



International Journal of Homoeopathic Sciences

E-ISSN: 2616-4493
P-ISSN: 2616-4485
www.homoeopathicjournal.com
IJHS 2021; 5(1): 338-342
Received: 21-12-2020
Accepted: 11-01-2021

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A mind that forgets: Memory and forgetting-its disorders and scope of homoeopathy

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DOI: <https://doi.org/10.33545/26164485.2021.v5.i1f.335>

Abstract

Memory is the ability to take in information, store it, and recall it at a later time. In psychology, memory is broken into three stages: encoding, storage, and retrieval. Problems can occur at any stage of the process. *Memory disorders* can be progressive, including Alzheimer's disease, or they can be immediate including disorders resulting from head injury. Homoeopathy finds a wide variety of its application in this kind of memory disorders. Where the process take place by converting symptoms into rubric and later selecting the suitable drug which covers the symptoms.

Keywords: Memory, forgetting, rubric, homoeopathy, cannabis indica, anacardium, alumina

Introduction

Human being has a special and unique feature of learning. Memory forms the very basis of learning. Learning without memory is futile. It is also obvious that memory is preceded by learning. The study of human memory has been a subject of science and philosophy for thousands of years and has become one of the major topics of interest within cognitive psychology.

Memory is the "capacity of an organism to acquire, store and recover information based on past experience or learning". However, the term "memory" or the process of memorization, cannot be viewed merely in terms of reproduction or revival of past experience or learning. It is quite a complex process which involves factors like learning, retention, recall and recognition.

Formation and storage of memory

The three brain structures are critical to the formation of memories: the medial temporal lobe, certain diencephalic nuclei and basal forebrain. The medial temporal lobe houses hippocampus, an elongates, highly repetitive network. The amygdala is adjacent to anterior end of hippocampus.

Formation of memory begins with learning from environment through senses which forms memory traces or memory links. Memories consist of changes in the synaptic connections among neural cells. Everything you learn is recorded in the brain in the form of changes in the size, shape, chemical functioning and connections of neurons. When new things are learned, new connections are formed in the brain. Practice previously learned things, old connections are strengthened. The changes in the neurons are called consolidation.

Mechanism of the process of memorization

Engrams are the conserved memory traces or images that are left behind after every learning or experience. This preservation of the memory traces by our central nervous system or brain is know as retention of learned or experience act. The duration of retention depends upon the strength and quality of the memory traces. In psychology, memory is broken into three stages: encoding, storage, and retrieval.

Stages of memory: The three stages of memory: encoding, storage, and retrieval.

Types of memory: Memory may be differentiated into short-term or recent memory and long-term or remote memory. Furthermore, Short-term memory reflects new learning. Long-term memory is usually associated with earlier data or other information that has been stored for months or years.

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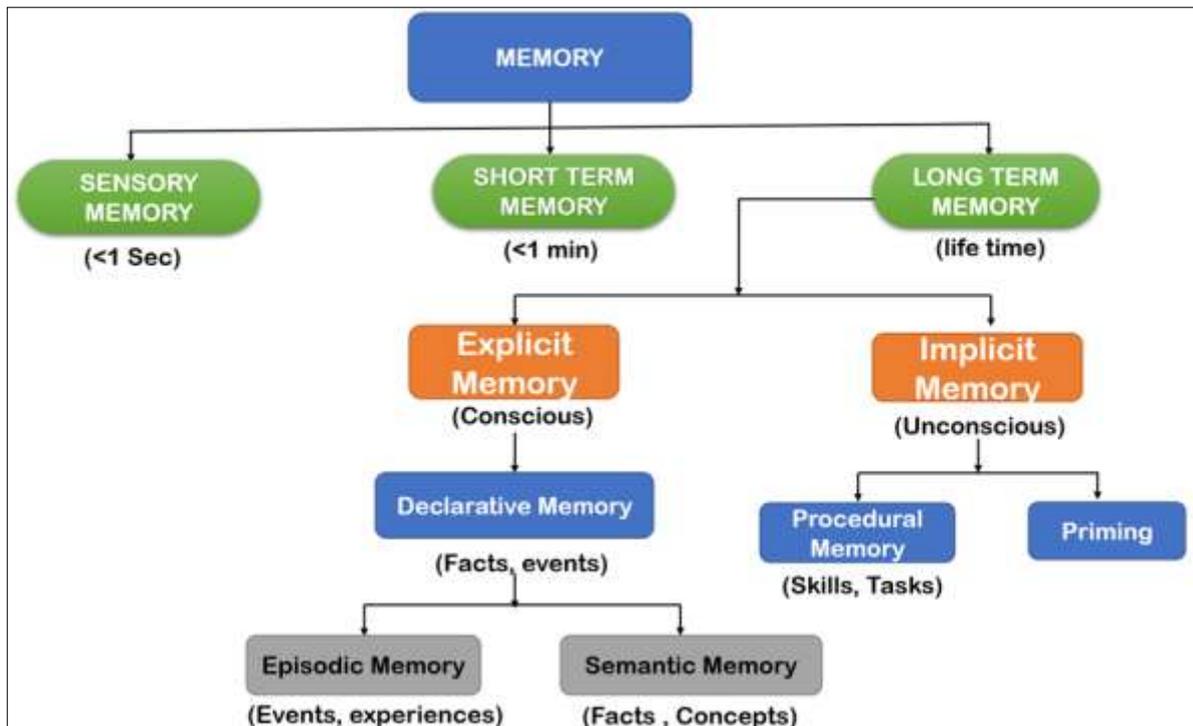


Fig 1: Shows types of memory

The clinical assessment of memory should test three periods, which have distinct anatomical correlates.

Immediate memory functions over a period of seconds;

Recent memory applies on a scale of minutes to days;

Remote memory encompasses months to years.

A related concept, incorporating immediate and recent memory, is *working memory*, which is the ability to store information for several seconds, whereas other, related cognitive operations take place on this information. The encoding of the emotional value of an item contained in the working memory may be of great usefulness in determining goal-directed behaviour.

Forgetting: According to MUNN, Forgetting is the “loss, permanent or temporary, of the ability to recall or recognize something learned earlier”. Depending upon its nature and intensity, it may be classified as natural or morbid (abnormal), general or specific and physical or psychological. Forgetting may be caused due to decay of traces with time or interference of the factors or due to repression.

Memory disorders

Memory disorders are the result of damage to neuroanatomical structures that hinders the storage, retention and recollection of memories. Memory loss is a normal physiologic process that starts at the age of 45. The brains sharpness and power of reasoning are lost with time. It is worth knowing because researchers say that faster deterioration can lead to the development of dementia in the latter part of life. There is major anatomical structural involvement each type of memory disorder we will be discussing below. These disorders usually take place when there is the deviation in the purposeful functioning of the brain’s parts, lacking them behind in storage and retaining the memories.

Disorders of memory are closely connected with other disorders, such as disorders of consciousness; there is often

amnesia for episodes of disturbed consciousness. Some patients are aware of memory disorder and complain about it; others tend to neglect their memory deficits and manifest secondary signs such as confabulation. Confabulations are inventions, which substitute for missing contents in gaps of memory; the patient is not aware that they are not true memories.

A disorder of short-term memory, as in Korsakoff’s syndrome or transient global amnesia, is often neglected by the patient. Behaviour appears normal, and it often seems that the personality is intact. Such a patient may be engaged in lively conversation or seemingly purposeful actions, and only after further investigation does it become obvious that these activities are not based on facts.

The disorder may acquire dysfunction of the overall memory functioning process or hinder it just a singular place. The overall cycle needs a strict evaluation to find out the type of disorder prevailing. These disorders may be mild or severe and can even hit one in the progressive stage. Below is the major listing of memory disorders:

- **Dementia**

It is one of the most notable and prevailing memory disorders. The cognitive functions show a decremental curve and are particularly related to forgetfulness. These persons show incompetency in life tasks having difficulty in completing simple tasks. They too have communication constraints and disorientation. The person too might lose concerns and notable personality changes are seen. Trauma, stroke, drug reactions, and infections can lead to dementia affecting people of all ages.

- **Vascular Dementia**

This dementia arises from vascular constriction leading to decreased blood flow to the cerebellar and cerebral areas. Strokes and head injuries can cause this type of dementia. Trouble planning and understanding things are seen.

- **Dementia with Lewy bodies**

This type of dementia is particularly related to the development and deposition of abnormal protein types called Lewy bodies. These abnormal depositions lessen the memory space given rise to deteriorative brain functions.

- **Frontotemporal dementia:**

This is the most common type of dementia affecting the frontal and temporal cortex of the brain. Usually, this type of dementia affects the nerve cells within the brain causing them to shrink. Though it occurs in ages between 45 and 60 but may occur in younger individuals too. This is associated with impaired speech abilities known as aphasia. This may lead the person to lose temper easily and spring out inappropriate, untimely things.

- **Alzheimer's disease**

Brain changes are noticeable features of this type of memory disorder. It is characterized by two important features. One is the formation of amyloid plaques and the other is the formation of neurofibrillary tangles. These both account for brain signals deficits due to a lack of neurotransmitters in the brain. This gives rise to impairments and hinders the functioning of daily tasks.

- **Mild Cognitive Impairment**

This is termed as mild because it ranks somewhere between normal and severe forms. Mild cognitive impairment can lead to difficulty in memory association and coordination with its counterparts. These people are more prone to transform disease type into Alzheimer's. Genetic predisposition plays a vital role in such cognitive impairments to arise.

- Amnesia is a period of time, which cannot be recalled, and it may be global or partial. With regard to time, it may be
 - Retrograde—an expression derived from the idea that one is looking backwards from an event to find the period that is deleted before the event.
 - Anterograde amnesia means a period of deleted memory after an event.
 - Psychogenic amnesia it is sometimes possible to recognize specific personal meaning in the events which cannot be recalled. Given the psychological forces that prompt the onset of amnesia in these cases, they are commonly termed *psychogenic amnesia*, or sometimes *hysterical amnesia*, *functional amnesia*, or *dissociative amnesia*.

Amnesic disorders should strongly alert the examiner to the possibility of cerebral pathology.

- **Parkinsonism**

The pattern of deficits in patients without overt dementia is memory disturbance and dysexecutive syndrome (e.g. reduced fluency, concept formation, ability to shift set). If there is an overt (subcortical) dementia, aphasia, agnosia, and severe amnesia are relatively uncommon, but mood change is frequent.

- **Depression**

In younger neurologically intact persons, depression affects attention and memory.

- **Alcohol**

There is a typical neurocognitive profile found in chronic detoxified alcoholics after 2 to 4 weeks abstinence: intact IQ and verbal skills, but impairment of novel problem-solving, abstract reasoning, learning and memory, visual spatial analysis, and complex perceptual-motor integration. If severe thiamine deficiency arises, Wernicke-Korsakoff syndrome may ensue, with profound anterograde amnesia.

- **Other drugs**

Findings regarding the long-term neuropsychological effects of marijuana are equivocal, but if there are long-term changes, they probably involve attention. Long-term cocaine use may also affect attention and memory. There are conflicting reports about the long-term use of opiates, but there may be a diffuse effect upon visuospatial and visuomotor activities.

Economy in memorizing

1. Recitation method
2. Whole and part method
3. Spaced and unspaced method
4. Repetition and practice
5. Making use of mnemonics
6. Method of loci
7. Peg word method
8. Keyword method
9. Narrative chaining method
10. SQ4R Technique: Survey, Questions, Read, Reflect, Recall, Review.

Dr Hahnemann was the one to discover this concept of *similia similibus curentur*.

Homoeopathy has its wide variety of its application in these kind of memory disorders which is base on *similia similibus curentur*. The process of selection of drug depends upon the conversion of symptoms into rubric in the repertory followed by the drug study from *materia medica*.

The hunt for *memory rubrics* may go as follows:

In kents repertory

- Mind, Absent Minded (Forgetful)
- Mind, Confusion of Mind (Concentration)
- Mind, Forgetful
- Mind, Memory Weakness of (Mistakes)
- Mind, Memory Loss of

In gallavardin repertory

- Memory (weakness of the) and intelligence which stops young men to do this studies.
- Memory (want of)
- Forgets, Easily

In Interpretation of Rubrics

- Weakness of Memory
- Absent minded
- Amnesia
- Concentration difficult
- Confusion
- Dementia
- Dullness
- Forgetfulness

- Forgotten something feels
- Ideas deficiency of
- Idiocy
- Mental effort inability to
- Mistakes
- Recognize doesn't
- Thoughts vanishing

Some drugs proven effective in memory disorders are as follows:

- **Ambra Grisea:** The memory is impaired, slow comprehension. Awkward. Time passes slowly. Thinking difficult in the morning with old people. Cannot understand what one reads.
- **Alumina:** Memory weak or loss. Alzheimer's disease. Senility and dementia. The consciousness of reality and judgment is disturbed. Confused as to personal identity. When he sees or states something, he has the feeling, as though another person had said or seen it or as though he was placed in another person and could see only then.
- **Anacardium:** Memory loss. Bad memory. Absent minded. Senile dementia. Alzheimer's disease. Suddenly forgets names, those around her, what she has seen. Forgetfulness makes her low spirited.
- **Baryta Carb:** Forgets her errand or word in her mouth. Loss of memory, mental weakness. Senile dementia. Increasing mental weakness. Beclouded mind. Confusion. Idiocy. Childish and thoughtless behaviour. Grief over trifles. Slow mental grasp and backward. Memory deficient, forgetful, inattentive child cannot be taught for it can remember. childish behaviour, irresolute, can't recall past events
- **Belladonna:** changeable; thoughts don't match words; memory impaired, confused, hides things, confused, fears of imaginary animals, muttering, excitable, delirious.
- **Bufo Rana:** Confusion and loss of memory, feeble minded.
- **Cannabis Indica:** Very absent-minded, forgetful, cannot finish sentence. Sudden loss of speech, begins abut cannot finish it, Very forgetful: Forgets his last words and ideas; *begins a sentence; forgets what he intends to speak*; inability to recall any constantly theorizing.
- **Calc Carb:** with obesity issues; memory loss from over work and responsibility; lots of fears; feels he may be going insane.
- **Cocculus Indicus:** with dizziness, also from sleep loss. Slow to understand. Memory blanks out, from distractions. Causes from nursing a loved one.
- **Hyoscyamus:** Senility, Alzheimer's disease with bizarre ludicrous behaviour, passive insanity, mental confusion.
- **Lachesis:** Weak memory. Mistakes are made in writing and speaking.
- **Lycopodium:** Weak memory, confused thoughts. Dyslexia. Spells or writes wrong words and syllables. Cannot read what he writes.
- **Phosphoric Acid:** Loss of memory, brain feels tired, can't keep mind on any subject. mental exhaustion, slow to comprehend, especially from disappointed love or some grief.

- **Plumbum Metallicum:** Weakness or loss of memory; unable to find the proper word (Anac., Lacc.). Amnesia aphasia. Physical Labour exhausts the mind. Weakness or loss of memory. (Anac., Bar-c.) Paretic dementia.
- **Sepia:** Poor memory, confused, wants to run away.
- **Sulphur:** Absent-minded. Very forgetful. Aversion to do mental or physical work. Dull, difficult, thinking, misplaces or cannot find proper words when talking or writing.
- **Thuja:** dull mind, isolated, slow comprehension, mistakes in writing and talking; speech is confused; vanishing thoughts, doesn't know where he is; feels alone; feels he is dirty.

Conclusion

Memory is the capacity of an organism to acquire, store and recover information based on past experience or learning. Encoding, storage, and retrieval are the stages of memory. Forgetting is the loss, permanent or temporary, of the ability to recall or recognize something learned earlier. There are many different disorders of memory such as amnesia, dementia, Parkinsonism, vascular dementia, Alzheimer's disease, depression are some of them. There is a wide variety of scope of homoeopathy in such disease with remedies such as baryta carb, cannabis indica, lycopodium, plumbum metallicum many more which are selected by accurate interpretation of rubric from the repertory for easy identification and differentiation of drugs.

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