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Beyond structure: Managing right cortical atrophy through the energy of phosphorus

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Abstract
Right hemi-cortical atrophy refers to reduction in volume or degeneration of the right cerebral hemisphere. It may arise from congenital, developmental, vascular, inflammatory, or degenerative causes. Clinically, the right hemisphere governs visuospatial perception, attention, orientation, emotional responsiveness, and integrative cognitive functions. Atrophy in this region produces characteristic neurological and psychological deficits.
Homoeopathically, the remedy Phosphorus holds deep relevance due to its affinity for the nervous system, cerebral degeneration, atrophy states, haemorrhages, and cognitive-emotional disturbances. This article discusses the pathology, clinical picture, and homoeopathic understanding of right-hemispheric atrophy with Phosphorus as the central remedy.

Keywords: Right hemi-cortical atrophy, cerebral atrophy, neurology, spatial neglect, homeopathy, phosphorus, brain degeneration, cognitive disorders, neuro-homeopathy

Introduction
Right hemi-cortical atrophy (RHC atrophy) denotes unilateral degeneration or shrinkage of the right cerebral cortex [3]. The process may be static (due to early-life injury or congenital insult) or progressive (as in neurodegenerative disease such as posterior cortical atrophy) [5]. MRI typically shows cortical thinning, widened sulci, dilated right lateral ventricle, and asymmetry of hemispheric volume.

The right hemisphere governs
- Visuospatial processing
- Spatial attention and orientation
- Emotional integration
- Perception of body schema
- Intuition, artistic perception, and non-verbal understanding

Thus, atrophy leads to marked disturbances in these domains.
Homoeopathically, numerous remedies correspond to cerebral degeneration—Phosphorus, Plumbum, Baryta carbonica, Calcarea phosphorica, etc.—but Phosphorus stands out for its depth of action on nervous tissue, progressive atrophic states, and neurological-psychological symptoms [9, 10].

Pathophysiology of Right Hemi-Cortical Atrophy
Right hemisphere atrophy can be caused by

1. Developmental / Congenital Causes
- Perinatal hypoxia is a major cause of long-term hemispheric volume loss [6, 8].
- Congenital infections
- Dyke-Davidoff-Masson syndrome has also been described as a cause of unilateral cerebral atrophy [7].
- Early childhood trauma
- These lead to impaired neuronal growth or permanent focal ischemia.

2. Vascular Causes
- Stroke involving right MCA territory
- Chronic ischemia

- Post-haemorrhagic encephalopathy

3. Inflammatory/Infectious Causes
- Encephalitis and Autoimmune demyelinating disorders may produce progressive hemispheric atrophy [4].
- Chronic inflammatory disorders

4. Neurodegenerative Conditions
- Posterior cortical atrophy presents with asymmetric (often right-dominant) atrophy [5].
- Frontotemporal degeneration
- Corticobasal syndrome
- These may show asymmetric (often right-dominant) atrophy.

5. Post-Traumatic or Post-Surgical Causes
- Chronic effects of head injury or neurosurgical interventions can lead to hemi-atrophy.

Clinical Features of Right-Side Cortical Atrophy
Because the right hemisphere governs spatial and perceptual functions, symptoms include

1. Visuospatial Deficits (Difficulty navigating and impaired object recognition are hallmark signs) [3]
- Difficulty recognizing objects
- Poor depth perception
- Problems navigating spaces
- Impaired visual integration

2. Left-Side Neglect (Patients may ignore stimuli from the left side—a classic finding in right parietal damage) [2]
- Ignoring stimuli from the left
- Bumping into objects on left side
- Difficulty dressing or grooming left side

3. Cognitive Impairments
- Difficulty processing non-verbal cues
- Loss of intuitive understanding
- Difficulty appreciating music/art
- Poor holistic reasoning

4. Emotional and Behavioral Changes
- Heightened anxiety
- Emotional sensitivity
- Mood swings
- Poor emotional boundaries

5. Motor and Sensory Deficits (if motor cortex involved)
- If the motor strip is involved, left hemiparesis may occur) [1]
- Reduced fine motor control
- Left-sided sensory changes

Case Report
Patient's Personal Information
- Patient registration no-65972
- Opd no.-08
- Name of the patient-XYZ
- Age-08
- Sex-FEMALE
- Religion-Hindu
- Married/Single-single
- Occupation-nothing

Present Complaint
- Speech was delayed
- She said only few word, which were not so clear.

History of Present Complaint
A case of a female child aged 8 year old, -tall and thin child come for the treatment with her CT - SCAN reports, showing right sided hemi cortical atrophy and also bilateral maxillary and ethmoidal sinusitis. She was delayed in speech, can speak only few words but all other milestones like walking and teething was normal and on time. At the time of birth, she was admitted in NICU for the treatment of hypoxia for 6 days, during that time a small boil was developed on occipital region.

Personal History
- Diet - non-vegetarian
- Developmental landmark-except speech all other milestones are on tine and normal
- Allergic-nothing specific

Past History
- Measles (3 year ago)
- Hypoxia during birth

Family History
- Father - alive
- Mother - alive

Intrauterine History
- Mother suffers from hypertension at the time of delivery
- Delivery was normal
- And breast feeding was absent

Physical Generals
- Appetite was good, marked desire for cold food and ice -cream
- Thirsty, with frequent desire for cold water
- Constipation, stool passes on 2nd or 3rd day
- Urine was normal
- Perspiration noticed mostly on scalp
- She was chilly, sleep mostly on abdomen

Mental Generals
- Highly obstinate child,she demands many things and wants them to be fulfilled
- Highly sympathetic in nature,if anyone cry in front of her then she console that person in her on way.
- Bites herself and others when she was angry.
- Company desire

General Physical Examination
- Appearance -tall, thin

- Posture of the body -Normal
- Gait -normal
- Consciousness - Conscious and cooperative
- Facial expression-smiling, happy
- Skin- no rashes, normal texture
- Nails- normal
- Edema-not present
- Pallor/icterus/cyanosis/clubbing- absent
- Lymph nodes-not palpable
- Height-4.5”
- Weight-27 kg

Vital Signs
- Temperature-98.2 degree Fahrenheit, afebrile
- Pulse rate-80 betas per min.
- Respiration rate-16 breaths per min.

Investigation
- CT-SCAN OF BRAIN

Diagnosis
- Cerebral atrophy

Repertorial Totality
- Mind-Obstinate
- Mind-Speech-Affected
- Mind-Sympathetic
- Head-Perspiration of Scalp
- Stomach-Thirst
- Sleep-Position-Abdomen, On
- Generals-Food and Drink-Cold Food-Desire
- Generals -Food and Drink-Cold Water -Desire

Repertorial Chart

1 MIND - BITING
2 MIND - OBSTINATE
3 MIND - SPEECH - affected
4 MIND - SYMPATHETIC
HEAD
5 HEAD - PERSPIRATION of scalp
STOMACH
6 STOMACH - THIRST
SLEEP
7 SLEEP - POSITION - abdomen, on
GENERALS
8 GENERALS - FOOD and DRIN desire
9 GENERALS - FOOD and DRIN desire

5 HEAD - PERSPIRATION of scalp
STOMACH
6 STOMACH - THIRST
SLEEP
7 SLEEP - POSITION - abdomen, on
GENERALS
8 GENERALS - FOOD and DRIN desire
9 GENERALS - FOOD and DRIN desire

Remedies	∑Sym	∑Deg	Symptoms
phos.	9	20	1, 2, 3, 4, 5, 6, 7, 8, 9
bell.	9	19	1, 2, 3, 4, 5, 6, 7, 8, 9
calc.	9	17	1, 2, 3, 4, 5, 6, 7, 8, 9

Remedies	∑Sym	∑Deg	Symptoms
phos.	9	20	1, 2, 3, 4, 5, 6, 7, 8, 9
bell.	9	19	1, 2, 3, 4, 5, 6, 7, 8, 9
calc.	9	17	1, 2, 3, 4, 5, 6, 7, 8, 9
caust.	9	17	1, 2, 3, 4, 5, 6, 7, 8, 9
lyc.	9	15	1, 2, 3, 4, 5, 6, 7, 8, 9
nux-v.	9	15	1, 2, 3, 4, 5, 6, 7, 8, 9
nat-m.	9	14	1, 2, 3, 4, 5, 6, 7, 8, 9
sulph.	9	14	1, 2, 3, 4, 5, 6, 7, 8, 9
dulc.	9	12	1, 2, 3, 4, 5, 6, 7, 8, 9
acon.	8	13	1, 2, 3, 4, 5, 6, 8, 9
puls.	8	13	1, 2, 4, 5, 6,

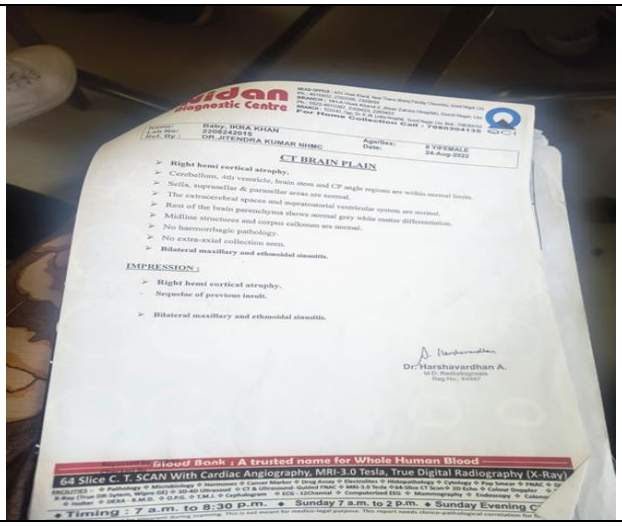
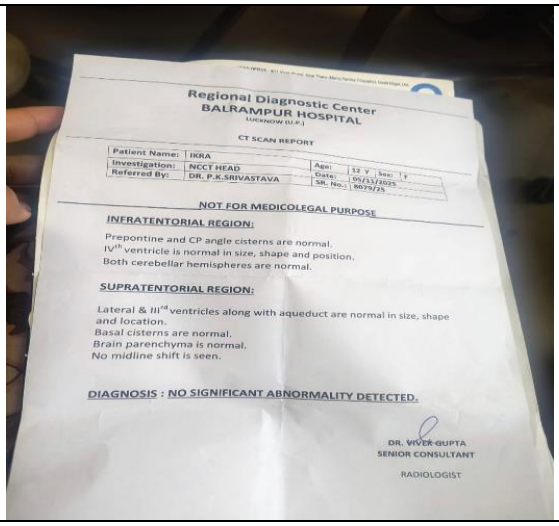
First Prescription
Rx
- Phosphorus 30/TDS -7 DAYS
- SAC LAC 30/TDS -15 DAYS

Management
- Proper sleep for 8 hours
- Avoid dark chocolates and coffee intake
- Try speech therapy or try to talk to the patient, give her proper time
- Avoid mobile exposure
- Avoid other medication

Follow Ups Chart

S. No.	Date	Symptomatology	Prescription
1.	26/07/2023	Anger ++ Sleep more refreshing Speech no change	RUBRUM MET 30/3 DOSE SAC LAC 30/TDS
2.	10/01/2024	Anger++ No change in speech Sleep good	RUBRUM MET 30/3 DOSE SAC LAC 30/TDS
3.	17/02/2024	Anger++ Sleep good No change in speech	RUBRUM MET 30/3 DOSE SAC LAC 30/TDS
4.	27/07/2024	Anger++ Sleep good Noticeable change in speech	RUBRUM MET 30/3 DOSE SAC LAC 30/TDS
5.	28/9/2024	Anger ++ Try to speak and communicate	RUBRUM MET 30/3 DOSE SAC LAC 30/TDS
6.	20/11/2024	Anger ++ Sleep good Appetite reduced	RUBRUM MET 30/3 DOSE SAC LAC 30/TDS
7.	22/01/2025	Anger++ Speaks lots of words Appetite good	PHOSPHORUS 200/3 DOSE SAC LAC 30/TDS
8.	01/03/2025	Emotional sensitivity significantly reduced;feels more confident Speech good Appetite good	RUBRUM MET 200/3 DOSE SAC LAC 30/TDS
9.	23/04/2025	Anger reduced Speech good Appetite good	RUBRUM MET 200/3 DOSE SAC LAC 30/TDS
10.	02/07/2025	Anger reduced Communication gets better	RUBRUM MET 200/3 DOSE SAC LAC 30 TDS
11.	23/08/2025	Anger reduced, She communicates normally	RUBRUM MET 200/3 DOSE SAC LAC 30/TDS
12.	08/11/2025	CT-SCAN was normal No significant abnormality was found	RUBRUM MET 200/3 DOSE SAC LAC 30/TDS

Comparison

Before treatment	After treatment
	

Conclusion

Right hemi-cortical atrophy represents a complex neurological condition with characteristic visuospatial, cognitive, and emotional manifestations. Homoeopathy, especially the remedy Phosphorus, offers a valuable constitutional approach due to its deep action on the nervous system and its symptom similarity to right-hemispheric dysfunction. While structural reversal of atrophy is not possible, individualized homoeopathic management may significantly improve functional capacity, quality of life, emotional well-being, and cognitive balance in affected individuals.

Conflict of Interest

Not available

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Not available

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