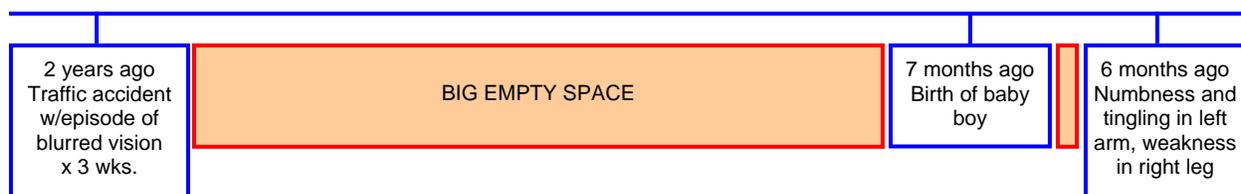


Case Study

A woman of 25 years comes to see you with symptoms of numbness and tingling in her left arm and weakness in her right leg for the past six months. She had an episode of blurred vision some 2 years earlier that lasted 3 weeks after she had a road traffic accident. Her current symptoms came on some 4 weeks after she gave birth to a baby boy.

What questions do you think it would be important to ask her?
What conventional investigations do you think she would receive?
What conventional neurological diagnoses may explain these symptoms?
How may these be differentiated?
What factors would you take into account for a holistic approach to her treatment?

Beginning with a linear view or timeline of the woman's symptoms, one might easily assume that there is little, if any, connection between these events (particularly if there were no other injuries or complications from the auto accident and if the pregnancy and birth of her son were 'unremarkable' and especially if viewed only in terms of physical medicine or allopathic philosophy:



From a holistic standpoint, organizing the information in a timeline can help to set up a line of questioning as the case is received. Not only are the events themselves important, but the timeframe leading up to and following each is also important and can hold some valuable information. Below are questions to be asked to investigate this case (obviously, the answers to these may help to develop more questioning, flesh out the case, and eventually lead to the ability to select the most appropriate way forward based upon the whole picture presented by the patient.):

1. Tell me about your accident.

Even though the accident was two years ago and the episode of blurred vision lasted three weeks, it is important to gather the details about this incident to be able to determine, if possible, what might have caused the blurred vision (it would be just as significant not to have had any other injuries as it would to have been hit on the head during the accident; it would be important to know that the accident occurred after a fight with her boyfriend or before her debut performance on stage, etc.). This type of open-ended questioning may uncover some interesting symptoms and sensations that will later be valuable to differentiation and remedy selection.

- What other complications were there?
 - Were there any other injuries? Any other symptoms? Headaches? Dizziness or loss of balance? Please describe.
 - Did you seek treatment of any kind? If so, what was the result of that?
 - What kind of conventional investigations, if any, were given? Results?
 - What was the blurriness like? Can you describe it? Did anything make it better? Worse?
 - Were there any other eye symptoms? What were they like? Has there been anything like it since the accident? Anything about your eyes before the accident?
 - How did it resolve (all at once, gradually, etc)?
 - What else can you say about the incident?
 - What was going on in your life at that time? How did this problem impact your life?
 - How is your vision/eye function now?
 - If there were other complications/injuries, how are they now?
2. Tell me about your pregnancy and the birth of your son.

This line of questioning can aid the gathering of information related to how the woman felt during her pregnancy, may uncover information about relationships, how she feels about being a mother, whether there were complications with the pregnancy and/or birth, whether the full term was reached, how delivery was, and so forth. Depending upon the answers, further questions can be explored until a full picture is developed regarding the pregnancy and birth of her son. Here, it will be important to look for anything unusual or Strange-Rare-Peculiar (SRP), things that aggravated or ameliorated, times of day for these, and so forth.

3. Tell me about your son.

This question may seem to have little at all to do with the woman or her symptoms, but how she feels about her son, what she describes about him, may bring forth more information related to her case and her symptoms.

4. Tell me about when you first noticed the numbness and tingling in your left arm and the weakness in your right leg.

While it may seem the long route to finally get to these symptoms, it is important to have the background information as these will provide a solid foundation on which to lay the presenting symptoms. By now, the woman is more than likely engaged, more relaxed, and more open to the significantly different questioning techniques that holistic practitioners sometimes use (although not all patients will be this way!).

- When did you first notice the problem? (This may lead to more information about the specific timing, relationship to the pregnancy, the accident, or to something else.)
- Was onset sudden or gradual?
- What does the numbness and tingling feel like? How about the weakness? What happens with it? Any trembling, twitching, or other symptoms?

- Where is it located (have her point it out in arm and leg)?
 - When is it worse? Better? What makes it feel that way?
 - How is it impacting your life?
 - Are there any other symptoms? Headaches? Dizziness? Loss of balance? Vision related? Anything else about it that I should know?
5. Tell me about any other injuries/incidents/illnesses you feel may be connected or related to these symptoms. Is there anything else at all I should be aware of?

This, again, will serve to get any final bits of information to completely round out the case and obtain a complete picture of themes, miasms, depth, pace, and intensity of the woman's symptoms and overall state of health. Asking about other functions may help identify abdominal or pelvic organs that have been affected, since these are controlled by segments of the CNS as well.

If this woman seeks conventional help and if her physician is really astute, she may be asked many of the same questions posed above. Obviously, answers to these questions may lead the physician to order differing investigations, but as a routine the following investigation would more than likely occur:

1. Physical examination during which reflexes in arms/legs/feet will be checked for motor function, and pupillary reflex with penlight to look for anything obvious (pupils should constrict with light shown directly into the eye, and should also constrict when light is shown into the other eye (direct and consensual reflexes), as well as constricting when something is brought close to the eye (accommodation reflex)). Physician should make note of her speech during examination to rule out stroke or substance abuses that may be contributing to symptoms. Reflex checks may also include probing the skin of the left arm with a fairly sharp object to see whether the woman can sense it, since she has complained of numbness in the arm.
2. Physician would be checking for physical weakness/paralysis by comparing right arm function to left arm, and by comparing the legs to one another. During this, the physician will be looking for changes in muscle tone and tension to determine whether problems are associated with upper or lower motor function.
3. There may be a spinal check for pain in 'trigger' points, since it is possible that misalignment or spinal injury of some type could be causing or contributing to the issues.
4. Stethoscope check to listen to heart and a blood pressure check (generally these are done as a routine anyway, but with complaints of left-arm numbness and tingling, it should be done at this point to rule out potential cardiac concerns).
5. Depending on the outcome of physical exam, the physician may or may not order the investigations outlined in Table 1.

Table 1: Investigations and Purpose

Investigation	Reason
<p>FULL BLOOD COUNT/BLOOD SERUM Category 1 Invasiveness</p>	<p>May be ordered, depending upon outcome of physical exam. Would give a baseline “starting point” for further investigation, depending upon results. May not be necessary in a neurological case, but physician may desire it at the beginning for ruling out other issues.</p> <p>Depending on results, other specific blood serum tests may be ordered.</p>
<p>SIMPLE SPINAL X-RAY Category 2 Invasiveness</p>	<p>X-Ray series to check for injury/misalignment/disease of the spine: There are eight cervical segments to the CNS that transmit signals to/from areas of the head, neck, shoulders, arms, and hands; twelve thoracic segment that transmit to/from parts of the arms, and the anterior/posterior chest and abdominal areas; five lumbar segments that transmit to/from legs, feet, and some pelvic organs; and five sacral elements responsible to transmission to/from lower back, buttocks, pelvic and genital organs, and some parts of the legs/feet. Depending upon the symptoms and physical exam, the physician would be able to identify specific areas from which the films should be obtained.¹</p> <p>X-Rays would hope to reveal fractures, degenerative changes in the spine, vertebral collapse that may be pinching nerves, and the presence of tumors.</p>
<p>MRI Category 2 Invasiveness</p>	<p>Depending upon the outcome of X-Ray, or the preference for this type of investigation over plain X-Ray, the physician may order this for the same reasons as above to determine whether there is disc prolapse or tumors affecting nerves. MRI preferred if MS is suspected.</p> <p>If problems are suspected related to head injury/brain injury, an MRI of the brain may also be requested.</p>
<p>MYELOGRAPHY (CAT) Category 2 Invasiveness</p>	<p>Injection of dye into the subarachnoid space surrounding the lumbar or cervical regions, permitting X-RAY CAT scan of the area to determine whether there is damage or presence of tumors in structures surrounding the spinal cord.</p> <p>May be used either with or in lieu of simple spinal X-ray or MRI. Involves lumbar puncture (Category 3 Invasiveness).</p>

Depending upon the outcome of the investigations, several different conventional diagnoses may be arrived upon, depending on the outcome of physical examination and investigations (and these may be differentiated as indicated in the Table 2).

¹ http://www.emedicinehealth.com/anatomy_of_the_central_nervous_system/page1_em.htm Central Nervous System, spinal Cord Segments.

Table 2: Diagnoses and Differentiation

Potential Diagnosis	Major Symptoms
Degenerative Disc Disease (Cervical/Lumbar Disc Disease)	Degeneration of the spinal disc(s) leading to sensory, motor, or reflex abnormalities in the affected nerve root distribution. Differentiation between upper and lower motor neuron disorders can be identified by the presence or absence of the reflex arc. Typically, upper neuron symptoms will include muscle contractions/spasms, plantar reflex up-going, increased tendon reflex, increased muscle tone, and accompanying weakness and/or paralysis. Lower neuron affections will also include weakness and/or paralysis, but can be differentiated by flaccidity (decreased muscle tone), absence of reflexes or weakness of reflexes in affected area and wasting of muscles without change in plantar reflex, and there will be an absence of contractions/spasms.
Multiple Sclerosis	Although it is a serious diagnosis and is perhaps too early to tell, many of the factors in this case fit the pattern of MS development. Blurred/double vision is common, acute weakness in one or more limbs, appearance of numbness (or "pins and needles."), vertigo and/or loss of balance (which appears absent in this case). Episode will last approx 1 to 2 months, with a recurrence usually within 2 years. After each relapse, there is further degeneration. Dysfunction is generally of upper motor neuron type. Worse w/hot bath. Often loss of balance and intention tremor are present (both absent in this case at this point). Can be presence of depression. Sensory affects (numbness, tingling, shock-like sensations are generally present). Spacticity.
Prolapsed/Compressed Disc	Depending upon the exam and investigations, it is possible that this case is simply one of residual injury from the accident and that perhaps the pregnancy and birth aggravated spinal problems that did not manifest previously, and that the previous blurry vision is unrelated (although from a holistic viewpoint, this is unlikely). Prolapsed/Compressed disc causing a "pinched" nerve will have symptoms similar in nature to degenerative disc disease. There is not generally associated pain in the back with this condition.
Systemic Neuropathy	A multiple form of mono-neuropathy (meaning affections of a single nerve). This may be associated with other disease, such as diabetes mellitus, autoimmune diseases (lupus, various forms of arthritis, etc), sarcoidosis (formulation of granulomas in the body), and Aids. In this case, the symptoms would be produced by compression on the nerves. Depending upon the results of other investigations, this secondary diagnosis could be arrived upon after the main diagnosis of systemic disease.

For homeopathic holistic treatment of this patient, factors that must be taken into consideration should arise during a thorough case receiving. Answers to the questions outlined previously

can help the practitioner develop a complete picture of the symptoms, modalities, pace, depth, and intensity of the case and thus lead to selection of an appropriate remedy.

Briefly, any or all of the following in her expression of what is going on will help for differentiation and selection of an appropriate remedy:

- MIND symptoms: Expressions of how the patient mentally, emotionally, and/or spiritually deals with (or does not deal with) the presenting physical symptoms.
- POLARITIES: What is the opposite expression?
- THEMES: Expressions that consistently come up, regardless of what or how the patient describes in her present situation and how it affects her life.
- GENERAL symptoms: Expressions related to her overall state or how symptoms are affecting her in a general way (coldness, heat, pains, etc).
- SPECIFIC SYMPTOMS: Particularly any appearing more SRP than common.
- MODALITIES: What are her symptoms better or worse for? These may be used to advise the patient on ways to cope and/or avoid further aggravation as well as be used for differential analysis and selection of remedies.
- COMPENSATION: How does she deal with the limitations? Hobbies, interests, work, and other means are often used as a way to deal with (or not deal with) life circumstances. How the patient does this can shed additional light for differential analysis and remedy selection.
- DREAMS: Often these may help to identify subconscious expressions of the patient that she cannot otherwise vocalize or is not consciously aware of.
- MIASMATIC Influence: Helps define pace and depth of the symptoms and also helps for differential analysis and remedy selection.
- Strange-Rare-Peculiar Symptoms (SRP): These are expressions that would be quite odd or unique, rather than common to her symptoms.

Other important factors that should be reviewed and may come into play are:

- Family health history
- Her personal health history and other health issues currently being experienced

And finally, the pace of any presenting case for potential neurological problems: if the weakness, numbness, and tingling have had sudden onset, or are severe and progressive, then the case should be treated as a very serious one.

Bibliography

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