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Cerebral Palsy; Mother Role

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Abstract

Cerebral Palsy (CP) in newly born babies is not uncommon; many causes share its incidence in all communities, pre-natal, natal and post. The current vision and therapy trends are established or settled irreversible brain damage and nothing but neuroleptics, physical and psychological rehabilitations ± ortho-alignment accordingly. According to my work CP is an active chronic intracellular (neuron, galia, and endothelium and others) bacterial cerebritis focal or global. Established intrauterine (pre-natal). Silent or dormant can be evoked by many precipitating factors pre-or post natal.

Keywords: Cerebral palsy; Brucellosis; Asphyxia; Kernicterus; Brain atrophy; Basal ganglia; Atonia; Hypotonia

Introduction

Cerebral palsy (CP) is the clinical entity of being with some degree of brain dysfunction due to focal brain damage which is not detected radiologically or the diffuse or global brain atrophy visible radiologically with clinical picture of intellectual, physical dysfunctions or both. It is well known it either started intra-uterine (pre-natal), during delivery (natal) or after delivery (post-natal). It is no idea to go through these causes. Here I want to stress on a fact I concluded from my work on the bases of the nature behind this clinical entity, the CP. It seems in the basic nature of this problem is the baby acquire the pathology throughout its development, that means, no given period is blamed to be the time of affection as is mentioned in the classical teachings, that is, the mother getting momentary infection whether viral or bacterial or any other factors. The case is that the mother is harboring the infection already (before being pregnant) in spite of she expresses it or not. My work showed this pathology is the mother's affection with chronic Brucellosis.

Patient and Method

As the results of my interest in the biological bases of Neurosurgical pathologies widen and deepen, a new concepts or visions are obtained by me. This brought to take every case of CP under this vision. For that the tonics and brain stimulators (neuroleptics) which was used by me and the rehabilitation programs and even the orthopedic managements are changed to a deeper and more thorough clinical examination of the mother and the baby for any evidence of being affected by any systemic illness which makes CP is one complication of it, then trial treatment for Brucella, lastly PCR of Trapezius muscle open biopsy taken from the new born but not from the mother yet due to cost in my single case which underwent PCR test. This took both genders over the past ten years, of any age, some come older, either being neglected or treated by the classical treatment in some period of their life. Of course the number is several tens of wide range of affection. Due to the highly encouraging positive results by this principle I went to apply this mode of management even with patients their history or clinical examination would never show any hint on what I am saying, still the outcome is the same positive as those show some suggestions of being affected, I would like to do PCR for all patient with or without signs and widen the range of screen test for all intracellular bacteria we know but unfortunately I lack the financial power to go on.

Results

The results of neuroleptics when I were in use to manage CP was satisfactory but slow in results especially in onset of response, with some sort of decline in cessation of its use or no benefit after a while. When I started to use the anti-Brucella, the first week obvious outcome is clear in many cases, which is; stop of the newborn irritability (continuous crying especial at night that prevents the whole family from sleeping) of course without analgesics, anti-spasmodics or sedative of any kind direct or indirect (like anti-histamines). The second dramatic response that takes about one month as a range is the physical weakness or atonia improves, intellectual improvements take more than a month to develop this in comparism with the pre-treatment condition as a rate qualitatively and quantitatively. Due to financial difficulties one case of six months female

baby underwent Trapezius muscle open biopsy which showed positivity for Brucella with PCR while mother not also due to extra-cost.

Discuss the Analysis

As there are many classification and timed-causes for the cerebral damage, I can summarize; On the biological bases from similar diseases affection in my work which caused by chronic active intracellular bacteria like Brucella, salmonella or many others who I try my best to develop or upgrade the screen test with PCR or Mico-array to detect the pathogenesis behind, that the CP scene is one of them, as follow ; the developing fetus inside his mother's uterus catches the infection through fetal-placental barrier from the body cells of the infected mother. So, let us say the fetus, become a carrier like his mother. Here the carrier is a relative condition, not means the patient or the carrier is sound and not suffering by certain manner! She (the mother) and it (fetus) are suffering but some are with a sub-clinical or clinical but not recognized by the patient-community interaction. The community is either the close people around the patient or the medical side when the patient complains; she will be shut up with palliatives! Or never complaining but her general condition shows ill health like emaciated face. This last vision reflected on the fetus also when become new-born. This carrier fetus during the nine months of intra-uterine development is also in danger of other occasional affections whether biological like viruses and bacteria or physical and chemical (metabolic or so) stresses. These these conditions on the mother , the fetus or both act as a activation to the dormancy of the intracellular bacteria to act in certain manner or grade to start damaging the invaded tissues of the fetus whether brain or the bodily cells which the later might damage the brain in certain way (that means we need more work to see the brain damage is a direct invasion of the mothers original infection which is the intracellular Bacteria or it is a some cascade of complex extra-cerebral events), all the above is pre-natal. Natally, the stresses that the fetus is subjected to during the period of given birth are many and well known; these may act as precipitating factors to activate the dormancy. Activation is beyond the scope of this article, it needs extensive work. Post-natal meningitis is also well known, many lab tests are under taken to show that CSF is sterile and other unfruitful tests all due to a missed idea that this meningitis is mere activation to the intra-uterine affection with Brucella (mostly) so PCR for tissue not CSF should be considered. The failure of empirical treatment for this meningitis in combinations antimicrobials including Vancomycin is another practical proof on being Brucella in origin. As the fetus does not subjected to the environmental source of affection or infection (do not eat food stuff harboring the Brucella) this is logic evidence that the affection is intra-uterine for all cases. Post-natal activation to cause meningitis to the new born may be a complex of precipitating factors one of them is the birth asphyxia or any cause for low PaO2. Hence the two well known factors that are associated with CP causation which are the birth asphyxia and Kernicterus are not the principal causes in causation of the CP, they are an association factors, that is if no brain cells harboring the invader we are talking about the CP will not established. Yes, it looks strange and anti-traditional, but from all the above and with anti-Brucella positive results give clue that the CP is an ongoing brain affection as inflammation, or another damaging events that affect brain structure and function whatever the time is prolonged as the new-born grows up, this un-wanted dysfunction is reversed by anti Brucella with any severity or prolongation. And either of the two well known causes, the asphyxia and the premature high bilirubin serum level that precipitates in new born basal ganglia is not excluded from this concept.

This the only case which underwent PCR test; she is six months having a general hypotonia since birth with mental retardation according to her age milestone which appears on her face (Figure 1a), open Trapezius muscle biopsy for PCR (Figure 1c), showed Brucellosis (Figure 1d), I put her a one month course on anti-Brucella (not mentioned textbooks as a standard anti-Brucella which is Azothromycin and Cefixime according to the body weight in a single daily dose) when she came in her first visit after this first month I did not recognize her until I saw her mother due to the remarkable change in her face (Figure 1b) this in addition to stop of irritability and crying all the night with start to have some activity to turn her body to a side and you see in the picture she is lifting her left hand which was non due to severe hypotonia (if I say she was with atonia I will be not so far). As this 6 months baby feeds only on her mother's breast feeding and the condition started since birth so the logic is intra-uterine affection.

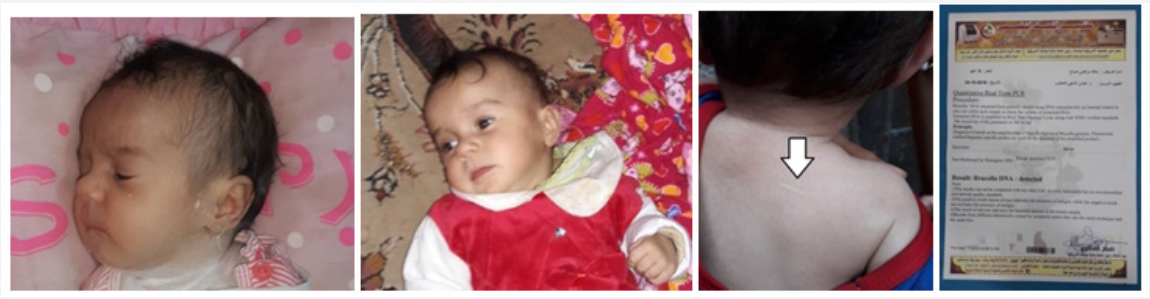

Figure 1A-1B

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Conclusion

Cerebral palsy CP to high extent is due to neuro-brucellosis or general systemic chronic brucellosis, but does not mean that other intracellular bacteria are not embalmed, the fetus acquire from the mother during pregnancy, the traditionally known causes are either precipitating or aggravating factors.

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