New Homoeopathic Medication in Rehabilitation of Cerebral Palsy and Mental Retardation

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INTRODUCTION

Cerebral Palsy still remains the severe physical and mental disability affecting children, and the most crippling challenge still to all of us who care for them.

Its recognition takes us back as much as one and half centuries to its first presentation in 1843 by William John Little as a 'Spasmodic affection' of newborn, "born in a state of asphyxia".

Concept of Cerebral Palsy and Mental Retardation in Ayurveda.

Ayurveda is an ancient Indian System of Medicine. About 2500 years back in ancient Ayurveda of India, the great Physician Charaka and Surgeon Sushruta have described entities similar to Cerebral Palsy, multiple disabilities and mental subnormality.

1) Charak has described the role of genetic transmission as

यस्य यस्य अवयवस्य बीजे बीजभागः उपतप्तो भवति, तस्य तस्य अवयवस्य विकृतिः उपजायते

चरक शा. स्था. अध्याय ३, सूत्र २३

i.e. during conception the abnormal genes of either sperm or ovum create deformities in the corresponding organs or elements of the foetus.

2) Sushruta describes the effects of traumatic injury to brain during labour.

अकाल प्रवाहणात् बधिरं मूकं कुब्जं व्यस्तहनुं मूर्ध्वाभिधातिनं कासन्श्वासशोषोपद्रुतं विकटं वा जनयति

सुश्रुत शा. स्था. अध्याय १० सूत्र ६

i.e. due to untimely bearing down (due to compression) during labour, or due to traumatic injury to the brain the foetus becomes deaf or not responding to the stimulus, dumb, or with hump backed deformity, with deformed chin or may be with facial palsy or with cough, dyspnoea, with retarded growth & horrible look.

3) Sushruta describes Intra-Uterine Growth Retardation as

गर्भवातप्रकोपेन दौहृदेवा अवमानीते।
भवेत कुब्जः कुणीः पंगू मूको मिन्मिन् एव वा।

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During intrauterine life due to *Prakopit Vata* or due to disregarding the longings (दौहृद) of the pregnant mother the foetus becomes hump backed or with malformed arms, paraplegic, dumb or with nasal speech.

4) In Sushruta Uttartantra, chapter 27, he has mentioned entities as *Skandgrah* and *Skandapasmargrah* which closely resemble, Infantile Hemiplegia & Spastic Cerebral Palsy with convulsions.

Since then scientists, paediatricians and neurologists worldwide are trying their best to find out a remedy to help children with cerebral palsy, and mental subnormality.

Cerebral refers to the brain and palsy to a disorder of movements, or posture. It is neither progressive nor communicable, nor is it curable in the accepted sense. It is not a disease and is characterised by an inability to fully control motor functions. Depending on which part of the brain has been damaged and the degree of involvement in the C.N.S., one or more of the following may occur, spasms, involuntary movements, disturbance in gait and mobility, seizures, abnormal sensation and perception, impairment of sight, hearing or speech and in about 20% of people with Cerebral Palsy there may be some degree of Mental Retardation, i.e. subnormal state of intelligence.

The comparison of a normally developing child and the child with disabilities gives us some hints for the management of disabled children. In the first year of life when we mature from babyhood to childhood. we learn to move, to co-ordinate our movements, to get up from the floor, to balance and walk. At the same time we explore our surroundings, using all our sense and movements, we copy our seniors, we play and learn the simple movements of daily living. Learning all the time, we are guided

and helped but not actually taught. Watch the young baby in his cradle playing with his toes and toys. He will reach out, feel them, put it in his mouth and totally familiarise himself with his toy and feet. His grandma will play with him, sing him rhymes, count his toes, and teach him the world toy. During this interplay between maturation, exploration and contact with seniors, a learning process takes place which is unconscious and automatic. We now do not remember how we learnt the word toy, or about dressing. On the other hand many of us will recall the actual time and place when granny taught us how to tie a bow. This was a conscious learning process and we perfected the skill through practice.

In cerebral palsy the maturation process does not take place in the same manner as in the normal child. This child is continually out of step with normal development and when he acquires a movement neither does he practice for hours as does the normal child, nor does he automatically use his movements in normal functional activities. By function is meant the ability to perform the ordinary tasks of daily living such as eating, drinking, dressing, washing, speaking and bathing as well as moving from one point to another.

The aim of treatment should therefore be to form a bridge between movement and function, to achieve a meaningful whole and so lead towards the end goal - independence.

Today's management of such patients mainly depends upon assistive technology, speech therapy, O. T., counselling, symptomatic drug therapy for convulsions, involuntary movements, etc., and surgery for corrective measures. So far there is no drug therapy available to improve motor functions and higher cortical functions of the brain. If a formulation can be brought about to stimulate motor and higher cortical functions of the brain, it will prove not only to be a very effective but also an inexpensive medium in rehabilitation. And it will also bring about, along with conventional methods, a far reaching change in the scenario of management and rehabilitation.

The present study shows significant improvements in cases of Cerebral Palsy and Mental Retardation with Dr. Oswal's new Homoeo-Biochemic Formulation G Therapy which has shown beneficial effects on motor and higher cortical functions of the brain.

MATERIALS AND METHODS

This study involves 707 patients out of which 479 patients are above the age of 6 years. The improvements seen in the age group of 0-5 years may be because of natural recovery and so are excluded from this study.

G THERAPY

G Therapy is a unique combination of Herbal Extracts, potentised in Homoeopathic form and Biochemic Salts.

It is in the form of sweet pills, has sublingual absorption, is safe and is compatible with other conventional therapies like Occupational Therapy, Speech Therapy, Anti Convulsants, etc.

PARAMETERS

Various parameters which are used to assess the efficacy of G Therapy are speech, understanding, expressions, emotions, irritability, sleep, hyperactivity, memory and concentration, toilet control, spasticity, gross and fine motor movements.

ETIOLOGY OF CP & MR 707 CASES

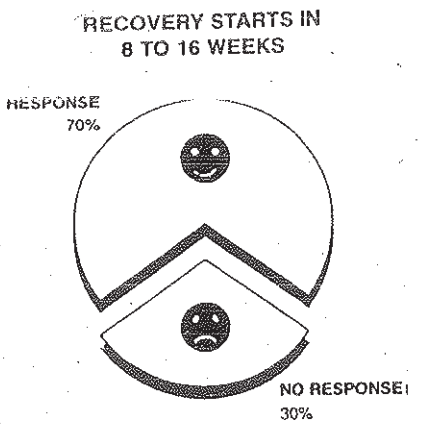
Of the various conditions treated with G Therapy in this study, Ischaemic Hypoxic Encephalopathy, Kernicterus, Post Encephalitis, Spastic Cerebral Palsy, Autism, Down's Syndrome, constitute major bulk of patients.

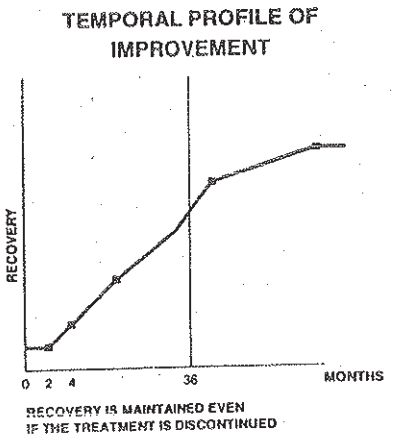
Mental Retardation & Cerebral Palsy due to

(N = 707/above 6 Year = 479)

• Post-Hypoxic	98/68
• Traumatic Forceps	13/11
• Kernicterus	39/33
• Hydrocephalus	13/8
• Post Meningitis	17/14
• Post Encephalitis	23/21
• Microcephaly	32/12
• I U G R	4/0
• Teratogenic	5/3
• Septicaemia	7/6
• Spastic C.P.	54/39
• Hyperactive	49/38
• Cortical Atrophy	21/8
• Infantile Hemiplegia	10/4
• Epilepsy	29/19
• Consanguinity	11/3
• Down's syndrome	29/20
• Autistic Behaviour	44/28
• Various Syndromes	11/7
• Heredo-Familial & Metabolic	18/14
• Mental Retardation	118/91
• Premature	19/11
• Hypotonic	21/6
• Others	22/15

OBSERVATIONS





FUNCTIONAL IMPROVEMENTS

This is a progress evaluation of 707 patients of Cerebral Palsy, Mental Retardation and Behavioural Disorders of various causes. These cases were diagnosed at various neurological clinics in India.

Before starting this treatment they were treated at various centres, for a variable period with Conventional drugs, Occupational therapy, Speech therapy, Psychological counselling and Play therapy, but no significant recovery was noticed.

Comments made by teachers, neighbours, relatives and therapists etc., who were not aware that the child was taking G. Therapy are recorded. They are important because such comments are unbiased.

Video - recording of motor activities, speech and behaviour is taken before starting G. Therapy and during follow ups for most of the patients. This gives an idea of improvements.

Response

— Reduced hyperactivity, distractibility.
— Reduced irritability, temper tantrums, yelling, feet stamping.
— Reduced lethargy, impulsivity & restlessness.
— Reduced abnormal behaviour and self stimulatory behaviour.
— Reduced squint, spasticity & scissoring.
— Reduced stress & strain.
— Reduced involuntary movements.
— REDUCED BURDEN ON PARENTS.

CLINICAL RESPONSE

- Improved speech
  – Mute children start babbling
  – from two word level full sentences.
- Improved articulation.
- Improved vocal intensity and clarity.
- Improved vocabulary.
- Improved memory I.Q.
- Improved concentration & efficiency.
- Improved facial expressions & skin colour.
- Improved ability for understanding what is said to him/her.
- Improved interest in communication.
- Improved willingness to interact with others and with the outside world.
- Improved alertness & sleep.
- Improved co-operation & manageability of patient.
- Improved obeying simple commands.
- Improved increase in appropriate social behaviour, social smile.
- Improved independent living skills & confidence.
- Improved motor control, fine motor - gross motor activities.
- Improved motor co-ordination & transfer of objects.
- Improved milestones gaining, neck holding, crawling, walking without support, etc.
- Improved hypotonia, posture & gait.
- Improved visual perception, eye contact.
- Improved toilet control.
- Improved approach, acceptance & adapting to particular needs.
- Improved response to other therapies.
- Improved bowel functions.
- IMPROVED QUALITY OF LIFE

IMPROVEMENTS IN SPEECH

In patients who were refractory to Speech therapy, this treatment has definitely given a sudden stimulation.

Mute children started babbling. Those with two word level speech, started making full sentences and progressively they became aware of time and tense while speaking.

Improvement was also seen in clarity of speech, volume and

(Continued on p. 261)

G-THERAPY

(Continued from p. 244)

articulation. Many children showed increase in vocabulary, memory and concentration.

With improvement in speech, children can now communicate better with the outside world about their needs, emotions and reactions; improved co-ordination of tongue and facial muscles improves the facial expression and the child becomes more vocally expressive and social.

MOTOR IMPROVEMENTS

Children with severe motor involvement who were refractory to Occupational therapy have shown miraculous response to this treatment. Scissoring is reduced to a great extent in some cases in just 12 weeks.

Vegetative children have started moving their limbs, started holding neck, some can even sit and crawal.

Few children of age group 5 to 10 years, who were unable to walk without support, are now enjoying the freedom of walking. With just 8 months of the treatment they can walk without support.

In some children of age group of 10 to 20 years, toilet control was achieved after G. Therapy.

Some can now tie shoe laces, dress independently and can button on their own, thus showing fine motor improvements and improved co-ordination.

This medicine helps in severe Dystonia, Extra Pyramidal Manifestations and Spasticity following Encephalopathy. A boy suffered from severe Neonatal Jaundice on the 2nd day of life, and developed Bilirubin Encephalopathy. Till the age of 22 yrs. he was fed in horizontal position only, could move only in sleeping position, and could sit only momentarily with support. Now after 8 months of treatment he can sit for almost 2 hours at a stretch in a chair. He can now enjoy his food in sitting position and can experience the outside world on his wheelchair. Words fail to describe his and his parents' joy. For some children who had to gulp mashed food only, mastication is now possible after this treatment.

With improved posture and reduced involuntary choreoathetoid movements, a pair of twins are back into the game of life, with just 10 months of treatment. They suffered from Bilirubin Encephalopathy on the 3rd day of their life and were suffering for almost 9 years.

Involuntary movements are reduced in cases of Kernicterus. In cases of Encephalitis, Cortical Atrophy and Degenerative Leucodystrophies, this drug has shown marked improvement at the sensory, motor and intelligence levels.

Children with poor visual perceptions, eye contact or squint have responded to the stimulus and a definite improvement in their visual status has been recorded.

With a stimulated understanding and growing awareness of the world around them, children respond and interact positively and purposefully on various social levels. They gain not only increasing motor control, but approach, accept and adopt to their particular needs for Occuipational and Physiotherapy.

This change in their physical and mental status can bring enormous relief to the parents and caretakers, and this feature facilitates and influences their normal mental and social development, as well as enhancing the quality of life, socially and emotionally.

They now have a positive and realistic attitude towards their specific needs and life in general. They experience this change as an undisputed everyday fact, not merely hopeful words or wishful thinking.

Whereas the disadvantaged rely very heavily on assistive technology, G. Therapy puts them back on their own two feet.

IMPROVEMENTS IN UNDERSTANDING, EXPRESSION & EMOTIONS :

Definite improvements are seen in the above mentioned faculties with a treatment of 12-16 weeks. Those children who were vacant and non-responsive while watching T.V., started showing joy, anxiety etc.

After this treatment they became more eager to go out in parks and gardens, they became more playful. Now they wanted to listen to music. They started recognising parents and strangers.

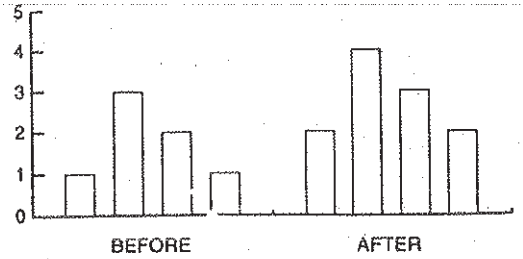
This has reduced the irritability of the child, improved sleep and has given a great relief to parents and caretakers.

With growing understanding after treatment, children started asking various questions about their surroundings to their parents, which was not done previously. They are now firm about their views.

Hyperactive children were

AUTISTIC BEHAVIOUR

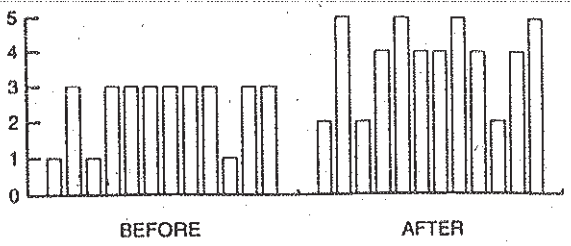
Above 6 Years : 28 | No Response : 7 | Response
Improved : 19 | Drop Outs : 2 | In speech : 4 Patients



1 = Mute, 2 = Babbling 3 = Few Words, Unclear Speech
4 = Sentences, Clear Speech 5 = Sense of Tense

KERNICTERUS

Above 6 Years : 33 | No Response : 4 | Response
Improved : 25 | Drop Outs : 4 | In speech : 12 Patients



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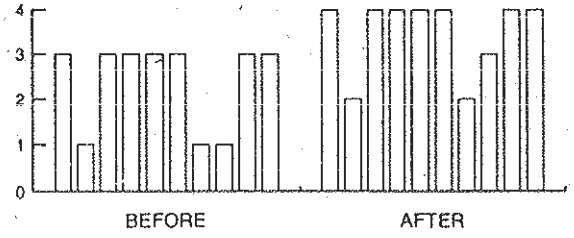
SPASTIC C. P.

Above 6 Years : 39 | No Response : 4 | Response
Improved : 32 | Drop Outs : 3 | In speech : 10 Patients

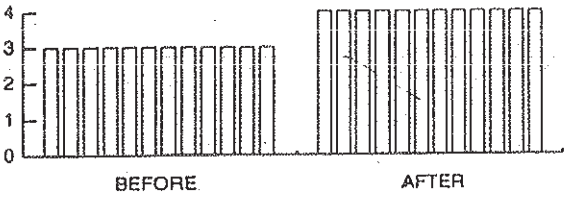


1 = Mute, 2 = Babbling 3 = Few Words, Unclear Speech
4 = Sentences, Clear Speech 5 = Sense of Tense

DOWN'S SYNDROME

Above 6 Years : 20 | No Response : 3 | Response
Improved : 15 | Drop Outs : 2 | In speech : 12 Patients

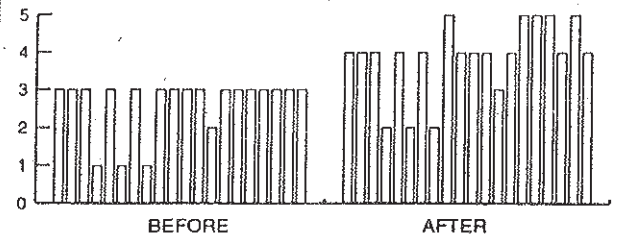
Marked improvement in understanding
and doing day to day activities independently.



1 = Mute, 2 = Babbling 3 = Few Words, Unclear Speech
4 = Sentences, Clear Speech 5 = Sense of Tense

HYPOXIC BRAIN DAMAGE

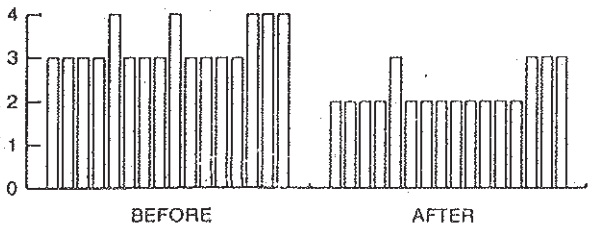
Above 6 Years : 68 | No Response : 13 | Response
Improved : 46 | Drop Outs : 9 | In speech : 20 Patients



1 = Mute, 2 = Babbling 3 = Few Words, Unclear Speech
4 = Sentences, Clear Speech 5 = Sense of Tense

AUTISTIC BEHAVIOUR

Above 6 Years : 28 | No Response : 7 | Response in hyperactivity
Improved : 19 | Drop Outs : 2 | & Irritability : 18 Patients



1 = Normal 3 = Moderate
2 = Mild 4 = Severe Hyperactivity

calmed down considerably without sedation. Naturally they became more alert, co-operative and started obeying simple commands. This has changed the panicky situations in their families.

Some children of age group of 10-16 started cleaning themselves on their own after toilet.

Children who were dependent on their parents for bath and feedings, after this treatment, have started these activities on their own and now they enjoy life as never before.

Few female patients of 10 to 15 age group, who were unaware of closing the toilet door while using, after this treatment they became conscious and started doing the same. This was a great relief to their parents.

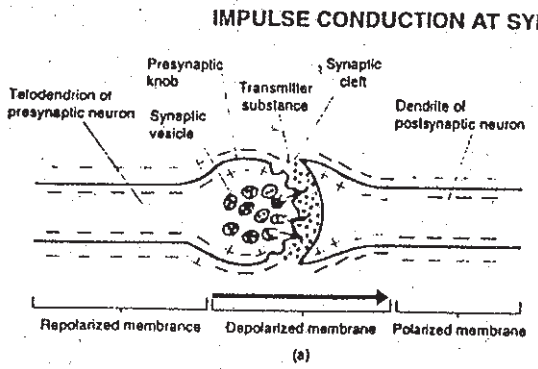
Children became more cautious while walking on the road, in reference to potholes and other obstacles.

Autistic children have shown remarkable improvements. They are now more social with improved speech and eye contact. Autoplay is reduced. They now play with other siblings and are attached emotionally to them.

The general reaction of most of the parents after starting G. Therapy for their children is that there is definitely some change in the first two months, but they are unable to pinpoint it. The child looks better

The apparent change first noticed is that facial expressions become more normal. The skin colour and texture becomes healthy indicating definite improvement in circulation. These are the signs of rejuvenation.

Most of these children are prone to recurrent respiratory infections. After starting G. Therapy, the incidence and severity of such infections is minimised. This in turn keeps the children away from febrile convulsions. Possibly G. Therapy boosts the immune system of the body.



Impulse conduction at synapses. (a) Impulse conduction from a presynaptic knob accross a synapse to a postsynaptic dendrite. (b) Details of impulse conduction in which synaptic vesicles fuse with the presynaptic membrane and discharge transmitter substance into the synaptic cleft.

DRUG ACTION

G. Therapy possibly helps at

- Neurotransmission
- Myelination
- Removes Blockage at Synaptic Levels

The medicine acts at a molecular level. No side effects are seen. Possibly the biochemic salts of G. Therapy reactivate the chemical changes necessary for Neurotransmission while the potentised herbal extracts act as catalyst, to speed up the improvement.

RESISTANT CASES:

Cases of Microcephali have shown more resistance to G. Therapy.

DISCUSSION

Since basic facilitie to carry out Neurophysiological tests were not available, it was difficult to pin point as to how the G. Therapy is working. Further research with modern facilities will throw more light on this basic question.

This study is based on the observations of 707 patients. The clinical improvements are not claims, but actual observations in a substantially large number of 707 patients of Cerebral Palsy and Mental Retardation. All patients are videomonitored. Opinions about improvements by teachers, therapists, and parents are recorded. Since they are always in contact with the patient, their opinions give us correct picture.

It is seen that a wide range of pathologies and physical and cognitive disorders are helped by G. Therapy. Possibly in all these conditions neuronal activity or the Neurotransmitters are affected and possibly G. Therapy works on the Neurotransmitters and so has shown a wide spectrum of action in all these disorders.

In all these patients before starting G. Therapy, conventional treatment like Occupational Therapy, Speech Therapy, and Symptomatic drug treatment was tried. The response seen after G. Therapy was much greater than with the previous conventional treatment indicating the efficacy of G. Therapy.

HYPOXIC BRAIN DAMAGE = 98	
Above 6 Years 68	
Improved 46	
No Response 13, Drop Outs 9	
Improved Toilet Control	4
Reduced hyperactivity & Violence	14
Improved Understanding & Concentration	19
Improved Motor Movements & Improvements in Walking	23

The study involves, a group of 479 patients who are above the age of 6 years. In this group natural recovery is difficult but still this group has shown improvements in various parameters. Few boys of 10 to 20 years age group have gained toilet control after G. Therapy. Few children of 10-15 years ago group have started walking independently after G. Therapy. Cases of irreversible brain damage have also shown positive response with G. Therapy in just a few months. All this indicates that there definitely exists some neurophysiological improvement with G. Therapy.

The aim of any treatment is to help the sufferer and in these conditions to bring functional improvements. Occupational Therapy, Speech Therapy, Surgical Procedures do the same work, as also G. Therapy. G. Therapy has shown persistent results in more than 900 patients. And so it is upto the developed countries with modern amenities and electrophysiological studies available, to think, to test & to verify the efficiacy of G. Therapy, so that it can be made available to all the needy individuals. And I think Parent Organisations, Professionals and Researchers can do a lot in this context.

'G' THERAPY CONCLUSION

This study suggests that 'G' Therapy does have beneficial effects on the Motor & Higher Mental Functions.

I feel that 'G' Therapy if used along with C.P. and M.R. can improve their quality of life & give enormous relief to the parents and caretakers.

Dr. Gunvant D. Oswal belongs to Centre for Developmental Disorders, Sanjivani Clinic, Pune.

This work was presented at the 9th World Congress of Paediatrics, International College of Paediatrics and Child Care, London, in July 1995. It was also presented at the Indian Medical Association, Pune Branch, National Institute of Mental Health (Refresher Course), Pune and 7th National Seminar, 'Confluences', of Spastic Society of Tamil Nadu, sponsored by UNICEF and Rajiv Gandhi Foundation at Madras. It has been selected for presentation at many other national and international conferences.