Alcohol intoxication: An emergency with an extra ocular muscle paralysis and its homoeopathic management

Dr. Rakesh Gupta, Yarish Sadri and Sayli Shinde

Abstract
Alcohol consumption is gradually increasing worldwide. There are numerous cases which report to various hospitals with acute psychiatric emergency as well as neurological presentation. This case demonstrates the role of Homeopathic medicines in the treatment of Alcohol induced Neuro-psychiatric manifestations. Effective utilization of the Evolutionary Psycho dynamic understanding of the personality helps in correct homoeopathic remedy prescription.

Keywords: Alcoholism, substance abuse, suicidal attempts, right lateral rectus palsy, diplopia, conium

Introduction
This case is a unique case suffering from both mental and physical derangement due to alcohol indulgence. Alcohol induced mono neuropathy has resulted in right lateral rectus muscle palsy leading to Diplopia due to failure of right eye lateral rotation. Alcohol intoxication with behavioral derangement resulting in suicidal attempts was efficiently treated with the correct similia, isolation and patient counseling. The conventional line of treatment would administer multivitamins and steroids in order to treat the right rectus palsy but it was completely managed with the help of Homoeopathic medicines without any steroids.

Case History: A 32-year-old female who is a chronic alcoholic since many years had presented with an episode of binge alcohol drinking since morning. Relative made a telephonic call in the evening stating that patient has injured herself (self inflicted incised wounds) under the alcohol influence and also there were constant hiccoughs. She also had complaints of Diplopia (double vision); Vertigo and Photophobia which were better by closing her eyes2+. On observation in the hospital: Under Alcohol Influence:
She was in the state of psychomotor agitation, abusing, violent anger, refusing to take treatment, shouting at others, Breath holding spells and injuring herself.
Fig 2: Right Lateral Rectus Palsy with staring look and puffiness of the lids.

O/E: CLW (2 x 1/2 cm) on left forearm., BP – 150/100 mm Hg, P – 130/ min
RS/CVS/PA- NAD, CNS- Reflexes- B/L equal, Pupils- Dilated
MACEWAN’S SIGN- Negative, (In case of alcohol intoxication, pupils are contracted, but on external painful stimulation eg by pinching on the same side of the eye causes pupil to dilate followed by slow constriction again. this is called as Macewan’s sign and if this is positive, it is suggestive of alcohol poisoning and intoxication alcoholic or encephalopathy).

Mental Status Examination at the time of admission
- Appearance- poorly groomed, hesitation cuts on hand, alcoholic smell
- Behavior- Catatonic Posture (it is a state of Psycho-motor immobility and behavioural abnormality manifested by stupor).
- Orientation- Disoriented to time, place and person
- Speech- Abrupt, Incoherent speech

She has repressed and suppressed her emotions. Her repressed feelings are expressed in dreams of being pursued by enemies. “Enemies” is symbolic representation of “Threat” (Threats are Her Realities, Husband who abandoned her) “She is running to protect Herself”. This is CONTRARY To her conduct “One Hand She dreams of threat and trying to survive” & Other Hand She harms her own self. This contrary behaviour becomes an important theme of the case. On the other hand there is somatisation of her psychological state in form of right rectus muscle palsy.

Fig 3: Psycho Dynamic Understanding and Dream Interpretation

Fig 4: Prescriptive Totality

Diagnosis: Acute Alcohol Intoxication, Substance Abuse (Alcoholism) With Suicidal Attempts And Right Abducen Nerve Palsy.
Hahnemmannian Classification of Disease: Acute on Pseudo Chronic (Aphorism no 77) with Secondary Dynamic disease with fully developed symptoms
Differentiation of remedies

<table>
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<tr>
<th>Symptoms</th>
<th>Alumina</th>
<th>Ignatia</th>
<th>Conium</th>
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<tr>
<td>Mind</td>
<td>Depressed as with grief. Anxiety, with external heat and uneasiness as if she had done something bad. Extremely peevish and obstinate. Frequently changing mood. Dullness of mind. Serious, anxious mood</td>
<td>Anxiety, as if he head committed some crime. Dread of every trifle, especially of things coming near him. Indifferent to everything. Fear of thieves. Dreams the whole night of one and the same thing with dreams of frightful things.</td>
<td>Drunkenness. The slightest spirituous drink intoxicates him; even watered wine rises to his head. Averse to being near people, inclined to seize hold of and abuse them. Anxious dreams full of threatening dangers. Hypochondriac depression and indifference</td>
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<td>Eyes</td>
<td>Squinting of both eyes.</td>
<td>Dizziness of vision of the right eye. Painful pressure above the eyes, especially on looking at the light</td>
<td>Double vision for several minutes. The absence of action of the muscles supplied by the fourth and six pairs of nerves.</td>
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<tr>
<td>Physicals</td>
<td>Intoxication- Beer rises easily to the head and causes intoxication.</td>
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Conium Remedy

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<thead>
<tr>
<th>Kent’s Materia Medica</th>
<th>Phatak Materia Medica</th>
<th>Clarke’s Materia Medica</th>
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<tr>
<td>Mental symptoms, nervous symptoms, trembling, in widows</td>
<td>Hypochondriasis from sexual abstinence or sexual excess</td>
<td>Hysterical anguish from suppression of the sexual instinct.</td>
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<td>and widowers who have suddenly been deprived of</td>
<td>Depressed, timid, averse to society, yet fears being alone</td>
<td>Anthrophobia, yet fear of solitude.</td>
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<td>their sexual relations.</td>
<td>Periodical insanity, of alternating type.</td>
<td>Hypochondriacal indifference.</td>
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<td>persons who have suffered from grief, they become</td>
<td>Easily intoxicated</td>
<td>Disposition to be angry.</td>
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<td>broken in memory</td>
<td>Worse- alcohol</td>
<td>Intoxication after taking smallest quantity of spirituous</td>
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<td>He is averse to being near people and to talking of</td>
<td>Affects nerves, muscles causing incoordination and</td>
<td>liquid.</td>
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<td>those passing him; is inclined to seize hold of and</td>
<td>paralysis.</td>
<td>Diplopia with photophobia.</td>
</tr>
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<td>abuse them.</td>
<td></td>
<td>Dreams of Danger.</td>
</tr>
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<td>Paralysis of muscles of the eyes.</td>
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Fig 7: At the start of the treatment: - Conium 200 first dilution for 2 days.

Fig 8: After 2 days of treatment

Fig 9: After 4 Days of the treatment.

Conclusion
1. Identifying the correct Similimum is based on detail evolutionary history of the patient.
2. Psychodynamic and psychosomatic co-relation often helps in totality construction which ultimately leads to right Similimum
3. Dream analysis and co-relation with current psychological understanding leads to therapeutic planning and remedy selection.
4. Understanding the Cause and Effect relationship during the case taking and case processing.
5. Neurological Diorders requires careful and close monitoring during the course of treatment with documented evidences.

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References