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# Bedbound to Footsteps

## Long Road Through a Motor-Neuron Illness

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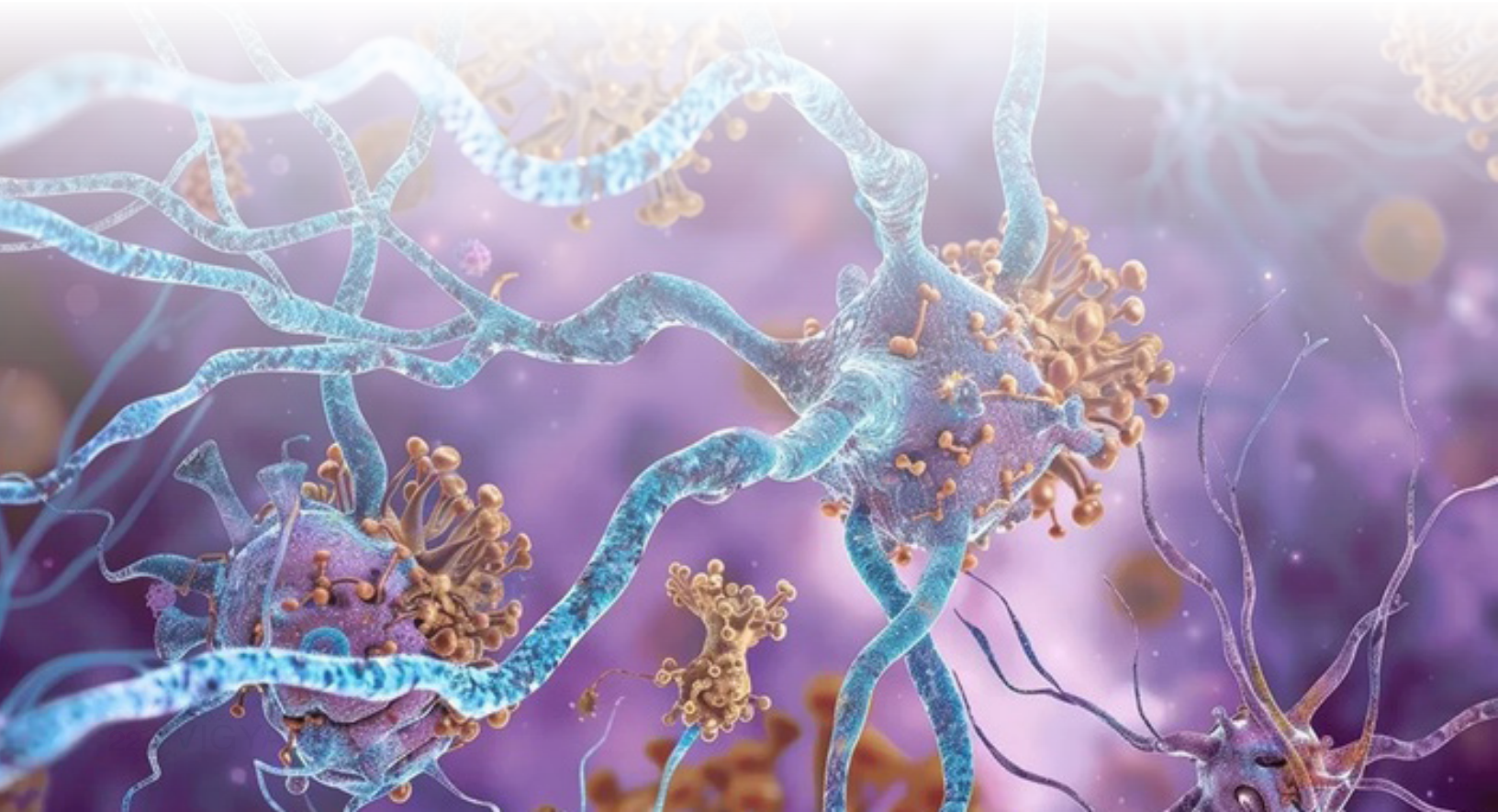
When 18-year-old Gulwez Khan first reached the OVIHAMS clinic in December 2019, he had been growing weaker for a year and a half. The weakness began in his legs and crept upward. His calves looked thinned; visible ripples—fasciculations—ran under the skin. After a fall on his back and a bout of fever with a urinary infection, he could no longer stand or walk without being carried. Sleep was light and easily broken by the slightest sound. Urine sometimes burned and turned muddy in colour. He had episodes of "night emission" that left him exhausted the next day, and he often dreamed vividly and sexually. Neck stiffness, cramps, tingling in the hands, and a general wash of fatigue completed the picture. An electromyography (EMG) study suggested a neurogenic disorder—signals from nerves to muscles weren't getting through properly. Lab tests showed very low vitamin D (15.5 ng/mL), a positive antinuclear antibody (ANA), normal muscle enzyme (CPK), borderline magnesium, and, on screening, HCV reactivity. B12 was high (likely from supplementation). In short: a frail teenager with a nerve-muscle problem, big sleep and urinary issues, and a family terrified by the pace of decline.

Gulwez and his family chose an integrative path anchored at OVIHAMS, with individualized homeopathic prescribing and steady lifestyle support. The aim was practical: preserve function, steady sleep and mood, and track any change—good or bad—so decisions could be data-led, not memory-led. Prescriptions were adjusted visit by visit as the symptom pattern shifted. Over the course of care, remedies used (in varying potencies and sequences) included Acidum phosphoricum, Staphysagria, Plumbum metallicum, Causticum, Lathyrus, Lachesis, Sepia, Zincum, Curare, Cocculus, China, Graphites, Sulphur, Thuja, Apis, Bryonia, Rhus tox, and a few others. None were "fixed"; the team



matched them to Gulwez's changing constellation of symptoms and emphasised physiotherapy, nutrition, hydration, sleep hygiene, and safety at home.

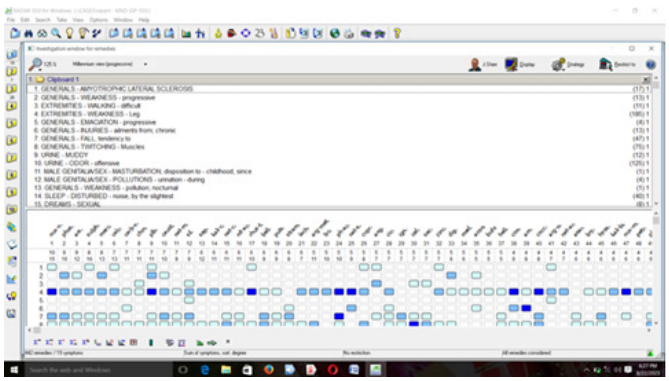
The first months were fragile but not fruitless. Sleep improved. He could close his eyes to settle headaches. The neck stayed stiff, and the fasciculations continued, yet the ANA later turned negative and vitamin D rose into the normal range. By April 2020 the "night falls" had eased a little, though vertigo appeared. In June, a small but meaningful milestone arrived: he could walk a few steps—just three to four at first—with support. Turning in bed remained hard. Nausea followed breakfast. His hands felt weak and tingly. In August the distance rose to 25–30 supported steps. He no longer needed a back brace to sit. Night emissions dropped to about once a week, though there were new annoyances: itching, dribbling semen with urination, and a stubborn morning nausea.

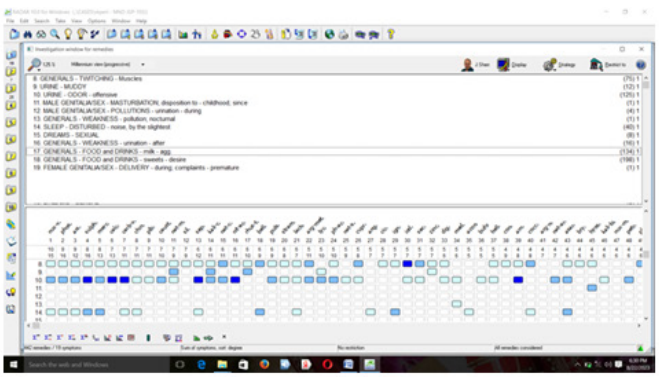
Through September and October 2020 the pattern stayed mixed. The legs cramped at night and trembled on standing; knee pain came with crackles; appetite dipped; breathlessness followed walks. Yet there were glimmers: on some days he walked 20–30 steps and the visible twitching softened from constant to "very slight" in the arms and legs. December brought back stiffness and bitter-tasting nausea. Early 2021 added pain in the palms but also a win—he could climb stairs with support. The old night-time pattern shifted: less emission during sleep, more dribbling with urination. Stiffness in the limbs loosened a little.

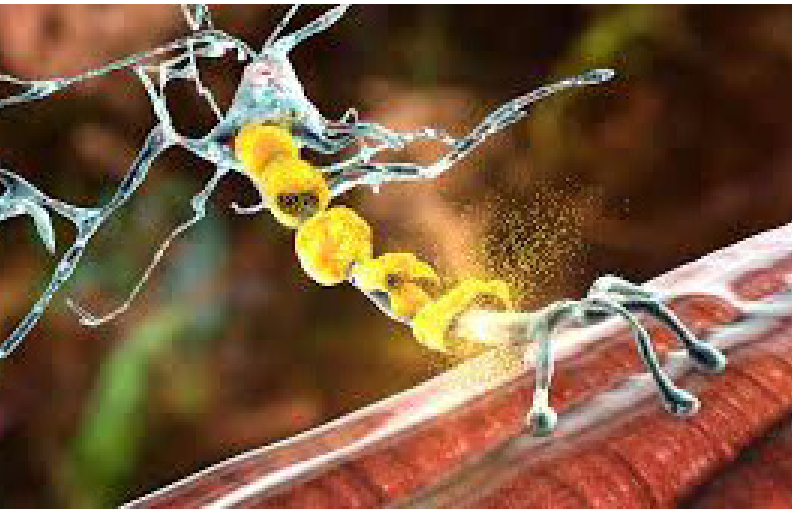
By March 2021 he could manage the stairs three to four times a day and walk roughly 500 metres on better days. Night emissions persisted

(five to six in a month), and each episode left him pale and weak. Urethral itching and knee pain followed those nights. Anxiety surged at times with palpitations, but sleep, thirst, and appetite were steadier than before. In June the improvements were visible to anyone who knew him: fasciculations milder, a full kilometre walked on good days, only to pay with back pain after long stints. There was also muscle thinning in the fingers, especially the left, and burning in the urethra after any seminal discharge.

By August 2021 his weight had stabilised (~72 kg). Weakness felt "much better," though he still had episodes of imbalance and numbness in the right leg after long sitting, and the familiar morning nausea with a bitter taste. He noticed that night emissions returned after heavy exertion. In late October the twitches spiked again, especially in the lower limbs; night falls briefly climbed to two or three times a day and sapped his legs. Constipation and gassy discomfort joined the list, but he was also steady enough to resume riding





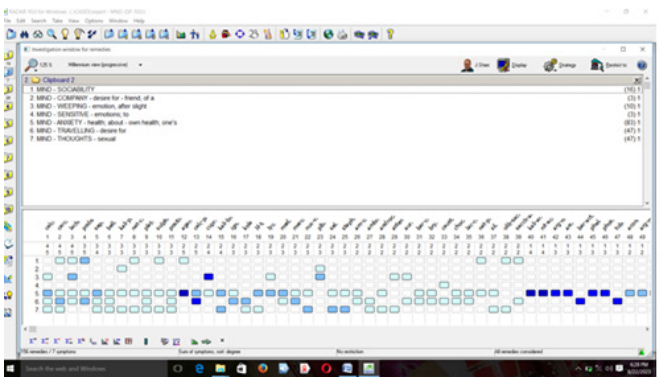


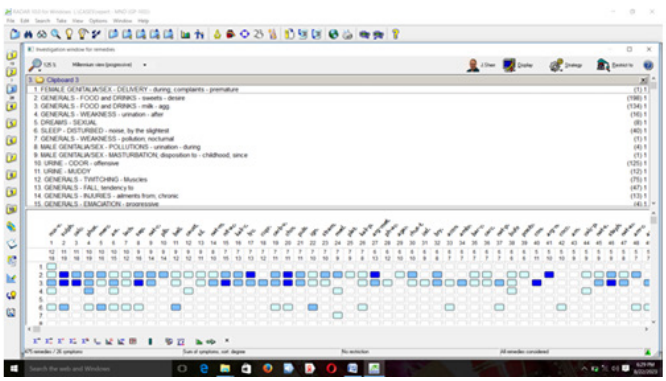
a motorbike. Lying down made fasciculations more noticeable. December 2021 brought another mixed entry: stronger overall, able to walk up to two kilometres on good days, yet with renewed leg pain after walks, sexual dreams with ejaculation, and weakness after emissions. His weight nudged up to 74 kg.

A dengue infection just before the new year knocked him back—platelets fell and fasciculations returned. He recovered gradually through early 2022: back pain eased, night emissions dwindled (none for ten days at one point), and he could walk 50–60 steps without support and balance himself better. Burning during urination hung on. A fall during sit-ups in May set progress back; darkness clouded his vision if he stood too quickly, and the morning nausea persisted. Through mid-to-late 2022, nights grew calmer, twitches in the thighs faded, sleep and appetite steadied, and bowel habits improved. By November, stiffness returned to the joints with crackles and leg pain on walking, but overall weakness was "much better," and night falls were down to once a week. In early 2023 sexual dreams briefly pushed emissions up again, and weakness followed those nights; there was offensive gas and morning nausea. By March 2023, the notes were short and quiet: no new complaints, fasciculations better, weakness better.

Two features of this journey stand out. First, OVIHAMS treated the process as a partnership: frequent reviews, careful documentation (including family videos), pre-defined things to track—distance walked, stairs climbed, sleep quality, frequency of emissions, intensity of twitching—and regular labs. It's a simple discipline that gives patients and families a sense of control and gives clinicians a basis for change. Second, the improvements that mattered to Gulwez and his family were the ones you can feel in daily life: going from being carried to walking short distances with support; then a few dozen steps; then a few hundred metres; then a kilometre; then, on good days, two. Sleep less fragile. Fewer exhausting nights. Less fear of falling. These are not abstract scores—they're a teenager's dignity returning piece by piece.

At the same time, honesty about evidence matters. For motor-neuron diseases as a group, high-quality clinical trials have not established that homeopathy changes the course of illness. Case stories like Gulwez's are not proofs; they are signals: places to look more carefully. There are several plausible contributors to his gains—natural variability and plateaus that can occur in some neurogenic syndromes; the steadying influence of physiotherapy, nutrition, and sleep routines; the power of expectation,





encouragement, and being heard; and, possibly, symptom-level effects of particular prescriptions on sleep, cramps, nausea, or urinary burning. Integrative care can improve the whole experience of illness even when we can't be sure which component moved which dial.


Turning observations into knowledge takes structure. One practical next step is a patient-friendly N-of-1 trial—planned blocks of "on-treatment" and "control/washout" over several months, with neurologist-blinded assessments where possible. Track a small set of meaningful measures every few weeks: an everyday function score such as ALSFRS-R; a 6-minute walk and Timed Up-and-Go; grip and quadriceps strength with a simple hand dynamometer; spirometry or SNIP for breathing; a short sleep/fatigue scale or wearable summary; and even surface-EMG counts of fasciculations. If outcomes reliably rise during treatment blocks and ease back off-treatment, that's stronger evidence than memory—still preliminary, but far more persuasive.

Families don't need a formal trial to borrow the mindset. Pick three goals that matter ("walk to the shop," "climb 10 stairs," "sleep through the night"), write them down weekly, and review them at each visit. Keep vitamin D replete and protein intake adequate; practise gentle chest expansion and physiotherapy; coordinate notes between homeopathic and allopathic teams to avoid conflicts and gaps; protect sleep with regular hours and a quiet, dark room; plan for setbacks after infections, heat, or overexertion; and seek mainstream medical review promptly for red flags like choking, rapid breathing decline, repeated chest infections, or severe weight loss. These basics help any care plan work better.

A humane bottom line ties the story together. Gulwez's journey reminds us that progress in chronic neurogenic illness is rarely linear and almost never attributable to a single lever. It shows a young person moving from bed to footsteps through a coalition of forces: family support, careful follow-up, lifestyle tuning, the psychology of hope, and homeopathy-centred treatment, alongside physiotherapy, nutrition, and rest. For those living it, the improvements are real and precious. The fairest way forward is to keep the person at the centre, measure what matters to them, integrate rather than isolate teams, be transparent about uncertainty, and protect safety with clear guardrails. Keep what seems to help, measure it honestly, drop what doesn't, and collaborate across systems so no one falls through the cracks.

To make journeys like this more common—and more accessible to families with limited means—Shanti Foundation, in partnership with OVIHAMS, is committed to public awareness and practical support for people with motor-neuron diseases. That means multilingual explainers on early signs and daily care, community talks in schools and neighbourhoods, caregiver training, and credible digital posts in local languages. It also means subsidised consultations, basic rehab kits (thera-bands, spirometers, ankle weights), assistive devices (sticks, walkers) and small home-safety grants, peer groups for morale and tips, brief counselling, and a modest assistance fund built with donors and CSR partners to tide families over flare-ups. OVIHAMS brings the clinical backbone; Shanti Foundation builds the bridge to the community. Together they help turn scattered steps into steadier paths—from bedbound to footsteps, one careful, measured gain at a time. ◆

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