

# Case Report: Myelomalacia with Right Upper Limb Paralysis in an Elderly Male with Significant Emotional Stress History

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**Abstract:** A 76-year-old retired male presented with right-sided upper limb paralysis and numbness of the right palm for the past three months. He had a prior similar episode in 2022 that improved with physiotherapy. The patient has a history of emotional trauma related to multiple bereavements during the COVID-19 pandemic, along with a strong sense of responsibility and conscientious personality traits. MRI findings suggested myelomalacia<sup>8-10</sup>. Based on the totality of symptoms, a homeopathic approach was considered, and *Causticum* was selected as the indicated remedy<sup>1-4</sup>.

**Keywords:** Myelomalacia, Cervical myelopathy, right upper limb paralysis, Grief, Psychosomatic factors, Individualization, Constitutional prescribing, *Causticum*

## 1. Introduction

### Patient's Details

- **Name:** XYZ
- **Age:** 76 years
- **Gender:** Male
- **Residence:** Gujarat
- **Occupation:** Retired (formerly employed at a private firm)
- **Marital Status:** Widower (wife expired 8 years ago)
- **Family History:** Two children; one deceased during the COVID-19 pandemic (age 42)

### Chief Complaints

1. Right-sided upper limb paralysis for 3 months
2. Numbness of the right palm for 3 months
3. Reduced motor function: able to lift the right arm only up to 20–30%
4. Weak grip strength in the right hand (currently undergoing physiotherapy)

### History of Present Illness

- The patient reported a gradual onset of right upper limb weakness and numbness over the past three months. Motor function is significantly impaired, with only partial elevation of the limb possible. Grip strength remains weak despite ongoing physiotherapy.
- A similar episode occurred in 2022, during which physiotherapy resulted in considerable improvement.
- Associated symptoms include occasional bilateral neck pain, aggravated by neck extension, suggestive of cervical cord involvement<sup>9-12</sup>.

### Past History

- Recurrent episode of similar neurological complaint in 2022
- History of fall injury involving the left leg approximately 1.5 years ago
- Eczema on the left leg for the past 1 year (currently non-pruritic; previously treated by a dermatologist)
- Varicosities present in the left foot

### Personal History

- **Appetite:** Good; consumes 3–4 rotis per meal
- **Thirst:** Approximately 1 liter/day in winter and 2 liters/day in summer
- **Desires:** Spicy food
- **Aversions:** Cheese and paneer
- **Sleep:** Regular and refreshing (10:30 PM to 6:00 AM)
- **Thermal Reaction:** Hot patient

### Mental and Emotional State

The patient exhibits a strong emotional response when discussing events related to the COVID-19 pandemic (COVID-19 pandemic). He became tearful and was unable to continue speaking when recounting the loss of his son and other family members during that period. He explicitly refused further discussion on this topic.

Key psychological features include:

- Silent grief with marked emotional sensitivity
- Aggravation from consolation
- Dwelling on past distressing events with reluctance to discuss them
- Strong sense of duty and responsibility

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- Conscientious and methodical personality
- Punctual and fastidious in habits
- Intolerance toward injustice; expresses anger openly
- Fearless and bold in confronting authority when principles are compromised
- Tendency to be critical of others when standards are not met

**Life Situation and Personality Traits**

- The patient previously held a leadership role as Chairman of his residential society and worked in a responsible position at a private firm. He described himself as highly disciplined and detail-oriented, expecting perfection in tasks.

- An illustrative incident highlighted his sense of responsibility and assertiveness: while working as head of the labor department, he publicly displayed a notice after the Managing Director failed to confirm attendance at an event, leading to a confrontation with senior authorities.

**Physical Examination**

- **Pulse:** Right – 68 bpm; Left – 74 bpm
- **Neurological Examination:**
  - Motor weakness in the right upper limb (power reduced to ~20–30%)
  - Weak grip strength
  - Sensory function preserved

**Differential Diagnosis**

Condition	Key Features	Similarity to Case	Distinguishing Points
<b>Myelomalacia</b>	Softening of spinal cord due to ischemia/trauma <sup>8,10</sup>	Progressive weakness, history of fall, recurrent symptoms	MRI-based diagnosis; aligns with patient’s condition
<b>Cervical Spondylotic Myelopathy</b>	Cord compression due to degenerative changes	Neck pain, limb weakness, elderly age	Usually bilateral involvement, sensory deficits more prominent
<b>Cerebrovascular Accident (Stroke)</b>	Sudden onset neurological deficit	Unilateral weakness	Typically, acute onset, often associated with facial involvement, speech disturbance
<b>Peripheral Neuropathy</b>	Numbness, weakness in peripheral nerves	Numbness in palm	Usually glove-and-stocking pattern, not isolated limb paralysis
<b>Motor Neuron Disease</b>	Progressive motor weakness	Gradual weakness	No sensory involvement; progressive without remission
<b>Brachial Plexopathy</b>	Injury to brachial plexus	Upper limb weakness	Usually follows trauma with specific nerve distribution deficits
<b>Multiple Sclerosis</b>	Demyelinating disorder	Recurrent neurological symptoms	More common in younger individuals; CNS lesions disseminated in time and space

**Diagnosis**

Myelomalacia

- Paralysis of right upper limb
- Weakness
- Numbness of right palm

**Miasmatic Analysis**

This case represents a **chronic, deep-seated pathology with syphilitic predominance over a sycotic base**, triggered and influenced by emotional trauma and past physical injury<sup>1,3</sup>.

**Analysis And Evaluation**

- Ailments from grief (long-standing)
- Silent grief; refuses to talk about past events
- Weeping when narrating grief
- Consolation aggravates
- Dwells on past disagreeable events
- Strong sense of responsibility
- Conscientious about trifles
- Fastidious; perfectionist
- Anger from injustice
- Defies authority; bold and fearless
- Thermal: Hot patient
- Desire: Spicy food
- Aversion: Cheese, paneer
- Appetite: Good
- Thirst: Moderate
- Sleep: Sound and refreshing

**Totality of Case**

- Ailments from grief
- Silent grief
- Weeping; cannot speak; refuses to talk
- Consolation aggravates
- Dwells on past disagreeable events
- Sensitive emotionally
- Strong sense of responsibility
- Conscientious about trifles
- Fastidious; perfectionist
- Anger from injustice
- Defies authority; fearless
- Critical disposition
- Hot patient
- Desire for spicy food
- Aversion to cheese and paneer
- Good appetite
- Moderate thirst
- Sound, refreshing sleep
- Right-sided upper limb paralysis
- Weak grip strength

- Numbness of the right palm
- Neck pain < extension

### Repertorial Analysis

The following rubrics were considered:

Mind – Weeping; unable/refuses to talk  
 Mind – Silent grief; ailments from grief  
 Mind – Dwelling on past unpleasant occurrences  
 Mind – Consolation aggravates  
 Mind – Responsibility; strong sense of duty  
 Mind – Anger from injustice  
 Mind – Defiance of authority  
 Mind – Conscientious about trifles  
 Mind – Fastidious  
 Mind – Critical disposition  
 General – Desire for spicy food  
 Extremities – Paralysis; upper limbs; right  
 Extremities – Weakness; right upper limb  
 Extremities – Numbness; hand; right  
 Neck – Pain; extension aggravates

### Remedy Selection

Based on the totality of symptoms-particularly the combination of neurological complaints, silent grief, aggravation from consolation, strong sense of duty, and intolerance to injustice-the remedy Causticum was selected<sup>1-4</sup>.

### Differential Remedies

- Natrum muriaticum: for grief and reserved emotional expression
- Kali carbonicum: for rigidity and sense of duty
- Phosphorus: for emotional sensitivity and openness

However, the patient's characteristic traits of moral courage, strong sense of justice, and progressive neurological weakness strongly indicated Causticum.

## 2. Discussion

This case illustrates the interplay between neurological pathology and long-standing emotional stress. Myelomalacia, a softening of the spinal cord, can present with progressive motor deficits<sup>8,10</sup>. In this patient, recurrent neurological symptoms appear to be compounded by unresolved grief and emotional trauma.

The patient's personality structure-marked by responsibility, conscientiousness, and intolerance of injustice-aligns closely with the Causticum constitutional profile in homeopathic literature<sup>3-7</sup>.

## 3. Conclusion

An individualized homeopathic approach based on the totality of physical and mental symptoms led to the selection of Causticum as the indicated remedy. This case highlights the importance of integrating emotional and psychological

factors into clinical decision-making, particularly in chronic neurological conditions<sup>1</sup>.

### References

- [1] Hahnemann S. Organon of Medicine. 6th ed. New Delhi: B. Jain Publishers; 2002.
- [2] Kent JT. Repertory of the Homoeopathic Materia Medica. New Delhi: B. Jain Publishers; 2004.
- [3] Kent JT. Lectures on Homoeopathic Philosophy. New Delhi: B. Jain Publishers; 2005.
- [4] Boericke W. Pocket Manual of Homoeopathic Materia Medica. New Delhi: B. Jain Publishers; 2007.
- [5] Allen HC. Keynotes and Characteristics with Comparisons of Some of the Leading Remedies of the Materia Medica. New Delhi: B. Jain Publishers; 2005.
- [6] Clarke JH. A Dictionary of Practical Materia Medica. New Delhi: B. Jain Publishers; 2006.
- [7] Nash EB. Leaders in Homoeopathic Therapeutics. New Delhi: B. Jain Publishers; 2005.
- [8] Jameson JL, Fauci AS, Kasper DL, Hauser SL, Longo DL, Loscalzo J, editors. Harrison's Principles of Internal Medicine. 21st ed. New York: McGraw-Hill; 2022.
- [9] Ropper AH, Samuels MA, Klein JP. Adams and Victor's Principles of Neurology. 11th ed. New York: McGraw-Hill; 2019.
- [10] Kumar V, Abbas AK, Aster JC. Robbins and Cotran Pathologic Basis of Disease. 10th ed. Philadelphia: Elsevier; 2020.
- [11] Karadimas SK, Erwin WM, Ely CG, Dettori JR, Fehlings MG. Pathophysiology and natural history of cervical spondylotic myelopathy. Spine (Phila Pa 1976). 2013;38(22 Suppl 1): S21-36.
- [12] Tetreault L, Goldstein CL, Arnold P, Harrop J, Hilibrand A, Nouri A, et al. Degenerative cervical myelopathy: a spectrum of related disorders. Neurosurgery. 2015;77(Suppl 4): S51-67.