



The
California Homeopathic
Medical Society

*A Hippo with a HAT
and a
Knock on the Head*

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CHMS Conference 2019

- Thanks to the Organizing Team / CHMS Board
- Thanks to all the presenters for their skills / preparation
- We are fortunate to live in a state with a professional association and favorable legalities
- Disclosure: I have no financial interests in anything presented today.

Let's build this cultural norm:

Homeopathy is widely
accepted, legally and
competently practiced,
available to those who want
to use it, and thriving in
North America



Quote from Sam:

“Our art requires no political lever, no worldly decorations in order to become something. It grows gradually, at first unrecognized, surrounded as it were by all manner of weeds which luxuriate around it, from an insignificant acorn to a sapling, soon its summit will overtop the rank weeds. Patience! It is striking deep its roots into the earth, it is increasing in strength imperceptibly but all the more surely and will in its own time grow into an oak of God, which no longer is shaken by storms, spreads out its branches into all regions that suffering mankind may be healed under its beneficent shade.”



Let's Start with a Case...

- **John** presents with chief complaint of mental confusion (disorientation, poor memory, indecision)
- Male, 47yo. NBWS MVA 12 mo ago

Formerly a CTO at midlevel company

Very dynamic, strong leader, decisive, social, happy

MINIMAL evidence of physical trauma / slight bruise

PROFOUND LIMITATION, barely able to maintain independence, heavy reliance on spouse as caregiver



John's Medical Eval...

- The accident was not serious
 - Car hit John's back passenger corner
 - He was looking out driver side window at the time, head moved forward, hit against window
 - No swelling, slight bruise
 - NO MEDICAL EVAL at the time because it seemed so minor
 - NO MEMORY of the accident
 - Out of work / on disability



John's NBWS

- Extremely poor memory for what he was doing, and poor orientation / gets lost in familiar streets. Long term memory is stable.
- Heightened sensitivity to sound / light / smell – especially smell, with frequent illusion of smells – tobacco, pine trees, cherry cough drops
- Unable to have conversation in a group, cannot hear individual voices as all the sounds intermix. Used to be very social, now likes to be alone at home w wife or pet. **VERY QUIET NOW**, in past was chatty.



Joe's NBWS (2)

- Since MVA, has stiffness and discomfort in neck, worse turning the head, worse turning body at waist
- Strong desire for open air, wants windows open all the time, fans herself
- Aversion to company (overwhelmed w sound, activity, people). FEELS FEARFUL in crowds.
- Poor judgement, unable to assess risk, needs supervision, unsafe to be left alone



Joe's NBWS (3)

- Thirst can be extreme, usually for water, profuse perspiration on forehead, especially at night. Wakes at night with sweat dripping from forehead, soaked pillow, has to change pillow
- Eating indigestible things, putting things in mouth, wants to eat dirt, chews on clothes, sponges, coffee cup holders
- Anxious when away from home – does not want to leave house, does not want to interact with groups of people
- Complete loss of libido, no erection
- Water retention in fingers and toes – swollen on waking



How Unique are John's Symptoms...

- **What is typical of an MVA head injury?**

Postconcussive or postconcussional syndrome

“The manifestations of postconcussive or postconcussional syndrome (PCS) include irritability, fatigue, headaches, dizziness, inability to process multiple stimuli, cognitive slowing, memory impairment, poor concentration, sadness, and anxiety.”

Author: Julia Frank, MD, Director of Medical Student Education in Psychiatry, Associate Professor, Department of Psychiatry and Behavioral Sciences,

George Washington University School of Medicine



Limbic System / Post Concussive...

- **Trauma to brain impacts Limbic System**
 - Research by Gordon on TBI
 - Functional impairment NOT EQUAL to physical findings on brains scans that show normal
 - Hormonal disruption in year AFTER head injury
 - 52% show pituitary hormone disturbance
- Word to wise: Ask Clients to have lab tests**



WHY these sx?

- **Mnemonic for Limbic: Hippo with a HAT**
- Set of structures in center of brain, above stem
- Sit under the cortex / primal part of brain
- Think of thumb folded within fingers in your hand
- Disagreement on what is / isn't included
- Impact emotions / drives / appetites / regulation



WHY these sx?

- **Hippocampus**
- Elongated ridges along the base of the lateral ventricle
- Named after visual similarity to seahorse
- **WHAT IS YOUR EARLIEST MEMORY?**
- Not fully developed at birth
 - Develops for about 2.5 years
 - Most people have no memories prior to this time
- Converts **SHORT** term memory into **LONG** term



WHY these sx?

- **Hippocampus involved in several types of memory**
- **Spatial** memory – environment and orientation
- **Declarative** memory – factual recall, dinner last Friday
- **Contextual** memory – associations with an event (feelings, social connections, spatial details, temporal details) as part of long term memory function
- **Episodic** memory – all the associations with a collection of previous experiences as part of long term memory function
- **Working** memory – current, short term memory for current perception and languaging



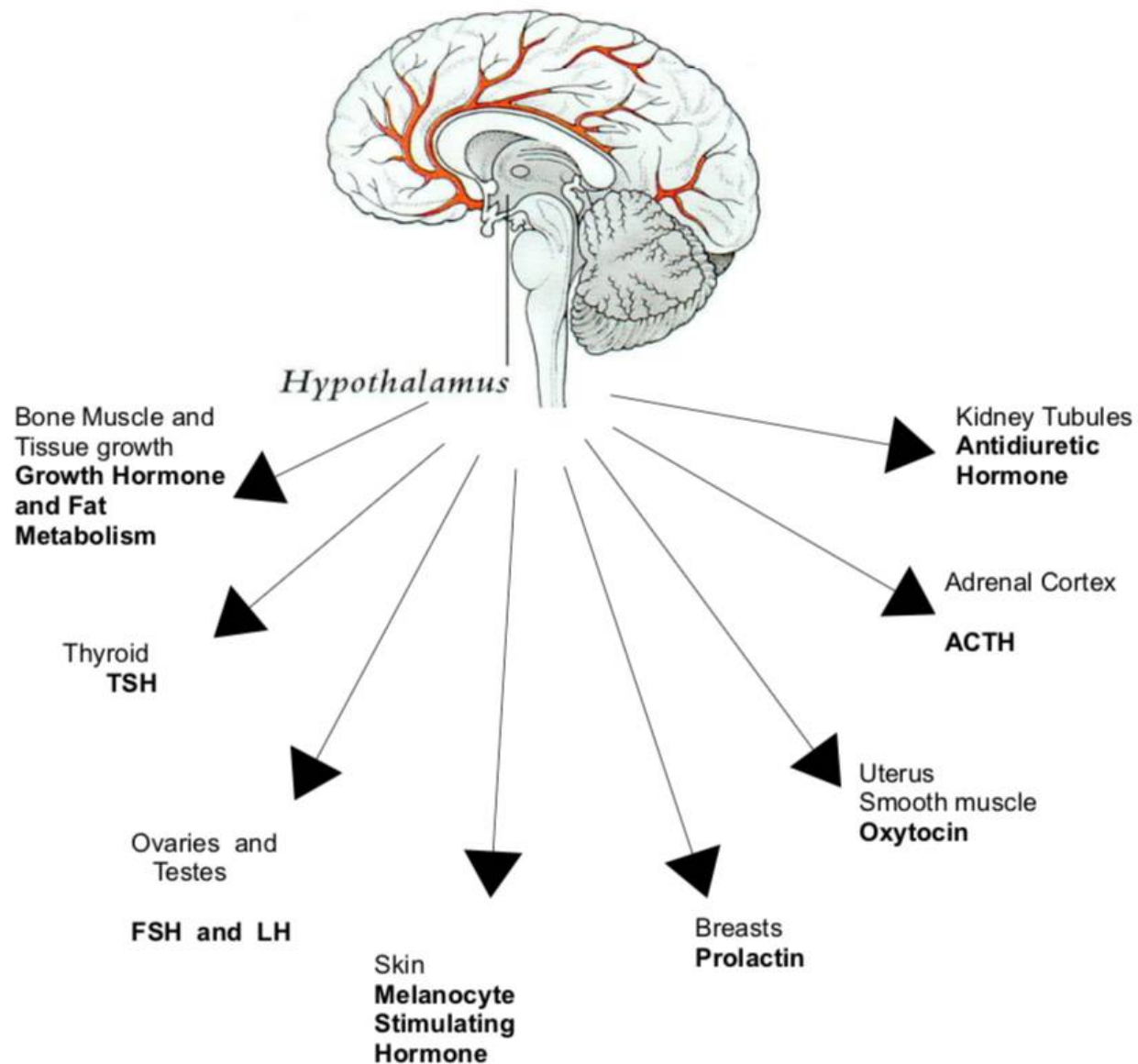
WHY these sx?

- *1. MIND; MEMORY; weakness, loss of (332)
- *2. MIND; MEMORY; weakness, loss of; said, for what has (34)
3. MIND; MEMORY; weakness, loss of; done, for what he has just (39)
- *4. MIND; MEMORY; weakness, loss of; happened, for what has (20)
- *5. MIND; MEMORY; weakness, loss of; injuries, after; head, of the (7)
6. MIND; MEMORY; weakness, loss of; occurrences of the day (10)
- *7. MIND; MEMORY; weakness, loss of; do, for what he was about to (39)
8. MIND; MEMORY; weakness, loss of; expressing ones self, for (43)
- *9. MIND; MEMORY; weakness, loss of; facts, for (27)
- *10. MIND; MEMORY; weakness, loss of; heard, for what has (22)
- *11. MIND; MEMORY; weakness, loss of; names, for proper (63)
- *12. MIND; MEMORY; weakness, loss of; places, for (18)
- *13. MIND; MEMORY; weakness, loss of; read, for what he has (46)
14. MIND; MEMORY; weakness, loss of; thought, for what he just (19)



H - A - T

- **Hypothalamus**
- Sits in center front, below thalamus structures
- Stimulated by light
- Regulates autonomic nervous system through hormones, top of endocrine chain
- Impacts biological appetites and desires – thirst, hunger, sleep, sex
- Metabolic regulation



INDICATORS OF ENDOCRINE DISRUPTION INCLUDE DYSREGULATION OF SLEEP, APPETITE, WATER BALANCE, REPRODUCTIVE CYCLES and REPRODUCTIVE ORGAN FUNCTION, BODY WEIGHT and FAT DISTRIBUTION, HAIR GROWTH and LOSS, CALCIUM MANAGEMENT, FIBROUS TISSUES, SKIN PIGMENTATION



Hypothalamus MM

- **Made from the hypothalamus of the ox**
- (Does the source matter in a sarcode like this?)
- Read Hypoth in *Julian's New Remedies*
- Pay attention to physiological affinity / miasm
- Indications follow physiology / NOTE understated affect
- Consider as intercurrent when hormonal disruption appears following head injury
- Let's look in the materia medica



H - A - T

- **Amygdala**
- Two structures related to aggression / agitation
- Stimulation = Fear / Anxiety / Anger / Violence
- EG Kluver Bucy Syndrome (lesions that disrupt amygdala)
APPETITES DISRUPTED: Compulsive eating, hyperorality, hypersexuality
NORMAL SOCIAL INHIBITIONS DISRUPTED: risk taking, heedless behavior, ignore social conventions
- **WHAT rubrics describe these symptoms? Are head injury remedies there?**



H - A - T

- **Thalamus**
- Two structures
- Sensory relay station
- Nerve messages of sight / sound / taste / touch / smell received and conveyed to other areas of the brain
- Close to emotional centers, attaching emotion to these sensory perceptions. Try to remember a smell you loved...
- Which of John's symptoms are related to this?
- **WHAT rubrics describe these symptoms? Are head injury remedies there?**



Wait, What About John

- **Brain trauma not appearing on scan – no physical findings at all**
 - Let's review
 - Marked impairment
 - Systemic disruption
 - Labs show very low testosterone



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What does the repertory show us?



Strategies

- **Assess for Hippo with a HAT**
 - Notice the overlap between what we think of as the state and the physiological function in the limbic system
 - When these symptoms appear, is there hx head injury?
 - In cases of even minor head injury, watch for dysregulation of endocrine system in the following year

Get labs

Consider intercurrent sarcode hypothalamus



Your Turn

What Are Your Questions?

Thanks for your participation today!