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1 | ADHD and cerebellar vermian tumor: sensory and perceptual development through Anthroposophic Medicine and neuroimaging diagnosis

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Question: Anthroposophic Medicine shows how perceptual development contributes towards the individual's maturing throughout the seven-year periods. Neuroscience and neuroimaging techniques describe the perceptual phenomenon, mapping its processes in the human body in regards to evolutionary neurological milestones, learn-

ing and memory. Among the existing neuroimaging tools, Diffusion Tensor Images (DTI) are magnetic resonance images (MRI) based on the water molecule displacement in the body, which depends on the constitution, geometry and physiology of the biological tissues. Based on this knowledge, this paper describes a patient presenting Attention Deficit Hyperactivity Disorder (ADHD) and cerebellar vermian tumor, whose DTIs show phenomenological changes, and whose behavioral and learning problems have been treated with anthroposophic constitutional medication.

Materials and Methods: A 16-year-old male patient presenting symptoms of hyperkinetic disorder as of age 5, as well a disorganized and excessive motor activity and attention deficit. At age 9, his school and behavioral problems increased, leading to the ADHD diagnostic. The patient did not show communication problems and the electroencephalogram was normal. The treatment with Methylphenidate was inefficient and thus the anthroposophic approach was initiated. Imbalances in developmental forces and rhythms were observed. The recommended action was to reduce media stimuli and the intake of psychostimulant foods, as well as provide support to help overcome his learning difficulties. The biological cycles were controlled and anthroposophic medication used, which improved the clinical condition. During puberty, the patient's behavior worsened despite the improvement of his school performance. A brain MRI with DTI detected a cerebellar vermian tumor, whose properties suggested that it was a

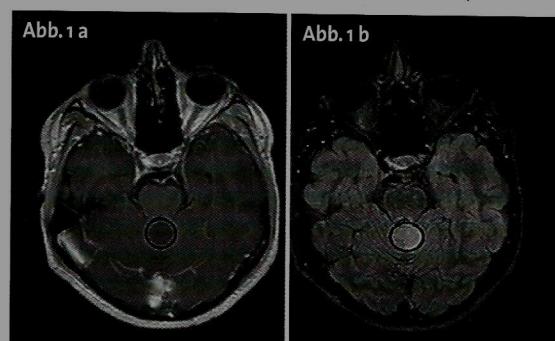


Abb. 1
T1 (a) and
T2 (b) FLAIR images
highlighting the
tumor area.

pilocytic astrocytoma, although the patient did not present symptoms of intracranial hypertension or balance problems. DTI were quantified so to characterize the water diffusion patterns in the lesion and surrounding tissues upon diagnosis and one year later, through follow-up images. The figure shows a region of interest on a T2-weighted MRI that highlights the tumor (a) and the DTI-based tract reconstruction (b).

Conclusion: The patient has been treated with anthroposophic therapies since age 9. The detected tumor has not shown the aggressive evolution that is typical of astrocytomas. Its diffusion patterns and size has remained unchanged during one year. Spiritual care and neuroimaging techniques advance the understanding of perceptual development and medical procedures.

References

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