Exploring the effectiveness of homoeopathy in children with cerebral palsy (CP)

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Abstract
Cerebral Palsy is a disorder of the development of movement and posture, causing activity limitations attributed to non-progressive disturbances of the fetal or infant brain that may also affect sensation, perception, cognition, communication and behaviour which partly explains the variability of clinical findings. Reduction of physical disability and maximizing the patient’s independence remains the usual focus with minimum attention to other domains. This retrospective case series of six consecutive cases of cerebral palsy attempts to explore the scope of the evidence-based holistic approach of homoeopathy not just for reduction of disability but also for all the other affected domains. It was observed that associated complaints, intensity and frequency of seizure, speech/language emotional and behavioural issues had early improvement whereas the other domains viz. gross/fine motor and daily activities had shown slower improvement.

Keywords: Cerebral palsy, neuroplasticity, homoeopathic similimum

Introduction
Cerebral palsy (CP) is the most common motor disability in childhood. CP is a heterogeneous group of clinical syndromes that describe permanent disorders of movement and posture. It is characterized by abnormal muscle tone, posture, and movement, thereby limiting the activity of the affected person. The motor disorders of CP are often accompanied by disturbances of sensation, perception, cognition, communication and behaviour, epilepsy, and secondary musculoskeletal problems. These disorders are attributed to non-progressive disturbances in the developing fetal brain, alteration in fetal development, pathologic intrauterine processes, or considered as prematurity complication. Although CP itself is not a progressive disease, its clinical expression may change over time as the brain matures. The overall birth prevalence of CP is approximately 2 per 1,000 live births. The expression of this disorder is manifested at multiple levels, thus affecting the quality of life of the child and the parents. Even with advancement in medical treatment, there are few hopes for such patient and at times not available for all [1]. This study attempts to understand the scope of the evidence-based holistic approach of homoeopathy for such a challenging condition and to explore the concept of neuroplasticity through the dynamicity of homoeopathic medicines.

Aim: To explore the effectiveness of homoeopathy in children with Cerebral Palsy (CP)

Objectives
1. To understand the neuro-psychological dysfunctions in cerebral palsy, along with its associated complaints.
2. To observe the effectiveness seen at these level with the help of homoeopathic similimum.

Materials and methods
1. Study Setting: Cases of Cerebral palsy from practice.
2. Sample Size & Selection of samples: 6 consecutive cases meeting inclusion and exclusion criteria were selected.
3. Criteria:

A. Inclusion criteria
i. Children from both sexes up to the age group of 0 to 10 years.
ii. Cases diagnosed as Cerebral Palsy as per ICD 10 International Classification of Disease
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B. Exclusion criteria
i. Children suffering simultaneously from other chronic infections (eg MDR tuberculosis or HIV disease),

4. Study design (Type of Study): Retrospective case series.
5. Intervention: Homeopathic medicine
6. Brief procedures:
   a. Identified cases as per the inclusion and exclusion criteria had been taken up for study.
   b. Detailed case definition beginning from LSMC (Location, Sensation, Modalities, and Concomitant) including the Onset, Duration and Progress of the presenting manifestations.
   c. Investigating through Prenatal, perinatal, postnatal history, psychosocial history elaboration and detailed birth history, milestones, family history, immunization history, history of regression, history of suppression if any.
   d. Life space investigation of each patient through detailed case receiving, with special emphasis on the mother’s mental state during pregnancy and to understand the child in his/her own environment.
   e. Case processing, selection and administration of the similimum based on the totality and susceptibility. Further action was as per the response accessed.
   f. Studying the response of homoeopathic medicine as per the outcome assessment parameters.

7. Outcome Assessment Criteria: Assessment of the changes in the following domains:
   a. Emotional response
   b. Behavioural pattern
   c. Motor functions
   d. Speech/Language
   e. Seizure
   f. Activities of daily living
   g. Associated complaints

Observations and results
1. Line graph representing age group suffering from CP

2. Doughnut representing types of CP

3. Column representing associated complaints with CP
4. Pie diagram representing various emotional response observed in cases of CP

5. Behavioural patterns observed in cases of CP

6. Line graph representing changes seen in emotional response observed over a period of 12 months

7. Line graph representing changes seen in behavioural patterns observed over a period of 12 months

8. Line graph representing changes seen in motor functioning observed over a period of 12 months

9. Line graph representing changes seen in speech/language observed over a period of 12 months

10. Line graph representing changes seen in daily activities observed over a period of 12 months

11. Line graph representing changes seen in intensity and frequency of seizure observed over a period of 12 months
12. Line graph representing changes seen in intensity and frequency of seizure observed over a period of 12 months

13. Homoeopathic similimum used in cases of CP

14. Bar graph representing potency used in cases of CP

15. Repetition of remedies

<table>
<thead>
<tr>
<th>Repetition</th>
<th>No of patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infrequent (once in 2 weeks)</td>
<td>0</td>
</tr>
<tr>
<td>Moderately frequent (once in a week/3 consecutive days)</td>
<td>6</td>
</tr>
<tr>
<td>Frequently (once in a day/more)</td>
<td>3</td>
</tr>
</tbody>
</table>

Note: Frequent repetition of the chronic remedies was done only when there were associated complaints.

Spastic and mixed types of CP are seen in the majority of the cases. These patients were prone to recurrent infection affecting the upper and lower respiratory tract, seizures, chronic pain, and constipation and sleep disturbance. Sadness and anxiety were the predominant emotional response seen in these patients. Fear, anger, oversensitiveness and having different desires and likings were also seen in few patients. Obstinacy and impulsivity as a behavioural pattern were seen in the majority of the patient. Harming self/others, lying and disobedience were also seen in a few patients. Changes in the emotional response are seen to occur as early as by 3 months and by the end of 12 months in all patients. Changes in the behavioural pattern were seen after 3 months and 4 patients showed improvement after 12 months. In the study conducted by Dr Neeraj Gupta et al [5], And Dr P. Barvalia et al [3], Changes in the behaviour were seen after administration of homoeopathic medicine. Changes in the motor functions and speech/language were though slow but by 12 months seen in 2 patients. In a study conducted by Dr G. Mohan [4], Dr Sajedi firoozeh [5], And Dr Jawahar Shah [6]. Changes in motor function were seen after administration of homoeopathic medicine. Changes in daily activities were seen in 1 patient by the end of 12 months. This can be as the patient had to be dependent on others owing to slow improvement in motor functioning. Changes in the intensity and frequency of seizures were seen after 3 months and by the end of 12 months in both the patients who were suffering. A study conducted by Manfred Mueller [7] had shown a response in the seizure of CP patient after administration of homoeopathic medicine. Changes in the intensity and frequency of associated complaint were seen in all patients by 12 months. The case study of Dr Jawahar Shah on CP also mentions the improvement in associated complaints after homoeopathic medicines. Calcarea phos, Medorrhinum, Tuberculinum, Stramonium and Belladonna were the homoeopathic similimum used in infrequent repetition. The study conducted by Dr G. Mohan shows similar patterns. 50 Millesimal potency was used in the majority of the cases and frequent repetition was done only when there were associated complaints.

Conclusion
1. Spastic and mixed types of CP are seen in the majority of the patients.
2. Recurrent infection affecting the upper and lower respiratory tract seizures, chronic pain, and constipation and sleep disturbance were the associated complaints. The indicated chronic remedies helped in reducing the intensity and frequency of these complaints, and by the end of 12 months were seen in all the patients.
3. Sadness and anxiety are the emotional response; obstinacy and impulsivity as a behavioural pattern were seen in the majority of the patient. Disobedience, lying, harming self/others were the other behavioural patterns observed.
4. Changes in the emotional response are seen to occur as early as by 3 months’ time and by the end of 12 months in all patient.
5. Changes in the behavioural pattern and speech/language were seen after 3 months and 3-4 patients showed improvement after 12 months.
6. Changes in the motor functions and daily activities were slow seen after 6-9 months and 1-2 patient showed improvement after 12 months.
7. Calcarea phos, Medorrhinum, Tuberculinum, Stramonium and Belladonna are the Homeopathic
similimum used in infrequent repetition. 50 Millesimal potency was used in the majority of the cases.

References