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Therapeutic use of homeopathic preparation *Conium maculatum* in the management of canine distemper in dogs

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Abstract

A total of 22 dogs with signs of tonic clonic convulsions (chorea), temporal twitching, mucopurulent nasal and or ocular discharges, paresis or paralysis of hind limbs suggestive of canine distemper were considered and confirmed by rapid immunochromatographic assay. Highest prevalence was recorded in young (<1 year age group), mongrels (36.36%) and un-vaccinated dogs (68.18%). All the cases in this study were treated with inj.cefquinome@2mg/kg im sid for one week, tab.gabaneuron 10 mg/kg bw, bid po. tab.vitamin C 500mg sid po, syrup.immunol 5ml po along with homeopathic preparation *Conium maculatum* (poison hemlock) 30c 5 pills twice daily for one month and recorded 45 per cent of survival rate. As the *Conium maculatum* showed clinical in posterior paralysis, neurological dysfunction and weakness, this homeopathy remedy can be recommended in canine distemper affected dogs.

Keywords: Canine distemper, encephalitis, paralysis, twitching

Introduction

Canine Distemper (CD) is a highly contagious and fatal viral disease in dogs and wild animals including elephants and lions. The disease is caused by a fragile, enveloped, single stranded RNA virus called morbillivirus belong to the family paramyxoviridae (Martella *et al.*, 2008) [8]. As the disease progresses, virus disseminates systemically, affecting multiple organ systems including the respiratory, gastrointestinal, integumentary, and central nervous systems. Neurological complications are particularly severe and may persist as chronic sequelae even after the acute phase of infection (Greene and Decaro, 2012) [4]. Despite the availability of effective vaccines, outbreaks of CDV continue to occur, particularly in inadequately vaccinated or stray dog populations. No specific antiviral therapy exists, and current treatment is largely based on symptomatic therapy. Management primarily relies on supportive therapy and symptomatic treatment. Anticonvulsant drugs, such as phenobarbital, are commonly employed to control seizures and other neurological manifestations.

In recent years, interest has grown in the use of natural and alternate vet therapies, including herbal extracts and homeopathic medicines for the management of neurological disorders. Some of these agents have demonstrated promising anticonvulsant and neuro protective properties with relatively fewer side effects (Huang *et al.*, 2020) [6]. This report emphasize the therapeutic use of *Conium maculatum* could be recommended as an adjunct to routine therapy for neurological form of canine distemper virus infection in dogs, thus indicating further research into the effectiveness of homoeopathic drugs.

Case History and Observations

This study was carried out in dogs presented to VCC, NTR CVSc, Gannavaram during the period of January to December 2025 with signs of chorea, temporal twitching, mucopurulent nasal discharges, paresis or paralysis of hind limbs were included in the study. All the dogs under study were subjected to complete clinical examination, hemogram and confirmed with rapid immunochromatographic assay. All the cases in this study were treated empirically with

anticonvulsant, antibiotic, supportive therapy along with homeopathic preparation conium maculatum 30c five pills twice daily for 30 days. Clinical outcome of the condition was monitored.

Results and Discussion

A total of 22 dogs presented during the study period with signs of chorea/myoclonus, temporal twitching, mucopurulent nasal and or ocular discharges, paresis or paralysis of hind limbs suggestive of canine distemper were considered and confirmed by rapid immunochromatographic assay. Age wise distribution of canine distemper (CD) revealed that 59.09% (13/22) of cases were recorded in young dogs aged <1 year (ranging 2 to 10 months) and remaining 40.91% (9/22) of dogs aged >1 year (range 1-14). Males were represented more frequently with CD (72.73%, 16/22) than females (27.27%, 6/22). Among affected dogs, eight were mongrel (36.36%, 8/22) followed by Labrador Retriever (18.18%, 4/22), Spitz (13.63%, 3/22) and Dachshund (9.09, 2/22). The occurrence was less in Golden Retriever, Boxer, Cocker Spaniel, Doberman and Terrier breeds (4.55%, 1/22 each). Majority of affected dogs were unvaccinated 68.18% (15/22) followed by irregularly vaccinated (22.73%, 5/22) and regular vaccination was done only in two cases (9.09%) (Fig.1-4).

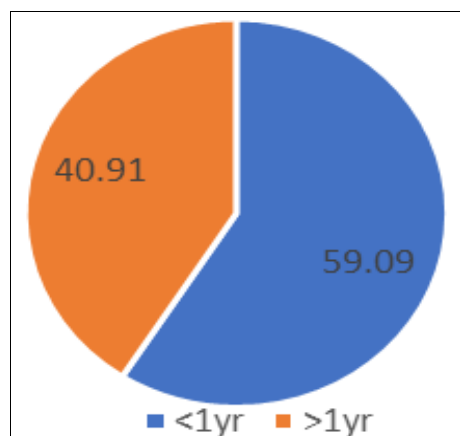


Fig 1: Age wise occurrence of CD

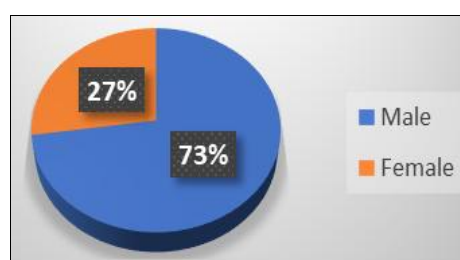


Fig 2: Sex wise occurrence of Canine Distemper

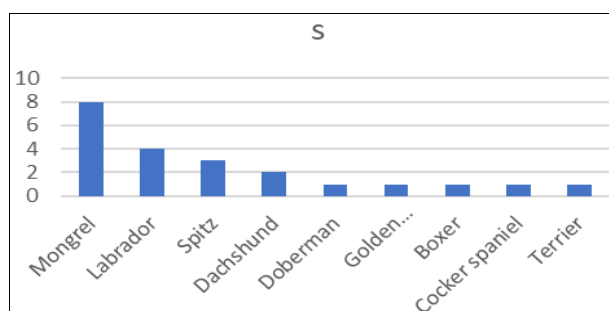


Fig 3: Breed wise occurrence of Canine Distemper

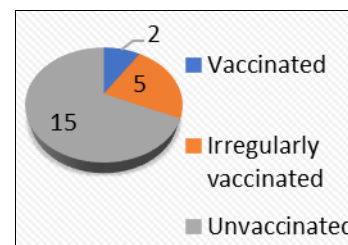


Fig 4: Occurrence of CD with respect to vaccination status

In the present study highest number of cases were present in the age group <1 year and our results were in agreement with the findings of Martella *et al.* (2008) and Devi *et al* 2022^[1] might be due to immature immune system and waning maternal antibodies. Majority of CD infected dogs were non-descriptive males. This could be due to the fact that local non-descript dogs were not vaccinated regularly against CD and moreover, their population was higher than cross bred as well as pure breed dogs, which make them most susceptible to the disease.

Significant clinical signs observed in dogs affected with canine distemper were inappetence and chorea, followed by temporal twitching ocular or nasal discharges, paresis or paralysis of limbs, hyperkeratosis of foot pads, pyrexia, vomiting, pustules on ventral abdomen and seizures (Table 1, Fig.5-12). Similar signs were reported by Geetha and Selvaraju, 2021^[3], Kumar and Sirisha, 2025^[7] who stated that clinical signs are often inapparent or initially mild during initial phase of fever are mucopurulent oculonasal discharges, conjunctivitis, respiratory distress, anorexia, vomiting, diarrhea and dehydration, and cutaneous rash finally ends up in nervous signs like generalized myoclonus, hypermetria, chorea, chewing gum seizures and flexor spasms either alone or in combination.

Table 1: Symptomatology observed in dogs affected with canine distemper

Clinical signs	No. of dogs affected	Percentage (%)
Inappetence	20	95.23
Chorea	19	90.48
Temporal twitch	12	57.14
Ocular discharges	11	52.38
Nasal discharges	7	33.33
Paralysis of hind limbs	6	28.51
Hyperkeratosis	6	28.57
Pyrexia	5	23.80
Vomiting	4	19.05
Pustules on ventral abdomen	3	14.28
Seizures	1	4.76

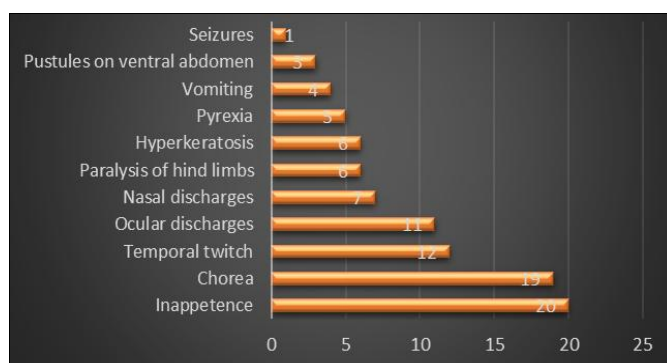


Fig 5: Symptomatology observed in dogs affected with canine distemper



Fig 7: Affected dog showing temporal twitching, head tilt (Vestibular signs)



Fig 8: Dog showing blepharospasm



Fig 9: Affected dog showing hind limb paresis



Fig 10: Dog showing tonic clonic convulsions of limbs and ataxia

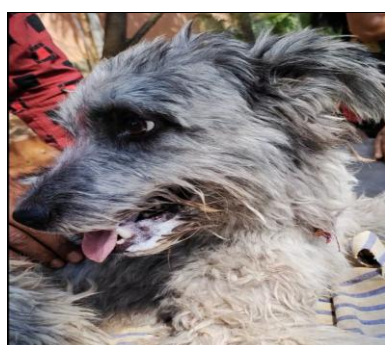


Fig 11: Dog showing salivation and champing of jaw (chewing gum type seizures)



Fig 12: Affected dog showing ataxia and hind limb paresis

All the affected dogs in this study were treated with inj.cefquinome@2mg/kg im sid for one week, tab.gabaneuron 10mg/kg bw, bid po. tab.Vitamin C 500mg sid po, syrup.immunol 5ml po along with homeopathic preparation *Conium maculatum* (poison hemlock) 30c 5 pills twice daily for one month. Despite of aggressive therapy recorded only 45% of survival rate, where average days survived among the dogs died with canine distemper during the study period was 31.33 ± 7.12 days of post infection. In this study the clinical signs of canine distemper were managed by using palliative treatment. Previous studies also reported *Conium maculatum* as an adjunct therapy to reduce neurological manifestation in canine distemper affected dogs (Naveenkumar *et al.*, 2019, Divya *et al.*, 2025) [9,21]. Due to the efficacy of *Conium maculatum* in posterior paralysis, neurological dysfunction and weakness cases, this homeopathy remedy was suggested in canine distemper affected dogs. Cefquinome is 4th generation cephalosporin which is betalactamase resistant which can cross blood brain barrier to check the meningitis due to secondary bacterial infection (Hardfeldt and Prescott, 2024) [5]. The severity of canine distemper infection was determined with various hindrance factors viz., age, immunity, virus strain and environmental influence of secondary pathogens.

Summary

Despite vaccination and supportive medical care, lack of specific antiviral treatment, and use of *Conium maculatum* as an adjunct to the standard therapy to alleviate neurological manifestation in canine distemper affected dogs. Prevention through timely vaccination and proper management is the most effective control strategy.

Conflict of Interest

Not available

Financial Support

Not available

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