



International Journal of Homoeopathic Sciences

E-ISSN: 2616-4493

P-ISSN: 2616-4485

www.homoeopathicjournal.com

IJHS 2020; 4(2): 42-45

Received: 25-02-2020

Accepted: 27-03-2020

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Homoeopathic treatment of plaque meningioma of brain: A case report

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Abstract

Meningiomas are generally slow growing benign tumors attached to the dura mater and are composed of neoplastic meningotheial cells. They form 24-30% of primary intracranial tumors. Most meningiomas are benign. Plaque Meningioma is defined by a sheet-like lesion that infiltrates the dura and sometimes invades the bone. A case is presented in this paper with radiological evidence of a thick meningeal enhancement in right tentorium. Malignancy and Extra cranial soft tissue masses were excluded. The patient was treated with constitutional homoeopathic medicines – Natrum Muriaticum 0/1, 16 doses up to Natrum Muriaticum 0/5, 16 doses each. Follow-up imaging at 3 months showed complete resolution of the plaque meningioma. This case report suggests homoeopathic treatment as a promising complementary or alternative therapy and emphasizes the need of repertorisation in individualized homoeopathic prescription.

Keywords: Plaque meningioma, quality of life, homoeopathy, case report

Introduction

Meningiomas are generally slow growing benign tumors attached to the dura mater and are composed of neoplastic meningotheial cells. They form 24-30% of primary intracranial tumor^[1]. Most meningiomas are benign; however, certain histological types, including the atypical and anaplastic ones are associated with less favorable clinical outcome. Plaque Meningioma represents a morphological subgroup within the meningiomas defined by a carpet or sheet-like lesion that infiltrates the dura and sometimes invades the bone^[2].

Histopathological features of plaque meningioma are similar to that of usual meningiomas; however, it is sometimes difficult to predict the behavior in individual cases. Extra-cranial meningiomas form 1-2% percentages of all meningiomas³. The plaque variants commonly involve fronto-parietal, juxtaorbital, sphenoid wing, diffuse calvarial or rarely spinal region^[3-6]. Due to difficulty in complete resection, the recurrence rate of plaque meningioma is higher than the usual counterpart^[4, 6]. These tumors are also more prone to develop malignant change (11%) when compared to intracranial meningiomas (2%)^[3, 7].

Diagnosing plaque meningioma is via Magnetic Resonance Imaging (MRI) of Brain. It showed a small hypointense calcification with a thick meningeal enhancement in right tentorium of brain. Biopsies of the plaque can undergo testing for histological confirmation. Evidences in support of individualized homoeopathic treatment of plaque meningioma remains compromised; not a single case report could be identified after a careful search in different electronic databases.

Case Proper

A female patient, aged 32 years, residing Baruipur, West Bengal came to the outpatient department of National Institute of Homoeopathy on October 1, 2019 (OPD No. 703204/19) with complaints of throbbing pain in whole head started in the right eye since 1 year which are aggravated in the evening and relief by pressure or bandaging the head tightly. There was a concomitant symptom of photophobia, which was developed at the time of severe pain in the head since 6 - 7 months.

History of Present Complaints: Onset gradual, duration 1 yr, throbbing pain in whole head with photophobia, aggravates in every evening and relief by pressure or bandaging the head tightly, history of allopathic treatment without any remarkable improvement.

Past History: Jaundice at the age of 19 years, treated by allopathic medicine.

Family History: Father suffering from hypertension (HTN) with diabetes (DM).
Siblings – Two sons. First male child died by Leukemia (?).

Physical Generals

Appetite normal prefers hot food.
Thirst less, no desire to drink.
Desire for sour spicy food, salty food, require extra salt.
Intolerance of fatty food.
Urine not frequent, clear, sometimes offensive.
Stool regular, hard; difficult to pass
Sleep adequate.
Dreams of daily activities.
Tongue dry with scanty salivation.
Thermal reaction chilly patient; can't tolerate cold.
Menstruation regular stays for 4-5 days.
Leucorrhoea before menses
Perspiration profuse, offensive++.

Mental Generals: Easily anger, throws things while anger,

scolds everyone, < by contradiction; desire for company; no fear

Totality of Symptoms ^[8]

Easily anger, throws things while anger.
Anger < by contradiction
Desire for company.
Desire for sour spicy food, salty food, require extra salt.
Intolerance of fatty food.
Throbbing pain in whole head relief by pressure or bandaging the head tightly.
P/H of Jaundice.

Prescription: After considering Totality of Symptoms, prescribed Natrum Muriaticum 0/1, 0/2 16 doses in 100 ml aqua dist, one dose for two times in empty stomach. But after completion, to confirm the prescribed medicine, the case was retaken, followed by evaluation & repertorisation.

Timeline: Patient came to the Out Patient department on October 1, 2019 with radiological image of Brain and another report was done on December 15, 2019.

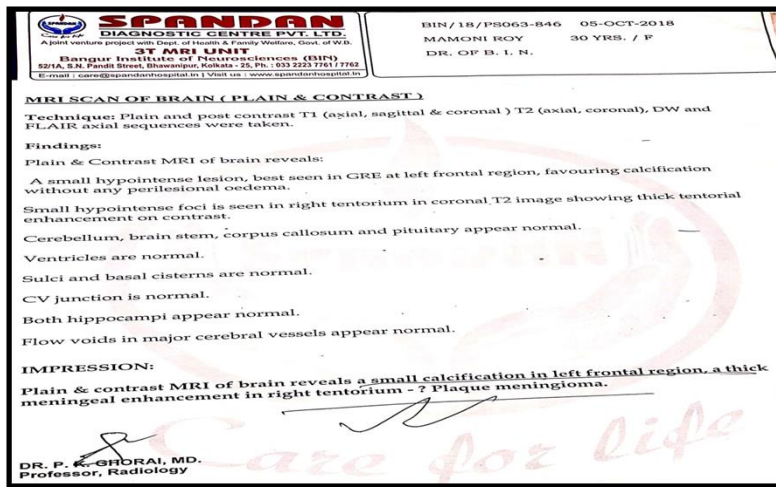


Image 1: MRI of Brain on October 5, 2018 shows Thick Meningeal Enhancement: Plaque Meningioma

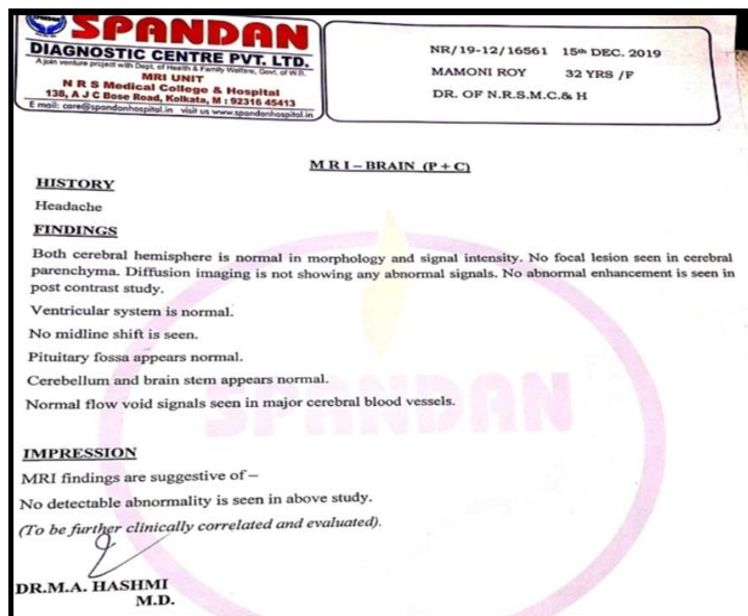


Image 2: MRI of Brain on December 15, 2019 shows No Detectable Abnormality

Evaluation of symptoms

Mental General: Easily anger, irascibility; Anger < by contradiction, when consoled.

Physical General: Desire for sour spicy food, salty things.
 Characteristics particular: Pain in the head <in the evening, Throbbing pain in whole head relief by pressure.

Name: XX, Age: 32, Sex: Female, Address: Baruipur, W.B										
1	1234	MIND – ANGER, irascibility								137
2	1234	MIND – ANGER, irascibility – contradiction, from								30
3	1234	MIND – ANGER, irascibility – consoled, when								3
4	1234	STOMACH – DESIRES – sour, acids, etc.								77
5	1234	STOMACH – DESIRES – salt things								30
6	1234	HEAD – PULSATING, beating, throbbing - evening								27
7	1234	HEAD – PULSATING, beating, throbbing – Pressure – amel.								11
	nat-m.	bry.	carb-v.	ars.	calc.	con.	puls.	cocc.	ferr.	thuj.
	6/13	4/8	4/8	4/7	4/7	4/7	4/6	4/6	4/6	4/6
1	3	3	2	3	2	2	1	2	1	2
2	-	2	-	1	-	-	-	1	2	2
3	2	-	-	1	-	-	-	-	-	-
4	2	2	2	2	2	2	2	-	2	1
5	3	-	3	-	2	2	-	1	-	1
6	2	-	1	-	1	1	2	2	-	-
7	1	1	-	-	-	-	2	-	1	-

Image 3: Repertorial sheet

This case was repertorized by using the software RADAR®, using Kent’s Repertory [8]. The repertorial results were analyzed giving more importance on the mentals as well as physical general symptoms than particular symptoms for selection of medicine. Fortunately repertorisation showed

highest grade medicine was Natrum Muriaticum which already prescribed. Then in subsequent follow-ups from 9th November 2019 to 14th December 2019, potency was gradually increased up to 0/5 with gradual improvement in symptoms with a general improvement.

Table 1: Assessment by Modified Naranjo score

Items	Yes	No	Not Sure/ NA
1. Was there an improvement in the main symptom or condition for which the homoeopathic medicine was prescribed?	+2		
2. Did the clinical improvement occur within a plausible time frame relative to the drug intake?	+1		
3. Was there an initial aggravation of symptom?		0	
4. Did the effect encompass more than the main symptom or condition, i.e., were other symptoms ultimately improved or changed?	+1		
5. Did overall wellbeing improve?			0
6. Did the course of improvement follow Hering’s Rule?	+2		
7. Did old symptoms (non-seasonal and non-cyclical symptoms that were previously thought to have resolved) reappear temporarily during the course of improvement?		0	
8. Are there alternate causes (other than the medicine) that-with a high probability could have caused the improvement? (e.g. known course of disease, other forms of treatment and other clinically relevant intervention)		+1	
9. Was the effect confirmed by objective evidence as measured by external observation(s)?	+2		
10. Did repeat dosing, if conducted, create similar clinical improvement?			0

The final causal attribution score in this case was assessed using the Modified Naranjo Criteria, as proposed by the HPUS Clinical data Working Group, June 2014 [9]. The total score was 8, thus suggesting a “probable” association between the medicine and the outcome [definite: ≥ 9; probable 5-8; possible 1-4; and doubtful ≤ 0]. Reporting of this case adhered to the Hom-CASE-CARE guideline [10].

Discussion

Homoeopathic Treatment of Plaque Meningioma of Brain, a case report over the patient who was suffering from throbbing headache with photophobia noted through Magnetic Resonance Imaging (MRI) of Brain. Individualized homoeopathic medicines were prescribed on ‘totality of symptoms’ with the help of Kent’s repertory.

The patient was treated with constitutional homoeopathic medicines – Natrum Muriaticum 0/1, 16 doses up to Natrum Muriaticum 0/5 16 doses each. Follow-up imaging showed complete resolution of the plaque meningioma. Individualized homoeopathic medicine selected using Kent’s repertory seemed to be promising treatment for Plaque Meningioma.

This case is presented with radiological evidence thick meningeal enhancement noted in the right tentorium of Brain. The patient was treated with a single constitutional homoeopathic medicine. Follow-up imaging at 3 months from first visit showed complete resolution of the plaque meningioma. This study is representative of individualizing homoeopathy only. In a broader interpretation of the law of similar, remedy is selected for totality of symptoms both

typical of the predominating constitutional and from Kent's repertory. The final causal attribution score in this case was assessed using the Modified Naranjo Criteria, as proposed by the HPUS Clinical data Working Group, June 2014. The total score was 8, thus suggesting a "probable" association between the medicine and the outcome. There was no violation of routine homoeopathy practice. The medicine was prescribed in fifty millesimal potencies. Homoeopathic medicine selected with the help of Kent's repertory provided promising aid in treatment of Plaque Meningioma. The duration of timeline was one of the major limitations in this case study. Another limitation was the objective symptoms. Totality of symptoms and Evaluation of symptoms was done only on the basis of subjective entity. There was only Magnetic Resonance Imaging (MRI) evolution serve as evidence for before and after treatment. Evidences in support of individualized homoeopathic treatment of plaque meningioma remains compromised; not a single case report could be identified after a careful search in different electronic databases.

The data of this case report may also be helpful in the planning of further development of case series. It also helps to prove that constitutional homoeopathic treatment can possible to change the pathological entity. This case report suggests homoeopathic treatment as a promising complementary or alternative therapy and emphasizes the need of repertorisation in individualized homoeopathic prescription. It would require specific instruments for more detailed assessment.

Conclusion

A case presented with radiological evidence thick meningeal enhancement noted in the right tentorium of brain suggests Plaque Meningioma. The patient was treated with constitutional homoeopathic medicines – Natrum Muriaticum 0/1 - 0/5, 16 doses each. Follow-up imaging at 3 months from first visit showed complete resolution of the plaque meningioma. This case report suggests homoeopathic treatment as a promising complementary or alternative therapy and emphasizes the need of repertorisation in individualized homoeopathic prescription. Totality of symptoms gives the clue about the selection of medicine which has resemblance to the Potential Differential Field (PDF), but sometimes it may mislead the plan of treatment. At this point, repertorisation is needed for confirming the selection of remedy and treating the cases in better way.

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