A Homoeopathic Approach to Symmetric Distal Weakness with Sensory Loss and Gait Ataxia - A Case Report

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***Abstract*—Introduction Progressive weakness of the lower limbs with sensory disturbances and gait difficulty can affect mobility and daily functioning in young adults. This case is notable for the gradual progression of walking difficulty, unrecognized slipping of footwear, swaying while walking, tingling, numbness, and reduced sensation below the knees. The clinical presentation was considered as symmetric distal weakness with sensory loss, with chronic inflammatory demyelinating polyneuropathy (CIDP) and spinocerebellar ataxia among the differential diagnoses. From a homoeopathic perspective, the case was managed through individualized assessment of the patient's characteristic symptoms, leading to the selection of *Conium maculatum* as the principal remedy. The observed improvement during follow-up provides a clinical observation that may contribute to further investigation of similar presentations. Case Summary A 22-year-old male student presented to the Psychiatry OPD of MNR Homoeopathic Medical College and Hospital, Sangareddy, with progressive difficulty in walking for five years and numbness of both lower limbs for two to three years. His initial complaints included watering of the eyes aggravated by sunlight, followed by unrecognized slipping of footwear while walking and swaying of the whole body. Subsequently, he developed tingling, numbness, and loss of sensation below the knees, along with low back pain on standing and episodes of low blood pressure. The symptoms became more severe from February 2026, resulting in difficulty standing and walking without support and requiring hospital admission for one week. Examination revealed lower-limb muscle power of approximately 3+/5 and absent ankle reflexes. Based on the totality of symptoms, *Conium maculatum* 30 was prescribed, the patient showed clinical improvement, including better mobility and functional ability, and continues to receive individualized homoeopathic management with regular follow-up.**

***Index Terms*—Ataxia; Chronic Inflammatory Demyelinating Polyneuropathy; Gait Difficulty; Homoeopathy; Lower-Limb Weakness; Sensory Loss; Symmetric Distal Weakness.**

I. INTRODUCTION

Progressive lower-limb weakness accompanied by sensory loss and gait instability can result from disorders involving the peripheral nerves, spinal sensory pathways, or cerebellum. Chronic inflammatory demyelinating polyneuropathy (CIDP) and hereditary spinocerebellar ataxias are among the neurological conditions that may be considered in patients presenting with progressive motor and sensory impairment. CIDP is characterized by progressive or relapsing motor and sensory dysfunction with reduced or absent reflexes. Although uncommon, its reported incidence and prevalence vary considerably between studies, partly because of differences in diagnostic criteria.[1] A systematic review and meta-analysis estimated a pooled incidence of 0.33 per 100,000 person-years and prevalence of 2.81 per 100,000 population.[2] Patients with CIDP may experience substantial physical and psychosocial burden, including impaired physical function, pain, fatigue, and depression.[3]

Despite increasing understanding of these neurological disorders, diagnosis can be challenging when motor, sensory, and gait abnormalities occur together, particularly in young adults. The clinical

significance of individual symptoms and their progression requires correlation with neurological examination and appropriate investigations. In addition, there is limited clinical literature describing individualized homoeopathic management in patients presenting with such a complex combination of neurological symptoms.

Homoeopathy uses an individualized approach in which characteristic symptoms, modalities, and associated complaints are considered in selecting a remedy. In the present case, the combination of gradually progressive lower-limb weakness, unrecognized slipping of footwear, swaying gait, tingling, numbness below the knees, low back pain on standing, and absent ankle reflexes led to the selection of *Conium maculatum* as the principal remedy.[4]

This case is reported because of the distinctive combination of progressive motor and sensory manifestations in a young adult and the clinical improvement observed during ongoing individualized homoeopathic management. It adds a detailed clinical observation to the literature and may help generate hypotheses for further research. However, as recommended for case reports, the findings from a single patient should be interpreted cautiously and cannot establish treatment efficacy or confirm a specific neurological diagnosis.

II. CASE REPORT

Patient Information

- CR No: G12642999, Date: 02/07/2026,
- Dept: 012 / Psychiatry
- Name: Mr. N. C
- Age: 22 years
- Sex: Male
- Occupation: Student (ITI - Diesel Mechanic)
- Religion: Hindu
- Diet: Mixed
- Marital Status: Single
- Informants: Father, Mother and the information was fairly reliable.
- Address: Madireddypally

Presenting Complaints

Difficulty in walking - 5 years Numbness of both legs - 2-3 years

History of Present Illness

Patient was apparently healthy 5 years back. Started with watering of both eyes < sunlight, > closed spaces for 3 months. Took treatment at L.V. Prasad Eye Institute, diagnosed as infection of both eyes, used eye drops for 3 months. After 10th standard, joined ITI. After 2 months, unknowingly his chappal used to slip off while walking. Gradually developed tingling in both legs, no sensation below knees. Swaying of whole body while walking. 2-3 years ago, history of fall from bike while driving, small injury to leg. One episode of fall without support. From Feb 2026 complaints worsened, unable to walk without support, from February unable to stand without support. Pain from knee to leg downwards, pain in knees, pain in lower back (lumbar) region while standing.

Associated: Fever in the last 10-15 days, only during evening/night for 1 hour. Diarrhoea - watery 3-4 times/day immediately after food, tightness of abdomen, pain in left abdomen > after stool, pain persists up to 30 minutes after stool. Altered blood pressure - lower side for 1 month. Weight loss: 50 kg from 54 kg within 2 months.

Treatment history: Took treatment in NIMS Hospital initially.

Past History / Family History

No relevant family history noted. Past h/o - Eye infection, bike accident. Eventful recovery.

Physical Symptoms-

Appetite: Decreased, prefers spicy food
Desire: Spicy, PICKLE ++
Aversion: not specific
Intolerance: not specific
Thirst: Thirstless, scanty, drinks only while taking food
Bowel: Regular, but 1 week back had diarrhoea for 4-5 days
Perspiration: Profuse on face
Sleep: Moderate, from 10:00 pm to 7:00 am, position of sleep is on back, dreams -unable to elicit
Thermal: Not clear - to be assessed
Addiction, hobbies and habits -nothing specific

LIFE SPACE INVESTIGATION

Prenatal & Perinatal (0 yr): Consanguineous parents, LSCS large head, 3.5 kg, cried immediately, no asphyxia.

Infancy (0-2 yr): Milestones appropriate to age, immunization complete

Early & Middle Childhood (2-12 yr): No significant history. Elder of two, younger sister. Father mechanic, Mother homemaker.

Late Childhood to Early Adolescence (12-16 yr): Dull in studies, limited interest, few friends.

Mid-Adolescence (16-17 yr): 10th completed, joined ITI Diesel Mechanic. Watering eyes < sunlight > closed spaces 3 months, treated as bilateral eye infection.

Late Adolescence (19-20 yr): Fall from bike. According to patient no relevant relationship to the present complaints. Tingling both legs, no sensation below knees, lumbar pain standing. Onset chappal slippage, weakness noticed by others.

Early Adulthood (21-22 yr): Progressive LL weakness → unable to stand/walk without support since Feb 2026. Weight loss 54→50 kg. Low BP 90/70 last 1 month. Evening fever, diarrhoea, abdominal pain last 1 week → admission.

Premorbid: Introverted, few friends, dull studies.

Mental Generals

Before the onset of his illness, he was a reserved, introverted. He had few friends and preferred to spend time alone. He was generally quiet and maintained limited social interaction.

Physical examination

BP: 90/70 mmHg, PR: 94/min, RR: 16/min, Temp: Afebrile, Oriented to T/P/P

Systemic: CVS: S1 S2 heard, RS: BAE +, CNS: HMF +, P/A: Soft

Neurological: Difficulty in walking without support, swaying, slippage of chappal, decreased sensation below knee joint, weakness of lower limbs (distal > proximal).

Cranial nerve examination reveals facial asymmetry and Other documented cranial nerve functions are essentially preserved. Rhombergs test +ve, loss of sensation in lower limbs.

Provisional Diagnosis

Symmetric Distal Weakness with Sensory loss -? CIDP -

Differential Diagnosis

1. Chronic Inflammatory Demyelinating Polyneuropathy (CIDP)

1. Symmetric progressive weakness, often proximal and distal
2. Sensory impairment and reduced/absent reflexes
3. Consider particularly if symptoms have progressed over >8 weeks.

2. Sensory-predominant CIDP / Sensory CIDP

1. Predominantly sensory symptoms initially, with later development of motor weakness.
2. Nerve conduction studies are important for confirmation.

III. HOMOEOPATHIC ANALYSIS

Totality of Symptoms

1. Perspiration profuse lower part, face
2. Dull in studies, limited academic interest, introverted
3. Anxiety about inability to walk, health anxiety
4. Desire to be fanned, wants air, profuse perspiration
5. Weakness in Lower limbs
6. Weakness in Lower limbs Walking: Agg
7. Ascending paralysis
8. Shy, timid
9. Watering eyes < sunlight > closed spaces
10. Appetite decreased, weight loss
11. Desire pickle +++ spicy +++
12. Introverted
13. Weak memory
14. Thirstless, drinks only while eating

Repertorial Approach:

Fig 1: Repertorization chart- Case was repertorised using Zomeo software Repertory with 14 rubrics. Sulph 47/14 was highest numerically but not characteristic, hence Conium mac 41/13 was selected as per characteristic totality of ascending paralysis with proprioception loss.

Intervention

Patient hospitalized at MNR Medical College and referred to Homoeopathic OPD. Totality of 14 rubrics was repertories in Zomeo software [Fig 1]. Conium maculatum 30C; 0-0-4 x 7 days + Ferrum phosphoricum 6X SOS was prescribed and dispensed from MNR pharmacy (GMP certified). Patient started improving in above symptoms. For further prognosis, Conium maculatum 200 was given after 10 days, followed by Anacardium orientale 30/200 0-0-4 for residual weakness, low BP 90/70 and memory weakness. Improvement in tingling 30-40%, proprioception (reduced swaying) and general well-being noted. MONARCH +8/13 Probable. Supportive physiotherapy was advised from third follow-up at MNRHMC and the treatment is progressing.

Table 1: Follow-up of the case

Day / Follow-up	Clinical Findings / Symptoms	Treatment / Intervention
10-07-2026	Tingling reduced by approximately 30–40%. Improved stability while walking with support. Fever reduced. Diarrhea reduced from 3–4 to 1–2 episodes/day. Appetite slightly improved. Residual lower-limb weakness, fear of falling, lack of confidence, forgetfulness and continued tendency for chappal slippage	Conium 200: 0-0-4 × 3days; Sac lac: 4-0-0 × 25 days;
07-08-26	Further improvement in proprioception. Reduced swaying while walking. Able to stand with less support. Perspiration reduced. No fever or diarrhea. Appetite improved. Sleep moderate to better.	Sac lac: 4-0-0 × 25 days; Kali phos 6X- 0-0-2 × 25 days;
03-09-26	Anacardium orientale was prescribed as complementary follow-up remedy for residual symptoms of nervous prostration, knees give way with lack of confidence while walking, memory weakness regarding footwear position and	Anacardium orientale 200 – 0-0-4; Kali phos 6X 0-0-2 × 25 days; Physiotherapy Advised

	low blood pressure, after improvement of main paralytic symptoms with Conium mac 200, as per Boericke and Kent.	
18-09-26	Maintained improvement. No recurrence of diarrhea or fever. Walking with support with increased confidence	Sac lac: 4-0-0 × 25 days; Kali phos 6X 0-0-2 × 25 days; Physiotherapy continued

ASSESMENT

VIII. MODIFIED NARANJO CRITERIA - MONARCH INVENTORY - Max +13 Min -6

No.	MONARCH Criterion	Case Finding / Evidence	Score
1	Improvement in main symptom?	Yes. Tingling reduced by 30–40%; proprioception improved; footwear awareness better; reduced swaying; able to stand with less support; walking with increased confidence.	+2
2	Plausible timeframe?	Yes. Improvement within 7 days after Conium 30 (10-07-2026) and further improvement after Conium 200 (07-08-2026).	+1
3	Initial aggravation?	No aggravation reported.	0
4	Effect beyond main symptom?	Yes. Fever reduced; diarrhoea reduced from 3–4/day to 1–2/day and then nil; appetite improved; perspiration reduced; sleep improved from moderate to better.	+1
5	Overall well-being improved?	Yes. Appetite, sleep and confidence in walking improved.	+1
6A	Opposite order of development?	Yes. Recent symptoms—fever for 10–15 days and diarrhoea—improved first (10-07-2026); older symptoms—numbness for 2–3 years and difficulty walking for 5 years—improved later (07-08-2026).	+1
6B	Hering direction?	Direction noted but not clearly documented.	0
7	Old symptoms reappear?	No old symptoms reappeared.	0
8	Alternate causes?	No. Only supportive Kali phos 6X, Sac lac and physiotherapy from the 3rd follow-up; no IVIG/steroids definitive for CIDP/SCA.	+1
9	Objective evidence?	No repeat NCS/EMG/MMT; improvement was based on subjective/clinical assessment only.	0
10	Repeat dosing: similar improvement?	Yes. Conium 30 followed by Conium 200 was associated with further improvement.	+1

Total Score	+8 / +13
Interpretation	Probable causal attribution to Conium maculatum 200 followed by Anacardium orientale.

Miasmatic Consideration

The case was analyzed as predominantly psoric with syphilitic dominance in the later stage, to be clinically correlated. The psoric background is evidenced by anxiety, mental dullness, introversion, generalized weakness, appetite disturbances and functional complaints. The progressive neurological manifestations including ascending weakness, sensory loss, absent deep tendon reflexes and gait instability suggest a syphilitic component.[6]

IV. DISCUSSION

Progressive gait difficulty with sensory loss and lower-limb weakness in young adults requires early recognition and multidisciplinary evaluation. In the

present case, detailed chronological history and neurological examination revealed proprioceptive impairment, positive Romberg test, distal weakness and absent ankle reflexes suggesting peripheral neuropathy with proprioceptive dysfunction. Miasmatic evaluation as per Allen revealed predominantly psoric background evidenced by anxiety, introversion, mental dullness and functional complaints with syphilitic dominance in later stage evidenced by ascending paralysis, sensory loss and absent reflexes, correlating with structural and destructive pathology of chronic inflammatory demyelination. Individualized homoeopathic case-taking documented characteristic mentals, generals and neurological particulars. Repertorization with Zomeo Elite indicated Conium maculatum as leading remedy covering introversion, weakness of lower limbs, numbness and ascending weakness. The clinical course demonstrated complementary remedy relationship where Conium maculatum initiated improvement and Anacardium orientale complemented by improving residual weakness, sensory complaints and mental sphere, supported by Kali phosphoricum 6X and physiotherapy leading to steady functional recovery

V. CONCLUSION

This case suggests a potential role for individualized homoeopathic treatment as a complementary approach in the management of progressive gait difficulty, sensory loss and lower-limb weakness with observed improvement in clinical symptoms and overall functioning. Supportive Kali phosphoricum 6X biochemic and physiotherapy facilitated the steady functional recovery of the case. However, controlled studies with larger sample sizes and longer follow-up are required to establish its therapeutic efficacy. This case is under follow-up for further prognosis.

Consent of patient

Informed consent was obtained from the patient for publication of the results of the treatment. assessment and constitutional prescription.

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REFERENCES

[1] New Harrison's Principles of Internal Medicine, Twenty-First Edition 21st Edition. Independently Published; 2022.

[2] Broers MC, Bunschoten C, Nieboer D, Lingsma HF, Jacobs BC. Incidence and Prevalence of Chronic Inflammatory Demyelinating Polyradiculoneuropathy: A Systematic Review and Meta-Analysis. Neuroepidemiology. 2019;52(3-4):161-172. doi: 10.1159/000494291. Epub 2019 Jan 22. PMID: 30669140; PMCID: PMC6518865.

[3] Querol L, Crabtree M, Herepath M, Priedane E, Viejo Viejo I, Agush S, Sommerer P. Systematic literature review of burden of illness in chronic inflammatory demyelinating polyneuropathy (CIDP). J Neurol. 2021 Oct;268(10):3706-3716. doi: 10.1007/s00415-020-09998-8. Epub 2020 Jun 24. PMID: 32583051; PMCID: PMC8463372.

[4] Dr William Boericke. Pocket manual of homoeopathic materia medica. Rarebooksclub Com; 2012.

[5] Hompath Zomeo Elite Software, Version 13.0. Mumbai, India: Hompath Software Pvt. Ltd.; 2023.

[6] Allen JH. The Chronic Miasms - Psora and Pseudo-psora. Vol 1 & 2. New Delhi: B Jain Publishers; 2004.