

Cerebral Palsy and Its Homoeopathic Management

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Abstract: Cerebral palsy (CP) is a group of permanent movement disorders that appear in early childhood. Cerebral palsy is the most common movement disorder in children. ^[9] It occurs in about 2.1 per 1,000 live births. Cerebral palsy is most complicated situation that can cause the physical disabilities.

Keywords: cerebral palsy, homoeopathy, cerebral palsy and homoeopathy

1. Definition and introduction

Cerebral palsy (CP) is a group of permanent movement disorders that appear in early childhood. Signs and symptoms vary among people and over time. Often, symptoms include poor coordination, stiff muscles, weak muscles, and tremors. There may be problems with sensation, vision, hearing, swallowing, and speaking. ¹ Often, babies with cerebral palsy do not roll over, sit, crawl or walk as early as other children of their age. Other symptoms include seizures and problems with thinking or reasoning, which each occur in about one - third of people with CP. While symptoms may get more noticeable over the first few years of life, underlying problems do not worsen over time.

Aetiology

- a) Prenatal Causes
 - Structural malformations of nervous system
 - Congenital or intrauterine infection
 - Maternal or obstetric complications
 - Teratogens
- b) Perinatal Causes
 - Birth asphyxia
 - Prematurity
 - Low birth weight
 - Birth trauma
 - Intracranial haemorrhage
 - Hyperbilirubinaemia
 - Hypoglycaemia
 - CNS Infection
- c) Postnatal Causes
 - CNS Infection
 - Hypoxia
 - Trauma
 - Toxins

Pathogenesis

In 1862, Little called attention to the concurrence of following: -

- a) Abnormal parturition
- b) Difficult labours
- c) Premature birth
- d) Asphyxia neonatorum and
- e) Spastic weakness of legs > arms

So, he concluded prematurity and damage to the developing brain (due to any of the above reasons) are the chief factors contributing to cerebral palsy taking place.

Two groups are there:

- a) Associated with prematurity: - There is a strong association between spastic diplegia with prematurity. The cause of brain damage is anoxic infarction of periventricular white matter in the cerebral hemispheres.
- b) Associated with term birth & difficult parturition: - In this type, the main insult is intrapartum hypoxia & asphyxia due to compromise of cardiac &/or respiratory function for a few minutes

Clinical features

- 1) Most common presentation is developmental delay.
- 2) Abnormalities of tone either hypotonia or spasticity or absence of normal movement of the limbs.
- 3) Persistence of neonatal reflexes, increased tone, persistent cortical thumb even after 3 months age and a firm grasp.
- 4) Scissoring of legs, toe walking, abnormal posture and gait
- 5) Abnormal movements &/or hyperreflexia

Other associated complaints include: -

- 6) Intellectual disability
- 7) Microcephaly
- 8) Seizures
- 9) Behavioural problems
- 10) Difficulty in speech, language, swallowing or feeding, malnutrition
- 11) Blindness, deafness, squint
- 12) Sleep disturbances
- 13) Excessive drooling

2. Classification

- A. Topographical classification: - It describes the body part affected and provides description of where and to what extent the child is affected by CP.
 - 1) Monoplegic: - Involvement of one limb; either an arm or a leg.
 - 2) Diplegic: - Affection of B/L lower limbs more than upper ones or solely the lower ones.
 - 3) Hemiplegic: - Predominantly affect one side of body (arm & leg on one side) with spasticity of upper extremity more than lower one.

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- 4) *Double Hemiplegia*: - If both arms are involved more than the legs, the condition is classified as double hemiplegia.
- 5) *Quadriplegic*: - Affection of all four extremities and the trunk (full body). Means whole body paralysis right from below the jaw.
- 6) *Pentaplegia*: - Means all four limbs are involved, with neck and head paralysis often accompanied by eating and breathing complications.

B. Classification based on muscle tone: - Spastic and Non - Spastic CP

- 1) *Spastic /Pyramidal/Hypertonic*: - There is increased muscle tone causing the muscles to stay in continued contracted state making the limbs very stiff, rigid and resistant to flexing or relaxing, thus called spastic or hypertonic. Also called pyramidal cerebral palsy as the location of injury is inside the pyramidal tract of brain.
 - Spastic diplegia
 - Spastic hemiplegia
 - Spastic double hemiplegia
 - Spastic quadriplegia
- 2) *Non - Spastic/Extrapyramidal/Hypotonic*: - It exhibit decreased or fluctuating muscle tone often resulting in loose, floppy limbs. It is characterised by involuntary movements. Also called extrapyramidal CP because the location of injury is outside the pyramidal tract in the areas such as basal ganglia, thalamus and cerebellum.
 - a) Ataxic CP
 - b) Dyskinetic CP
 - Chorea
 - Athetosis
 - Dystonic
 - Choreoathetoid
 - c) Mixed CP

Diagnosis

- a) Proper history taking
- b) Clinically evident
- c) Detailed neurological and developmental examination
- d) Tests such as EEG, CT scan MRI help depicting the extent of cerebral damage in diagnosed case of CP.

Neuroimaging may show following impressions: -

- Cerebral atrophy
- Porencephaly
- Periventricular leucomalacia
- Vascular insults
- Bilirubin - Encephalopathy
- Cystic encephalomalacia
- Porencephalic cyst
- Cerebellar malformations
- Other cerebral anomalies

Management

In old school medicine there is no cure only management can be done. Spasticity is managed by physiotherapy and drugs causing release of spasm. Some patients may require tendon release or tendon lengthening. Anticonvulsants are used for epilepsy.

Homoeopathic Approach

CP is the syphilitic disease resulting in muscle paralysis and later on atrophy. Whatever happens as pathology in the disease, ultimately results in loss of movement of muscles.

In this there is affection of motor cortex, thus less nerve impulses are transmitted to the corresponding muscle causing a loss of function of muscle. The purpose of paralysis is to show fake death like animals play dead when they face predator or danger. Here again, the important thing is, the paralysis is the result of disease; not disease itself. Like this showing dead is a reaction/defense adopted by the constitution of child but not the disease itself. The actual disease is why he wants to show himself dead, why he does not want to move, what initiated the process of disease in the womb or during birth or after birth, why his brain was targeted and that too some specific area of brain and not any other area or the organ.

The conflict related to movement of muscles is a motor conflict of "not being able to move" or "feeling stuck". The foetus may experience the conflict of "not being able to move" when the mother is in danger or because of threatening noises in the immediate environment such as jackhammers, chainsaws, lawn mowers, grass trimmers; loud kitchen equipment such as blenders held close to womb or screaming and yelling (fights between parents, mother yelling at her children). In this case, if the conflict is not resolved, the baby may be born with partial paralysis of legs with motor disabilities.

The loud noises of ultrasound examinations can be highly traumatic for the unborn. A "feeling stuck" conflict may be activated during a difficult delivery in the way the baby handled immediately after birth. **The motor disabilities seen in CP is the result of motor conflicts experienced by the foetus in the womb or during the birth process.**

Conflicts related to leg muscles: not being able to escape or run away e. g. from a workplace or a relationship, not being able to leap aside, not being able to follow, feeling rooted to the spot, feeling trapped, not being able to keep up, not being able to climb up e. g. not being promoted, not being able to kick somebody away (extensor muscle), a fear of not being able to walk.

Conflicts related to arm muscles: being forcefully held down as in physical abuse, sexual abuse, during a vaccination, in a fight or play; not being able to hold or embrace someone or hold someone back (flexor muscle); not being able to push someone away, fight somebody off, defend oneself (extensor muscles and muscles around elbow)

These were the probable conflicts in case of affection of specific muscles. But there are some severe cases in which the CP child totally leads a vegetable life i. e. not able to move at all.

In such cases, ask the mother why she gave message to her child that you have to survive like a plant, why she told that you should not move. In these totally destroyed cases there has to be some severe situation in which the mother felt she

can't move, what is the use of legs if she can't move, its better to cut the legs in such situation. Vegetable life means totally dependent life. That means mother felt during pregnancy that she does not have independent existence. She had to be dependent on someone, be it husband, mother or father - in - law. She may had to lead a dependent life which made her feel stucked. Ask the mother is she is educated, housewife or working. This will tell us whether she is dependent on others even for her basic needs.

Actually what is happening in the disease. The lesion in the brain leads to loss of nervous control partially or completely which in turn causes spasticity, paralysis or uncontrolled movements like ataxia. There is loss of control over muscles that's why they stay in state of prolonged spasms. During pregnancy the mother may have felt that she is unable to control something or something was out of her control. She wanted to control something, may be some situation or some person, which she could not. She thought somewhere that she has lost her control over something. Ask mother, where and why she felt control is losing from her hands or she thought there is no use of control so better to lose it.

TARGET ORGAN: Brain

MIASM: Syphilis of destruction and autoimmune.

GOVERNING EMOTION:

Can be anger, fear or fright (causing hypoxic - ischemic injury to the brain)

Pathological and particular rubrics:

- Head; Softening of brain
- Head; Atrophy, brain, of
- Head; Brain, complaints of
- Head; Fontanelles, open
- Extremities; Contraction of muscles and tendons
- Extremities; Contraction of muscles and tendons, lower limbs
- Falling head forwards or backwards or sideways
- Extremities; Emaciation, lower limbs

Mental rubrics can be:

- Helpless feeling
- Delusion, helped cannot be
- Ailments from anger, vexation
- A/F anger, vexation, fright, shock with
- A/F insult offences
- Delusion misfortune inconsolable over
- Delusion, deserted forsaken
- Delirium, frightful
- Death desire
- Discouraged resignation
- Delusion, identity error of personal

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