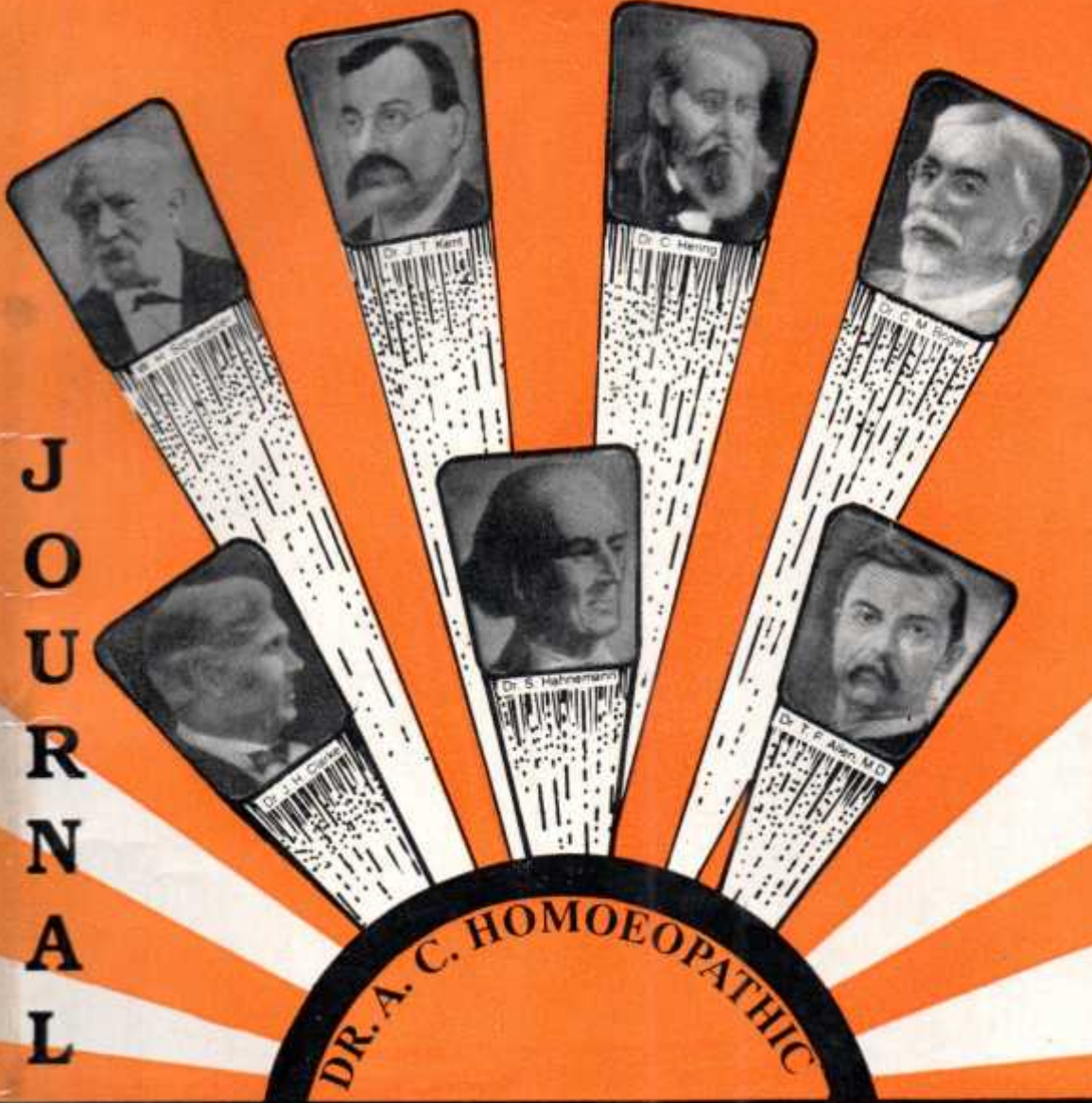


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## An outline of Homoeopathic Treatment in Coma

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### INTRODUCTION

A state of deep, persistent, prolonged unconsciousness where patient appears to be asleep and is at the same time incapable of sensing (unreceptive) and responding adequately to either external stimuli or inner needs (unresponsive) is called COMA.

'Coma' may vary in degree. In deepest stages, no reaction of any kind is obtainable, corneal, pupillary, pharyngeal, tendon and plantar reflexes are all absent. There may be slow, rapid, periodic respiration i. e. cheyne stroke breathing.

With lesser degree of Coma, pupillary reflexes and ocular movements and other brainstem reflexes are preserved.

In still lighter stages (referred to as semi coma), most of the above reflexes can be elicited and the plantar reflexes may be either flexor or extensor.

Moreover, pricking and pinching the skin, shaking and shouting at the patient or an uncomfortable distention of bladder may cause the patients to stir or moan and respiration to quicken.

Coma differs from "akinetic mutism" (a state in which patient is awake but lacking in impulse to speech and action) and locked in Syndromes (a global paralysis of limb and cranial musculature) in which the patient is still receptive and unresponsive.



Coma is not an independent disease entity but is always a symptomatic expression of disease. Sometimes the underlying disease is perfectly obvious as when a healthy individual is struck on the head and rendered unconscious. All too often, however, the patient is brought to the hospital in the state of Coma and little or no information is immediately available. The physician must be subjected to careful clinical scrutiny from many directions. To perform this efficiently, it requires a broad knowledge of disease.

It should be pointed out that when the comatose patient is seen for first time simple therapeutic measures take precedence over diagnostic procedures. On a quick survey one makes sure that the comatose patient has a clear air way and is not in shock (circulatory collapse) or if the trauma has occurred that the patient is not bleeding from a wound. In patients who have suffered a head injury, there may be a fracture of the cervical vertebrae. One must be cautious about the previous stage of health of the patient. Hence the persons who accompany the comatose patient to the hospital should not be permitted to leave until they have been questioned.

The causes of Coma are here considered in two clinical groups.

- A. Those with signs which are mainly unilateral
- B. Those with signs which are mainly bilateral and symmetrical.

A. With signs which are mainly **UNILATERAL** are discussed below :

### 1. Cerebro-vascular Accidents

- a. Cerebral haemorrhage,
- b. Thrombosis, c. Embolism,
- d. Sub-arachnoid haemorrhage,
- e. Hypertensive encephalopathy,
- f. Thrombosing of various sinuses.

### 2. Effects of Head Injury

- a. Cerebral concussion, b. Extradural haemorrhage, c. Subdural haemorrhage.

### 3. Expanding Lesions.

- a. Primary and secondary intracranial neoplasm, b. Abscess.

B. With signs which are mainly **BILATERAL / SYMMETRICAL** are discussed below :

4. Sub-arachnoid haemorrhage.
5. Epilepsy-post epileptic Coma.
6. **Cerebral Concussion :**

Basal trauma.

Other physical causes, e.g.—  
heat exhaustion, elastic shock.

### 7. Diabetes.

- a. Diabetic Coma, b. Insulin hypoglycaemia.

**8. Endocrine states other than Diabetes.**

- a. Acute suprarenal failure.
- b. Hypopituitarism.
- c. Myxoedema.

**9. Infections.**

- a. Meningitis, b. Encephalitis,
- c. Cerebral malaria, d. Typhoid,
- e. Typhus, f. Cholera.

**10. Biological States**

- a. Uraemia, b. Eclampsia,
- c. Hepatic coma, d. Avitaminosis.

**11. Anoxic State**

- a. Chronic bronchitis,
- b. Emphysema, c. Asthma
- d. Obstructed air way, e. Respiratory failure.

**12. Psychogenic Causes.**

- a. Anergic stupor, b. Hysterical trauma.

**13. Poisoning.**

- a. Alcohol (Delirium tremens),
- b. Barbiturates, c. Aspirin,
- d. Tranquillisers, e. Carbon monoxide, f. Morphin.

The approach to coma/patient from homoeopathic stand point is wholistic. Homoeopathy treats the patient but not the disease. Homoeopathic prescriptions

are based on totality of symptoms. The totality of symptoms are depicted under following headings.

- 1. Unexpected deviations,
- 2. Causations, 3. Mental generals,
- 4. Physical generals.
- 5. Characteristic particulars,
- 6. Common particulars.

Homoeopathic physician establishes similarity between the drug picture and disease picture. Drug pictures are recorded in Homoeopathic Materia Medica which are obtained by proving the dynamic/biologically weak dilutions on healthy human beings.

DETAIL MANagements ARE DISCUSSED BELOW :

**1. General measures**

- a. Removal/or control of cause.
- b. Removal of the patient to uncontaminated atmosphere.
- c. Inhalation of oxygen and 5% Carbon dioxide in carbon monoxide poisoning.
- d. Ice bath or covering the patient with ice-water sheet and placing under fan in heat stroke.

**2. Ensure Proper respiration.**

- a. Keep tongue forwarded.
- b. O<sub>2</sub> inhalation. c. Patient must be nursed in the semiprone or lateral position with frequent change of sides.



### 3. Ensure Proper Circulation.

#### a. Parenteral fluid

- Glucose saline
- Plasma
- Blood transfusion

#### b. If shock/or low blood pressure.

- Viscum alb.
- Strontium carb.
- Carbo-veg.
- Arn-mont.
- Aconite nap are prescribed.

### 4. Care of bowel and bladder.

- a. Frequent change of position in bed.
- b. Alcohol or spirit rub and powdering of skin,
- c. Care of mouth.

### SPECIFIC MEASURES

#### Cerebrovascular accidents

- a. Position in bed
  - Flat with head low
  - Turned from side to side every 2 hours.
  - Excessive rotation of the head is avoided since this compresses or stretches vertebral arteries in the neck.
- b. Maintenance of hydration and nutrition.

In 24 hours (2000ml) 5% dextrose is sufficient.

#### c. Care of the skin

Red areas over heels/ankles, buttocks, shoulder, elbow are indication of pressure necrosis and patient requires to be turned from side to side.

#### d. Treatment of shock

By fluid/blood transfusion.

#### e. Treatment of Hypertension.

#### f. Vasodilatation.

Oxygen therapy with 5%  $\text{CO}_2$ . ( $\text{O}_2$  decreases cerebral anoxia and  $\text{CO}_2$  is best cerebral vasodilator).

#### g. Prevention of contractures.

Paralysed limb should be given passive motions daily.

#### h. Care of Bladder and Bowel.

Incontinent patient may require sterile indwelling catheter and bowel care.

#### i. Homoeopathic Medicines.

Constitutional drugs like Lachesis, Causticum, Sulphur, Nat. mur, Aco, nap, Arn. mont are frequently indicated. Besides, to reduce B. P., the Hypotensive drugs in Mother Tincture form like—Rauwolfia serp, Passiflora, Rhodoendron hodgsonii, R. thomsonii P, Scolopia crenata, Diplospora singularis, Solanum Capsicoides, Elastostema cineolatus are required,

**LIMITATION**—In certain intracranial haematoma, surgical evacuation is to be advised rather than drug therapy.

### 1. Sub-arachnoid Haemorrhage

Bed rest with head slightly elevated.

—Bed rest for 6 weeks.

—No stress and strain

—Homoeopathic constitutional drugs are to be prescribed.

Most frequently indicated drugs are :

—Arn. mont.

—Hamamelis

—Aconite nap. etc.

### LIMITATION

—Young patient with severe initial haemorrhage.

—Early recurrences.

—Subdural haematoma following rupture.

—Vascular anomalies are to be considered surgical cases.

### HEAD INJURY

Cerebral Concussion :—

#### a. Nursing Care

— Posture

—Attention in airway

—Nasal feeding

—Catheterisation.

#### b. Most frequently indicated drugs

are :

—Arn. mont.

—Hamamelis

—Nat. sulph.

—Aconite nap. etc.

Extradural/subdural are limitation to Homoeopathy and should be referred to surgery.

### EXPANDING LESIONS

The Homoeopathic medicine has limitation in these fields. In abscess cases surgical intervention is essential to drain the pus or syringe out, then Homoeopathic medicine can be given according to indications.

Similarly in intracranial tumour high intracranial tension is observed & there is necessity of intervention of surgical procedures to prevent sudden collapse etc. But in many cases Homoeopathic medicine may be administered.

### POST EPILEPTIC COMA

It is an excellent field where there is ample scope for this subtle Homoeopathic medicine to act.

Drugs like Cup. met, Cicuta. V., Calc-ar, Bufo, Absinthium, Laurocerasus, Lachesis, Sulphur, Art. Vulg. are indicated.

### DIABETIC COMA

Drugs to reduce blood sugar level are essentially required. Most commonly used are :

—Cephal. Indica

—Abroma-augusta



—Syzygium

—Gym. syl.

—Atlantia racemosa

2. Fluid replacement / electrolyte therapy
3. Correction of acidosis.
4. Constitutional Homoeopathic drug is a must for all patients.

#### **HYPOGLYCAEMIC COMA**

1. Administration of rapidly absorbed Carbo-hydrate. In mild reaction—  
Orange juice or corn syrup

Or

In unconscious Patient—30-50ml of 50% glucose IV supplementary carbohydrate is to be given to prevent relapse.

2. Constitutional Homoeopathic drug are to be prescribed.

#### **URAEMIA**

1. Calcium metabolism—  
Large dose of Vitamin D.
2. Treatment of retention of waste products  
—Reduction of Protein intake.
3. Treatment for Anaemia  
—by transfusion by packed cell
4. For Hypertension/inter current infections.

Hiccough, Nausea, Vomiting, restlessness, dyspnoea, delirium, coma.

Constitutional Homoeopathic drugs are to be prescribed.

Most frequently used drugs are Amm carb, Cup-ars, Morphine, Naja, Lachesis, Eelserum, Pelius.

#### **HEPATIC COMA**

1. Correction of precipitating factors like—

—Alcohol

—Barbiturate poisoning

—Haemorrhage

—Infection

2. Reduction of Nitrogen containing material in the bowel by following measures—

- a. Dietary protein — Reduction.

—Protein free diet with 500 cal/daily

—20% glucose IV.

- b. Bowel habit clearance

—By enema or colonic wash.

3. Measures to improve Hepatocellular functions.

- a. Maintenance of fluid and electrolyte balance plasma sodium, Potassium chloride, bicarbonate and urea level should be checked regularly.

- b. Constitutional Homoeopathic drugs are to be prescribed.

Most frequently occurring drugs are : Chelidonium, Cardus mar, Nat. sulph. etc.

### ECCLAMPسيا

1. Fluid balance—  
In 24 hours 5% dextrose 1000ml  
—500ml Ringer lactate.
2. Control/prevention of fits and Hypertension.  
For this constitutional drugs are to be prescribed  
Most frequently occurring Homoeopathic drugs are—  
—Passiflora. Q  
—Rauwolfia serp Q  
—Cicuta  
—Cup. met. etc.

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“A Homoeopathic physician is one who acquires a special knowledge of homoeopathic therapeutics and observes the law of similia with its associated principles and methods and acquires or reorients his knowledge of medicine consistent with the Vitalistic, holistic and individualistic approach to health, disease and its cure”.

—Dr. J. N. Kanjilal