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Parkinson Disease Treated with Constitutional Medicine and Brain´s Organotherapics: A Forty-One (41) Patients Report

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Abstract:-

Background: In constitutional homeopathy, constitutional medicine (CM) produces mental, emotional, and physical symptoms when tested in healthy people. Organotherapics (OT) are homeopathic medicines made from the healthy organs of sheep or pigs. They enable the reconstitution of the functions of these organs, in other seriously injured animal species, using similar pharmaceutical technology as for CM. Aims: We aimed to evaluate the efficacy and safety of Organotherapics of sheep Healthy Brain (OTHB) along constitutional medicine (CM) for idiopathic Parkinson's disease (IPD). In addition, we aimed to observe and discuss the prevention of metastatic lesions in other organs.

Methods: This was a prospective observational clinical trial. A private clinic in Belo Horizonte, Brazil conducted at a private clinic in Belo Horizonte, Brazil. It was observed and evaluated; forty-one patients aged between 50 and 99 years old, diagnosed with probable IPD. The patients were prescribed OTHB + CM. They were followed up monthly (40–500 days). The PD Stages IV (Hoehn and Yahr, 2010) and McGill (1975)/Santos (2006) questionnaire. The selection of the IPD symptoms was standardized according to the Unified Parkinson's Disease Rating Scale, and mental/psychic symptoms were assessed.

Results: Until five hundred days, there were significant reductions in the six worst Parkinson's symptoms:
1-difficulty in swallowing from 18% [10% to 26%] every 30 days ((p-value = 0.000).
2- tremors by 3% [1% to 5%] every 30 days (p-value = 0.013).
3- joint pain / lock decreases by 8% [5% to 11%] every 30 days (p-value = 0.000).
4-difficulty to speak by 7% [2% to 12%] every 30 days (p-value = 0.008).
5-difficulty walking or standing, by 5% [1% to 8%] every 30 days (p-value = 0.005).
6-difficulty to understand by 9% [2% to 15%] every 30 days (p-value = 0.015); 7- joint / lock pain average of 8% [5% to 11%] every 30 days (p-value = 0.000). The emotional symptoms decreased, on average, of 10% [7% to 12%] every 30 days (p-value = 0.000).

Conclusions: the patients showed an average rate of improvement in IPD symptoms of 91 %[(CI 95percentage) (60%–98%)] and an average improvement in emotional/mental symptoms of 85% [(CI 95%) (53%–96%)], but no suppression of symptoms was observed, since the emotional symptoms showed significant improvements.

Keywords:- *Parkinson Disease, Homeopathy, Organotherapy, Biotherapie.*

I. INTRODUCTION

Idiopathic Parkinson's disease (IPD) is a chronic neurodegenerative disease. Its average worldwide incidence in people aged over 65 years is 1%–2% and prevalence in Brazil is 3% [1-2].

·In constitutional homeopathy, constitutional medicine (CM) produces mental, emotional, and physical symptoms when tested in healthy people; when crushed, diluted, and energized, it can reverse the toxic actions of diseases that produce mental, emotional, and physical symptoms in sick people.

Organotherapics (OT) are homeopathic medicines made from the healthy organs of sheep or pigs; they enable the reconstitution of the functions of these organs, in other seriously injured animal species, using similar pharmaceutical technology as for CM[3].

The biotherapics include organotherapics (OTs) (from the organs of healthy pigs or sheep). Isodes (matrices derived from virus, bacteria, toxic substances) (M. 1992).

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And nosodes (pathological secretions), which are subject to the same pharmaceutical technology CM[3].

The use of organotherapics is widespread in France and one of its biggest promoters is Max Tetau who advocated the use of organotherapics derived from gut and lungs[4-5]. Voisin, in his book, *Medical Matter for Medical Homeopaths*[6], outlines several organotherapics indicated for the treatment of various organs. In Brazil, Roberto Costa was the greatest popularizer of organotherapy[7]. There are also studies on the use of isotherapics[8] showing the effect of homeopathic arsenic on arsenic poisoning, and the organotherapic control of adenoid hypertrophy[9]. A study on using bone[10-11] constituents for arthritis and degenerative ostheoarthritis treatment has also been reported. However, no work has been published on using healthy brain organotherapics for neurological diseases.

Some allopathic drugs, such as dopamine[11], used nowadays for IPD and atypical Parkinson's disease (APD) temporarily decrease the duration of tremors, but can also worsen them; movement disorders can be induced by dopamine [12]. The potential effects of long-term treatment of Parkinson's disease with levodopa remain uncertain [13]. For the treatment of movement disorders, pramipexole [14], rotigotine [15], cabergoline [16], and rivastigmine [17] have been studied. For moderate control of cognitive problems, rivastigmine and memantine[18] have been studied. Subthalamic nucleus deep electrical stimulation has also been used despite the risk of brain internal hemorrhage [19]

II. CASUISTIC AND METHODS

Setting: This study was an initiative of the non-governmental organization (NGO) Ethical Institute of Belo Horizonte / MG, carried out in the period 2013-2018.

The NGO is a non-profit entity designed to carry out projects and research in the public interest and works in the author's office. The examining and evaluating physician has a specialization course in homeopathy and 27 years of experience in the field. She has only worked with Parkinson's patients since 2012.

Study design

In 2011, three patients with IPD—two of them in the fifth stage (PD Hoehn and Yahr, Stages V, 2010) [20]—underwent treatment with the OTHB (Healthy Brain Organotherapic) + CM combination therapy and had a full recovery from disease symptoms. The three patients resumed normal after 10 to 13 months of treatment. With this good results showing no side effects, it was decided by the end of this phase of the research in 2014. Fifty-eight volunteers with likely IPD, with signed clinical diagnoses and computed tomography (CT) and magnetic resonance imaging (MRI) requested for reference from their neurologists, were recruited in this study, and they received the OTHB + CM combination therapy. Two patients were excluded from the study due to family reasons and neglect and 15 withdrew due to functional illiteracy or difficulties with the family records. Twenty-four patients had controlled disease symptoms and were discharged within the period between 40 and 500 days (Fig. 1 in the results). At the end of this study, 41 patients were evaluated; most of them were in stage IV (PD Stages I–V, Hoehn and Yahr, 2010) [20] and presented (on average) between 2 and 3 on the symptoms' numerical scale (1–4) of the of 66 Unified Parkinson's disease Rate Scale (UPDRS) symptoms[21].

The average allopathic treatment time of the 58 patients (Fig. 1) before the start of the study was 18 years, with a standard deviation of 16.4 (18 ± 16.4). The homeopathic medicinal products were authorized by the national agency of sanitary surveillance-ANVISA (Decree No. 79094, published in the Official Gazette in 5/1/77) and by The Ethics Committee of the SÃO FRANCISCO HOSPITAL of Belo Horizonte, MG (Brazil) witch approved the project as indicated by the Brazil Platform on 04/ 0/2018, under the number 3239352. At the first visit, the doctor measured the symptoms present in each patient using an evolutionary plug control. As some symptoms were not detected in all patients, we chose the most severe six symptoms, characteristic of IPD, for the monitoring and evaluation of scalable plug: tremors or yanks, difficulty speaking and swallowing, induced dyskinesia due to stiffness and slowness of movement, difficulty in understanding, and body aches.

The symptoms of Parkinson's disease were identified and investigated from a list of 66 Unified Parkinson's disease Rate Scale (UPDRS) symptoms[21]. At the first examination, patients (or their family) were able to complete the daily record at home with responses according to the 0–4 scale of UPDRS to Parkinson's symptoms[21] and the McGill/Santos questionnaire[22] to emotional/mental symptoms. Scores for evaluation in both scales (pain in the McGill Scale and Parkinson's symptoms in UPDRS) ranged from zero (0) to four (4), varying with intensity and frequency successively higher. Hence, the two separate analysis carried to find the means in each of the two symptoms categories. Both scales were used, each for a different category of symptoms. Since the first examination, patients were trained through meetings and videos under a Doctor supervision, to understand the pain descriptors of the symptoms descriptors from UPDRS to Parkinson's disease and the PPI in McGill Questionnaire.

On the 90th day, an initial dose of CM, OTHB, in consecutive powers of LM (fiftymilesimal) and in a dose of two drops in the morning, spaced two or three days apart, was added. Patients could purchase organotherapics (OT) at only one pharmacy in the town of Belo Horizonte. These potencies were increased successively and individually until Mc Gill/Santos indexes smaller than 1 on the evolutionary plug were obtained. The protocol for the increase of LM (fiftymilesimal) potencies was based on Hahnemann's *Orientation of the Organon*, 6thEdition [23].

For this study, it was decided to successively increase LM (fiftymilesimal) over 15 days, spacing the days between dosis, according to the best individual result. CM was individualized according to the constitutional characteristics

of the patient. During this study, all patients continued the use of medications that were prescribed by their neurologists.

Brain organotherapics treatment that was derived from pig or sheep brain and prepared according to the special methodology of homeopathic medicinal products was chosen 3. The organotherapic formula, containing matrices corresponding to the anatomical region affected in Parkinson's disease as well as changes in the magnetic resonance (RM), was prepared as follows:

Date of taking each LM (fiftymilesimal) increase= CM + OT of brain gray matter+ white matter+ temporal lobe + frontal lobe + (mesencephalon containing hippocampus, thalamus, basal ganglia, and ventricles) + glia´s arteries (involved in ischemic chronic obstructive disease, very common in the age group of Parkinson's patients).

The cost of treatment for the 24 patients who were discharged or continued using the drugs until 500 days was US$210 ($21 per month in December 2015).

The formula has as composition, the matrix of the substantia nigra and site of the main pathophysiological changes of IPD (collected from the mesencephalon region of the lamb, where the basal ganglia are located). These structures cover many locations affected by Parkinson's disease (mesencephalon/temporal lobe). Most patients who underwent MRI or CT of the brain had lesions related to ischemic chronic obstructive disease. The matrices of organotherapics corresponding to the sites related to dysfunctions and symptoms in each patient are outlined in Table 1.

Table 1. Indications of prepared organotherapics (OT) used in the study

OT	Indication
Brain	Any widespread brain injury
Midbrain (Mesencephalon)	Speech disorders, recent memory, Pituitary, cortical thalamic tract, Talamo, hypothalamus, amygdala, basal ganglia, Substance Black, headquarters of control, satiety, Hormones, PA
Gray substance	Sensory neurons y engines around the brain
White substance	Demyelinating diseases, ischemic vascular occlusions, vascular changes
Bridge and Bulb	Motor neurons, balance, coordination of respiratory, cardio centers
Frontal lobe	Facial movements Changes
Parietal Lobe	Sensory receptions and interpretation
Spinal cord	Neurons motor and sensory, brachial plexus, lumbar and sacral
Arteries	Ischemic heart disease and obstructive Blood Pressure
Brachial, lumbar and sacral plexus	Swelling, tingling and sensitive pains

The matrices removed from the healthy brain lamb, modified by pharmacological technique, composed the individual formula of organotherapics, based on neurological symptoms of IPD and anatomo-physiological signs found in RM.

A list of UPDRS's symptoms[21] was followed to identify the patients' IPD symptoms. Data collection for evaluation was performed through an evolutionary plug (Appendix 1). Patients or their family members followed the six most severe symptoms of the disease, symptoms associated with other organs, and emotional and mental symptoms on a daily basis at home. The analysis strategy aimed to verify if the symptoms have abated over time with the treatment.

Seven observation times and values in the columns of evolutionary plug (related to 40, 90, 150, 210, 330, and 500 days after the first consultation) were recorded for statistical analyses. Special attention was given to the average of the physical symptoms, emotional media, and response variables.

Among physical symptoms, beyond those typical to Parkinson's disease, we included the symptoms of degenerative chronic pain that usually affects elderly patients, at the same age as Parkinson's disease. Parkinson's muscular pain, which is accompanied to stiffness, was clinically differentiated from articular pain and vertebra-distal pain from chronic degenerative pain. The OTs for the brain and those for the osteo-degenerative components were indicated separately.

We used 19 different medicine most used in medical literature to constitutional balance:
- Calcarea Carbonica, Ignatia, Nux Vomica, Pulsatilla, Lycopodium, Silicea, Arsenicum Album, Phosphoric Acidum, Staphysagria, Natrum Muriaticum, Cyclamen, Kali sulphuricum, Tarêntula hispânica, Platina, Sepia officinalis, Calcarea Phosphorica, Phosphorus, Lachesis, Sepia,Sulphur

Result of individual analysis of alteration of allopathic medication during the research

- Allopathic Medicine reportedly used by patients during treatment: Dopamine, Rasagiline, Selegiline, Levodopa/Benserazide or Levodopa/Carbidopa, Pramipexol, Cabergoline, Rivastigmine, Entacapone, Amantadine, Sodium Levothyroxine, orthomolecular medicine, and other medicine for co-morbidities, most commonly anti-depressants, Propranolol, Nifedipine, Amlodipine, Quin, Puran T4, Azithromycin, D-Vitamin Additive, Calcium, Omega 3, Simvastatin, Donepezil, Rosuvastatin, and a

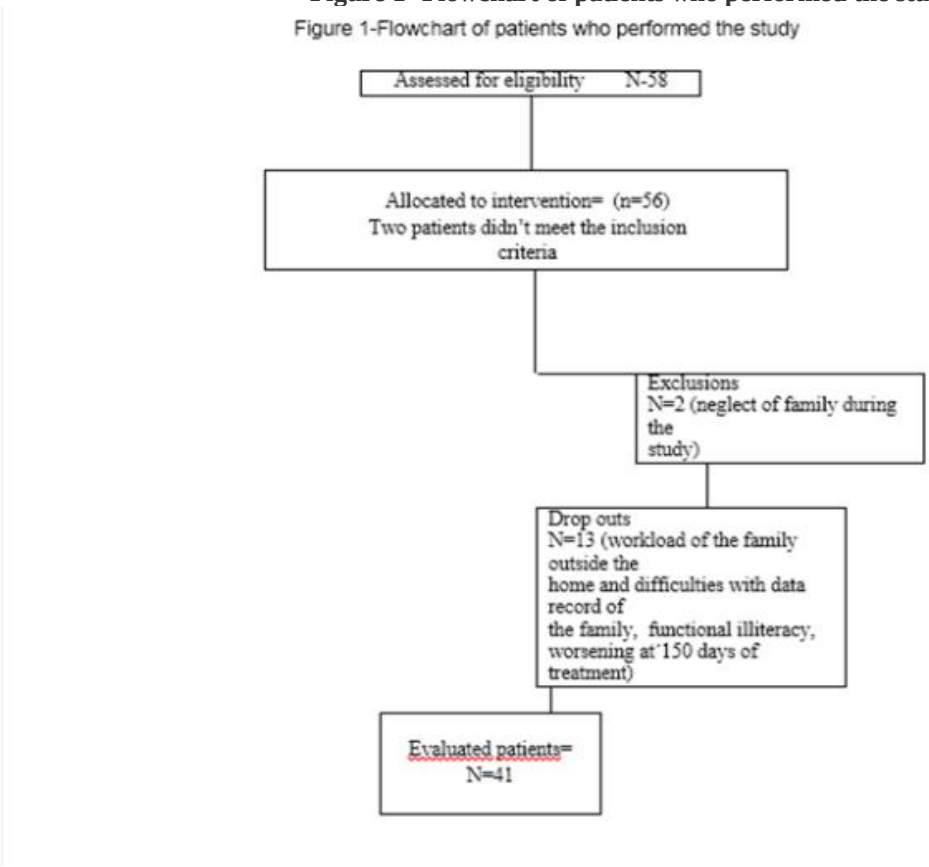
variety of other substances indicated to other organic disfunctions. Other treatments concomitant with the treatment were noted in an excel list apart from the evolution sheet, with records from zero to 1 of its occurrence every 5 days to help the interpretation of symptoms. : speech therapy, physiotherapy, water aerobics, yoga, massages, walks. These medications were maintained for the entire duration of treatment.

These allopathic and homeopathic drugs for Parkinson' were not considered in logistic regression. However, exists a kind of evidence that all the patients were treated with these allopathic drugs for Parkinson, for an average of 4.96 years, before starting homeopathic treatment. They maintained allopathic medications and had significant additional improvements after add homeopathic treatment over only 13 months. In addition in, previous years, none of the patients had been treated with homeopathic medicines for Parkinson's. To check whether the symptoms decreased after homeopathic treatment, a marginal log-linear model, from the Generalized Estimation Equation (GEE) models family (Fitzmaurice, et al., 2011)[24] was performed.

The log-linear marginal model was performed using the R software. Furthermore, the influence of following variables was also measured: sex, age, marital status, and funder of treatment.

III. RESULTS

Figure 1- Flowchart of patients who performed the study



Fifty-eight patients were recruited as possible volunteers for the treatment and evaluated for eligibility with a probable diagnosis of IPD, signed by their neurologists for reference; 15 patients did not meet the inclusion criteria. Two patients were excluded during the study due to negligence by their families, and 13 patients discontinued the study due to unavailability of family records, functional illiteracy, or worsening of symptoms at 150 days of treatment. The remaining 41 patients were, therefore, evaluated; 24 of them were discharged later due to totally controlled disease.

Identification of the representativeness of the sample, an indirect estimate of the incidence of Parkinson's disease in the metropolitan region of Belo Horizonte (MRBH) was made using the incidence rates and age and sex for the US compiled by Van Den Eeden *ET al.*[25], since there are no direct incidence estimates for age and sex in Brazil. The number of patients with Parkinson's disease in MRBH was estimated at 551 (230 women and 321 men), with the largest number of cases aged between 60 and 79 years. In our sample, there was a higher prevalence of the disease among men aged 70–79 years and women above 80 years. The percentage of men and women in the sample relative to the population of MRBH was 5.3% and 11.3%, respectively. The predominance of patients completed elementary (20%) and higher (20%) education, followed by those with a mid-level (17%) education. Most were married (37%), followed

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by single (12%) and widowed (10%). In relation to the source of funding for the treatment, most paid for themselves (41%), followed by social insurance institution (39%), and private insurance (17%).

Table 2 shows throughout the consultations the means and standard deviations for the symptoms: Thus, it can be observed that:

It is expected that an average patient with characteristics compatible with those observed in the sample of this study, will present the following Mc Gill indexes, in the first and seventh consultation:

• On average, there was a decrease from 1, 86 to 0, 00 in swallowing.
• On average, there was a decrease from 2, 00 to 1,00 in the tremors.
• On average, there was a decrease from 1,93 to 0,4 in the difficulty of speaking.
• On average, there was a decrease from 2.49 to 1.00 in the difficulty of walking or standing
• On average, there was a decrease from 2.20 to 0,50 in the difficulty of understanding
• On average, there was a decrease from 2,42 to 0,42 in joint pain / lock.
• On average, there was a decrease from 2, 28 to 0, and 35 in emotional/mental symptoms.

Table 2-Descriptive analysis of the indicators per consultation.

Indicator	Consultation	N	Average	S.D.	Min.	1Q	2Q	3Q	Max.
Difficult swallowing	First	22	1,86	1,08	0	1	2	3	3
	Second	21	1,26	1,16	0	0	1	2	3
	Third	16	0,63	0,62	0	0	1	1	2
	Fourth	12	0,67	0,78	0	0	0,5	1	2
	Fifth	10	0,4	0,7	0	0	0	1	2
	Sixth	5	0,2	0,45	0	0	0	0	1
	Seventh	2	0	0	0	0	0	0	0
Tremors	First	33	2	1,03	0	1	2	3	3
	Second	31	1,69	0,94	0	1	2	2	3
	Third	22	1,55	0,87	0	1	1,3	2	3
	Fourth	18	1,61	1,02	0	1	2	2	3
	Fifth	15	1,3	0,88	0	1	1	2	3
	Sixth	8	1,25	0,89	0	0,5	1,5	2	2
	Seventhy	4	1	0,82	0	0,5	1	1,5	2
Difficulty speaking	First	28	1,93	0,9	0	1	2	3	3
	Second	27	1,37	1,08	0	0,5	1	2	3
	Third	19	1,13	0,94	0	0	1	2	3
	Fourth	15	0,77	0,82	0	0	1	1,3	2
	Fifth	9	0,89	0,89	0	0	1	1,5	2
	Sixth	7	0,93	1,1	0	0	1	1,3	3
	Seventhy	5	0,4	0,89	0	0	0	0	2
Difficulty walking or standing	First	39	2,49	0,79	1	2	3	3	3
	Second	38	1,97	0,95	0	1	2	3	3
	Third	27	1,67	1	0	1	1,5	2,8	3
	fourth	21	1,76	0,96	0	1	2	2,5	3
	Fifth	15	1,27	1,16	0	0	1	2	3
	Sixth	9	1,33	0,97	0	1	1,5	2	3
	Seventhy	5	1	1	0	0	1	2	2
Difficulty to understand	First	20	2,2	0,89	0	2	2	3	3
	Second	19	1,45	0,83	0	1	2	2	3
	Third	17	0,97	0,67	0	1	1	1	2
	fourth	13	1,04	0,78	0	1	1	1	2,5
	Fifth	9	0,89	0,78	0	0	1	1	2
	Sixth	5	0,9	0,89	0	0	1	1,5	2
	Seventhy	4	0,5	1	0	0	0	1	2
Join pains/lock	First	41	2,42	0,71	0	2	3	3	3

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	Second	40	1,74	0,94	0	1	2	2	3
	Third	29	1,33	0,93	0	1	1	2	3
	Foutth	24	1,5	0,99	0	0,5	2	2	3
	Fifth	17	1,44	1	0	1	2	2	3
	Sixth	10	0,75	0,98	0	0	0,5	1	3
	Seventhy	6	0,42	0,67	0	0	0	1	1,5
Emotional Average	First	41	2,28	0,57	0,7	1,9	2,3	2,7	3
	Second	11	1,91	0,71	0,9	1,4	1,9	2,4	3
	Third	6	1,87	0,69	1	1,4	1,9	2,4	2,7
	Foutth	7	1,14	1,07	0	0,3	1	1,7	3
	Fifth	7	0,71	0,55	0	0,3	0,9	1,1	1,4
	Sixth	4	0,68	0,53	0	0,3	0,8	1,1	1,1
	Seventhy	6	0,35	0,47	0	0	0,1	0,9	1

The Table 3 found normality in the Shapiro Wilk test for all the variables studied and it was possible to infer the following results in the paired T Test for Parkinson´s and emotional/mental symptoms:

Table 3-Results of the paired T test for the variable that corresponds to the mean of Parkinson's and emotional/mental´s symptoms:

Emotional/Mental symptoms		Parkinson´s symptoms	
Last Consultation	Result p-valor	Last Consultation	Result p-valor
40 days	0.008686	40 days	0.4667
90 days	0.4597	90 days	0.04867
150 days	0.008419	150 days	0.006345
210 days	0.000001	210 days	0.001484
330 days	0.0377	330 days	0.08924
500 days	0.002594	500 days	0.003153

We were able to say that there are significant differences between the one consultation and the next immediately after 95% of confidence, except at 90th day for emotional symptoms and 40th day for Parkinson symptoms. Based confidence. In some groups, there was no significant difference, because the sample was small.

Table 4- Reasons and relevance of dropouts over the result

Emotional/Mental Symptoms	Estimate	Std.err	Wald	Pr(>|W|)		IC95inf	IC95sup	Estim(McGill)	Inf(McGill)	Sup(Mc Gill)
1st appointment	0.804	0.237	11.52	0.00069	***	0.34	1.269	2.07	1.75	2.34
40 days	-1.015	0.213	22.75	1.80E-06	***	-1.432	-0.598	1.34	0.75	1.99
90 days	-1.307	0.206	40.2	2.30E-10	***	-1.71	-0.903	1.13	0.61	1.77
150 days	-1.684	0.264	40.62	1.80E-10	***	-2.202	-1.166	0.88	0.40	1.58
210 days	-2.01	0.272	54.54	1.50E-13	***	-2.544	-1.477	0.69	0.30	1.34
330 days	-2.351	0.309	57.88	2.80E-14	***	-2.957	-1.745	0.53	0.20	1.15
500 days	-2.946	0.579	25.89	3.60E-07	***	-4.08	-1.811	0.32	0.07	1.10

Signif. codes: 0 '*' 0.001 '**' 0.01 '*' 0.05 '.' 0.1 ' ' 1**
Regression Method: Mixed-Effects Models. Formula in R: lmer (emotional~wave+ (wave|individual))
Correlation: Structure = unstructured. Link = identity Number of clusters: 38

Despite this association between emotional condition at the beginning of treatment and abandonment, there is no significant difference in improvement over the course of treatment between those who abandoned and those who did not. Even grouping dropouts into three categories of reasons (energy, impatience and the wrong dose), the difference

between the groups remained insignificant. To identify the significance of dropouts in the results, the Linear mixed model fit by REML ['lmerMod']26 was applied in R project, with Formula: emotional symptoms = wave + abandonment + (1 | id), generating an estimator for the fixed effect of abandonment of 0.4, whose standard error was 0.258 in 172 observations for the total of 43 patients. The Wald test with alpha of 0.05 produced a confidence interval between -0.1 and 0.9 for the hypothesis that the abandonment parameter is zero, confirming that it is not significant in improving emotional symptoms. When categorized, dropout generated confidence intervals -1.3 to 1.2 for the wrong dose, while for energy it was -0.6 to 1.2 and impatience was -0.1 to 1.2. With this, justifying the possibility of working without the information of those who abandoned.

The mixed effects model used to test abandonments offers a slightly different response than that sought with the GEE model. In the first, the average improvement is obtained for patients who have undergone some stage of treatment, while the second obtains the average improvement for the group of patients who have undergone the entire treatment. In addition, the GEE models do not allow working with individuals who have some type of missing information, as in the case of those who abandoned. Thus, it was decided to maintain the analysis using the GEE model, excluding individuals who abandoned, since their improvement behavior does not differ significantly from those who did not abandon.

There was substantial statistical and clinical improvement in the IPD symptoms before 40–500 days of medication with the MC + OTHB combination therapy. It was expected that the increase in LM (fiftymilesimal) 15/15 days continue to show improvement until (at some point) all of the symptoms disappear. However, as shown in Table 5, this is not what happened.

Table 5- Mean physical symptoms (7 patients with Parkinson's

		Estimate	Std.err	Wald	Pr(>|W|)	
1ª consulta	(Intercept)	1,069	0,269	15,81	7,00E-05	***
40 days	factor(wave)3	-0,913	0,339	7,28	0,007	**
90 days	factor(wave)4	-1,566	0,28	31,23	2,30E-08	***
150 days	factor(wave)5	-0,843	0,328	6,62	0,01	*
210 days	factor(wave)6	-1,032	0,424	5,92	0,015	*
330 days	factor(wave)7	-1,537	0,279	30,36	3,60E-08	***
500 days	factor(wave)8	-1,641	0,27	37,01	1,20E-09	***
	Signif.	codes:	0	'***'	0,001	'**'

Physical symptoms were at their worst in the middle of the treatment period, between 90 and 150 days. The reason may be due to the increase in the prescription at 90 days of new potencies had surpass observed the best therapeutic dose of several of the patients. In many cases, it was necessary to return to the previous LM (fiftymilesimal) and when it was made, the symptoms have improved. This is a hypothesis that could be controlled in the future.

The success of the LM (fiftymilesimal) potency system lays in decreasing the severity of the symptoms (as shown in Table 5) after 210 days of treatment. This observation seems to have been a product of important knowledge of this work.

IV. COMMENTS AND DISCUSSION

As this investigation is observational and uncontrolled in nature, the conclusions are incomplete. It is not possible to state with certainty what proportion of the results arose exclusively from OT, CM, or a combination of the medications. However, it should be remembered that these initial results might have a better perspective, facing a therapeutic that is not yet well established for this disease. A randomized controlled study is required to determine the evidence, thus, for the proposed treatment.

Through a categorical variable control, it was found that the condition of abandonment was significantly associated (p-value of 0.02) to the higher emotional indicators at the beginning of treatment. Patients who quit showed McGill/Santos indexes of emotional symptoms 18 %(95%CI (4%–19%)] and p=0.02 worse than those who remained until the end of the treatment. Only 24 patients had complete data that composed the response variable, for modeling purposes.

Therefore, the early identification of these patients is very important, in order to reinforce their belief that they can improve too, albeit slowly.

After discharge, patients still fluctuated between zero (0) and one (1) with respect to the symptoms of numerical scale from Mc Gill/Santos for IPD. These symptoms improved in two patients, with the gradual withdrawal of levodopa or dopamine, demonstrating that there were movement disorders due to this drug[12].

V. CONCLUSIONS

This study represents similarity with the phase's one and two of academic research protocol. There was evidence of healing of all symptoms of PDI and absence of collateral effects of the homoeopathic MC/OT association in the prospective treatment of twenty-eight cases that were followed until the end of the treatment. There was success in decreasing the severity of the symptoms after 210 days of treatment, enough to believe in the likely success of future controlled research...

There was not observation of metastatic lesions in other organs. There are sufficient evidences and security to the progress to the phases third and fourth of the academic research protocol.

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