

HOMOEOPATHY IN NEUROLOGICAL DISORDERS

(A Case of Peripheral Neuropathy)

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SUMMARY: Scope of Homoeopathy in neurological disorders is well established in isolated reports. A schematic disease oriented research study was not carried out in Homoeopathy for any disease. It is true that homoeopathic approach is on the totality of the patient and not on the local manifestations. Here is a well documented case report diagnosed from Dept. of Neurology, Safdarjung Hospital, New Delhi. Its final report by the same dept. after homoeopathic treatment is also listed. Some may explain this cure as a natural remission. That is a sad part of homoeopathic cure. Homoeopathy by virtue of its holistic approach has established its therapeutic efficacy in biodynamic and psycho-somatic diseases.

It is high time that such schematic data should be comprehended through drug and disease oriented studies, and there is no reason why such projects and programmes should not be taken at hand to further prove the scientificity of our science.

CASE REPORT

A right handed male govt. servant aged 30 years came with complaint of impairment of sensations in all four limbs since 1½ months.

This complaint started on 10th November 1980 with tingling and numbness in right leg and foot, which subsequently involved left leg. Within ten days the tingling and numbness involved both hands and forearms. These symptoms gradually progressed. In first week of December 1980 he started noticing weakness in both upper as well as lower limbs which gradually progressed to the extent that he could not run or catch bus as before with difficulty in walking, getting up from squatting or sitting position. He further experienced difficulty in lifting weight and in typing letters.

In general the patient was sensitive to cold weather; he used to feel better in hot weather and in warm room. He had peculiar feeling as if his both legs were swollen and he was walking on cotton wool.

He had severe burning sensation in both hands and feet to the extent that at night he used to keep his feet out of the blanket.

His father died of myocardial infarction and was a patient of bronchial asthma. His mother died, a known case of arthritis. On sensory examination 10% sensory loss in peripheral parts of four limbs was noticed.

This case was diagnosed at Department of Neurology, Safdarjung Hospital, New Delhi as peripheral neuropathy with the help of electromyography on 9.1.1981.

Before diagnosis he was given routine allopathic treatment, but without any relief.

On 10.1.1981 Sulphur 200, one powder daily in morning, along with Kali phos. 6x, 2 tabs. each, three times daily for seven days was prescribed.

RESULTS

On 3rd day after taking the medicines, he started showing improvement and subsequently there was no burning sensation in hands and feet. The tingling sensation and numbness disappeared and within seven days he became absolutely normal. He developed normal muscular power in all limbs.

DISCUSSION & CONCLUSION

The patient was again referred for E.M.G. evaluation and the conclusion was appreciably encouraging.

Though the patient was symptomfree, he was advised to remain in touch for regular observation and follow up treatment, if necessary, for at least one year, so as to assess that he is permanently cured.

This amply proves the decided effect of homoeopathic drugs in neurological complaints.

ACKNOWLEDGEMENT

I wish to thank Dr. M. S. Oberoi for referring this patient and in helping to undertake the nerve conduction studies at Safdarjung Hospital.

BEFORE TREATMENT

Department of Neurology
Safdarjung Hospital,
E.M.G. Report.

E.M.G. No.: 18/81
O.P.D.: 2023/80
Date: 9.1.1981

Murari Lal 30 years M
Cl. Diag. Peripheral Neuropathy
Refd. By Dr. Manjit
Report:

Motor nerve conduction of the following nerves done.

Motor	Latency/m/s		Dist.	Cond.	Velocity
	Rt.	Lt.			
Peroneal	8.5	9.8			
Ankle EDB					
Knee EDB	18.8	23.3	37.5	37	30
Ankle-Hal	10.0	10.8			
Knee-Hal	24.8	22.4	42.5	29	36
Median Nerve					
Wrist APB	6.2	8.6			
Elbow-APB	12.3	13.4	26.5	44	51
Axilla-APB	14.4	18.3	40	57	28

Motor	Latency/m/s		Dist.	Cond.	Velocity
	Rt.	Lt		Rt.	Lt.
Erbs Point	18.6	21.6	69	73	81
Lt. Ulnar nerve					
Wrist-ADM	4.8				
Elbow-ADM	9.0		27.0		65
Axilla ADM	13.2		38.0		26
Erbs. point-ADN	19.0		64.0		45

Remarks: Sensory nerve action potentials are tried but not obtained. Interference pattern is incomplete in all the groups of muscles tested. Latencies are reduced. Sensory nerve action potentials are not obtained. Findings are conclusive of peripheral neuropathy both sensory and motor.

AFTER TREATMENT

Dated: 20.3.1981

Motor nerve conduction studies of the following nerves done

Motor	Latency	Dist.	Cond.	Velocity
Lt Median				
Wrist-APB	3.8			
E ..	8.7	25		51
A- ..	10.7	39		70
E.P- ..	15.2	71		71
Rt. Ulnar				
Wrist ADM	4.1			
E- ADM	7.6	28		80
A- ADM	9.9	37		39
E.P. ADM	15.2	67		57
Rt. Peroneal				
Ankle- EDB	6.2			
Knee EDB	14.5	33		40
Rt, Post Tib.				
Ankle- Hal	6.0			
Knee- Hal	15.8	42		43
Rt. Median Sensory		Th 75 volts PD. 5 ms Latency 2.3ms 30 volts.		

Remarks: As compared to the previous E.M.G. there is marked improvement in latencies and nerve conduction. Sensory action potentials in Rt. Median nerve are normal E.M.G. is within normal limits.