: ≡	≫
R.L.S.	21	F	Anemia (A) Bilious vomitings (B)	Microcephaly Spastic quadriplegia Otorrhea (C)	γ x δ	(1) Irritability during menses (2) Desire sweets (3) Lying on abdomen amel (4) Menses, clotted, dark (5) Stomach, vomiting, bile (6) Generalities, side, right (1) Company, aversion to (2) Naked, wants to be (3) Desires sweets (4) Feces, swallows his own + desires, lime, slate pencils, earth, chalk, clay, etc. + desires strange things (5) Sexual desire increased before menses (1) Rage followed by repentance + remorse, repents quickly + anger alternating with quick repentance (2) Anxiety anticipating an engagement (1) Sensitive to rudeness + ailments, rudeness of others (2) Servile, obsequious (3) Dictatorial (1) Touched, aversion to being (2) Abusive, insulting	Lyc 1M CH	24	A: ≫ B: ≫ C: ≡	^
V.L.M.	35	F	Behaviour disturbance (A)		x	(1) Irritability during menses (2) Desire sweets (3) Lying on abdomen amel (4) Menses, clotted, dark (5) Stomach, vomiting, bile (6) Generalities, side, right (1) Company, aversion to (2) Naked, wants to be (3) Desires sweets (4) Feces, swallows his own + desires, lime, slate pencils, earth, chalk, clay, etc. + desires strange things (5) Sexual desire increased before menses (1) Rage followed by repentance + remorse, repents quickly + anger alternating with quick repentance (2) Anxiety anticipating an engagement (1) Sensitive to rudeness + ailments, rudeness of others (2) Servile, obsequious (3) Dictatorial (1) Touched, aversion to being (2) Abusive, insulting	Verat. 200 CH	12	A: ?	?
A.F.T.	29	M	Allergic rhinitis (A)	Tantrum (B)	ψ	(1) Irritability during menses (2) Desire sweets (3) Lying on abdomen amel (4) Menses, clotted, dark (5) Stomach, vomiting, bile (6) Generalities, side, right (1) Company, aversion to (2) Naked, wants to be (3) Desires sweets (4) Feces, swallows his own + desires, lime, slate pencils, earth, chalk, clay, etc. + desires strange things (5) Sexual desire increased before menses (1) Rage followed by repentance + remorse, repents quickly + anger alternating with quick repentance (2) Anxiety anticipating an engagement (1) Sensitive to rudeness + ailments, rudeness of others (2) Servile, obsequious (3) Dictatorial (1) Touched, aversion to being (2) Abusive, insulting	Lyss. 1M FC	12	A: ≫	>
E.F.S.	22	M	Headache (A)	Spastic paraparesis	z	(1) Irritability during menses (2) Desire sweets (3) Lying on abdomen amel (4) Menses, clotted, dark (5) Stomach, vomiting, bile (6) Generalities, side, right (1) Company, aversion to (2) Naked, wants to be (3) Desires sweets (4) Feces, swallows his own + desires, lime, slate pencils, earth, chalk, clay, etc. + desires strange things (5) Sexual desire increased before menses (1) Rage followed by repentance + remorse, repents quickly + anger alternating with quick repentance (2) Anxiety anticipating an engagement (1) Sensitive to rudeness + ailments, rudeness of others (2) Servile, obsequious (3) Dictatorial (1) Touched, aversion to being (2) Abusive, insulting	Lyc. 1M CH	13	B: ≫ A: ≫	>
G.V.S.	41	M	Irritable bowel syndrome (A) Contact dermatitis on the buttocks (B)	Convulsive syndrome (B) Hypertension (C)	δ z κ	(1) Irritability during menses (2) Desire sweets (3) Lying on abdomen amel (4) Menses, clotted, dark (5) Stomach, vomiting, bile (6) Generalities, side, right (1) Company, aversion to (2) Naked, wants to be (3) Desires sweets (4) Feces, swallows his own + desires, lime, slate pencils, earth, chalk, clay, etc. + desires strange things (5) Sexual desire increased before menses (1) Rage followed by repentance + remorse, repents quickly + anger alternating with quick repentance (2) Anxiety anticipating an engagement (1) Sensitive to rudeness + ailments, rudeness of others (2) Servile, obsequious (3) Dictatorial (1) Touched, aversion to being (2) Abusive, insulting	Cham. 200 CH	10	A: ≫ B: ≫	>

Table 2

Ident.	Age	Sex	Principal complaint	Diagnosis and associated symptoms	Chronic	medicines	Characteristic symptomatic totality	Homeop. prescription	Duration of treatment (months)	Evolution
General evolution										
R.P.A.	22	M	Necrotic mucosa Periodontitis (A)	Spastic cerebral palsy Constipation (B) Nervousness (C)	γ z	(1) Starting from noise (2) Perspiration from anger + perspiration after vexation (3) Weather, cold and wet agg. (4) Nausea in the morning on waking (5) Aphthae (1) Weeping from music (2) Obstinate, headstrong (3) Weather, change, warm to cold agg. (4) Sleep, position, head bent backwards (1) Aversion to bathing	Bor. 300 H	9	A: ⤵ B: > C: ⤵	^
A.M.B.	23	M	Anxiety (A) Restlessness (B)		z ψ	(1) Weeping from music (2) Obstinate, headstrong (3) Weather, change, warm to cold agg. (4) Sleep, position, head bent backwards	Acon. 10M FC	10	A: > B: ⤵	⤵
G.E.Q.S	2	F	Somnolence (A)	Sequela of meningitis microcephaly Convulsive syndrome (B)	γ	(1) Aversion to bathing (2) Aversion to being touched (3) Shrieking during sleep (4) Aversion water (1) Darkness agg. (2) Weather, cold and wet, agg. (3) Aversion to sour food (4) Cough, lying on back (1) Fear of falling + fear of high places (2) Wet, getting, head agg. (3) Weather, change agg. (4) Perspiration beginning to sleep (1) Fear of falling (2) Weeping in sleep (3) Shrieking in children (4) Change of temperature agg. (1) Convulsions during the heat (2) Fat food agg. (3) Uncovering, desire for (1) Fear from noise (2) Company, aversion to presence of strangers + fear of strangers + anxiety in presence of strangers + stranger. presence of, agg. (3) Aversion salt (4) Clothes, intolerance of (1) Sensitive to noise	Ant-c. 10M FC	14	A: ⤵ B: ?	⤵
M.C.A.	4	F	Chronic bronchitis (A)	Cerebral palsy with hypotonic quadriplegia Convulsive syndrome (B) Gastroesophageal reflux (C)	γ	(1) Darkness agg. (2) Weather, cold and wet, agg. (3) Aversion to sour food (4) Cough, lying on back (1) Fear of falling + fear of high places (2) Wet, getting, head agg. (3) Weather, change agg. (4) Perspiration beginning to sleep (1) Fear of falling (2) Weeping in sleep (3) Shrieking in children (4) Change of temperature agg. (1) Convulsions during the heat (2) Fat food agg. (3) Uncovering, desire for (1) Fear from noise (2) Company, aversion to presence of strangers + fear of strangers + anxiety in presence of strangers + stranger. presence of, agg. (3) Aversion salt (4) Clothes, intolerance of (1) Sensitive to noise	Ars. 18 CH	12	A: ⤵ B: = C: =	^
D.R.O.M	4	F	Fears (A) Rhinitis (B)	Restlessness (C)	z	(1) Fear of falling + fear of high places (2) Wet, getting, head agg. (3) Weather, change agg. (4) Perspiration beginning to sleep (1) Fear of falling (2) Weeping in sleep (3) Shrieking in children (4) Change of temperature agg. (1) Convulsions during the heat (2) Fat food agg. (3) Uncovering, desire for (1) Fear from noise (2) Company, aversion to presence of strangers + fear of strangers + anxiety in presence of strangers + stranger. presence of, agg. (3) Aversion salt (4) Clothes, intolerance of (1) Sensitive to noise	Puls. 12 CH	10	A: ⤵	^
J.F.B.V.	4	F	Sleep disturbance (A)	Cerebral palsy Constipation (B)	γ	(1) Fear of falling + fear of high places (2) Wet, getting, head agg. (3) Weather, change agg. (4) Perspiration beginning to sleep (1) Fear of falling (2) Weeping in sleep (3) Shrieking in children (4) Change of temperature agg. (1) Convulsions during the heat (2) Fat food agg. (3) Uncovering, desire for (1) Fear from noise (2) Company, aversion to presence of strangers + fear of strangers + anxiety in presence of strangers + stranger. presence of, agg. (3) Aversion salt (4) Clothes, intolerance of (1) Sensitive to noise	Sil. 1M CH	16	A: ⤵ B: ⤵	⤵
D.C.B.	15	M	Sleep disturbance (A)	Convulsive syndrome (B) Excessive masturbation(C)	γ z ψ	(1) Fear of falling + fear of high places (2) Wet, getting, head agg. (3) Weather, change agg. (4) Perspiration beginning to sleep (1) Fear of falling (2) Weeping in sleep (3) Shrieking in children (4) Change of temperature agg. (1) Convulsions during the heat (2) Fat food agg. (3) Uncovering, desire for (1) Fear from noise (2) Company, aversion to presence of strangers + fear of strangers + anxiety in presence of strangers + stranger. presence of, agg. (3) Aversion salt (4) Clothes, intolerance of (1) Sensitive to noise	Verat. 300 CH	12	A: > B: ? C: ⤵	^
A.L.S.A.	7	F	Nervousness (A) Sleep disturbance (B)	Hydrocephalus Convulsive syndrome (C)	γ	(1) Fear from noise (2) Company, aversion to presence of strangers + fear of strangers + anxiety in presence of strangers + stranger. presence of, agg. (3) Aversion salt (4) Clothes, intolerance of (1) Sensitive to noise	Lyc. 1M CH	5	A: > B: >	^
E.F.M.	24	M	Gastritis (A)	Constipation (D) Convulsive syndrome (E)	γ	(1) Sensitive to noise	Crot-h. 200 CH	7	D: > A: >	^

L.C.N.	8	F	Constipation (B) Allergic rhinitis (C) Epistaxis (D)	z ψ δ	(2) Aversion to certain persons (3) Air, draft agg.	Calc. 300 CH	8	B: = C: > D:: > E: ? A: > B: >
A.P.O.	13	M	Atopic dermatitis (A) Allergic dry cough (B)		(1) Horrible things, sad stories, affect her profoundly (2) Weeping, admonition, cause (3) Weather, dry agg. (4) Sun, exposure to (1) Fear of dark (2) Air, draft agg. (3) Sleepiness during headache (4) Vertigo during headache (5) Perspiration, cold, with headache	Gels. 200 CH	17	A: > B: > C: =
D.F.Q.	6	M	Nervousness (A) Migraine (B) Atopic dermatitis (C)	z	(1) Fever, intense with convulsions	Stram. 20M FC	8	A: > B: =
D.M.G.C	3	F	Behaviour disturbance (A) Nervousness (A) Constipation (B)	ψ	(2) Naked, wants to be (3) Throws things away + striking, desire to strike and to push things (4) Desire spices (1) Company, desire, alone agg. (2) Pull, desires to pull someone's hair (3) Desire meat (4) Extremities, Perspiration, foot, sole	Merc. 200 CH	3	A: = B: =
D.B.S.	16	M	Behaviour disturbance (A) Restlessness (B)	z ψ	(1) Tears things (2) Jumping (3) Striking himself + striking, knocking his head against wall and things (4) Sleep, position, on side (1) Aversion sweets	Tarent. 10M FC	16	A: > B: > C: >
D.G.L.	21	M	Gastritis (A) Constipation (B)	z	(2) Desires salt (3) Desires coffee (4) Bathing amel (1) Ailments from bad news (2) Anxiety anticipating an engagement (3) Contradiction, is intolerant of (4) Desires sweets (5) Clothes, intolerance of (1) Clothes, intolerance of	Nat-m. 300 CH	9	A: = B: = C: = D: = A: > B: >
L.R.G.	41	F	Syncope (A) Headache (B)	z z	(2) Throws things away (3) Tears things (1) Desires coffee (2) Anxiety anticipating an engagement (1) Bite, desire to	Nat-m. 2M FC	16	A: > B: = A: >
R.M.B.	9	F	Convulsive syndrome (A) Restlessness (B)	z		Tarent. 200 CH	3	A: > B: =
E.L.T.	34	M	Anxiety (A)	z		Ars. 2M FC	4	A: >
J.V.L.C.	11	M	Rhinitis (A)	z		Bufo. 10M FC	9	A: =

Table 2. (continued)

Ident.	Age	Sex	Principal complaint	Diagnosis and associated symptoms	Chronic	medicines	Characteristic symptomatic totality	Homeop. prescription	Duration of treatment (months)	Evolution
General evolution										
			Behaviour disturbance—masturbation (B)		z	(2) Handles genitals			B: >	
T.S.	5	F	Rinitis (A) Adenoids hypertrophy (B)	Down syndrome Behaviour disturbance (C)	z	(3) Desires meat (4) Thirst, burning, vehement (1) Moaning during heat (2) Naked, wants to be	Bell. 1M CH 7	A: > B: >	>	
L.S.O.S.	1	M	Asthma (A)	Hydrocephalus Left paresis Convulsive syndrome (B)	z	(3) Eye, open during sleep (1) Perspiration of scalp (2) Cough, lying on abdomen amel (3) Cough, paroxysmal at night Head, Eruptions, yellow crusts (1) Fear of being alone	Calc. 400 CH 6	C: > A: > B: ?	>	
M.P.O.	2	M	Behaviour disturbance—excessive weep (A)	Cerebral palsy with paraparesis	z	(2) Throws things away (3) Desires sweets (4) Vomiting after anger + vomiting after vexation (1) Stool like balls	Bry. 10M FC 17	A: >	>	
M.V.S.	5	M	Constipation (A) Convulsive syndrome (B) Rhinitis (C)	Anemia (B) Convulsive syndrome (C)	z φ	(2) Laughing before, during or after convulsions (3) Weeping after convulsions + weeping during epilepsy convulsions (4) Desires meat (1) Fear in a crowd (2) Rocking amel (3) Sun, exposure to, agg.	Alum. 200 CH 14	B: ? C: <	>	
N.S.A.	1	M	Asthma (D) Bronchitis (A) Constipation (B) Fever of unknown origin (C)	Spastic quadriplegia for sequela of meningitis	z	(4) Perspiration during sleep (1) Horrible things, sad stories, affect her profoundly (2) Fear at night (3) Striking, knocking his head against wall and things (1) Restlessness before menses (2) Injure himself, mutilating his body + tears himself (3) Desires sweets (4) Stool like balls (1) Desires fruit	Sei. 6 CH 9	D: > A: =	=	
O.V.J.	33	M	Gastritis (A) Constipation (B)	Cerebral palsy with spastic quadriplegia. Gastroesophageal reflux (D)	φ	(4) Perspiration during sleep (1) Horrible things, sad stories, affect her profoundly (2) Fear at night (3) Striking, knocking his head against wall and things (1) Restlessness before menses (2) Injure himself, mutilating his body + tears himself (3) Desires sweets (4) Stool like balls (1) Desires fruit	Ars. 1M FC 5	D: = A: > B: >	>	
P.B.O.	19	F	Hyperactivity (A) Sleep disturbance (B) Constipation (C)	Brain hypoxia-ischemia after anaphylaxis	z		Med. 10M FC 15	A: > B: >	>	
R.T.M.	2	F	Allergic rhinitis (A)	Down syndrome			Am-c. 200 CH 3	A: =	=	

R.G.F.M.	30	F	Obesity (A) Behaviour disturbance (B)	Brain disease for sequela of encephalitis Lymphatic system insufficiency in the left leg (C)	(2) Sleep, restless from bodily restlessness (3) Clothes, intolerance of (4) Head, external sensitiveness + head, aversion to hat (1) Jealousy (2) Chocolate agg. (3) Desires coffee (4) Generalities, menses, before agg. (5) Extremities, perspiration, foot (1) Convulsions during the heat (2) Unconsciousness, frequent spells of absences (3) Laughing before, during or after convulsions (4) Aversion food (1) Fear from noise (2) Company, aversion to presence of strangers (3) Tears things (4) Room full of people agg. (1) Starting from noise (2) Cautious + cautious, anxious (3) Head, eruptions, white crusts (4) Stool, large (1) Sleep, restless from bodily restlessness (2) Cold wind agg. (3) Weeping alternating with laughter (4) Bites himself + bites the fingers + bites the hands (1) Company, aversion to presence of strangers (2) Convulsions during sleep (3) Convulsions during the heat (4) Aversion milk	Lach. 200 CH 3 A: = B: > C: >	>
S.L.S.	9	M	Convulsive syndrome (A)	Food disturbance (B)	(1) Convulsions during the heat (2) Unconsciousness, frequent spells of absences (3) Laughing before, during or after convulsions (4) Aversion food (1) Fear from noise (2) Company, aversion to presence of strangers (3) Tears things (4) Room full of people agg. (1) Starting from noise (2) Cautious + cautious, anxious (3) Head, eruptions, white crusts (4) Stool, large (1) Sleep, restless from bodily restlessness (2) Cold wind agg. (3) Weeping alternating with laughter (4) Bites himself + bites the fingers + bites the hands (1) Company, aversion to presence of strangers (2) Convulsions during sleep (3) Convulsions during the heat (4) Aversion milk	Ign. 18 CH 4 A: > B: >	>
V.A.G.	18	F	Behaviour disturbance (A) Sleep disturbance (B)		(1) Fear from noise (2) Company, aversion to presence of strangers (3) Tears things (4) Room full of people agg. (1) Starting from noise (2) Cautious + cautious, anxious (3) Head, eruptions, white crusts (4) Stool, large (1) Sleep, restless from bodily restlessness (2) Cold wind agg. (3) Weeping alternating with laughter (4) Bites himself + bites the fingers + bites the hands (1) Company, aversion to presence of strangers (2) Convulsions during sleep (3) Convulsions during the heat (4) Aversion milk	Stram. 1M FC 12 A: ? B: ?	?
R.K.K	19	M	Constipation (A)	Rhinitis (B) Scalp seborrheic dermatitis (C)	(1) Starting from noise (2) Cautious + cautious, anxious (3) Head, eruptions, white crusts (4) Stool, large (1) Sleep, restless from bodily restlessness (2) Cold wind agg. (3) Weeping alternating with laughter (4) Bites himself + bites the fingers + bites the hands (1) Company, aversion to presence of strangers (2) Convulsions during sleep (3) Convulsions during the heat (4) Aversion milk	Sil. 1M CH 4 A: > B: >	>
R.A.H.	19	M	Convulsive syndrome (A)	Sleep disturbance (B)	(1) Sleep, restless from bodily restlessness (2) Cold wind agg. (3) Weeping alternating with laughter (4) Bites himself + bites the fingers + bites the hands (1) Company, aversion to presence of strangers (2) Convulsions during sleep (3) Convulsions during the heat (4) Aversion milk	Acon. 1M FC. 21 A: > B: >	>
A.S.N.	4	F	Convulsive syndrome (A)	Cerebral palsy. Spastic quadriplegia Rhinitis (B)	(1) Company, aversion to presence of strangers (2) Convulsions during sleep (3) Convulsions during the heat (4) Aversion milk	Cic. 6 CH 6 A: > B: >	>

Pharmacologic groups: α —neuroleptics; β —antidepressives; γ —anticonvulsants; δ —antipsychotics; ϵ —antacids; η —analgesics; ϕ —bronchodilator agents; κ —adrenal cortex hormones; ρ —neuromuscular agents; μ —antiemetics; π —diuretics; ψ —histamine antagonists; ω —antihypertensive agents; ϕ —vitamin or mineral supplements.
Key to evolution columns: (<) partial worsening in symptom frequency or intensity; (\leq) clear worsening; (=) no alteration observed; (>) partial improvement in symptom frequency or intensity; (\geq) clear improvement; (?) not possible to evaluate due to contradictory information, or to concurrent use of other therapeutic drugs for the same symptom or pathology.

the whole characteristic symptomatology presented here was only achieved after a second or third consultation. Thus, the remedy in column 8 may not have been prescribed at the first consultation. Prescriptions were given in daily doses of up to 30 CH and in single doses, administered weekly or even every two weeks. I chose repetitive doses as I observed better progression and for longer periods of time, when compared with single doses. In all cases, a single remedy at a time was prescribed. The 9th column indicates the time of treatment (in months) using the remedy in the previous column.

In the 'Progression' column, the letters A, B, C, etc. correspond to the patients' symptoms marked in the same line. The last column refers to the patient's clinical progression as a whole, considering state of mind, humor and disposition. It also encompasses the progression of symptoms used as guidelines, and is described in the column 'total characteristic symptomatology'. Representative symbols of their progression are shown below:

Clinical cases

I will discuss four clinical cases in detail. Three of them were seen at the *Centro Espírita Nosso Lar Casas André Luiz*, in my private practice. 58 other cases are described briefly in the tables.

Clinical case 1

A.G.V.C., date of birth: 10/09/1989, female.

She attended my private practice on 29/09/2000. The patient suffers from Bechwith-Wiedemann syndrome (a genetical syndrome associated with visceromegalies), including congenital hypertrophic cardiomyopathy and delayed neuropsychomotor development. Her mother complained of eruption on the girl's head since 2 years of age, allergy affecting the nose and ears for 2 months, and a yellowish thick crust on the scalp, which worsened when her head was washed frequently or when she ate a lot of fatty foods.

She suffered from rhinitis with continuous nasal secretion since the age of 5, drinks a lot of water, 2 or 3 glasses at a time, since the age of 5, perspires a lot on the face, even during cold weather, or from slight physical exertion and feels the heat excessively and fans herself, saying it is hot. However, her rhinitis is better in hot weather. She suffers from prickly heat and blisters when she goes to the beach. When anxious, she eats too much. She sleeps on her abdomen, with one hand under the pillow, and does not move during the night, ever since she was a baby. She talks in her sleep, since 8 or 9 years old. She hates to be pressured to do things. If vexed, she bangs her head on the floor to draw attention. She has been afraid of plants since she was a baby, and when she gets close to one, she cries. In the company of other children and her brother she does not react if hit. Affectionate and shy, she covers

her face when she does not recognize the person. When she has a test or a trip, she talks about it nonstop. When she is anxious, she does not sleep well, and keeps waking up and calling relatives.

Physical examination: Systolic murmur in mitral area. Mucous secretion in the nose. Yellowish crust eruptions in the scalp. Scaling erythematous eruptions in ear and upper lip.

Diagnosis: Seborrheic dermatitis and rhinitis.

Characteristic symptoms:

- (1) Air; seaside, at the, agg.
- (2) Sleep position, on abdomen.
- (3) Face, perspiration.
- (4) Head, eruptions, crusts, scabs, yellow.

Repertorization: Calc. Sep. Ars. Med.

Prescription: *Medorrhinum* 200 CH single dose.

30/10/2000 Her head improved by 70%, but ear lesions remained unchanged. Rhinitis was the same, and her nose hurt and even bled. She was not anxious and she seemed to have lost her appetite. She did not talk in her sleep.

Physical examination: Scaling erythematous eruptions in the borders and sides of the nose with bloody crusts. Ear lesions unchanged.

Prescription: *Med.* 300 CH single dose.

22/02/2001 She had been fine until a month ago when the scalp crust reappeared. Her nose was much better. She was more talkative and displayed her own personality. Her fear of plants had vanished. She had a moderate appetite. Speech therapists and teachers said she had made good progress in the last few months she was more outgoing and open to learning.

Prescription: *Med.* 300 CH single dose

After a year of treatment and some increasing doses of *Medorrhinum* she was fine, considering the limitations imposed by her syndrome.

Clinical case 2

14/11/2001 R.P.A, date of birth 12/02/1978, male.

He was referred by the dentist with recurring necrotizing mucous periodontitis. His mother reported that he had mouth aphthae since 4 months old, which worsened when constipated. Sometimes he could not evacuate for a week, even after eating vegetables, ever since he was a baby. Stools were large, light in colour and cylindrical. He got nervous when vexed, scratching his own legs, even causing them to bleed. He screamed when anxious. He went to bed late at night, remaining in bed and talking until he fell asleep. He did not like to drink water; if forced, he nauseated. When nervous, he perspired a lot in the whole body. When it was cold or rainy, or if exposed to drizzle, he got colds and sneezed a lot (since he was little). He was afraid of screams or banging of feet, banging doors, fireworks and thunder. Any noise woke him up ever since he was a baby. When he sneezed, a putrid odor was emitted from his mouth, which worsened if he had ulcers.

Examination: Ulcers in the oral mucosa.

Characteristic symptoms:

- (1) Starting, startled, noise, from.
- (2) Perspiration, anger from + perspiration, vexation, after.
- (3) Weather, cold wet, agr.
- (4) Mouth: odor putrid.

Repertorization: *Lyc, Ars., Merc., Nat-m, Calc, Kali-p.*

Prescription: *Mercurius solubilis* 12 CH once a day.

19/12/2001 - There was no change, in fact mouth aphthae had worsened. He was still constipated, had a terrible mood--angry, yelling, and startled at any noise.

Prescription: *Lycopodium clavatum* 12 CH once a day.

06/02/2002 He was still nervous, taking more sedatives, and still woke up angry and yelling. If there was anybody around he scratched them. He threw things and scratched his own legs when angry (since he was little). Was still constipated.

New characteristic symptoms:

1. Starting, startled, noise, from.
2. Throw things away.
3. Destructiveness, tears himself self mutilation.
4. Perspiration, anger from + perspiration, vexation, after.
5. Weather, cold wet agr.

Repertorization: *Ars. Med. Lyc. Staph., Cham., Acon., Bry.*

Prescription: *Arsenicum album* 30 CH once a day.

06/03/2002 Nauseated today. Ever since he was very small he had nausea early in the morning when he got the smell of food. He was still nervous and he startles at any noise. Examination revealed many aphthae in the oral mucosa.

Characteristic symptoms

1. Starting, startled, noise, from.
2. Perspiration, anger from + perspiration, vexation, after.
3. Weather, cold wet aggravates.
4. Stomach, nausea, morning, waking, on.
5. Mouth aphthae.

Repertorization: *Bor., Ars. Lyc., Nat-m., Petr., Sulph. Calc., Merc.*

Prescription: *Borax* 12 CH twice a day.

10/04/2002--Still has aphthae; sleep remains unchanged; still startles at any noise. He is still constipated, but a little calmer.

Prescription: *Borax* 30 CH once a day.

After receiving *Borax* in increasing dilutions, on 05/02/2003, his mother reported the following: he was better, evacuating every other day. He had only one aphthous ulcer, which healed fast. His mood was good and got angry only when another child took

his toy away. His morning nausea had improved too. He learned to say my name, which he did not know before.

Clinical case 3

T.Z., date of birth 16/06/1991, female, institutionalized since 27/07/1999.

My evaluation was requested in May 2001 by the attending doctor because of decreasing level of consciousness and peripheral neuropathies, which made her unable to walk. In May 2001, the neurologist found generalized muscular hypotonicity and hypoactive reflexes in the four limbs. Results of investigations were mostly normal: normal biochemistry, negative serology for many virus diseases, no evidence of congenital errors of metabolism. Cranial CT scan showed discreet cortical subcortical atrophy. Muscle biopsy: striated skeletal muscle tissue with areas of fiber atrophy. The neurologist wrote: 'The muscle biopsy, is not consistent with congenital muscle pathology. Given the clinical record of loss of acquired motor function, progressive spinal amyotrophy is likely.'

She had presented tonic-clonic seizures triggered by fever on several occasions (08/1999, 09/1999, 10/1999, 11/1999, 04/2000, 07/2000) sometimes followed by sleepiness or stupor (04/2000, 10/2000, 01/2001, 05/2001) and cyanosis. The attending doctor reported sleepiness after seizures and during fever. She was restless, laughed and wanted to run away, even when in a wheelchair. This behaviour was also registered in her chart (02/2000 'she jumps out of the window and has already been caught twice with half of her body on the balcony wall trying to jump down'). The attendant reports: 'she likes sweets and wants to eat the other girls'. When she has seizures, she gets blue and ends up feeling sleepy, taking a long time to recover--we call her, she looks, does not respond and closes her eyes again.'

I selected the following symptoms:

1. Escape, attempts.
2. Sweets, desire.
3. Convulsions, heat, during the.
4. Stupor, fever, during.
5. Stupor, convulsions, after + sleepiness, convulsions, after.

Repertorization: *Ars. Stram., Nux-v., Camph., Cic., Op., Crot-h., Ign.*

Studying the literature, the remedies closest to this condition are *Ars* and *Camph*. Due to decreasing level of consciousness, prostrations and stupor in case of fever and/or any infectious process, I chose *Camphora*.

Prescription: *Camphora* 12 CH--once a day.

02/07/2001--Seizures and peaks of fever since the previous day. I found her without fever, in a state of stupor, opening her eyes only when insistently called, but not responding and going back to sleep. She had

cold hands and snored. I administered *Camph.* 12 CH with 'plussing'. After taking the remedy, she asked for food, sat on the bed and seemed to be in her normal condition.

06/08/2001—The assistant reported that she was walking and that it was hard to keep her in her wheelchair during the last month. She stood up by herself, walked around the room, even ran and blew me a kiss. It was hard to place her back in her chair. Since my last evaluation she has had two seizure episodes.

Prescription: Camph. 18 CH once a day.

Until March 2002 she was stable. She continued having seizures, although without prostration and stupor. Unfortunately, in April 2002 after a seizure episode, she vomited and aspired, developing massive aspiration pneumonia, followed by septicemia and death.

Clinical case 4

M.L.R., date of birth 06/10/1965, female, institutionalized since 31/12/1968.

My evaluation was requested by the attending doctor in January 2003, because the patient had anemia, refractory to iron replacement treatment, even intravenously. Anemia had already been recorded since 1993 after her hemoglobin reached 5.0, requiring a blood transfusion. She was evaluated by the Hematology Service at *Universidade Federal de São Paulo*. Her anemia was considered to be iron deficiency, probably due to menorrhagia.

She has episodes of anger and irritability, during which she avoids contact, assaults people, tears her clothes, bites and hits. These crises usually occur during menses. Otherwise the patient is usually happy and compliant. However, during menses she is aggressive, wants to be alone in the bathroom, staying there all day, if allowed, not caring for food. Her menstrual flow is very heavy with dark clots. She feels very hot and does not want to wear tops or socks, only if it is very cold; she keeps looking out of the window, and, if it is sunny, she does not want to wear warm clothes.

Physical examination: Pale + + +, motor deficit, does not talk, communicates by means of body language.

Characteristic symptoms:

- (1) Anger, irascibility, menses, during; rage, fury, menses during; irritability, menses during.
- (2) Touched, aversion to being.
- (3) Anemia from menorrhagia.
- (4) Menses clotted dark.

Suggested remedies: Cham., Bell., Kali-c., Ferr., Calc., Lyc., Puls.

Studying the literature, the closest remedies are *Ferr.* and *Kali-c.*

Prescription: Ferrum metallicum 200 CH—once a week.

March 2003—no change, all symptoms remained the same, including anaemia.

Prescription: Ferr. 1M once a week.

May 2003—Menses was less heavy and she had not got irritated during menses. Hb. 13.7. Low ferritin and serum iron.

Prescription: Continue + diet rich in iron.

August 2003—During last menses, she became agitated and assaulted an assistant. Flow was less heavy, but some clots were seen, despite being reduced. Hb. 6.3 haematocrit. 24%.

Prescription: Ferr. 2M once a week.

October 2003—Last menstrual flow was higher, without clots and changes in behavior. Hb. 6.6 and Htc 22.9%.

Prescription: Ferrum continue + multivitamin complex introduced by the attending doctor.

May 2004—Two months ago, flow was again heavy with clots and a putrid odor.

Prescription: Ferr. 10M once a week.

June 2004—Hb: 8.2 haematocrit 29%.

August 2004—She has been calm during the last two periods. Flow is still heavy, but without clots or putrid odor. Hb: 9.1 and haematocrit 30.6%. Besides vitamin supplementation she is now taking folic acid, ascorbic acid and B-complex vitamins. Same management was continued until November 2004—Hb: 12.2 and haematocrit 37%.

Discussion

Pathologies associated with mental disability are very common. Seizures occur in 50% of subjects suffering from severe mental disability, and in 15% of all patients. Moreover, neurological disorders (muscular spasticity, hemiplegia or paralyzes) are frequent, causing some to develop secondary disorders, such as pulmonary diseases, gastroesophageal reflux, intestinal constipation, etc.⁷ These patients' treatment involves a multiprofessional team, so as to assist them according to their personal needs, since they also present individual adaptation skills. The homeopathic doctor must have a synergistic attitude towards the other members of the team. One has to consider what is to be cured in these patients.² It is pointless to cherish expectations concerning the cure of the mental disability using homeopathic remedies. The homeopathic treatment serves as a positive agent for the progression of adaptation. A study presenting the description of three cases using homeopathic treatment in adult mentally disabled patients with behavior disorders shows an improvement in these disorders, thus facilitating their social life.¹⁵ In another study also reporting three clinical cases of mentally disabled children, the author observed that homeopathic treatment may help, either by functioning as a stimulus of

their psychoemotional maturation and social adaptation or by enabling them to be physically healthier.^{1,2}

In most current repertories, we find the rubrics 'Idiocy', 'Imbecility' and 'Cretinism'.^{3,13,16} However, beginning the homeopathic approach using these rubrics is not the most appropriate strategy, as it implies starting the study with a reduced number of remedies. Furthermore, we would also be emphasizing the disease, which is incurable, and not the patient in his whole manifestation of the imbalance of the vital force. In a comparative study of 10 children suffering from Down Syndrome, divided into two groups of five patients each, one group was given *Baryta carbonica* (since it is considered the drug that covers more symptoms of the disease) and the other group was given remedies chosen according to the whole symptomatology of each patient. The findings suggest that the second group presented a better response to the treatment than the group treated with *Baryta carbonica*.^{3,6}

When taking the history and selecting the symptoms so as to choose the individual homeopathic remedy, one must take into consideration some common characteristics shared by these patients. Some syndromes present personality characteristics common to the disease, which as a result have little value as a homeopathic symptom. Down syndrome patients are known to be affectionate and sweet. On the other hand, Prader-Willi syndrome patients tend to be hyperactive, have exaggerated appetite, steal and tell lies.^{9,14} Rubinstein-Taybi syndrome patients usually smile as if they were making faces, touch anything and are sensitive to any form of music.¹⁰ These symptoms might be taken into account by an inexperienced physician, as they seem to be rare and peculiar; however, they are inherent to the syndromes, thus individualizing very little the individual who displays them.

There are also some common characteristics among patients suffering from acute mental disabilities,⁴ such as agitation or outbursts of anger, crises of aggressiveness alternated with exhibitionism and sudden and unpredictable changes in their states of mind. While evaluating emotional and behavioral problems in 355 mentally disabled children at a special school, researchers discovered some such problems in 31% of them. This study shows that children with acute mental disabilities display more behavior difficulties than those with moderate or mild ones.⁵ When I started to work with these patients, I very frequently used self-harm symptoms such as biting oneself, hitting oneself, hurting oneself. Observing these patients more closely, I noticed that such symptoms are common. These patients sometimes use it to draw attention and to communicate, or to show they are upset. While studying the prevalence of behavior disorders in adults, whose ages ranged between 16 and 64 and who suffered from mental disabilities, we observed that 23% of them presented aggression, 24% self-harm,

36% outbursts of anger, 26% hyperactivity, 38% tantrums, 12% destructiveness, 20% unpleasant habits, 26% screamed and 18% had sleep disorders. The outcome of self-aggression behavior was highly associated with the severity of the mental disability, with females, and with poor communication skills. Severe behavior problems were markedly associated with females, with the severity of the mental disease, with history of epilepsy and with frequency of daily activities.¹¹ Symptoms and behavior disorders, prevalent in this kind of population, even when there is a more characteristic or intense symptom, also play a minor role in the symptomatology hierarchy.

The majority of patients come to the first consultation already taking some medication, often psychotropic, which can tremendously change the original symptomatology picture. As these patients are generally oligosymptomatic and their original symptoms are modified because of the chronic use of several drugs what can one do? My strategy is to consider the characteristic symptoms that have been observed the longest, even if they are physical.¹² What remains stable and is not altered despite the use of these drugs is more valuable, provided that it is a symptom with modalities. The accuracy of information also poses a problem. A review of 40 mentally disabled children treated with homeopathy indicated that the children who did not make good progress were generally from dysfunctional families. Since their relatives did not provide accurate information, the physician ended up choosing symptoms not truly homeopathic when selecting the remedy.⁸ Institutionalized patients are more difficult than patients living with their families, because the carers responsible for their daily care—the best observers—have to divide their attention between patients. As a result, the carers may fail to provide details that are vital for a homeopathic evaluation. Under these circumstances, collecting information from nurses and other physicians, and studying the patient's medical chart are crucial, in an attempt to find signs or symptoms which remain stable through time.

Among the known homeopathic therapy strategies, the use of a single individualized remedy is possible, and it presents good results in mentally disabled patients. Of the 58 patients described in the tables, 47 had some improvement, according to my own evaluation and that of their companions'. The outpatients achieved better progression, possibly due to the reliability of the information provided. In some patients, mainly when there was a closer correlation between symptoms and the remedy prescribed, both their carers and I observed improvement in their adaptation functions. Some began to communicate better and to express their wishes more clearly. Others showed improved personal care skills, or less aggression, fear and agitation and related better to their environment. In the case of patients when there was a partial similarity, without clear signs of improvement, the health care professionals observed that these

patients enjoyed more stable health, with less frequent episodes of acute diseases or intercurrent clinical events.

References

- 1 Szabó LI. Que Puede Hacer la Homeopatía por los Niños Discapacitados Mentales. *Acta Hom Argent* 1997; **18**(56): 197-205 abr.-set.
- 2 Vickers A. Homeopathy and disability. *Br Hom J* 1993; **82**(1): 53-57.
- 3 Ribeiro Filho A. *Novo Repertório de Sintomas Homeopáticos*. São Paulo, Robe Editorial, 1996.
- 4 Lucasson R, et al. *Mental Retardation: Definition Classification and Systems of Supports*, 9th edn. Washington: AAMR, c1992, 1997.
- 5 Molteno G, Molteno CD, Finchilescu G, Dawes AR. Behavioural and emotional problems in children with intellectual disability attending special schools in Cape Town, South Africa. *J Intellect Disabil Res* 2001; **45**(Part 6): 515-520.
- 6 Pires ES. Utilização de Medicamentos Homeopáticos em Síndrome de Down. Estudo Comparativo. *Homeopatia Brasileira* 1995; **2**(1-2-3): 215-221.
- 7 Diamnet A, Cypel S. *Neurologia Infantil*, 3rd edn. São Paulo: Atheneu, 1996.
- 8 Haidvogel M, Lehner E. Homeopathic treatment of handicapped children—review of a series of 40 cases. *Br Hom J* 1993; **82**(4): 227-236.
- 9 Holm VA, Cassidy SB, Butler MG, Hanchett JM, Greenswag LR, Whitman BY, Greenberg F. Prader-Willi syndrome: consensus diagnostic criteria. *Pediatrics* 1993; **91**: 398-402.
- 10 Brandão ME, Korosue AL. *Deficiência Mental - Síndrome de Rubinstein-Taybi*. Available in <http://www.entreamigos.com.br>. Internet accessed in May 2005.
- 11 Deb S, Thomas M, Bright C. Mental disorder in adults with intellectual disability. 2: the rate of behaviour disorders among a community-based population aged between 16 and 64 years. *J Intellect Disabil Res* 2001; **45**(Part 6): 506-514.
- 12 Dolce Filho R. Hierarquização dos Sintomas em Enfermidades Crônicas. *Rev Homeopatia* 1998; **63**(1/2): 33-43.
- 13 Schroyens F. *Synthesis. Repertorium Homeopathicum Syntheticum*. London: Homeopathic Book Publishers, 1993.
- 14 Schwartzman JS. *Deficiência Mental—Síndrome de Prader-Willi*. Available in <http://www.entreamigos.com.br>. Internet accessed in May 2005.
- 15 Swayne J. The homeopathic treatment of behaviour disorders in adults with mental handicap. *Homeopathy* 1989; **39**: 35-39.
- 16 Zandvoort RV. *The Complete Repertory—Mind Generalities*. Leischendam: Institute of Research in Homeopathic Information and Symptomatology, 1996.