

A Child with Atonic Cerebral Palsy Managed with Homoeopathic Treatment: A Clinical Case Study

Dr. Hemangini Parikh.¹, Dr. Girish Patel ²

¹PhD scholar, MD [Hom], Maharaja Krushnakumarsinhji Bhavnagar University, Bhavnagar, Professor & Head, Dept of Repertory, Smt. Malini Kishore Sanghvi Hospital & Educational Complex, Karjan, Gujarat

² Principal, MD, [Hom] PhD [Hom] Professor, HOD –Department of Repertory. Swami Vivekanand Homoeopathic Medical college and Hospital, Bhavnagar

Abstract- Cerebral palsy (CP) is a non-progressive neurodevelopmental disorder resulting from injury to the developing brain, leading to disturbances in movement, posture, cognition, and associated disabilities. Among its various forms, atonic cerebral palsy is characterized by hypotonia, poor muscle control, delayed developmental milestones, and impaired coordination. This case report presents the clinical management of a 2.7-year-old female child diagnosed with atonic cerebral palsy associated with microcephaly and neonatal hypoglycaemic brain insult. The patient was treated with individualized homoeopathic medicines based on totality of symptoms using Boger's approach, along with physiotherapy and supportive care. Marked improvement was observed in sitting balance, standing ability, grasping power, bowel awareness, understanding, and overall developmental activity over prolonged follow-up. This case highlights the possible role of individualized homoeopathic treatment as an adjunctive therapeutic approach in improving quality of life and developmental outcomes in children with cerebral palsy.

Keywords: Cerebral palsy, atonic cerebral palsy, hypoglycaemics brain insult, microcephaly, homoeopathy, Lycopodium, Tuberculinum.

I. INTRODUCTION

Cerebral palsy is one of the most common causes of childhood disability worldwide. It comprises a group of permanent disorders affecting movement and posture due to non-progressive disturbances occurring in the developing foetal or infant brain. The prevalence is estimated to be approximately 2–3 per 1000 live births. Children with cerebral palsy often present with motor dysfunction, delayed milestones, speech impairment, visual disturbances, cognitive deficits, and associated musculoskeletal abnormalities.

Atonic or hypotonic cerebral palsy is comparatively less common and is characterized by diminished muscle tone, poor postural stability, delayed motor development, and difficulties in coordinated movements. Conventional management primarily includes physiotherapy, occupational therapy, speech therapy, and supportive rehabilitation. However, long-term outcomes remain variable.

Homoeopathy, through individualized constitutional prescribing, aims to stimulate the body's adaptive mechanisms and improve overall functioning. The present case demonstrates the utility of constitutional Homoeopathic treatment in a child suffering from atonic cerebral palsy with developmental arrest.

Case Details

Patient Information

- A female child aged 2 years and 7 months was brought to the paediatric outpatient department with complaints of severe developmental delay and inability to achieve age-appropriate milestones. The patient is a 2½-year-old female child belonging to a middle-class family residing in a small village. She lives with her parents and two elder brothers in a supportive family environment. Her father works as a fabricator in a small fabrication unit and is mild and affectionate by nature. Her mother is a homemaker educated up to 9th standard and has a calm and caring temperament. The child shares a close emotional bond with her family members, especially her mother, to whom she is deeply attached. The family provides emotional support and attentive care toward the child's health and developmental needs. Pt. is very

intelligent, irritable, and dominating and Active child despite limitations

Chief Complaints: -The child presented with the following complaints since birth:

- History of hypoglycaemic convulsions on the second day of life
- Developmental delay and arrest
- Inability to sit without support
- Frequent falling while sitting
- Unable to stand or walk even with support
- Poor grasping ability and reduced handling of objects
- Absence of bladder and bowel control
- Squint with poor vision
- Sternum depression
- Inability to speak meaningful words or sentences

II.PRENATAL AND BIRTH HISTORY

The mother was diabetic before conception. Due to religious beliefs, she discontinued all medications during pregnancy and did not undergo regular antenatal check-ups.

Birth Details

- Full-term normal vaginal delivery, Birth weight: 4.1 kg
- Delayed cry after birth requiring bag and mask resuscitation
- NICU admission for 15 days due to neonatal hypoglycaemia

Patient as a person:

- Appearance: Thin- built,
- Craving- Rice+++ , Maggi++ , Eggs++
- Stool- 4 time/day- involuntary, Color yellow, Semisolid
- Urine- 5-6 times/day, involuntary- no control
- Perspiration- Profuse, Head 2+, Back2, odour-sour++
- Sleep- good, position- on abdomen, D-1hr, N- 7-8 hrs, Deep

Family History

- Elder sister died at one month of age due to suspected congenital cardiac pathology.

- Maternal history of diabetes mellitus.

Physical Examination

General Examination

- Weight: 8.5 kg, Pulse: 110/min, Respiratory rate: 24/min
- Pale conjunctiva
- Squint present
- Profuse perspiration with sour odour, especially on head and back

Systemic Examination

Musculoskeletal System

- Hypotonia of both lower limbs
- Bowing of legs, Flat foot
- Delayed motor activity

Head Examination

- Head circumference: 41.5 cm, Microcephaly present

Respiratory System

- Bilateral air entry normal, Depressed sternum observed

Investigations

- CT Scan Brain: Normal
- Ophthalmological Evaluation:
- Squint eye
- Optic disc pallor
- Prognosis considered poor initially

Diagnosis

- Neonatal hypoglycaemic brain insult
- Atonic cerebral palsy
- Microcephaly
- Partial optic atrophy

III.HOMOEOPATHIC EVALUATION

Totality of Symptoms

The case was analysed according to Boger's approach emphasizing pathological generals and physical generals:

AF: Hypoglycemia

Cerebral Palsy; Flaccid (Atonic)

Muscles: Hypotonic

Microcephaly

Eye; Squint, Paralysis of Eyeball Muscle

Bone: Curvature

Development; Arrested3

Sleeps on abdomen

Perspiration: Profuse2

Perspiration: Odour; Sour2

Sleep: Position; Back on
Perspiration: Head²
Perspiration: Back²
Thermal: C²H²
Craving: Rice³
Craving: Eggs²
Mind: Obstinate²;
Irritability²;
Active²

IV.PRESCRIPTION AND FOLLOW-UP

Based on the totality of symptoms and constitutional characteristics, *Lycopodium clavatum* was selected as the constitutional remedy and prescribed in ascending potencies 30-200-1M during the course of treatment along with supportive physiotherapy and ophthalmological management.

Indications for *Lycopodium clavatum*

The prescription was based on the following characteristic features observed in the child:

- Intellectual and developmental delay
- Marked flatulence and gaseous abdominal distension
- Irritability and obstinate behaviour
- Delayed motor confidence and inability to perform activities independently
- Sleep on abdomen
- Desire for eggs and specific food cravings
- Progressive neurological weakness with developmental arrest

V.FOLLOW-UP OBSERVATIONS

During subsequent follow-ups, gradual but definite improvement was observed in the child's physical, neurological, and Behavioral functions.

The following clinical improvements were noted:

- Ability to sit without support improved significantly
- Better standing ability and postural control were observed
- Improvement in understanding and response to surroundings
- Better grasping power and handling of objects
- Initiation of bowel awareness and partial bowel control
- Reduction in irritability and obstinate behavior

Head circumference showed gradual improvement from 42 cm to 44 cm during follow-up, indicating progressive developmental changes. Supportive

physiotherapy and ophthalmological care were continued throughout the treatment period.

Long-Term Outcome

During prolonged follow-up, sustained improvement was observed in the child's overall developmental progress and quality of life.

The notable improvements included:

- Better muscle coordination and motor activity
- Improved grasping ability and self-feeding capacity
- Increased physical activity and interaction with surroundings
- Better bowel awareness and control
- Improvement in comprehension and social responsiveness
- Reduction in generalized weakness
- Gradual increase in head circumference
- Improvement in ophthalmological findings with maturation of retinal vasculature

Over time, the child became capable of eating independently and demonstrated improved adaptive functioning and developmental abilities.

VI.DISCUSSION

Neonatal hypoglycaemia is a known cause of irreversible neurological injury leading to cerebral palsy, developmental delay, and visual impairment. In this case, multiple etiological and constitutional factors contributed to the child's pathology.

The individualized homeopathic prescription *Lycopodium* was based on holistic evaluation rather than disease labelling alone.

Although cerebral palsy is considered non-curable in conventional medicine, improvement in functionality, quality of life, adaptive behavior, and developmental milestones remains the major therapeutic goal. This case demonstrated notable functional and behavioral improvements under long-term individualized homeopathic treatment along with supportive rehabilitation.

The role of multidisciplinary management, especially physiotherapy and visual rehabilitation, should also be acknowledged in achieving optimal outcomes.

VII.CONCLUSION

This case illustrates the potential benefits of individualized homeopathic treatment in a child with atonic cerebral palsy associated with neonatal

hypoglycaemic brain injury and microcephaly. Improvement was observed in motor activity, muscle tone, comprehension, bowel awareness, grasping ability, and general vitality over long-term follow-up. Homoeopathy may serve as a complementary therapeutic modality in the multidisciplinary management of cerebral palsy, particularly in enhancing overall functional development and quality of life.

Further systematic clinical studies with larger sample sizes are required to evaluate the effectiveness of homoeopathic intervention in cerebral palsy scientifically.

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