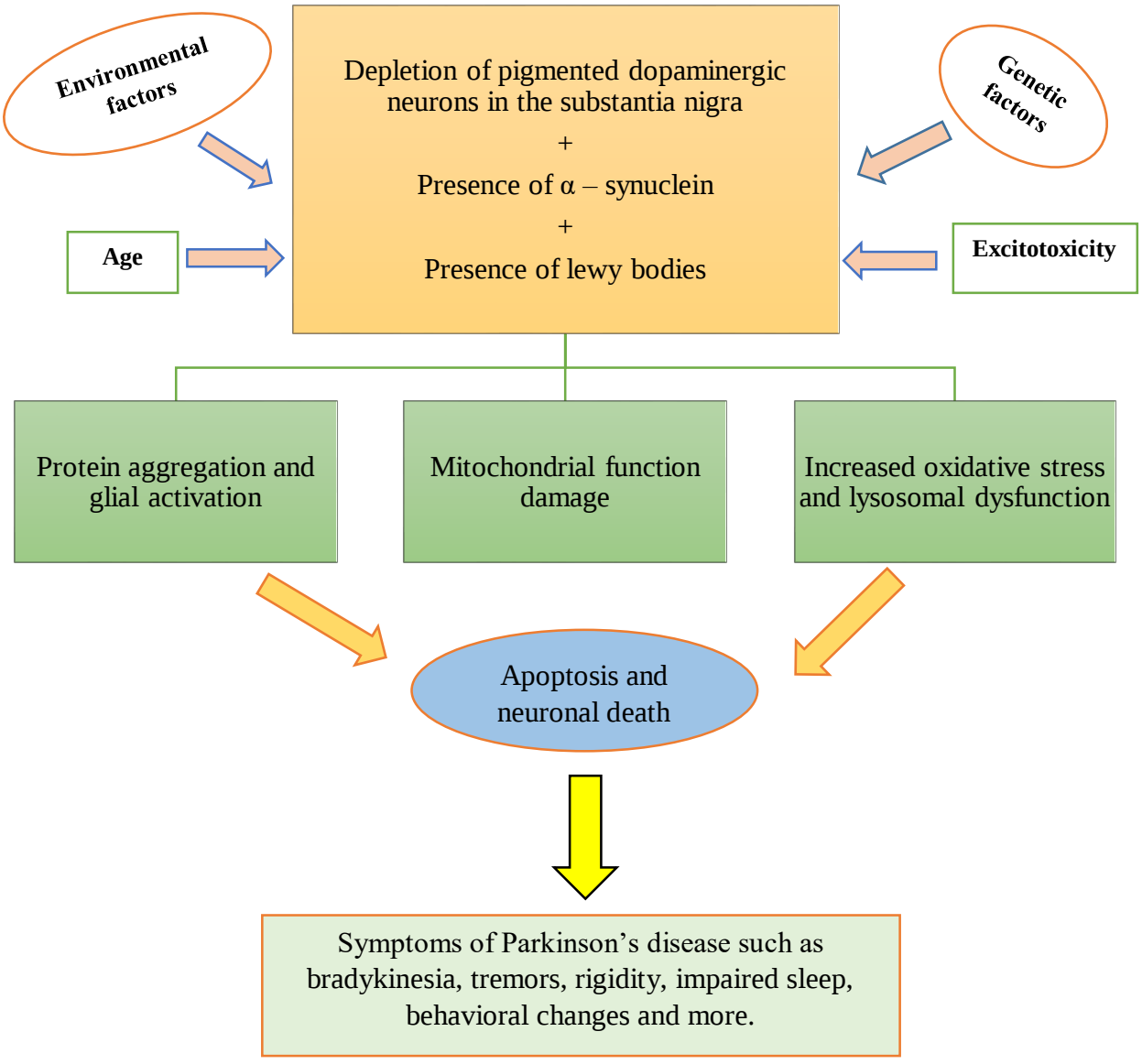
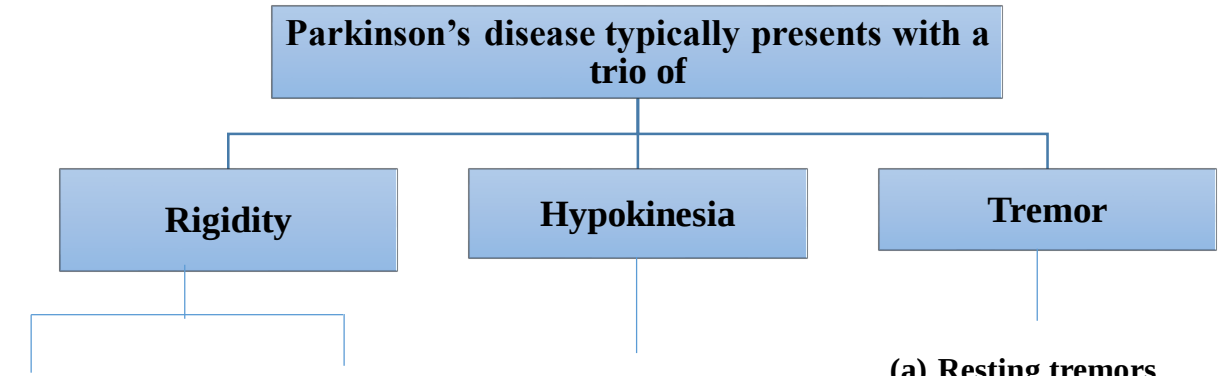
PARKINSON'S DISEASE

Parkinson's disease is a progressive neurodegenerative disease that is characterized chiefly by bradykinesia, with an increased tone or rigidity, tremor, and loss of postural reflex. It is the **second most common age related neurodegenerative disorder** after Alzheimer's disease. The global estimate suggests that approximately 4 million individuals had Parkinson's disease (PD) in 2005 in the most populous nations. However, this figure is projected to surpass 9 million by the year 2030 due to the aging population. On average, PD typically manifests around the age of 60, with a lifetime risk of approximately 2% for men and 1.3% for women. While the frequency of PD rises with age, there have been instances of the disease occurring in individuals as young as their twenties or even younger, especially when linked to a gene mutation.

PATHOPHYSIOLOGY



CLINICAL FEATURES



Limbs **Trunk**

Lead pipe

(More in lower limbs/trunk)

Cog wheel rigidity

(More in upper limbs)

Delayed onset and repetition of voluntary movements despite adequate muscle strength

(a) Resting tremors

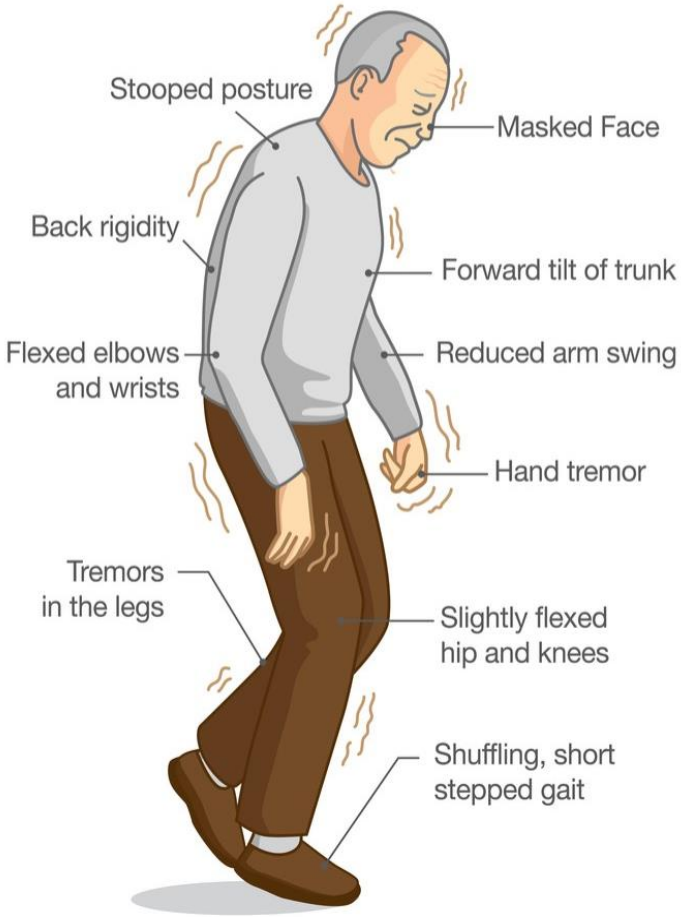
- Frequency: 4-6 Hz
- Decreases when the person moves or pays attention.
- Typically affects the fingers more than other body parts.
- Present at rest.

(b) Postural tremors

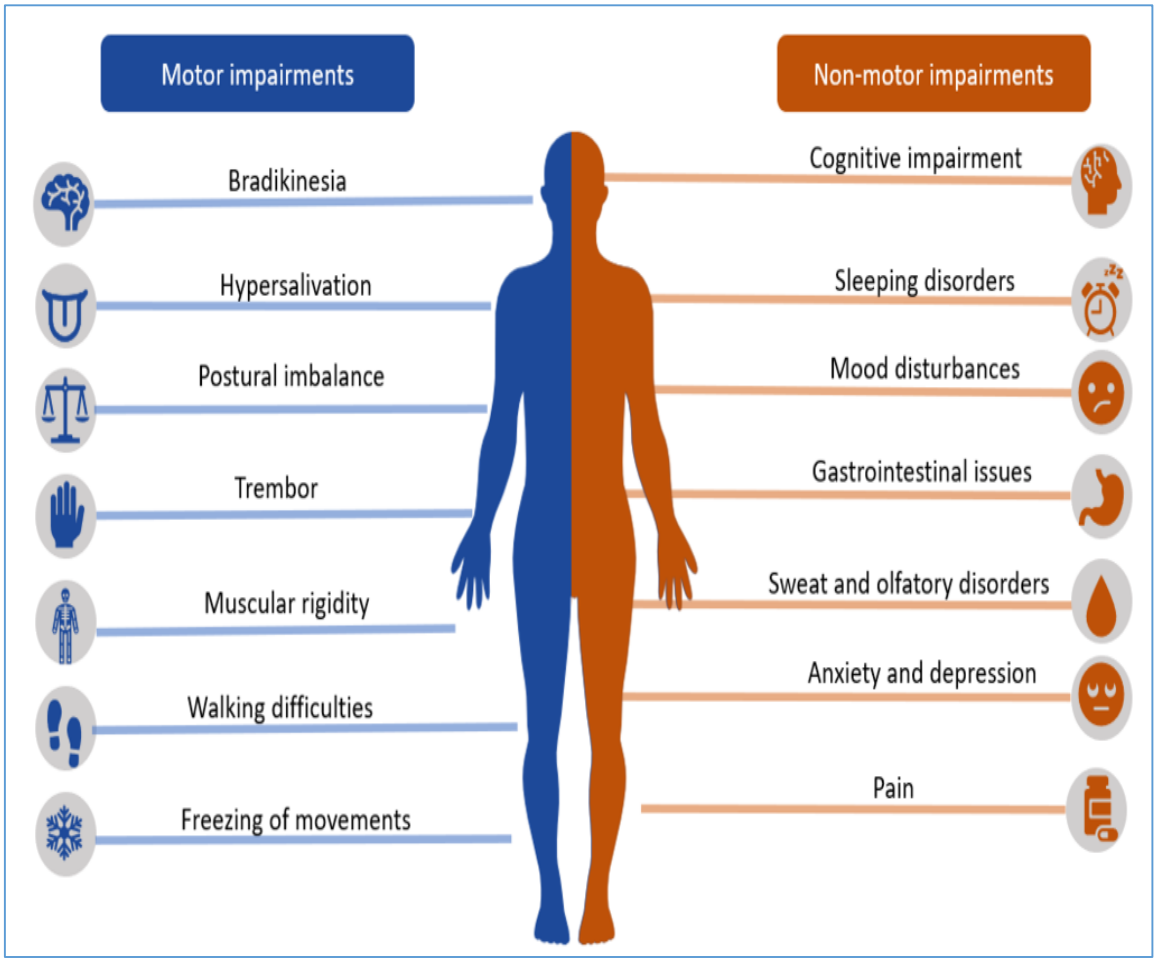
- 8-10 Hz
- Persists on movement

- Face devoid of expression, speaking softly and quickly with indistinctness.
- Postural abnormalities -
    - Prone to falling while walking
    - Decreased/absent arm swing
    - Camptocormia: Abnormal thoraco lumbar flexion (45^{o}) – Seen in Parkinson's disease, Alzheimer's disease and multi-system atrophy. Despite having a stooped posture while walking, the patient will still be able to lie straight in bed. **(Fig 1.)**
    - Stoop posture
    - Shuffling gait

Fig 1. Camptocormia in the standing, seated, and supine positions



Clinical features of Parkinson's disease



Motor and non-motor symptoms in Parkinson's disease

INVESTIGATIONS

- Diagnosis primarily relies on clinical evaluation.
- CT or MRI scans typically appear normal for age and are of limited utility, although they may indicate a vascular etiology of parkinsonism.
- Functional Dopaminergic Imaging-
  Techniques such as SPECT or PET scans often show abnormalities even in the early stages. However, they do not differentiate between various forms of degenerative parkinsonism and are not specific to Parkinson's Disease (PD).
- Consider specific investigations for younger patients, such as screening for Huntington's or Wilson's diseases.
- Patients with a family history may consider genetic testing. The role of genetic counseling in these cases is currently uncertain.

MODERN MEDICINE APPROACH

Parkinson's Disease (PD) management primarily focuses on symptom control rather than cure, with current drugs lacking neuroprotective properties. Levodopa (LD) remains the most effective treatment, especially for akinesia and rigidity, though its impact on tremor and non-motor symptoms is limited. Other medications include dopamine agonists, MAOI-B and COMT inhibitors, anticholinergics, and amantadine. Treatment initiation timing varies among specialists, ranging from symptom onset affecting daily life to immediate initiation upon diagnosis. LD is typically administered with a DDI to reduce peripheral side effects; however, it can cause adverse effects like nausea and dyskinesias. As PD progresses, LD's efficacy may decrease, leading to motor fluctuations and dyskinesias. Surgical options such as DBS (deep brain stimulation are considered for patients with refractory symptoms. Non-drug therapies like physiotherapy, occupational therapy, and speech therapy are beneficial across all stages of PD and should ideally be part of a multidisciplinary management approach involving PD specialist nurses**.**

ROLE OF HOMOEOPATHY IN PARKINSON'S DISEASE

Miasmatic Approach

In homoeopathic theory, miasms are considered underlying predispositions or diatheses that contribute to the development and expression of diseases. Although not recognized in conventional medicine, they are seen as inherited or acquired susceptibilities shaping the course of illnesses such as Parkinson's Disease (PD).

1. Psoric Miasm: This miasm relates to functional disturbances and constitutional weaknesses. In the context of Parkinson's, it may manifest initially as subtle signs of imbalance in movement coordination and stiffness.

2. Sycotic Miasm: Linked with overgrowth and excess, the sycotic miasm in PD can contribute to the progressive nature of symptoms, including tremors and dyskinesias. It might also highlight genetic or familial predispositions.

3. Tubercular Miasm: Characterized by instability and reactive tendencies, the tubercular miasm in PD may lead to symptom fluctuations, such as unpredictable mobility changes (on-off phenomenon) and associated emotional manifestations like anxiety.

4. Syphilitic Miasm: Representing deep-seated destructive processes, the syphilitic miasm could influence severe cases of PD with neuronal degeneration and cognitive decline or dementia.

In homoeopathic practice, these miasms serve as conceptual frameworks to understand the underlying factors influencing disease progression. Treatment involves selecting individualized remedies based on the patient's overall symptom profile and constitutional characteristics, aiming to address both the immediate symptoms and underlying miasmatic tendencies.

RUBRICS FROM DIFFERENT REPERTORIES RELATED TO PARKINSON'S DISEASE

Kent Repertory

GENERALS – PARALYSIS agitans

Complete Repertory

GENERALITIES – PARALYSIS – agitans

Synthesis Repertory

GENERALS – PARALYSIS AGITANS: (= PARKINSON'S DISEASE) (= SHAKING PALSY)

Murphy Repertory

Clinical – PARKINSON'S, disease

Clinical – PARKINSON'S, disease – right, side

Muscles – FLABBY, muscles – parkinson's, disease, in

Pulse – SMALL, pulse – parkinson's, disease, in

HOMOEOPATHIC MEDICINES FOR PARKINSON'S DISEASE

MEDICINES	INDICATIONS
AGARICUS MUSCARIUS	• There are clear signs of jerking, twitching, shaking, and itching. • In locomotor ataxia, neuralgia. Lower limb paralysis accompanied by arm spasms.
ARGENTUM NITRICUM	• Is unable to move while closing their eyes. • Trembling and feeling generally weak. • Calf stiffness. • Debility, particularly in calves. • Unsteady while standing and walking, especially when not observed.

CAUSTICUM	• Inability to move individual body parts. • Aching pain in hands and arms. • Feeling of heaviness and lack of strength. • Painful joints that feel stretched. • Tightened tendons. • Difficulty walking steadily and prone to frequent falls.
CUPRUM METALLICUM	• Cramps occur in calves and soles. • Muscle jerking and twitching. • Thumbs clenched tightly. • Clonic spasms starting in fingers and toes.
GELSEMIUM	• For violent shaking of hands. • Dullness, dizziness and drowsiness. • Loss of motor control.
MERC SOL	• Trembling of limbs, especially hands. • Patient is extremely cold-sensitive.
PLUMBUM MET	• Bradykinesia • Inability to elevate or grasp objects with the hand. • Muscle cramps in the calves. • Sensations of stinging, tearing, twitching, tingling, numbness, pain, or tremors in the limbs. • Paralysis
ZINCUM METALLICUM	• Gait abnormalities, muscle weakness, tremors, and muscle twitches. • Restlessness of the feet, inability to remain stationary. • Transverse pains, particularly in the upper limbs.

CONCLUSION

The comprehensive method of managing symptoms and promoting overall well-being that homoeopathy offers is based on a patient's individual constitution and symptoms. Homoeopathy may be beneficial when combined with other forms of treatment, as evidenced by the numerous patient reports of subjective improvements in stiffness, tremors, and quality of life. Still, to confirm these results and provide precise instructions for their use, thorough scientific research is essential. Homoeopathy offers promising support as a supplemental therapy for improving the quality of life for those with Parkinson's disease through collaboration with conventional medical professionals and personalized care.