

Clinical Roundup

Selected Treatment Options for Peripheral Neuropathy

Homeopathy

Our current protocol for patients with peripheral neuropathy (PN) comprises an initial evaluation of the clinical severity of the condition in each patient,¹ impact on the patient's quality of life (QoL),² and identifying the following homeopathic parameters that lead to a prescription and prognosis:

- Degree of freedom of expression in everyday life
- Depth of the symptoms on a mental and an emotional

level (if these areas are affected, the prognosis is worse, and the prescription of the remedy must be consistent in power and dosage)

- Degree of sensitivity and modality of reaction to various environmental stimuli, including susceptibility to hot or cold weather, to certain foods, to life adversities, to the manner of treatment from other people, etc.
- Personal history and family history (if there are chronic and multiple illnesses, if multiple allopathic treatments have been carried out, if there were deaths at a young age, etc.).

After the information has been collected, 7–10 symptoms that describe the patient are chosen on the basis of how uncommon, peculiar, and characteristic they are. The remedies that emerge are compared and studied in the *Materia Medica Pura*.³ There are various homeopathic materia medica publications, written by different authors and covering different specialties. Hahnemann developed the first *Homeopathic Materia Medica Pura* by using a system of homeopathic provings, in which a substance was ingested by the “prover” and the symptoms that the “prover” developed were recorded in great detail.³

Finally, the remedy that best covers the totality of symptoms is chosen from the differential diagnosis among similar remedies. Power (degree of dilution and dynamization) and dosage (number of times administered per day) are decided on the basis of the severity of the diagnosis and the vital energy of the patient.

Forty days after taking the first dose, the patient’s reaction to the drug is analyzed. The progress of the direction of the disorder of the Vital Energy and of the symptoms is evaluated on the basis of the “Law of Hering” (improvement from the deepest to the most superficial, from the “top to the bottom,” and from the last symptom that appeared to the first),^{4,5} and then a decision is made regarding whether to continue the therapy or to suspend it and wait. Sometimes, the remedy needs to be changed if a new array of symptoms forms. Assessment after 40 and 60 days follows the procedure described above.

We recently reported our experience in treating diabetic PN with encouraging results.⁶ Two nonrandomized groups of patients with type 2 diabetes mellitus were followed from baseline (T0) to 6 months (T1) and then to 12 months (T2); treatment was adjusted as necessary. Homeopathy was used in 45 patients and conventional therapy outcomes were observed in 32 patients.

Thirty-two homeopathy patients and 29 conventional-therapy patients completed the study. During the observation period, diabetic neuropathy score (primary objective) improved in both groups, but the change from baseline was statistically significant only in the homeopathy group at T1 ($P = 0.016$). There was a substantial stability of the electroneurophysiologic values, blood pressure, and body weight in both groups, and a slight decrease of fasting blood glucose and glycated hemoglobin in the homeopathic group over the course of the observation period.

QoL scores (physical function at T2 and social function, emotions impact, mental health at T1) improved in the ho-

meopathy group only. In the homeopathy, group the cost of conventional drugs decreased from 114 euros (~ \$150.57 US) per month to 94 euros (~ \$124.15 US) per month at T1.

References

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**Raffaella Pomposelli, MD¹
and Paolo Bellavite, MD^{2,3}**

¹*Belladonna Medical Association, Milan, Italy*

²*Department of Pathology and Diagnostics*

^{and} ³*Section of General Pathology, University of Verona, Italy*