Dear Editor,

Is fetal position in Alzheimer’s disease a result of extensive muscle contraction, or a complete body and brain shutdown? Scientific community still tries to unveil the very nature of Alzheimer’s disease (AD) which is hidden in the mist of a blurred brain function. During the late stages of the disease, patients manifest a cluster of symptoms like increase in emotional needs, fears and anxieties, combined with an anatomic remodelling of their entire body and biomechanical shutdown. Weight loss, both fat and muscle deterioration, strength decrease and inability for the trunk to be self supported fill in an image which looks exactly like the fetal position. Although some may think that a complete physiological shutdown is in place, retrogenesis was introduced as a theory to demonstrate how individuals suffering from Alzheimer’s disease adopt a fetal position. The theory of retrogenesis was proposed to explain this anatomic remodelling of the human body.

Keywords: fetal position, Alzheimer’s disease, degenerative mechanisms, anatomic remodelling, retrogenesis.

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from AD lose their cognitive skills and abilities in reverse order in which they learned or acquired them, while simultaneously musculature system and brain, despite its lesions, still working but shifting towards a prenatal age stage. Degenerative mechanisms in AD inversely recapitulate the processes of the normal neurodevelopment, as developmental reflexes reappear in such patients (suffering from AD), emerging at a point which might be anticipated from the corresponding developmental age. Furthermore, paratonia is suggested to be, to some extent, a return of an infantile stabilization reflex mechanism which may parallel the great decline in motor performance. Patients acquire a form of hypertonia, an inability to relax muscles during muscle tone assessment with an involuntary variable resistance during passive movement. At the end stages, progressively, all become bedridden, curl up and lying in an increasingly fetal alike position. This is due to muscle contraction, while the head and shoulders are shifting forwards, the chest cage curls inwards and the spine crunches and shifts from the normal S-curve posture to a C-position (Figure 1). The continuous aging of the population on a global scale alongside with such a high prevalence among the population manifesting signs of resisted movement and retrogenesis in AD, demonstrate the necessity for the practitioners who deal with general public health, geriatrics and neurology to have a good working knowledge of this common neurological sign.

REFERENCES