

Case Gaurav: Boy with Cerebral Palsy: video part 1

A case presented by Dr. Tarkeshwar Jain

With thanks to Pascale Nuyens.

Text of the video

Hi Friends,..

The video you are seeing right now is a case of cerebral palsy.

A boy of 4½ years old came to me with his grandmother for consultation. Cerebral palsy is a group of disorders affecting body movements, balance and posture, also known as brain paralyses. Usually caused by abnormal development or damage in one or more parts of the brain that control muscle tonus and mobile activity.

The resulting impairment first appear early in life, usually in infancy or early childhood. Infants with this disease are slow to reach development milestones such as rolling over, sitting, crawling and walking, neck holding etc.

This can also involve muscle stiffness, mental retardation, seizures, breathing problems, learning disabilities, bladder and bowel control, eating difficulties etc.

This little boy presented all the classical signs of cerebral palsy, lack of balance, incoordinated movement of hands, inability to hold the neck, inability to sit without support. Not able to walk, to talk, to understand things, no comprehension at all and moreover seizures almost every night. These changes are not good enough for us to prescribe a homeopathic remedy as these represent common symptoms of cerebral palsy only.

The mother of the boy was not with him, which was a little bit strange to me. The history was revealed by his grandmother:..

The boy was seemingly okay, until four months of age.

Then one fine night he had sudden seizures during sleep. He became unconscious. The whole body became like an arch. Foaming from mouth. A little amount of blood also came from the mouth. This lasted for two minutes and then he regained his consciousness and went into a deep sleep with lots of noises. There was nothing abnormal priory.

He was on external feed since his mother could not nurse him because of scanty milk in her breast.

He was immediately consulted by a neurophysician who advised for investigations to establish the diagnosis. The physician had started anti-convulsion therapy, with an explanation of the disease being incurable. Also advise of taking help of other therapist as in how the child will grow in age.

Gradually other signs of disease also started appearing. Like no learning ability, no neck holding, all milestones delayed or unachieved.

Doesn't recognise anyone except his grandmother.

Inability to sit by himself, not able to walk, distorted movement of hands, frequently bending his body. Drooling from mouth. Mouth remains open most of the time. No response to any query, no eye contact, repeatedly strikes his hand on some hard surface. No sense of bladder and bowel movements.

The entire description of the case will be presented during the seminar. But please think over the details given till now. Many times observing such cases is something very important to prescribe a remedy. Observation in such cases can help us in

making a brief totality of the case. With this totality we can certainly try to manage the situation especially in acuter stages with an acute remedy.

There are a few things, which can be observed just by seeing the video. You can see the boy is always bending his body backwards, very frequently. Head is also drawn backwards most of the time although he is not able to hold his head. So many times it comes downward also but most of the time it's drawn backwards. His hands are always busy. And he strikes his hands on hard surface every now and then.

Face has a stupid kind of expression. Mouth is open all the time. Very infrequently he puts his finger in mouth also.

The history revealed: The attack of convulsion first appeared during sleep. And made his whole body distorted and turn like an arch. Head little bleeding during convulsion also which is a rare phenomena if there is no tongue bite.

After the convulsion he went in a deep noisy sleep. He is restless as you can see on the video.

These are the few things which can draw the attention by assessing the case at first look.

With these symptoms we can certainly make an acute totality of the case, which maybe of help in controlling his convulsions and ather acute complaints although the history will reveal many other things.

I really request you all to browse over the rubrics.

What can be the correct rubrics for the situation I just narrated over here, to find in your Radar software, which can certainly help us in finding an acute totality.