

Editorial for March 2009.

Some Thoughts on Parkinsonism

James Parkinson was a general practitioner in London and during his medical work he saw six patients with a new disease. He described this condition as the "Shaking Palsy" and also proposed a Latin synonym "Paralysis Agitans".

Parkinson's description of this condition has become a medical classic and the definition as it appeared in his essay is as follows: *"Involuntary tremulous motion, with lessened muscular power, in parts, not in action and even when supported; with propensity to bend the trunk forward, and to pass from a walking to a running pace; the senses and intellects being uninjured."*

His description of the shaking palsy was accurate and captured the essence of the disease. Therefore, the famous French neurologist Charcot proposed that the shaking palsy be called Parkinson's disease after him.

Among the common neurological diseases known to science, Parkinson's disease is one of the most common conditions.

Parkinson's disease is a disease of late middle age and beyond. It is rare before the age of 30. Thereafter, the incidence rises with increasing age. Most patients develop the disease between the ages of 50-79 years. When a patient develops Parkinson's disease between the ages of 20 to 40, it is called 'Young Onset Parkinson's Disease' or YOPD. An occasional patient may develop Parkinson's disease before the age of 20 years called 'Juvenile Parkinson's Disease'. Both males and females are at an equal risk of being affected.

Research has shown that Parkinson's disease is not an inherited condition and multiple members having the same disease may be a chance occurrence as this is a common neurological disease. But in some families there may be a clustering of Parkinson's disease which may be more than a chance occurrence and therefore the role of inheritance is under scrutiny.

Recently environmental toxins have been implicated in the cause of this disease. There are many reasons to believe in this direction.

a) In Canada rural living, well water drinking and use of pesticides was shown to be a common feature among the patients of Parkinson's disease.

b) Recently a toxin called MPTP was discovered accidentally which was shown to have caused Parkinson's disease in a group of drug addicts in the USA. This toxin was a contaminant. Discovery of MPTP has opened up new avenues in Parkinson's disease research because we now have a potent chemical which can produce a disease like Parkinson's disease in animals thus helping scientists conduct animal experiments which were not possible till the mid-eighties.

According to prospectively collected information, there is no association between head injury and Parkinson's disease as was previously believed.

Repeated injury to the head can cause Parkinson's disease like symptoms. This is called - drunk syndrome and has been observed in a few professional boxers.

Although stress has been proposed as a cause from the 19th century, the relation between stress and Parkinson's disease remains to be proven.

The theory most widely accepted is that early in life, perhaps even before birth, a brief viral infection like encephalitis or influenza – A, enters the brain and kills a large percentage of the dopamine producing cells in the brain, wounds many others and leaves some unscathed. Even in a healthy brain, cells do not reproduce after birth and actually die at a rate of 13% every decade.

After the infection is over the remaining neurons produce sufficient dopamine and no symptoms are observable. As the remaining neurons keep on dying in normal course, a stage comes when the total production of dopamine falls below the minimum required level and symptoms become visible. This theory explains why the onset and progress of the disease is so insidious and slow. Parkinson's disease has such an insidious onset that often the family members notice the change earlier than the patient. Family members comment on the loss of spontaneous smiling (i.e. patient has a mask-like face); absence of eye blinking & slowing of activities of daily

living. They notice there has been noticeable increase in the length of time it takes for the patient to get up from sitting or reclining posture and for dressing. Relatives will volunteer that the time taken for the patient to perform routine household chores has increased and the patient takes longer to finish meals.

The patient himself complains of vague aches and pains in the body & stiffness in the joints which, in a 60 to 70 year old, are often passed off as symptoms of "old age".

The commonest complaints which bring the patient to a doctor are tremors in the hands, difficulty using the affected hand for simple functions like buttoning, tying shoe laces, wearing a sari, or applying makeup. The disease often begins on one side of the body, but usually becomes bilateral within a few months to years. Here the patient complains of dragging of one leg while walking, difficulty in wearing sandals or slippers. Gait becomes slow and shuffling. Balance becomes poor with a tendency to fall forwards or backwards for no obvious reason.

The disease has slow progress and many patients may be static for several years & can carry on with their profession without any problems. The handwriting becomes smaller (micrographia). The voice becomes softer and speech becomes monotonous. It gives the impression that the patient is whispering instead of talking aloud. The patient may have drooling of saliva from the mouth requiring repeated wiping of the lips and the mouth. Constipation is a common problem of Parkinson's disease.

Homoeopathic approach is still treating the patient with constitutional medicine over a longer period; unfortunately many patients leave the treatment half way through giving feeling of disappointment to the homoeopathic physician.

The main scope homoeopathic drugs in Parkinsonism are to delay the progress of the disease and to keep the dosage of dopamine agonistic drugs to the minimum.

I had to resort many times to small unproven remedies to support the patient; I will be discussing some in this editorial. A known case of Parkinsonism which I have been treating for 18 months with Nux vomica

was not getting better beyond a certain point, I was not successful in getting his dose of Levodopa reduced with homoeopathy, whenever I tried to reduce the dose the Parkinsonism was getting worse and hence I wanted to prescribe another remedy.

He was 65 years old, short, stout he had a history of stroke when he was 59 years old, he was admitted in the hospital and later on he was discharged with almost 90 percent recovery.

He is a very angry man by nature. He can become violent when he becomes angry, smallest mistake on part of anybody can make him angry.

He complained of constant heaviness in the head; the speech was not very clear, it was on the heavier side. He complained of having severe cramps in thighs and legs worse exertion and during sleep. There used to be tightness as if rope is tied in the calves' muscles.

The gait was slow and typical shuffling. There was trembling of fingers, hands and legs. Trembling was worse with emotional excitement. It was difficult for him to hold the pencil or a pen and he could not even also hold the glass of water, drinking water will always spoil his clothes.

He was severely prostrated even without any exertion, but when lying down and resting he would be restless.

Extremities were cold; with this symptomatology I prescribed him a rare remedy **Lolium temulentum** in 30th potency and stopped Nux –vomica continued the medicine for a period of 6 to 8 months, I could give him a very good relief with practically 70 to 80 percent reduction of his Levodopa. Since then this remedy is being very useful for me in Parkinsonism.

Most of the symptomatology of this remedy comes from the poisonous property of the grains which are present on the grass. The grains are nothing but the common ergot, known as *Claviceps purpurea*.

Other than Parkinsonism I use this remedy for writer's cramp. This remedy closely resembles Nux vomica in pathophysiology. The patient is extremely chilly; there is marked state of over sensitiveness from squeaking of the

door, scratching on the glass, moving of the furniture. There is marked awkwardness (drops the things) and trembling of the hands (cannot hold the spoon, and cannot write).

Another case which I would like to describe is a case of a Bengali gentleman aged 73 years, he was staying all alone in Mumbai, he had his family in Calcutta but slowly over a period of years everybody in his family gradually died.

He was a bachelor, his profession was of a music teacher, and he never made much money out of his profession but was quite contented and satisfied.

He was very strong willed but over a period of year because of his chronic Parkinsonism he started becoming dependant on people much against his wish. He had some saving from which he used to live his life on a day to day basis.

I probed more into the details of his past, He mentioned that his childhood was not so happy in Calcutta; he used to suffer from convulsions due to worms. Recurrent hepatitis was another illness he faced as a child this lead to frequent absenteeism from the school, He did his graduation and later on he showed his interest towards music and started learning music.

He got some opportunity to learn music in Mumbai and that is the reason why he left Calcutta and came to Mumbai. Through out his life he was quite alone and lonely, initially when he was young loneliness never used to affect him but late on after the age of 45 the loneliness was his biggest enemy.

His childhood was not very happy at all, he had faced lot of violence from his father and he himself became a victim also of his father's violence. Father was a quite authoritative figure in his life. By the time he joined the college he developed a strong hatred and disappointment because he could not receive the love and affection from his father, this made him very jealous and envious about other children who used to get lot of love from their family.

Another very important aspect which he mentioned was disappointment in love. He was in love with a Bengali woman and he was about to propose to that woman and he came to know that this woman was not of a good character and this was one of the biggest grief of his life, he still cannot forget this incidence because he regrets of not being able to judge that woman.

He also mentioned that he does not like to be contradicted; this surely makes him very angry. He had a fear of dogs, high places and allopathic medicines; he always felt that allopathic medicine is like a poison.

The Parkinsonism disease was diagnosed when he was 54 years old but he comes to see me only when he is 73 years old. He tried lot of homoeopathy but ultimately he had to take the help of allopathic medicines much against his wish. After taking 9 years of taking allopathic medicines somebody recommended my name and he came to me. Of course I only assured him that I can reduce the dose of Levodopa to minimum and give him some relief in his tremors and rigidity which were his main complaint.

While giving the history I observed that he was constantly frowning but he was quite jovial in nature. I also found him intellectual because he could discuss many subjects in which he was not at all qualified to talk on. He said these days his memory has become quite weak he will forget what has read or he will forgets easily what he has said.

He is quite religious and spiritually inclined individual. People who lived in his building used to call him little loquacious individual because he was all alone and he loved to talk with people, he was quite lively and elegant but there were occasions where he can even sit silent for hours together especially when nobody is around to talk.

I asked him how he will react if he meets the same girl today. He said I would have killed her and I am still very angry with her because she cheated me when I was sincerely in love with her.

His appetite, stool and urine everything was normal but sometimes when he is excited or nervous he may have an involuntary stool. He used to enjoy coffee which made him feel better and he loved alcohol too.

On all the above symptoms that I have described I prescribed him Hyoscyamus and for a period of year and a half he responded very beautiful to this remedy. Only during the later stage the response was not so good as far as his rigidity was concerned. With Hyoscyamus his doses of Dopamine was almost half but the rigidity and spasticity was getting worse day by day.

He always wept on occasion when he sees people are with their family enjoying and he is all alone. Many times I asked him why he did not get married later on in his life and he always mentioned to me that it would have been difficult for him to trust a woman.

I also observed during that he constantly picked his lips, and this picking of lip with forsaken feeling and the other symptoms of Hyoscyamus which were yet there I decided that I would rather give him the alkaloid of Hyoscyamus what we call it as Hyoscianinum.

Hyoscianinum is described in encyclopedia of pure materia medica by T. F. Allen. This is much more powerful than Hyoscyamus, it has majority of the neurological symptoms of Hyoscyamus in a little violent way. Using this medicine gave a good relief to the rigidity and the stiffness of the patient, subsequently this remedy became a useful remedy in cases of Parkinsonism in my practice.

What I look for in this remedy is general feeling of heaviness, stiffness and weakness internally; picking of the nose and the lips; they are very jovial individual.

Another very useful remedy which I would like to describe to the readers which I use successfully in my practice is *Mucuna pruriens*. This is not a proved remedy and this was used by ancient Ayurvedic physicians in India more than 4000 years ago.

This plant comes from Leguminaceae family; this plant is extremely indigenous to India. I use this remedy in mother tincture, just 2 drops 3 times a day in cases where I am not able to figure out the right constitutional remedy or a prolong period the need for allopathic medicines for Parkinsonism sometimes becomes unnecessary.