

A little bump or a major injury?

Cleve McIntosh discusses head injuries and their homeopathic treatment

When Rodney, a 29 year-old man who had sustained a severe head injury in a road traffic accident eight months previously, came for homeopathic treatment, he had already seen numerous doctors and specialists. Before his head injury, Rodney had been working as a security guard at a popular holiday resort. His head injury was severe and he spent a month in intensive care followed by a month in a rehabilitation ward. Since then Rodney could no longer walk without assistance. He had the muscle strength to walk, but didn't seem to know where his legs were or how to control them.

He became very possessive of his wife, insisting that she remained constantly at his side in case he needed help, which he often did. He understood when spoken to but had great difficulty talking. He spoke very slowly and his words were so slurred it was difficult to understand him. He sometimes became tearful and spoke of how much he would like to work as a security guard again, a job he had really enjoyed. He also missed his independence, especially being able to drive himself around. His great passion in life had always been cars. When frustrated or angry about his life, his functioning declined further and he couldn't feed, wash or dress himself.

I was deeply moved listening to Rodney's story with his mother and his wife sitting there. I realised just how easily it could be me with a head injury, sitting in front of a doctor, my life turned upside down. Yet stories like Rodney's are told over and over again each and every day in Britain.

Statistics

British head injury statistics make disturbing reading. Around one million people receive emergency care for head injuries annually. Although many of these injuries will be minor, one in five

will need to be admitted to hospital. Head injuries account for one per cent of all deaths, but for 15 to 20 per cent of deaths in five to 35 year olds. About 50 per cent of traumatic deaths are associated with head injury, and 60 per cent of deaths in road traffic accidents are the result of head injury. It is the most common cause of death in abused children.

The most prevalent causes of head injuries are road traffic accidents. Other common causes are assaults, falls from windows in young children and falls in the house in the elderly and toddlers. Sports injuries, particularly of contact sports such as boxing or rugby, also contribute.

There are fears that large numbers of British soldiers returning from Iraq and Afghanistan may be suffering from head injuries following a direct blow to the head or being close to an explosion. In the United States, there are estimates that up to 20 per cent of returning soldiers may be affected.

Types of head injuries

Head injuries are sometimes called "concussions" or "traumatic brain injuries" (TBIs) and can range from mild to severe. Most mild head injuries cause no

harm, but sometimes even mild injuries can cause serious, long-term problems.

- A concussion is a jarring to the brain. A person may pass out for a short while when concussed. They may even feel a bit dazed or lose their vision or balance for a while.
- A brain contusion is a bruise of the brain. There may be some bleeding in the brain, causing swelling.
- A skull fracture is when the skull cracks. Sometimes the edges of the broken bones cut into the brain and cause bleeding or other injury.
- A haematoma is a bleed on the brain that clots. It may only develop as late as a few weeks after the injury and sometimes needs urgent surgical treatment. It may cause a headaches, restlessness, vomiting, balancing difficulties and strange behaviour.

When to get help

Getting a bump on the head, particularly in children, is very common and it is often difficult to know whether it is serious or not. You should get medical help if you notice any of the following:

- any symptom that is getting worse, such as headaches, nausea or drowsiness;
- difficulty waking someone from sleep;
- unusual behaviour, particularly irritability and confusion;
- not knowing one's name or where one is;
- pupils of different sizes or pupil that are dilated (bigger than normal);
- difficulties speaking or walking;



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- drainage of bloody or clear fluids from nose or ears;
- vomiting more than two or three times;
- seizures;
- weakness or numbness in the arms or legs.

Recovery

Many patients after mild head injuries will describe a number of symptoms which are collectively known as post-concussional syndrome. The symptoms are irritability, depression, anxiety, as well as headaches, dizziness, tiredness, poor concentration and difficulty sleeping.

In most people, these symptoms will go away without any help. However, the intensity and length of time before the symptoms resolve varies in different people. It is those sensations and symptoms which make one person distinct from another that are most important in selecting the correct homeopathic medicine.

Long-term difficulties

Although most symptoms resolve within a few months of a head injury, a significant number of people are left with long-term problems afterwards. Improvements in the emergency care of people with head injuries means more people surviving, sometimes with permanent and often serious emotional or neurological problems. The severity of long-term symptoms is related to a number of factors, including which part of the brain was damaged, how extensive the damage was and for how long after the injury the person had memory loss.

People with problems resulting from a head injury will sometimes be referred to psychologists, psychiatrists, neurologists, neurosurgeons, physiotherapists, and occupational or speech therapists. Most of these patients will also benefit from a referral to a homeopathic physician.

Intellectual impairment

Problems with “thinking” activities may persist after head injuries. These include:

- taking longer to process information;
- difficulties focusing attention and being easily distracted;
- forgetfulness and other memory problems;
- difficulties following instructions, organising and planning.

These may be so severe that such people may be severely learning disabled and unable to take care of themselves.

Emotional and personality changes

Less obvious and often more disabling than the intellectual impairment are the long-term personality and emotional changes after head injuries. Emotional changes include depression, euphoria, fearfulness, anxiety and an increased risk of suicide. Emotional problems may sometimes benefit from allopathic antidepressant medication.

Personality changes, especially when the frontal lobe (the part of the brain behind the forehead) is damaged, include apathy, obsessiveness, irritability, loss of motivation and spontaneity and even aggressive behaviour. Impulsivity and

disinhibition, including sexually inappropriate behaviour, can also be a problem. Personality problems are extremely difficult and frustrating to treat with allopathic medication alone and homeopathy can help a great deal.

Physical problems

Mild long-term physical problems are fatigue and generally doing things more slowly. Some people have serious physical disabilities of all types, from blindness to an inability to walk.

Epilepsy is another common consequence of severe head injuries, and many will need long-term epileptic drugs. Unfortunately, despite the best allopathic epileptic drugs, some people still have frequent seizures or disturbing side-effects. Such people will often benefit quite dramatically from the addition of carefully selected homeopathic medication.

Prevention

The best way to protect yourself and your family from head injuries is to prevent them from happening in the first place.

Wear a seatbelt and ensure that young children are in a child safety seat or booster. Never drive or undertake any other higher risk activities under the influence of alcohol. Wear a helmet and ensure that children wear helmets when cycling, playing contact sports, skating, riding a horse, skiing or snowboarding.

Minimise hazards in your home by removing tripping hazards such as electrical cords and rugs and fitting window guards to prevent children falling out of open windows.



Photo: courtesy of Peter Fisher

Aconite



Photo: istockphoto.com/Fred Didier

Arnica



Photo: istockphoto.com/Serdar Yagci

Opium

Treatment

Acute

Immediately after a severe head injury, the focus should be on life-saving emergency care. Even at this time homeopathic medicines are important in stimulating recovery. The sooner these medicines are given the better. I always prescribe 200c daily for three days. Then, depending on response I will change remedy or potency or frequency of repetition.

Aconite is indicated within the first few minutes or hours after injury, where the person is restless and terrified, even panic-stricken, by the fear of imminent death.

Those needing Arnica often deny that they need any help, saying that they feel quite well. They may be severely bruised.

Opium is valuable for someone who is in a daze or even a coma after the head injury, with a flushed and bloated-looking face. They may have severe injuries elsewhere, yet not complain of pain.

Chronic

The following remedies can be valuable in many of those suffering from the long-term consequences of head injuries.

Natrum sulphuricum (Nat sulph) will be indicated in those with persistent emotional and personality changes, in particular irritability and depression. These may be so severe that the person feels suicidal. There may be ringing in the ears, as well as vertigo. All the symptoms will be worse in damp, wet weather.

Natrum muriaticum (Nat mur) may be valuable in those who after a head injury become sad and withdrawn. They may also have chronic headaches that are worse in direct sunlight and develop a marked craving for or dislike of salt. When they are at the seaside the symptoms may change, becoming dramati-

cally worse or better.

Hyoscyamus (Hyos) is helpful when there is a change in behaviour, with the person becoming more talkative and excitable. Signs of disinhibition such as laughing inappropriately or handling their genitals may be present. Epilepsy, twitches, muscle spasms, hiccoughs, and unusual repetitive gestures, such as picking at their clothes, may also be a problem.

Helleborus should be thought of when the person seems more dull or slowed since the head injury. The person almost seems shut off from the world, with eyes “that do not see” and ears “that do not hear”. They may seem almost indifferent to pain or pleasure.

Hypericum is indicated when the person has convulsions soon after the injury. There may also be spinal injury. Later on the person may complain of nerve pain or pins and needles.

Conclusion

While in hospital for his head injury, Rodney had been started on an anti-epileptic drug, Phenytoin. It had been started routinely to prevent fits, but in the eight months since his head injury, he had not had a single seizure. After discussions with Rodney, his family and his neurologist, it was decided that the Phenytoin could be gradually stopped. Not wanting to make more than one change at a time, I did not give Rodney a homeopathic medicine but waited to see what would happen after stopping the Phenytoin. Within four weeks, there

was a dramatic improvement – Rodney became less possessive of his wife and had started trying to dress himself. He even succeeded in pulling his pants up himself after visiting the toilet.

Rodney hadn't even started homeopathic medication and his family was already delighted with the results of a thorough, caring homeopathic approach. I was excited by the potential of homeopathic medicines to help Rodney. Once he has settled after stopping his Phenytoin, a good prescription for him will be Helleborus as, more striking than any of his other symptoms, was that he was so much more dull and slow when compared to before the accident.

In my experience of homeopathy, one of the most valuable pointers to the correct remedy is the event that immediately preceded the onset of symptoms. For some this will be a death in the family, a surgical procedure or an exhausting work schedule. For others this will be a head injury. Recognising that a head injury was the precipitating event is invaluable, as a remedy chosen keeping this in mind can often result in a dramatic and sustained improvement of previously severe and disabling symptoms.

The responses I have seen to homeopathic treatment constantly fill me with wonder. Now, when patients ask whether homeopathy can help with a problem which they thought was hopeless, my answer can only be, “With homeopathy anything is possible.”



Cleve McIntosh MBChB (UCT) DMH (SA) MCFP (SA) MFHom is a family physician working at isolated clinics in rural South Africa where he integrates homeopathy and allopathic medicine. Since obtaining his MFHom, Cleve has enjoyed spending more time improving his Xitsonga, the language spoken by most of his patients, and hopes to take a detailed homeopathic history soon without an interpreter.