

Central nervous system disorders and Homotoxicology

By the Medical Writer

PARKINSON'S DISEASE

Parkinson's disease (PD) is a neurodegenerative disorder of the basal ganglia, resulting in the typical symptoms of tremor, rigidity, bradykinesia (slow movement) and postural instability. However, in July 2003, the Movement Disorder Society of the US included the non-motor symptoms in the so-called Unified Parkinson's Disease Rating Scale. (UPDRS)

These symptoms contribute significantly to the patient's disability, and their presence should be sought at the first consultation. They are varied and include three groups:

1. Neuropsychiatric and cognitive disturbances such as depression, anxiety, psychosis, dementia, apathy, fatigue and sleep disturbances;
2. Autonomic symptoms such as constipation, hyperhidrosis, urinary dysfunction (urgency, frequency, incontinence), sexual dysfunction and sialorrhea (increased salivation);
3. Sensory symptoms, such as pain, numbness, tingling, burning, loss of smell.

When treating Parkinson's disease, homotoxicology plays an adjuvant role, especially in the treatment of the non-motor symptoms which can improve the quality of life and reduce the use of further drug treatment which decreases the possibility of interactions and side effects. Not all patients with PD experience all of these symptoms, and a clear history must be taken as to the impact of each symptom on the quality of life. It is also important to keep in mind the disability of these patients when handling lots of medicines.

Adjuvant homotoxicological treatment of Parkinson's disease

Symptom	Medication	Dosage
For the primary motor symptoms:		
Tremor, bradykinesia, rigidity	Spascupreel and/or Gelsemium-Homaccord	1 tablet or 10 drops three times a day or 1 ampule daily
	Cerebrum compositum or Hypothalamus suis-Injeel	1 tablet or 1 ampule three times a week
	Coenzyme compositum and Ubichinon compositum (in severe cases Glyoxal compositum) or Ubicoenzyme	1 tablet or 1 ampule of each three times a week or 10 drops three times a day
For the secondary symptoms:		
Group 1		
Depression and anxiety	Neuro-Heel (Gelsemium may help for this symptom too, although the anxiety is more anticipatory)	1 ampule three times a week, in severe cases 1 ampule daily for 10 days then three times a week
Sleep disturbance	Neurexan or Valerianaheel	1 tablet every 15 minutes (3 doses) before bedtime or 10 drops of Valerianaheel in the same fashion. If insomnia persists, a further 3 doses 15 minutes apart can be taken
Dementia	See separate protocol on page 7	
Fatigue	China-Homaccord	10 drops three times a day or 1 ampule three times a day
Group 2		
Autonomic symptoms as a group	Hypothalamus suis-Injeel helps this as well, otherwise Cerebrum compositum	See above, as part of basic treatment
Constipation	Nux vomica-Homaccord or Graphites-Homaccord	10 drops three times a day



Adjuvant homotoxicological treatment of Parkinson's disease (continued)

Symptom	Medication	Dosage
Hyperhydrosis	Abropernal N	1 tablet three times a day
Urinary dysfunction	Plantago-Homaccord	10 drops three times a day
Sialorrhoea (probably secondary to the bradykinesia)	Will be alleviated by addressing the primary motor symptoms	
Group 3		
Sensory	Traumeel and Lymphomyosot/ Lyphosot (if available, add Thalamus compositum)	1 tablet or 10 drops or 1 ampule daily and Thalamus compositum 1 ampule three times a week



MULTIPLE SCLEROSIS

Multiple sclerosis (MS) is an autoimmune disease, and the most common, affecting younger people between 20 and 40 years of age. Two thirds of patients with MS are women. Most patients start with a relapsing remitting disease, with a steady decline in function, called secondary-progressive MS.

It is a demyelinating disease where the target for the immune system is the basic myelin protein surrounding the axons of the nerves, although recently the grey matter has also been shown to be involved. Due to the immune process, scarring takes place with the formation of typical plaques. The inflammatory process in the brain is mainly that of Th1 rigidity with high levels of Interleukin 1, 6 and TNF-alpha. The blood-brain barrier is disrupted, allowing the immune cells into the brain.

Symptoms include fatigue, numbness, focal weakness, visual change such as unilateral visual loss and diplopia, spasticity, dysfunction of the elimination process and depression.

Conventional treatment involves the use of corticosteroids, which do not alter the course of the disease, but shorten relapses. Disease modifying drugs are increasingly used, including interferon beta 1b as well as immunosuppressant drugs, such as mitoxantrone.

Practical protocol: Adjuvant treatment for MS

General		
Galium-Heel	10 drops three times a day or 1 ampule three times a day	
Cerebrum compositum or Funiculus umbilicalis suis-Injeel	1 tablet or 1 ampule three times a week	
Wobenzym N (protects the scarring from TNF-alpha)	5 tablets three times a day	
Psorinoheel/Sorinoheel	10 drops three times a day for 6-8 weeks	
Pulsatilla compositum (after the use of corticosteroids)	1 ampule two times a week for 5 weeks	
Symptomatic treatment		
Fatigue	China-Homaccord	10 drops three times a day
Spasticity	Spascupreel	1 tablet three times a day or 1 ampule a day
Depression	Tonico-Heel	1 ampule three times a week, in severe cases 1 ampule daily for 10 days, then three times a week



DEMENTIA

Dementia is a clinical syndrome characterized by acquired losses of cognitive and emotional abilities, enough to interfere with daily functioning. This is especially important in the elderly.

Dementias are classified as cortical, subcortical and mixed dementias. The most important of the cortical dementias is Alzheimer's disease with general deterioration of language, memory and visiospatial function lasting from 8-10 years. Toxic and metabolic causes of dementia include systemic illness, such as hepatic failure as well as endocrinopathies, for example thyroid disease, drugs and also deficiency states, such as Vitamin B12, Vitamin B1, Folate and Niacin.

The etiology of Alzheimer's disease (AD) is unknown, but research points to several directions: neurotransmitter deficits have been implicated, with acetylcholine being the most important. Slow virus infections, environmental toxins, and amyloid formation in the brain are also being investigated. Amyloid plaques are seen post mortem in the hippocampus as well as in the cerebral cortex. Pro-inflammatory cytokines such as IL 1, 6, TNF-alpha also play a role in the development of AD.

The role of heavy metals in the development of Alzheimer's has been controversial, but is seen as increasingly important in integrative medicine. Females in the postmenopausal period are especially sensitive to heavy metals in the brain, as estrogen protects the brain against the detrimental effects of heavy metals.

Practical protocol for the adjuvant treatment of dementia

Medication	Dosage
Selenium-Homaccord	10 drops three times a day
Vertigoheel (may increase the cerebral circulation)	10 drops or 1 tablet three times a day
Cerebrum compositum or Funiculus umbilicalis suis-Injeel	1 ampule three times a week
Coenzyme compositum and Ubichinon compositum or Ubicoenzyme	1 ampule three times a week or 10 drops three times a day
Galium-Heel	10 drops three times a day or 1 ampule daily
Traumeel (early AD)	10 drops or 1 tablet three times a day or 1 ampule daily



POST-STROKE TREATMENT

Strokes can be classified into two major types, namely hemorrhagic and ischemic. Four subtypes are also defined: cardioembolic, large artery disease, small artery disease and undetermined. Most strokes are ischemic in origin and are typically due to atherothrombosis/microatheromatosis involving a large or small vessel, or due to an embolic event. Acute ischemic events are often due to rupture of an atherosclerotic plaque and thrombosis rather than to stenosis. Spontaneous intracranial hemorrhage accounts for 10-15% of all strokes, but is associated with a higher mortality rate than ischemic stroke or subarachnoid hemorrhage. The most common factor implicated is still hypertension.

Response time is critical in the treatment of stroke, and will often determine the amount of disability. In ischemic stroke, it is thus imperative that the patient gets to a treatment center as soon as possible, as clot lysis is possible if recombinant plasminogen activation factor is given within 3 hours of stroke symptom onset. This is the so called 'golden window'. Damage to the tissues results from free radical formation and inflammation and protection of the tissues are thus of primary importance. The treatment with biological agents is thus always adjuvant to the conventional treatment.

Practical protocol for the adjuvant post-stroke treatment

Acute	
Carbo vegetabilis-Injeel if the patient is seen immediately	1 ampule i.v. every 30 minutes for 4 doses
Traumeel (in both hemorrhagic and ischemic stroke)	10 drops or 1 tablet every 15 minutes in ischemic stroke, for 8 doses. In hemorrhagic stroke 10 drops or 1 tablet three times a day
Coenzyme compositum and Ubichinon compositum or Ubicoenzyme	1 tablet or 10 drops or 1 ampule three times a day for the first 3 days
Funiculus umbilicalis suis-Injeel or Placenta compositum	1 ampule daily for ten days
Lymphomyosot/Lyphosot	10 drops or 1 tablet every 15 minutes (x 8) then three times a day for ten days



Chronic treatment	
Vertigoheel (possible effect on the microcirculation)	1 tablet or 10 drops three times a day for four months
Cerebrum compositum or Funiculus umbilicalis suis-Injeel	1 ampule twice weekly
Spascupreel (if spasticity)	1 tablet three times a day or 1 ampule daily
Coenzyme compositum and Ubichinon compositum or Ubicoenzyme	1 tablet or 1 ampule three times a week or 10 drops three times a day
Neuro-Heel (depression)	1 ampule three times a week
Selenium-Homaccord (dementia)	10 drops three times a day

