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Management of long segment transverse myelitis through prescription of homoeopathic medicine Phosphoric acid attained after Generalization of rubric: A case report

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Abstract
A rare form of extensive inflammation of the spinal cord known as Longitudinal Segment Transverse Myelitis (LSTM) 1 causes T2 hyperintensity in the spinal region of magnetic resonance imaging (MRI) that spans three or more vertebral segments. It has a potentially bad consequence and a sudden start of sensory, motor, and autonomic impairment.
I like to share a case of a 39-year-old LSTM diagnosed woman who experienced a variety of symptoms, including extreme weakness and a steady decline in the motor function of her back and limbs.
On assessment of the central nervous system, there is an increased DTR (Deep Tendon Reflexes), patchy sensory loss without a clear sensory level, weakness in the lower limbs, hypotonia in the lower limbs, and power in the upper limbs.
Long segment T2 hyperintensity with no discernible brain involvement was seen on the contrast-enhanced MRI spine.
She received treatment using Staphysagria and phosphoric acid, followed by identical-sized (30) globules of placebo. The presentation of LSTM varies, as do its etiologies. Although they may be difficult to track locally, Causative factors and specific PQRS symptoms (most striking, uncommon, peculiar, rare and strange characteristic signs and symptoms,) with concomitant symptoms are strongly advised for a suitable Homoeopathic prescription; this requires careful case taking and good observational abilities. As it did in this case, early and aggressive prescription of medium to high potentized medicine may aid in a quicker recovery.

Keywords: Generalization, boenninghausen, longitudinal segment transverse myelitis, phosphoric acid

Introduction
Inflammatory spinal cord damage with bilateral sensory, motor, or autonomic involvement is the cause of acute transverse myelitis [2].
The cause may be by an autoimmune disease like SLE3 (Systemic lupus erythematosus), APS (Antiphospholipid syndrome), or Sjogren's syndrome; or
By autoimmunity brought on by infections such the Coxsackie virus and Mycoplasma pneumoniae.
It has also been linked to vaccines and intoxications with baclofen, penicillin, and lead [4].
No specific geographic, ethnic, familial, or gender predilection has been established.

Incidence [5]
Between 1.34 and 4.6 per million people experience LSTM each year, with bimodal peaks between ages 10 to 19 and 30 to 39. No racial, family, or gender predilection exists for ATM. There is no proof that the incidence of TM varies by geographic location. Between 0.5 and 0.8/100,000 per year were reported in early research conducted in the United States between 1955 and 1990 for both genders and all ages.

Case in detail
Mrs. V., age 39, was hospitalized to a prestigious hospital for a sudden onset of discomfort and numbness in her limbs, diagnosed as Long Segment Transverse Mylities. She had allopathic treatment for 15 days before being discharged.

On June 30, 2017, she called and asked me to come over to her house.

Presenting complaints during my visit

When I first met her she has given a smile and narrated her complaints. Strong at mind even while bed ridden Recurrent breathlessness with weakness. Completely unable to lift her back and limbs, with restricted movements.

No control over urine and stools

Even slight speech can produce weakness, let alone extreme weakness. She is a jovial and hard working women, very strong minded and positive thinking, independent, and dominating women.

Her presentation and our observations

She has given a smile when I have entered the room, greeted me

Her first question "Will I be normal?" She is complaining of severe pain in the back and neck, with unable to move. She was on the urinary bag Lying like a vegetable She wants to get up and do the work for her family

Fig 1: Initial presentation of the patient (picture from a video clip) (30/June/17)

History of presenting complaints

Stiffness with numbness in the limbs

More during morning hrs - – no specific modalities

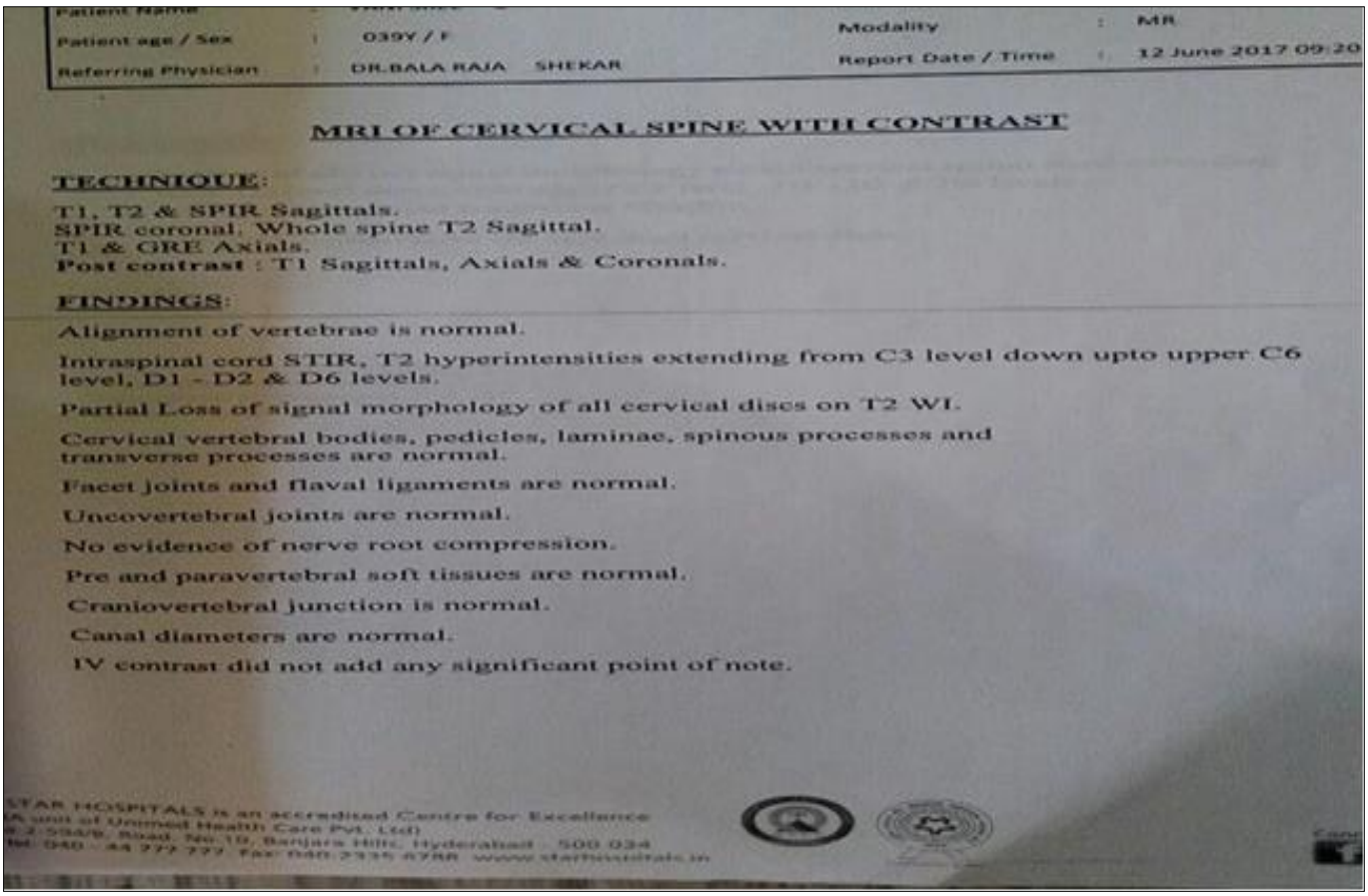
Breathing is slightly difficult

Pain in back > esp after having very warm food. Pain reduces for more than 1-2 hrs again she gets it.

We crossed the same modality – no relief if she has taken any thing which is either cold or normal temperature.

Or No relief - any warmth applications from the above on the back, or from the warmth of the bed

Character of pain in the back was not so specific – is like aching or sore bruised.



Patient age / Sex : 039Y / F
Modality : MR
Referring Physician : DR.BALA RAJA SHEKAR
Report Date / Time : 12 June 2017 09:20

MRI OF CERVICAL SPINE WITH CONTRAST

TECHNIQUE:

T1, T2 & SPIR Sagittals.
SPIR coronal. Whole spine T2 Sagittal.
T1 & GRE Axials.
Post contrast : T1 Sagittals, Axials & Coronals.

FINDINGS:

Alignment of vertebrae is normal.

Intraspinal cord STIR, T2 hyperintensities extending from C3 level down upto upper C6 level, D1 - D2 & D6 levels.

Partial Loss of signal morphology of all cervical discs on T2 WI.

Cervical vertebral bodies, pedicles, laminae, spinous processes and transverse processes are normal.

Facet joints and flaval ligaments are normal.

Uncovertebral joints are normal.

No evidence of nerve root compression.

Pre and paravertebral soft tissues are normal.

Craniovertebral junction is normal.

Canal diameters are normal.

IV contrast did not add any significant point of note.

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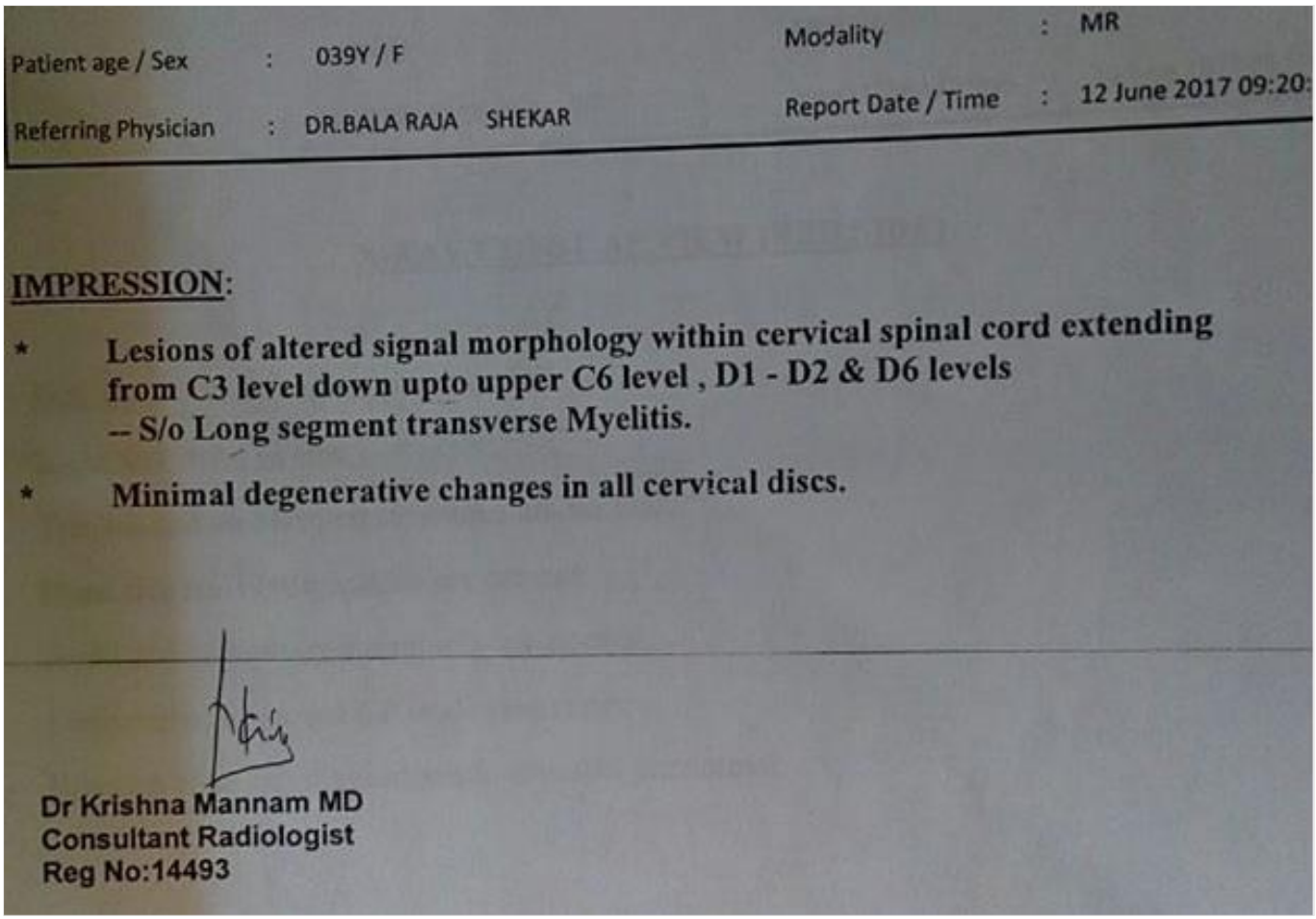
Fig 2a: MRI findings (Report taken on 12/June/17)



Patient age / Sex : 039Y / F
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IMPRESSION:

* Lesions of altered signal morphology within cervical spinal cord extending from C3 level down upto upper C6 level , D1 - D2 & D6 levels
-- S/o Long segment transverse Myelitis.

* Minimal degenerative changes in all cervical discs.

Dr Krishna Mannam MD
Consultant Radiologist
Reg No:14493

Fig 2b: MRI findings (Report taken on 12/June/17)

Past History
H/o of fall from bike injuring her shoulder and fracture to Rt humerus which got operated 2 years back.
Diabetes since 6 years under Allopathic medication.
H/o of chicken pox at the age of 10 years, treated with Allo rx

Personal history
Desires fruits, spices, pickles and juicy things. Aversion to milk.

Family History
Mother is diabetic and she is under Allo Rx. Father is hypertensive under allo rx Younger brother is healthy

Mind generals
Very affectionate, joyful, fully energetic and smiley face. Very dominating and kind hearted.
Whatever decision she takes, it will be 100% correct. Her husband always listens to her words.
Never she dominates if she is wrong, nor quarrels with anyone. Workaholic and perfectionist.
Sensitive and gets easily hurt but tries to hide her feelings.

Physical generals
Appetite : Diminished
Thirst: Excessive, frequent. Normal water
Desires: fruits, pickles, spices, juicy things Bowel Habits: Normal, with incontinence Perspiration: normal
Sleep: Good
Thermal Reaction: Not specific (desires air conditioned room, and covers her body)
Ailments after: disappointment.

Appearance
Moderately built Medium Height Round and smiley face Thin Hair
Ears: Normally Placed, well lobulated

Physical examination
Pulse rate: 70/min, regular BP – 120/70 mm of hg Respiratory rate – 20/min Heart – S1, S2 heard
Abdomen – soft, no swellings or enlargements. Limbs – tone normal, weakness, unable to lift Reflexes normal

Analysis of symptoms
Mentals
Extrovert Jovial, cheerful Dominating Positive Workaholic Sensitive

Physical Generals
General stiffness
DESIRE fruits and juicy things Dislikes milk
DESIRE for spices and pickles Weakness

On Repertorization

Prescription | Remedy Details | Normal Rep. | By Sym | By Marks | Save Chart | View Chart | Rubrics | Graphs | Delete | Print | Rep. Exp | Rem Exp

Remedy(749)	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	Total (Marks/Rub)
PHOS	3	3	4	4	4	4	4	4	1	4	3	4																					42/12
NAT-M	3	4	4	3	4	4	4	4	1	4	3	1																					39/12
MERC	3	3	4	3	3	3	3	4	4	3	4	1																					38/12
SULPH	1	1	4	3	4	3	3	4	3	4	4	3																					37/12
ALUM	1	1	4	1	4	4	4	4	4	4	4	1																					36/12
APIS	4	1	4	4	3	3	4	4	1	1	3	3																					35/12
STAPH	1	4	4	1	4	3	3	4	3	4	3	1																					35/12
CAUST	1	3	3	1	4	4	4	4	1	4	3	1																					33/12
PH-AC	1	4	4	1	3	1	4	4	3	3	4	1																					33/12
ARS	2	1	4	3	4	3	4	4	3	1	1	1																					31/12
BRY	2	3	3	2	4	3	3	4	1	1	1	3																					30/12
BELL	4	4	4	4	4	4	4	4	4	4	-	1																					41/11
CALC	3	-	4	3	4	4	4	4	4	4	3	4																					41/11
ACON	3	3	4	2	4	4	3	4	3	4	4	-																					38/11

Fig 3: Repertorial sheet – taken from Stimulare software, complete repertory 2005 (Reportorial Sheet: 30/June/17)

From The List, Prescribed
Staphysagria 1M 1 dose With Placebo Every 3 Hrly For A Week
Because she had high hopes for her son and since she told many of her friends about his abilities. She was ashamed now, wondering how their friends would react and whether they would perceive her differently.
MIND; pride agg.; wounded, from: STAPH.

Follow Up: I heard good news from her husband on 3rd day itself that she started moving her limbs and neck. Unable to lift the back, with persisting weakness

Waited for 2 more days with placebo on
Then we have seen the movements reduced with an increase of back pain, bloated abdomen with heaviness and numb limbs.

Fig 4: Patient picture of bloated abdomen (Picture taken on 04/July/17)

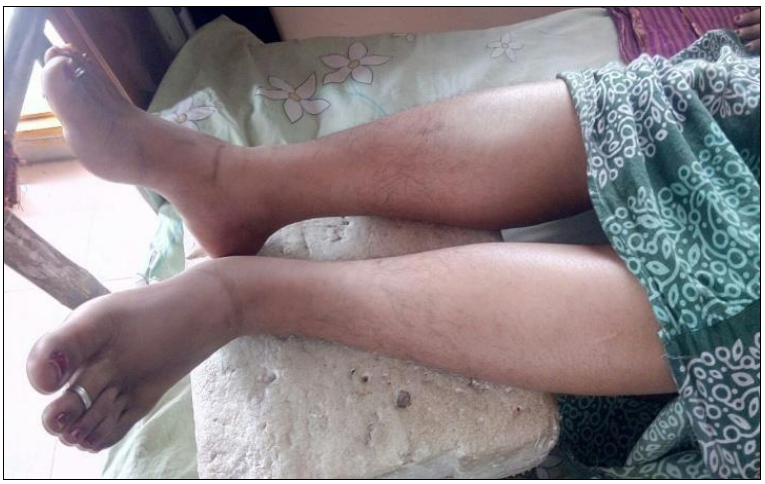

Fig 5: Patient picture of heaviness of the limbs (Picture taken on 04/July/17)

Kent's 5th observation [6]

Amelioration occurs initially, followed by aggravation.

Inference: This situation is not good. The treatment done was either had a palliative or superficial effect. This can also occur when a patient has an incurable condition and is given a partially suitable remedy based solely on the most distressing symptoms.

Follow up actions required

Reexamine the symptomatology to determine whether the remedy was chosen based

- On the full spectrum of symptoms and whether it is adequately covering the entire case.
- Whether the patient is in a incurable condition where treatment we have selected to an incurable case?.
- Whether the selected remedy is—the acute, superficially acting remedy or the constitutional, deeply acting remedy—was chosen?

Reviewed the case

Left over symptom due to lack of Rubric: There is no direct rubric for Pain in the back better after taken warm food.

On analyzing different rubrics of same modality [7]**.**

1. ABDOMEN> food> amel.> warm!(10) Chel, Coloc, Lyc, Mag-c, Mag-p, Nux-v, Ph-ac, Sep, Sil, Sul-ac
2. ABDOMEN> pain> food> warm> amel.!(6) Lyc, Mag-c, Mag-p, Nux-v, Ph-ac, Sul-ac
3. GENERALITIES> food and drinks> warm> food> amel.! (63) Agar, Alum, Alumn, Ant-c, Arist-cl, Ars, Asar, Bar-c, Bell, Bov, Bry, Cadm, Calc, Canth, Carb-v, Caust, Cham, Chel, Coloc, Con, Graph, Hell, Hydr, Hydr-ac, Ign, Kali-c, Kali-n, Kreos, Laur, Lyc, Mag-c, Mag-m, Mag-p, Mang, Merc, Mez, Mur-ac, Nat-c, Nat-m, Nit-ac, Nux- m, Nux-v, Orni, Par, Ph-ac, Phos, Plb, Pull-g, Puls, Rhod, Rhus-t, Sabad, Sep, Sil, Spig, Spong, Sul-ac, Sulph, Tarent, Tax, Thuj, Tylo-i, Verat
4. STOMACH> pain> food> warm> amel.!(3) Chel, Orni, Ph-ac
5. STOMACH> pain> pressing> food> warm, amel.!(1) Ph-ac

Following few medicines were short listed

Agar, Alum, Ars, Chel, Coloc, Ign, Lyc, Mag-c, Mag-p, Nux-v, Ph-ac, Rhus-t, Sep, Sil, Sul-ac, Sulph, Verat

Compared with the repertorial sheet - the most prominent medicine was Phosphoric ac 1M was prescribed, on generalization.

Follow ups

Patient improved gradually with in 1 week, later she could able to dance in a party

Fig 6: Patient picture: Improvement: able to sit up and can use her left hand (Picture taken on 08/July/17) (picture from a video clip)

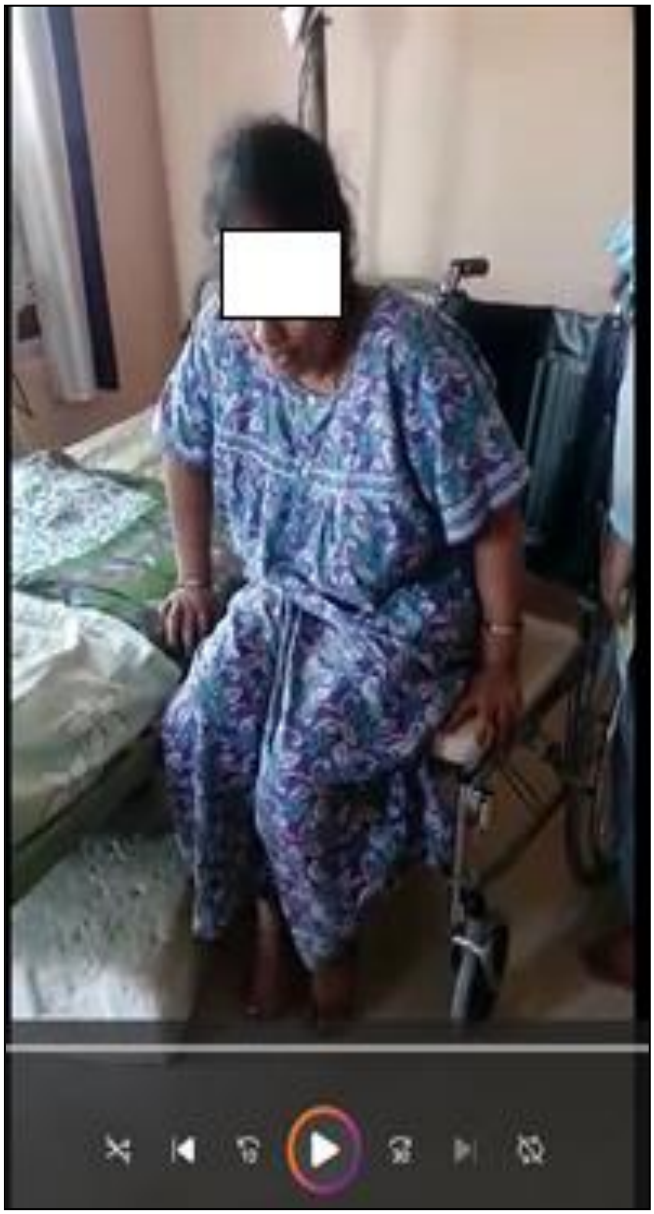

Fig 7: Patient picture: Improvement: able to sit up and can use her legs (Picture taken on 09/July/17) (picture from a video clip)

Fig 8: Patient picture: Improvement: able to walk with support (Picture taken on 11/july/17) (picture from a video clip)

Fig 9: Patient picture: Improvement: Participated in dance for more than a minute (Picture taken on 24/July/17) (picture from a video clip)

Importance

Boenninghausen generalization8 concept is an effort to emphasize modalities that were underrepresented in the repertories.

"I was with Hahnemann in the last days of April, 1832, and that the preface alluded to is dated only a few days later, and was more surprising, as it was impossible that he should have the time in these few days to verify my enormous discovery," Dr. Boenninghausen wrote in one of his lesser-writings.

Although this notion was widely admired by many stalwarts, Kent and Herring subsequently denounced it sharply.
According to Dr. Boenninghausen, the body and its parts both or not different.
He defines generalization as the idea that allows a modality to be generalized when it appears in two or more locations. After working on it with his students, he began incorporating this technique into his literary works and lectures as they got better.

Let me start with a critique
If the grand generalization principle is applied to every particular symptom, a lot of damage will be done to Homeopathy.

Examples
Rhus tox is advised, when motion exacerbates knee discomfort and further motion relieves it.
In addition, will the generalization of the modality classify the patient's claim that he feels pain in the rectum during the early stages of passing stool but not later on as a symptom of rhus tox?
If the patient reports that he gets nervous when writing the exam but gets confidence back after a time, might this also be rhus tox? If Rhus Tox is an option in this instance, what about Silica?
It is impossible to equate mental stiffness with joint stiffness (Rhus tox). If so, how could the obedient Pulsatilla become stiff in the neck?
When the location and the sensation are coupled, a symptom becomes unique. To stitch discomfort in the fingers, for example, use Cicuta; in the chest, use Bryonia; in the dorsal region, use Petroleum; and elsewhere as needed.
The unique characteristic details found in the materia medica will surely be eliminated by blind generalization.
My doubts regarding the effectiveness of the generation principle drove me to conduct this study.
Where did this rule go wrong? Is there a real fault in this idea?
Since Homoeopathy places greater emphasis on the body than its parts, we took a closer look at the generalization principles. We made an effort to bring back the core concept and practical application of Boenninghausen and the real-world application of Boenninghausen principles.

Research activities on generalization
Simultaneous research work is carried on Generalization of rubrics on Typhoid subjects, at AM Shaik Homoeopathic medical college Hospital and Research center, Belgavi, Karnataka. Here we made 2 groups

- **Research trail No:** CTRI/2022/09/045665
- **Ethical clearance at Research site:** AMSC/IEC /EC-005/2021-22

Among 162 Febrile patients who attended OPD, 102 patients whose presumptive clinical diagnosis are typhoid fever and were sent to the laboratory for Rapid dot EIA test (TYPHIDOT) or Widal test, 87 patients were tested positive, are the part of actual sample for study. The patients are grouped basing on presence or absence of direct rubrics to the symptoms narrated, from the Complete Repertory.

Intervention
Group A: Homoeopathic Medicine will be selected based on symptom totality, which includes a particular rubric which was generalized, in addition to other direct rubrics. Repertorization is done basing on the eliminating rubric which is a generalized rubric from the particular rubric.

Group B: Homoeopathic Medicine selected based on Summative symptom totality. Rubrics selected here all are the direct rubrics to the complaints. Here there is no generalization, nor any interpretation or synthesis of rubrics done. Repertorization done here is in the Summative manner.

Medicine and mode of dispensing: Patients in both the groups will be treated with indicated Homoeopathic medicines, dispensed orally.

Potency: Under Homeopathic principles any potency may be required in any case. Dose as well as repetition is adjusted to the patient's need.

Research was done in an Idea to reduced errors, which has generated great results when we generalized the rubrics from

- Similar chapters,
- Chapters in the same system, or
- Chapters that were closely connected.

Significance
Generalizing rubrics was systematically validated as per the research protocol, the fruits has yielded us a

- Good amount of data that will help to fill those gaps in repertories created due to paucity of rubrics.
- Helps in implementing it in day to day clinical practice in various clinical conditions.
- Validating the significance of Generalizing in Kent based repertory – A Complete Repertory and in formulating a logical repertory.

Conclusion
This study gives a positive note on the concept of generalizing the rubrics. Further, an extensive study needed to be carried on a larger sample size with various repertories and validate the results for wider clinical utility.

Conflicts of interest: None declared.

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