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Introduction and Objectives

The Anthroposophic Medicine shows how perceptual development contributes towards the individual's maturing. Neuroscience and neuroimaging techniques describe the perceptual phenomenon, mapping its processes in the human body regarding evolutionary neurological marks learning and memory. In this context, we present a case report of a child with limbic encephalitis secondary to group B streptococcus infection with refractory mesial temporal lobe epilepsy, who was treated with neurosurgery intervention and anthroposophic therapies.

Patient Information

A six-year-old female who presented fever and cough, receiving antibiotic therapy (amoxicillin-sulbactam). A week later, she manifested drowsiness and loss of consciousness, having a febrile convulsion, culminating in a status epilepticus that led her to remain four months in an intensive care unit, with assisted ventilation and monitoring. The patient signed a consent form for publication of the case study.

Timeline

After discharge, she had multiple daily seizures (around fifty per day), refractory to the association of the antiepileptic drugs (AED). The seizures and the side-effects of the drugs did not allow her to have a normal life, needing a constantly nursing care.

Diagnostic Assessment

Previously to the anthroposophic approach, the exam of the CSF detected an increased number of lymphocytes, and proteins, which is seen in encephalitis. The FDG-PET/CT image after the surgery revealed right temporal hypometabolism due to surgery resection, and CT showed moderated frontal and parietal edema possibly related to pos-surgical edema. Post-surgically, the MRI showed reactionary gliosis in the right temporal region, with mesial unilateral sclerosis. The EEG findings highlighted the high intensity spikes and electrical brain rhythm disorganization.

Therapeutic Intervention

Five years later, she started the following multimodal anthroposophic therapies: Pressel massage, craniosacral therapy, anthroposophic external therapies, biographic work with pedagogical medicine, medical care focused on “neuro anthroposophic” approach in all sessions, and the following medicines (injectable/oral):helleborus D6 (oral and injectable), and the injectables: cuprum aceticum D4, zincum valeriana D6, bryophyllum argentum cultum D5 calycinum D5, calcarean carbonica D6, rhus D4 + hypericum D5 + bryonia D5, chelidonium D5 + cardum D5 and viscum P (Iscador).

Summary of the anthroposophic therapies applied.

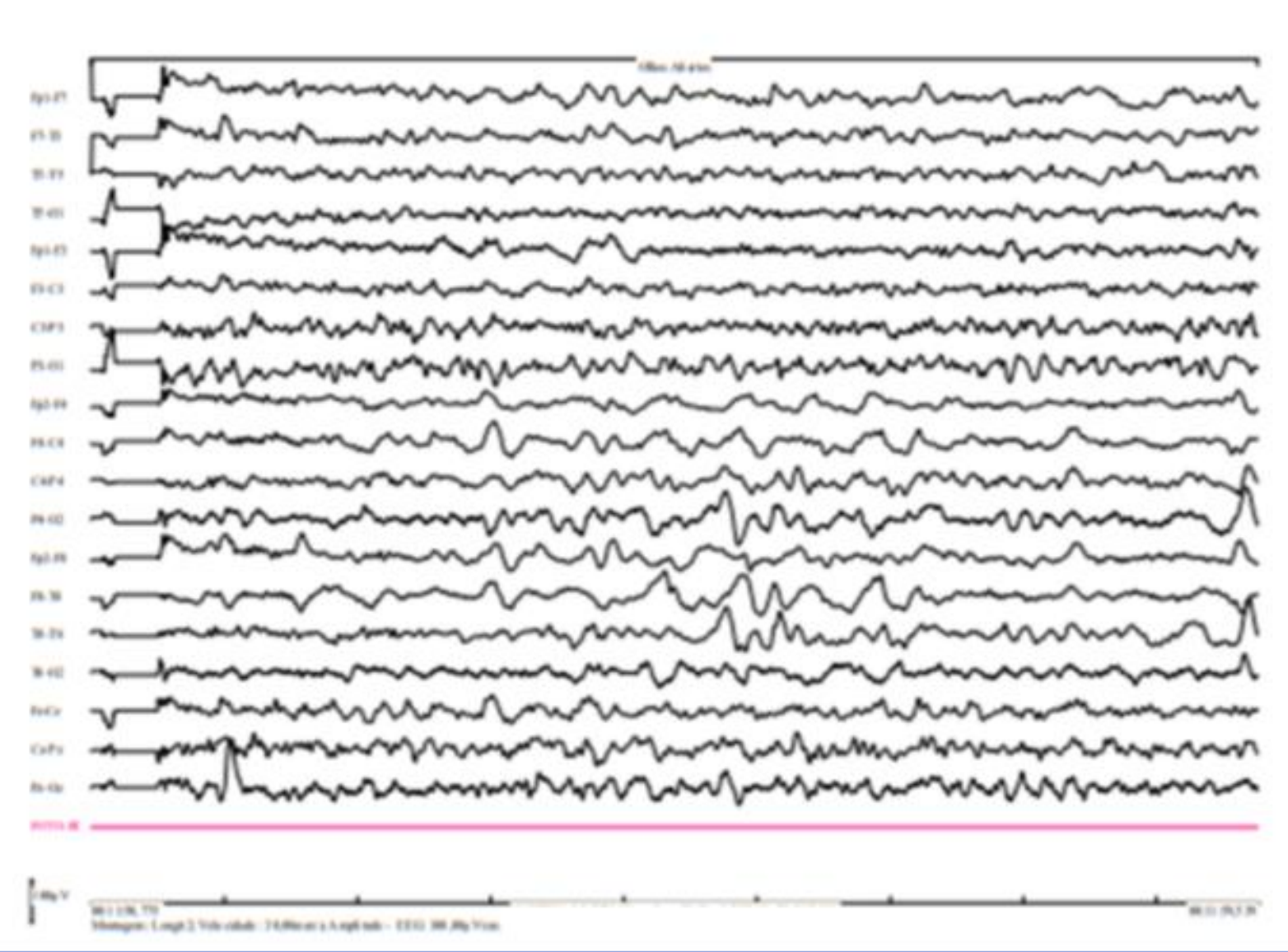
Medicines (Injectable/Oral)	Indications	Multimodal Therapies
<i>Helleborus niger</i> D6/ <i>Calcareo Carbonica</i> D6	Harmonize the brain measurement of the organ superficial tension, simultaneously reducing this tension (act directly controlling the seizures)	
<i>Cuprum Aceticum</i> D4/ <i>Bryophyllum Argentum Cultum</i> D5/ <i>Bryophyllum Calycinum</i> D5	Strengthening of the regenerative processes and circadian rhythms (nocturnal seizures)	➤ Pressel massage ➤ Craniosacral therapy ➤ Anthroposophic external therapies ➤ Biographic work with pedagogical medicine
<i>Zincum Valeriana</i> D6	Stimulation of the rhythmically mediated processes in terms of sensorial harmonization	➤ Medical care focused on “neuro-anthroposophic” approach in all sessions
<i>Rhus toxicodendron</i> D4 + <i>Hypericum</i> D5 + <i>Bryonia</i> D5/ <i>Chelidonium</i> D5 + <i>Carduus</i> D5	Protection and shield of the vitality and strengthening of the immunological defense	
<i>Viscum P</i> (Iscador)	Encephalitis, gliosis, hippocampal sclerosis	



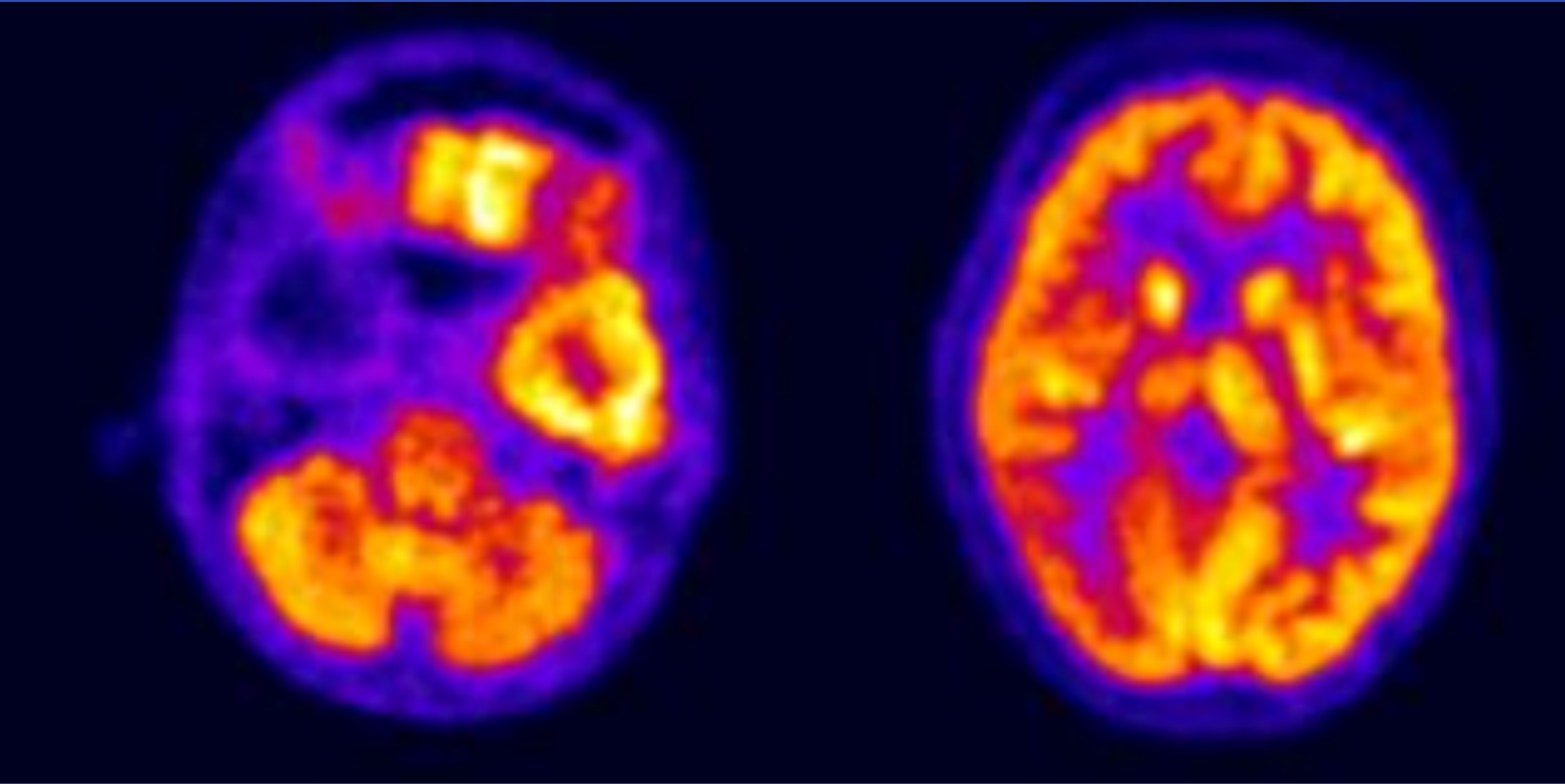
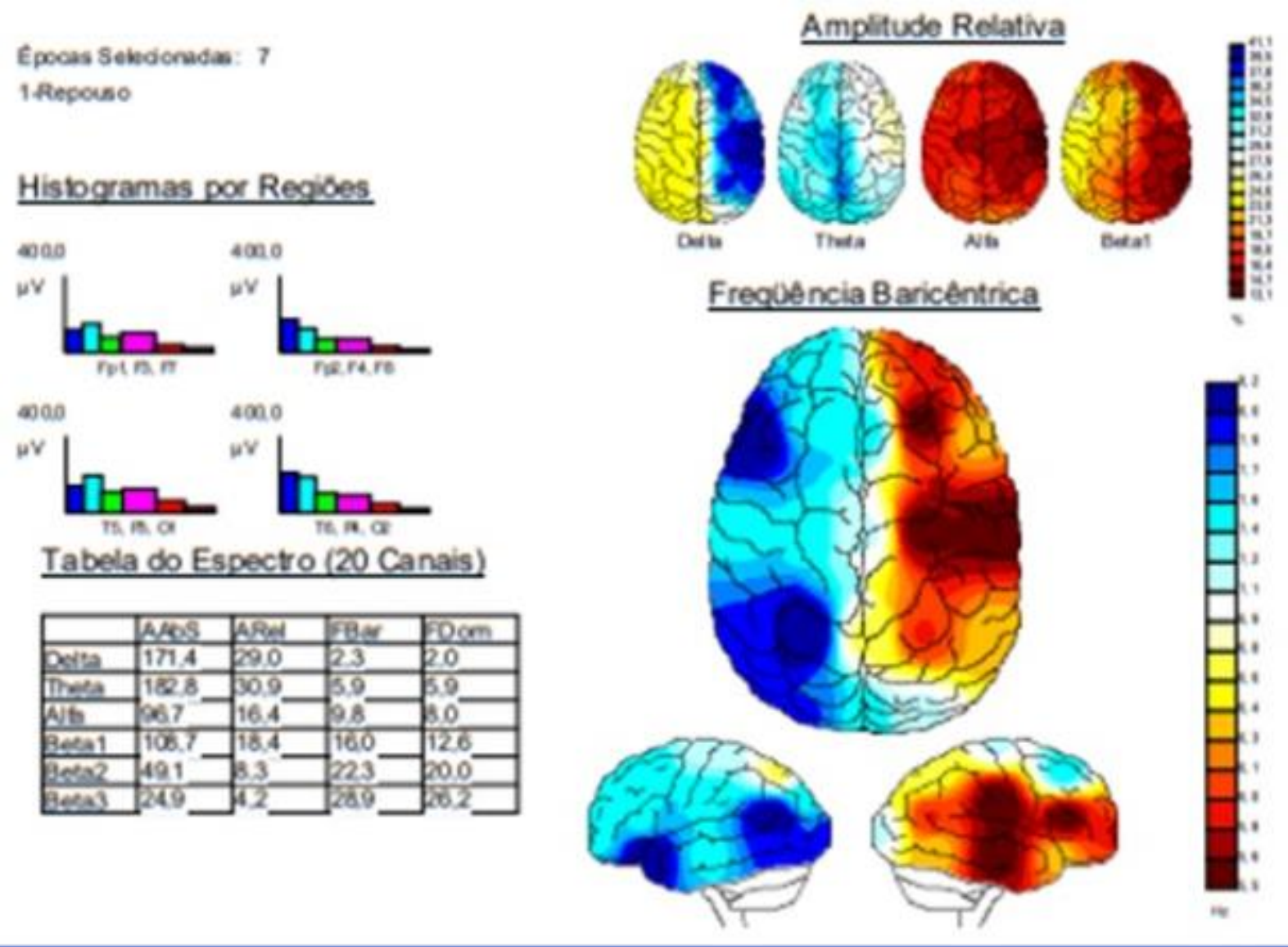
Viscum harvest illustration.

Follow-up and Outcomes

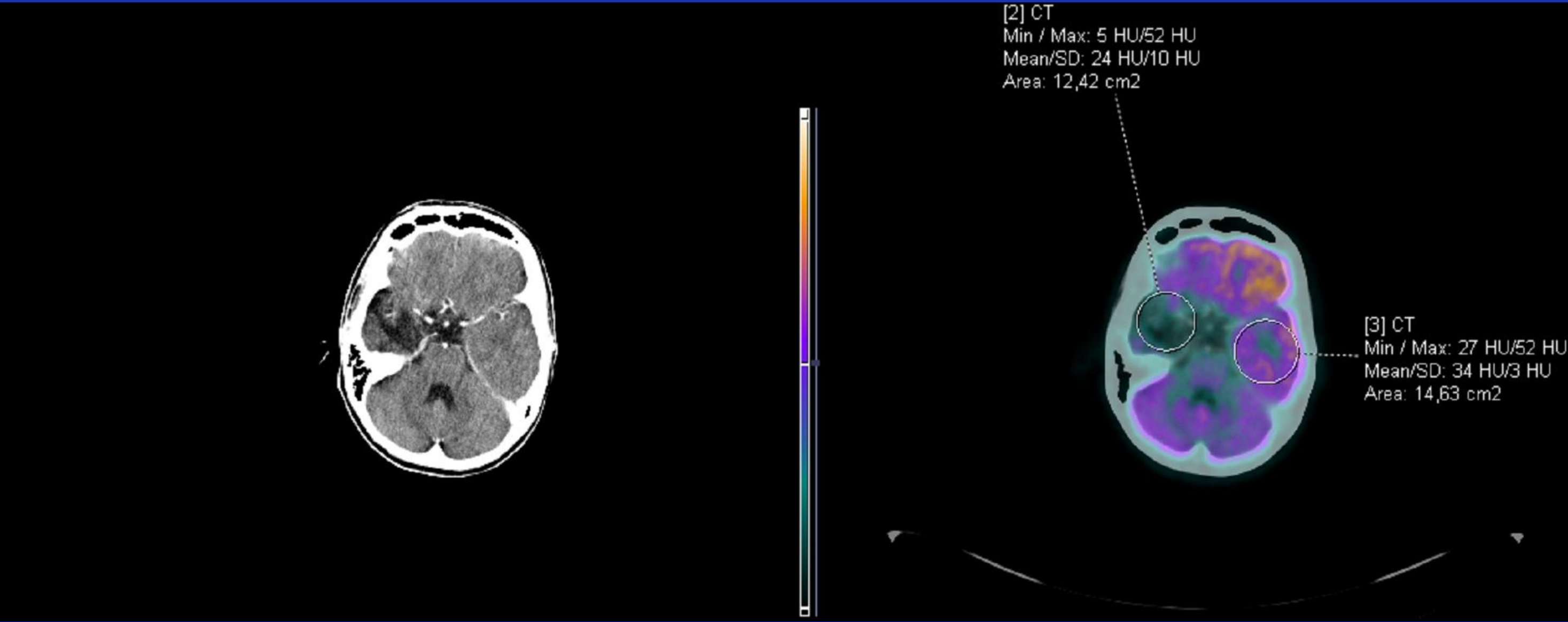
This pattern was changed after eight months of treatment with the anthroposophic therapies. Two years after the beginning of the anthroposophic approach, the seizures frequency decreased expressively (mean = 5 seizures/day), being the patient free of seizures for until 60 days. The treatment made possible her return to school and reestablishment of her other life activities.



EEG with map showing the focal paroxysm spike with low voltage projection edges of the right temporal, parietal and occipital lobes. The map highlights the asymmetry of the diffusion potency in theta.



PET images of the patient after the hippocampectomy, with hypometabolism in the right temporal lobe.



CT and PET/CT images of the patient after the hippocampectomy, with hypometabolism in the right temporal lobe. The HU values of both temporal lobes are displayed.

Discussion and Patient Perspective

The multimodal therapies with the medicines applied contributed to harmonize the role of brain measurement of the organ superficial tension, simultaneously reducing this tension (acting directly controlling the seizures) and strengthening the regenerative processes and circadian rhythms (reducing the nocturnal seizures). The protection and shield of the vitality and strengthening of the immunological defense minimized the symptoms of encephalitis, gliosis, and hippocampal sclerosis. Before the anthroposophic therapies, the patient presented a condition of several disabling. After the therapies, the patient return to her independent life activities, starting the art undergraduation despite the sequel, pointing out the role of therapies in the reduction of the disabling symptoms of epilepsy and encephalitis.

References

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