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

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Abstract
Memory is the ability to store and retrieve information collected. Memory has 3 phases - encoding, storage, and retrieval. *Memory disorders* are progressive in nature and can lead to further severe organic mental disorders. 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 have 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. Human memory and its psychology has become a major concept of cognitive psychology.
Memory is the "capacity of an organism to acquire, store and recover information based on past experience or learning". The processes under the memory, is a complex process which involves learning, retention, recall and recognition.

Formation and storage of memory
The brain structures involved in formation of memories: the medial temporal lobe and diencephalic nuclei and basal forebrain. The medial temporal lobe contains hippocampus and amygdala.
Formation of memory begins with learning from environment through senses which forms memory traces or memory links. When we learn new facts, new connections are formed in the brain. By practicing previously learned things, old connections are strengthened. Memories consist of changes in the synaptic connections among neural cells. Everything that we learn results in some anatomical, physiological changes in connection of neurons in the process of recording. These changes occurring 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. The ability to remember or recall or preserve these memory traces by our central nervous system or brain is known as retention of memory. The strength and quality of the memory traces are the factors affecting duration of retention. In psychology they are encoding, storage, and retrieval.

Stages of memory: It is broadly classified into three stages
1. Encoding
2. Storage
3. Retrieval.

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

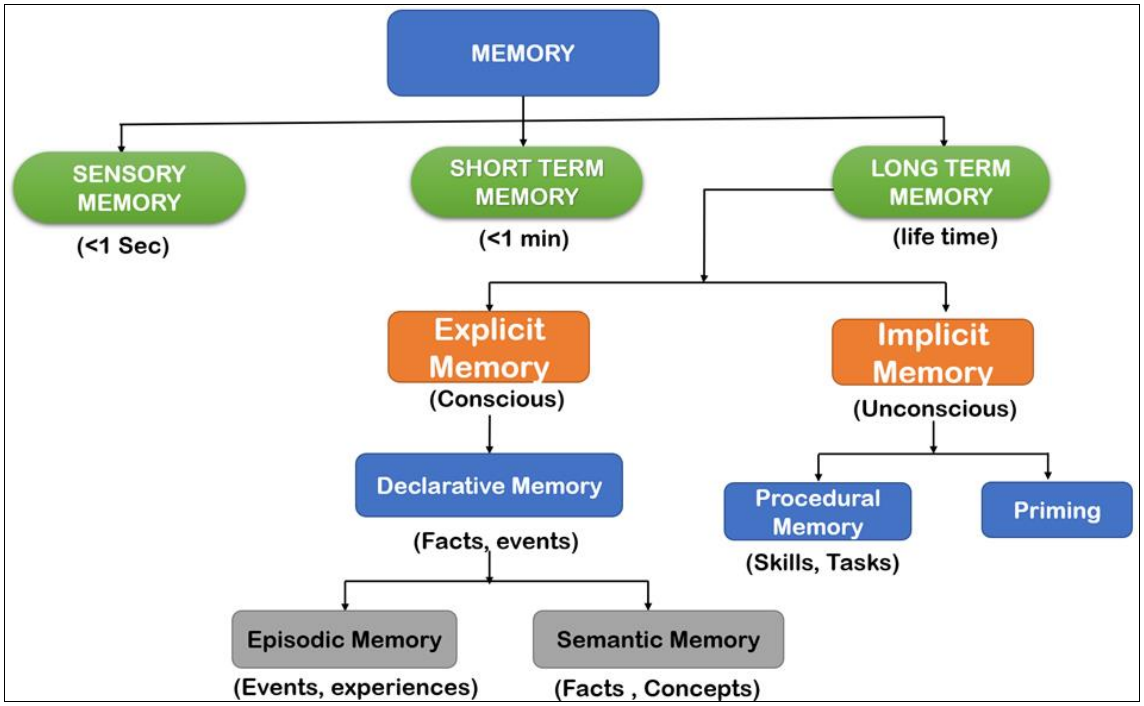

Fig 1: Shows types of memory

The evaluation of memory should test three periods, having evident anatomical correlates.
Immediate memory activity is for a period of few seconds;
Recent memory applies from minutes to days;
Remote memory: encloses information of months to years.
Working memory is the ability to store information for several seconds which is the consolidation of immediate and recent memory, 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 outcome of damages to neuroanatomical structures that hampers the process of storage, retention and recollection of memories. It is decreased cognitive abilities leading to the decline ability of reasoning and decision making. Memory loss is a normal physiological process that starts at the age of 45 as brain sharpness and power of reasoning are lost with time. 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 complete memory functioning process or hamper it just a singular place. There is a need of strict evaluation to find out the different type of disorder prevailing. These disorders may be mild or severe. Below are some major list of memory disorders:

- **Dementia**

It is one of the most notable and prevailing memory disorders. Dementia is usually caused by damage or loss of nerve cells and their connections in the brain. It can affect people differently and cause different symptoms depending on the area of the brain that's damaged, the cognitive functions slow down and are particularly related to forgetfulness. These persons are unable in completing simple life tasks. They too have communication constraints and disorientation. The person too might lose concerns and notable personality changes are seen. Dementia is caused by trauma, stroke, drug reactions, and infections.

- **Vascular Dementia**

It is the 2nd most common form of dementia. There dementia arises from vascular constriction or blocking of blood flow leading to decreased blood flow to the cerebellar and cerebral areas. The common cause Strokes and head injuries.

- **Dementia with Lewy bodies**

It is a form of progressive dementia caused by degeneration

of tissues of brain related to the development and deposition of abnormal protein types called Lewy bodies.it mainly effects memory, movement and personality. There is progressive decline in memory, thinking and problem solving and leading to inability to carry out daily activities.

- **Frontotemporal dementia**

This is the most common type of dementia affecting the frontal and temporal cortex of the brain the nerve cells are lost, this causes them to shrink. FTD can effect language, personality, behaviour and movements. With symptoms as inattention, increased distractibility, difficult initiating or completing the tasks.

- **Alzheimer's disease**

It is a brain illness usually noticed in older adults. It is the most common cause of dementia. It is a progressive disease indicated by 2 features they are formation of amyloid plaques and neurofibrillary tangles. These both results in decreased brain signals due to a lack of neurotransmitters in the brain. This gives rise to inability to perform daily tasks.

- **Mild Cognitive Impairment**

It is an intermediate state in between normal memory and thinking process and dementia.it can lead to difficulty in memory association and coordination. These people are more prone to transform into Alzheimer's. Genetic predisposition partake 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
  a. 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.
  b. Anterograde amnesia means a period of deleted memory after an event.
  c. 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.*

Amnestic 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 classical neurocognitive portrait found in chronic detoxified alcoholics after 2 to 4 weeks abstinence: there will be intact IQ and verbal skills, but impairment of problem-solving, reasoning, learning and memory, visual spatial and complex perceptual–motor integration. Alcohol interfers with ability to perform new long term memory and keep new information active in memory for brief periods. If there occurs 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 vasomotor 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.

Homoeopathy

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 interpretaton 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 Mettalicum:** 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 ability of a person to acquire, store and recover information based on past experience or learning. Encoding, storage, and retrieval are the stages of memory. Forgetting is the gradual or spontaneous process of loss of the ability to recall or recognize something learned earlier which is permanent or temporary. There are many different disorders of memory such as amenia, 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 mettalicum many more which are selected by accurate interpretation of rubric from the repertory for easy identification and differentiation of drugs.

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