International Journal of Homoeopathic Sciences

E-ISSN: 2616-4493
P-ISSN: 2616-4485
www.homoeopathicjournal.com
IJHS 2022; 6(2): 213-218
Received: 19-01-2022
Accepted: 24-02-2022

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A case study: Malignant brain tumor and its homoeopathic management

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DOI: https://doi.org/10.33545/26164485.2022.v6.i2d.560

Abstract
Brain tumor like meningioma which can be detailed classified in in malignant type the incidents rates are only 1.7%. This type of cases have very poor prognosis. The only option for this patient was palliative care and hopefully patient shown faith on homoeopathy as the last option. Some well proven and clinically verified pathological medicines worked miraculously and proved its efficacy in fatal disease.

Keywords: Brain tumor, meningioma, and palliative care

Introduction

Meningioma

Meningiomas are the most common benign intracranial tumor. They originate from arachnoid cap cells, which are cells within the thin, spider web-like membrane that covers the brain and spinal cord.

The World Health Organization (WHO) classification of brain tumors is the most widely utilized tool in grading tumor types. The WHO classification scheme recognizes 15 variations of meningiomas according to their cell type as seen under a microscope.

Malignant meningiomas (WHO grade III) show increased cellular abnormalities and grow at a faster rate than benign and atypical meningiomas. Malignant meningiomas are the most likely to invade the brain and recur more frequently than the other subtypes.

According to the Central Brain Tumor Registry of the United States Statistical Report, of the majority of meningiomas with tissue confirmation are non-malignant, with 1.7% confirmed to be malignant (WHO grade III). 08)

Diagnosis

This case was diagnosed on the basis or following investigations and cancer classification criteria:

1. **MDCT Scan brain (30/01/2018):** was suggestive of Cerebello pontine angle mixed density 6 x 4 cm mass, compression over 4th ventricle, both lateral and 3rd ventricle dilated with hypo density periventricular white matter? CSF ooze. Diffuse cerebral edema noted.
2. **IHC (8/02/2018):** Poorly differentiated malignant tumor with focal papillary pattern, favoring a papillary anaplastic meningioma grade-III.
3. The national cancer institute (NCI) uses a guideline system to classify tumors. The NCI lists the following grades: pg.no-11 (02)
4. **Grade 3:** Malignant tissue has cells that look very different from normal cells. The abnormal cells are actively growing. These abnormal appearing cells are termed as anaplastic.
5. **Final diagnosis:** Recurrent Grade-3 meningioma.
6. **Diabetes mellitus type** 2, Hypertension and anemia.

Case Study

45 years old female, housewife reported in opd with the following complaints, Headache, giddiness, poor co-ordination and difficulty in walking from 2 months. Weakness and trembling of limbs of left side of body from 2-3 months. Pain in back of left side of knee joint aggravated with bending double and ameliorates by movements from 12 months.

Jaw stretching and difficulty mouth opening from 3 months Burning pain in stomach and loud eructation after eating. Burning pain in stomach and loud eructation after eating.

Origin- duration & prognosis

Patient was healthy before 5 years than she diagnosed with brain tumor – hemangio pericytoma and underwent surgery on 17-05-2013. She stayed a long time in hospital with multiple postoperative complications like re-exploration, shunt removal and other events.

On 6-12-2017 she was again diagnosed with Cerebello-pontine mass of 32 x 18 mm of size with compression over 4th ventricle was suggestive of recurrent / residual disease.

CT SCAN BRAIN (26/01/2018) was suggestive of Cerebello pontine angle mixed density 6 x 4 cm mass, compression over 4th ventricle, both lateral and 3rd ventricle dilated with hypo density periventricular white matter? csf ooze. Diffuse cerebral edema noted.

A surgery right vp shunt + suboccipital craniotomy was done on 27-01-2018. Postoperative CT Scan on 30/01/2018 was suggestive of post-operative changes, compression and hypodense lesions? Disease.

After 2 months in March 2018 her symptoms reappear and she was diagnosed as recurrent disease than they visited in opd for some short of palliative care which was the last hope in advance cancer case.

Physical generals

- Desire- mangoes +
- Thirst- thirsty+, dryness of mouth and tongue
- Stool- constipation, on alternates day and unsatisfactory +
- Urine- frequent < at night +
- Menses – no significant details were evaluated
- Mind- very reserved, less talkative, very anxious about disease and family.
- Family history-
- No any significant history found in family

Past h/o

Pulmonary tuberculosis before 10 years, AKT for 12 months.

Physical examination-

Medium built, pallor ++, patient was came in opd with the support, inability to walk + Karnofsky Performance Status – 70 (11)

Weight- 52 kg, significant weight loss after treatment +

Pulse- 86/ min BP- 140/100 mm of hg temp- 97.6 f SPO2- 97% at room air

Systemic exam- respiratory- B/L equal air entry, no abnormal sound

Per abdomen- soft, non-tender, no mass or swelling palpable

CNS- conscious, oriented

CVS- S1, S2 +, no murmur sound

Loco-motor: poor coordination++, slow walk must need with support ++, muscle power week, grip test – week.

Investigations

MDCT Scan brain (30/01/2018): Cerebello pontine angle mixed density 6 x 4 cm mass, compression over 4th ventricle, both lateral and 3rd ventricle dilated with hypo density periventricular white matter? csf ooze. Diffuse cerebral edema noted.

IHC (8/02/2018): Poorly differentiated malignant tumor with focal papillary pattern, favoring a papillary anaplastic meningioma grade-III.

11/05/2017- RBS- 230 mg/dl, HB- 7.0 gm%

MDCT Scan brain 26/09/2018: Craniotomy noted in left occipital region. Post-operative changes with gliosis in left cerebellum & middle cerebellar peduncle ex vacuo dilatation of 4th ventricle. No definite evidence of any lesion at post op site at present. VP shunt noted without hydrocepahlus.

MDCT Scan brain 16/08/2019: Gliotic changes left cerebellar hemisphere with focal atrophy. No evidence of compression compared with 26/09/2018. No evidence of any new development.

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IMAGING SERVICES

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NAME : FARIDA SHERASHIYA 45 Y / FEMALE
MR NO : 151724
REF BY : DR. TUSHAR SONI
INVESTIGATION : CT SCAN BRAIN (PLAIN)
DATE : 30.01.2018

REPORT

Clinical profile: K/c/o recurrent left CP angle mass (? Hemangio-pericytoma).

Technique: MDCT imaging was performed using thin sequential axial plain scan of brain from base to vertex.

Findings:

- Post operative status, operated for left CP angle mass.
- Occipital craniectomy noted on left side.
- Air pockets noted in left CP angle region and frontal horns with adjacent small parenchymal hemorrhages – post operative changes.
- Hypodense area noted in left side cerebellum and vermis. Compression over 4th ventricle seen.
- Compression over 4th ventricle seen.
- Both lateral ventricles and 3rd ventricle appears prominent with hypodensities in bilateral periventricular white matter. VP shunt noted on right side with tip situated in left lateral ventricle.
- No evidence of midline shift is seen.

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Consultant Radiologist

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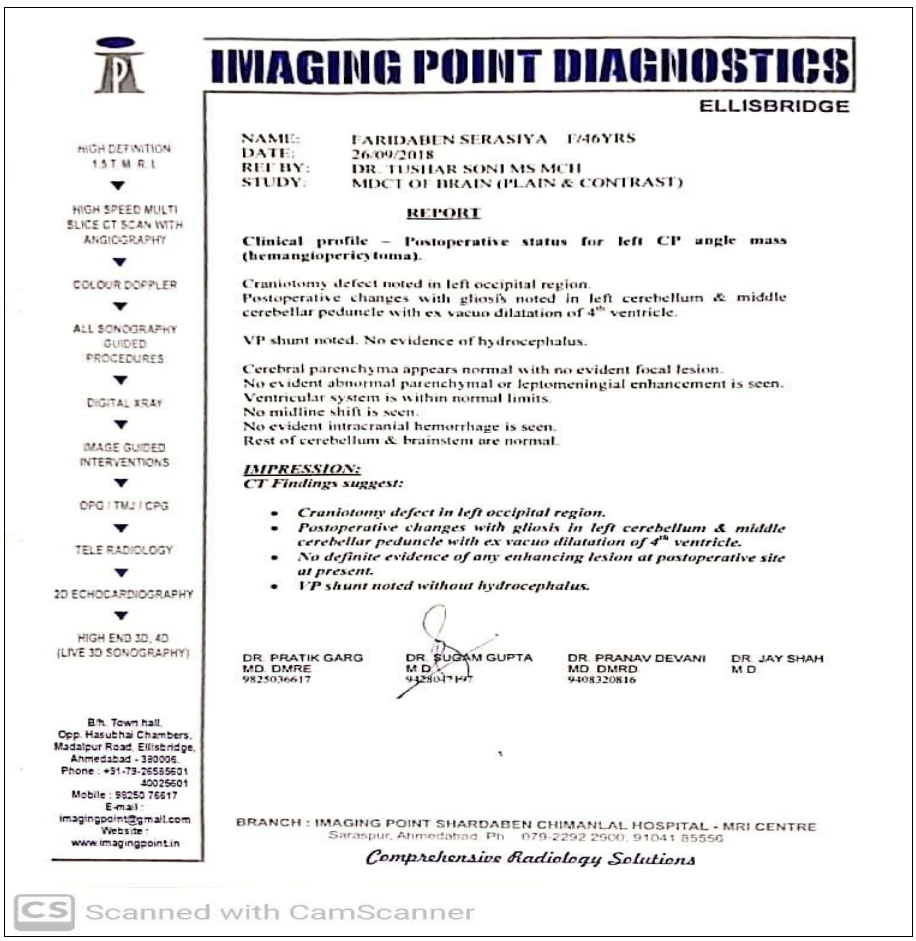

IMAGING POINT DIAGNOSTICS
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HIGH DEFINITION 1.5 T M. R. I.
HIGH SPEED MULTI SLICE CT SCAN WITH ANGIOGRAPHY
COLOUR DOPPLER
ALL SONOGRAPHY GUIDED PROCEDURES
DIGITAL XRAY
IMAGE GUIDED INTERVENTIONS
OPG / TMJ / CPG
TELE RADIOLOGY
2D ECHOCARDIOGRAPHY
HIGH END 3D, 4D (LIVE 3D SONOGRAPHY)

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NAME: FARIDABEN SERASIYA F/46YRS
DATE: 26/09/2018
REF BY: DR. TUSHAR SONI MS MCH
STUDY: MDCT OF BRAIN (PLAIN & CONTRAST)

REPORT

Clinical profile – Postoperative status for left CP angle mass (hemangiopericytoma).

Craniotomy defect noted in left occipital region.
Postoperative changes with gliosis noted in left cerebellum & middle cerebellar peduncle with ex vacuo dilatation of 4th ventricle.

VP shunt noted. No evidence of hydrocephalus.

Cerebral parenchyma appears normal with no evident focal lesion.
No evident abnormal parenchymal or leptomeningial enhancement is seen.
Ventricular system is within normal limits.
No midline shift is seen.
No evident intracranial hemorrhage is seen.
Rest of cerebellum & brainstem are normal.

IMPRESSION:
CT Findings suggest:

- ***Craniotomy defect in left occipital region.***
- ***Postoperative changes with gliosis in left cerebellum & middle cerebellar peduncle with ex vacuo dilatation of 4th ventricle.***
- ***No definite evidence of any enhancing lesion at postoperative site at present.***
- ***VP shunt noted without hydrocephalus.***

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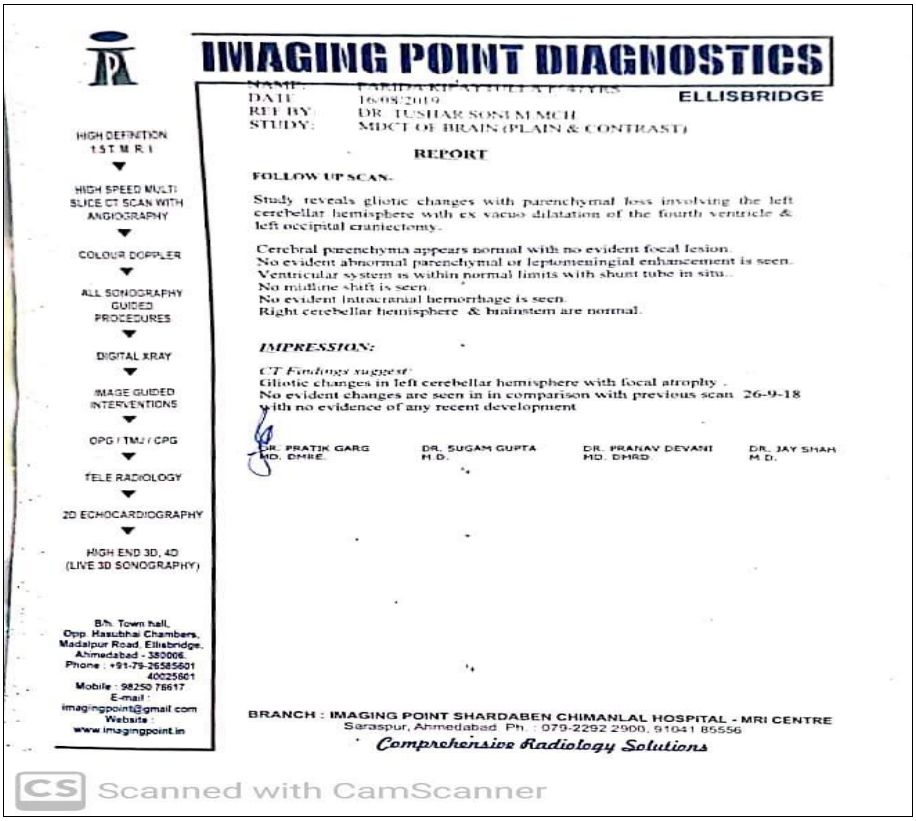

IMAGING POINT DIAGNOSTICS

ELLISBRIDGE

NAME: FARIDA KHAYYUM A/47YRS/F
DATE: 16/08/2019
REF BY: DR. TUSHAR SONI M.MCH
STUDY: MDCT OF BRAIN (PLAIN & CONTRAST)

REPORT

FOLLOW UP SCAN:-

Study reveals gliotic changes with parenchymal loss involving the left cerebellar hemisphere with ex vacuo dilatation of the fourth ventricle & left occipital craniectomy.

Cerebral parenchyma appears normal with no evident focal lesion.
No evident abnormal parenchymal or leptomeningial enhancement is seen.
Ventricular system is within normal limits with shunt tube in situ.
No midline shift is seen.
No evident intracranial hemorrhage is seen.
Right cerebellar hemisphere & brainstem are normal.

IMPRESSION:

CT Findings suggest:
Gliotic changes in left cerebellar hemisphere with focal atrophy .
No evident changes are seen in in comparison with previous scan 26-9-18 with no evidence of any recent development

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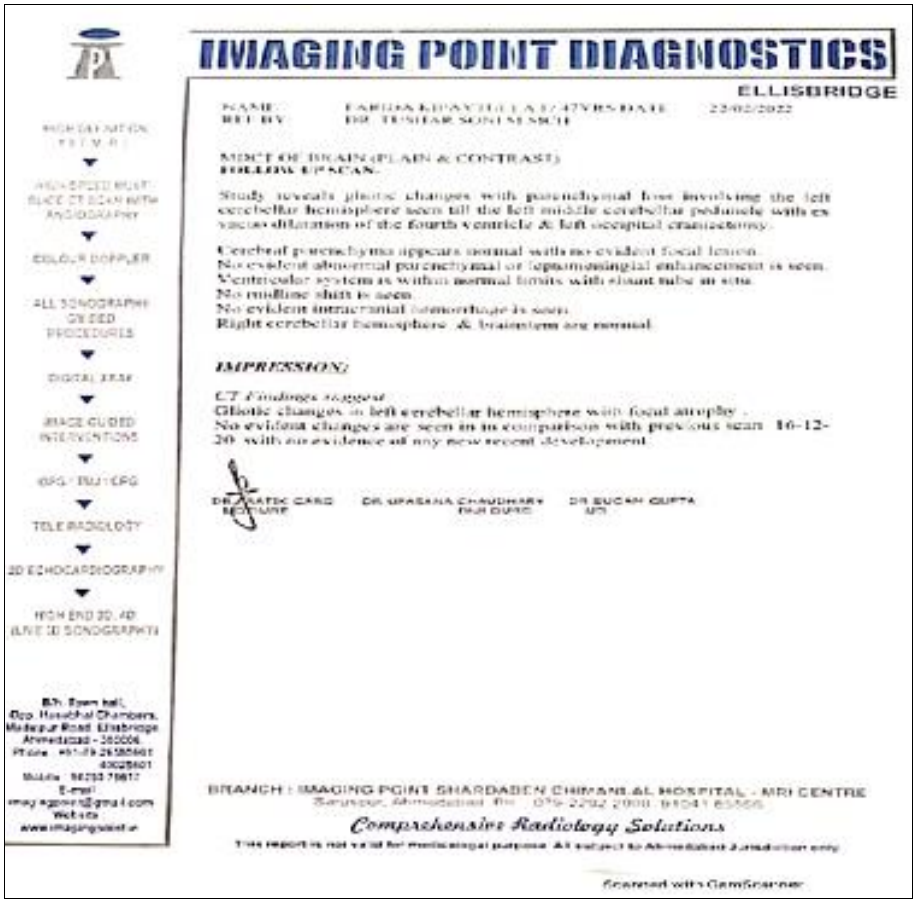

IMAGING POINT DIAGNOSTICS

ELLISBRIDGE

NAME: FARIDA KHAYYUM A/47YRS/F DATE: 23/02/2022
REF BY: DR. TUSHAR SONI M.MCH

MDCT OF BRAIN (PLAIN & CONTRAST)
FOLLOW UP SCAN:-

Study reveals gliotic changes with parenchymal loss involving the left cerebellar hemisphere seen till the left middle cerebellar peduncle with ex vacuo dilatation of the fourth ventricle & left occipital craniectomy.

Cerebral parenchyma appears normal with no evident focal lesion.
No evident abnormal parenchymal or leptomeningial enhancement is seen.
Ventricular system is within normal limits with shunt tube in situ.
No midline shift is seen.
No evident intracranial hemorrhage is seen.
Right cerebellar hemisphere & brainstem are normal.

IMPRESSION:

CT Findings suggest:
Gliotic changes in left cerebellar hemisphere with focal atrophy .
No evident changes are seen in in comparison with previous scan 16-12-20 with no evidence of any new recent development

DR. PRATIK GARG RADIOLOGIST
DR. UPASANA CHAUDHARY DMRD DNB
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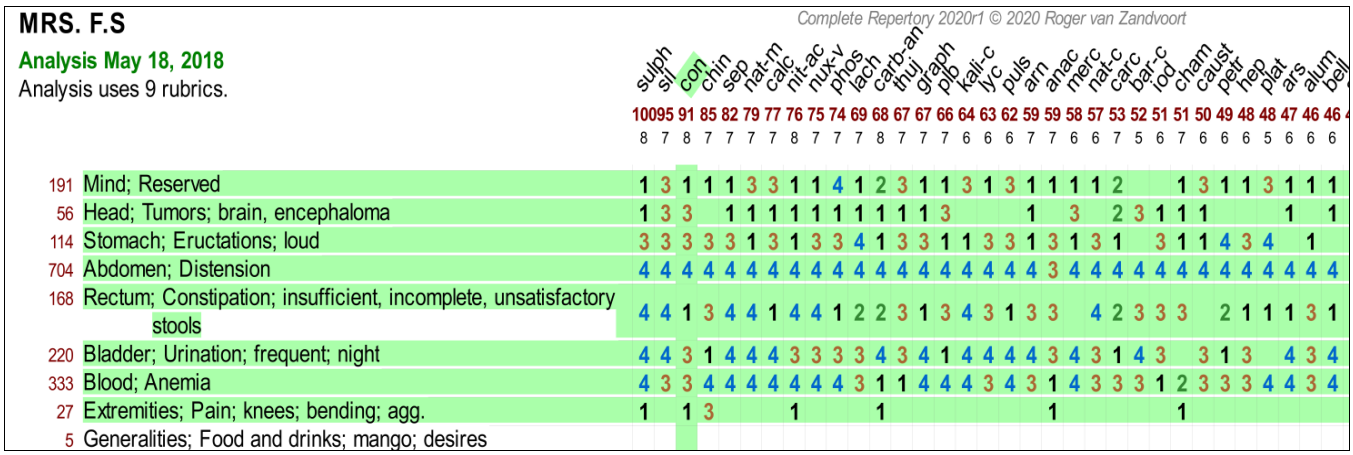
This report is not valid for medicolegal purpose. All subject to Ahmedabad Jurisdiction only.

Rubrics for repertorisation- (07)

1. Mind- Reserved
2. Head- tumors, brain, encephaloma
3. Stomach, eructation, loud
4. Abdomen distension
5. Rectum constipation; insufficient, incomplete, unsatisfactory stools
6. Bladder urination frequent, night
7. Blood anemia
8. Extremities pain, knees, bending aggravation
9. Generalities, food and drinks, mango, desires.

Reportorial sheet



Remedy selected was Conium Maculatum 200 twice a day for 2 days followed by Ruta g. 0/1 10 drops once a day for 30 days.

Selection of remedy – on the basis of reportorial result and with reference of various material medica Conium Maculatum was selected as a main medicine when concomitant is giddiness and vertigo with brain tumor, extreme weakness and cancerous diathesis, difficult gait, trembling and sudden loss of strength while walking. pg-203 (03), pg- 230-(6).

Ruta Graveolens was selected as a pathological medicine for advance brain tumors. (10, 09), pg -158- (01)

Potency- Conium Maculatum was prescribed in 200 potency every month. Ruta Graveolens was repeated once a day in L.M potency to reduce the aggravation in grave pathological cases. (03)

Table 1: Follow up

Sr. No	Date	Complains	Treatment	Reason
1	19/06/2018	Weakness improved, can do small work can walk few steps, polyuria decreased	Conium Mac-200 Twice a day for 2 days Ruta Graveolens 0/1 od 1 month	Significant action of medicines no change.
2	29/08/2018	Urine frequency increased ++ Left leg weakness, gait poor Ct brain report noted Onco surgeon advised to continue homoeopathy.	Conium 1 m bd for 2 days every month, ruta 0/1 od 2 months	Potency increased, on pathology level disease is reduced in findings.
3	14/11/2018	Trembling of extremities < left side, lachrymation left eye< eating while, flatulence +, eructation + now she can walk without any support, constipation +++	Conium 1 M BD for 2 days – every month Plumbum met 1 m stat dose. Glonine 30 od 30 days	New symptoms appeared and improved physical conditions.
4	23/01/2019	Lachrymation decreased, other all complains are better, left side weakness +	Conium 1 m bd for 2 days every month Calc. Phos 6 x 5 -5-5 for 2 months	No cahnge in main tretment but added a drainage mendicine
5	23/04/2019	All comp. Better	Ct all	No change
6	10/07/2019	Itching without eruptions, redness +, burning ++, patient went to another homoeopath but she was counseled by that doctor and sent to my OPD!	Sulphur 200 1 dose stat (morning)	It's a stat of psoric state, one dose od antipsoric will help a lot (as per referred back by senior homoeopath)
7	16/08/2019	Disease evaluation done by onco surgeon, MDCT brain was noted. Her hba1c was significantly reduced all diabetic treatment is stopped!	Calc. Phos 6 x 5-5-5 for 3 months	No need for any repetition of main medicine
8	12/02/2020	No any complaint RBS- 128 mg/dl	Ct all	No change
9	10/05/2020	Telephonic talk (Covid 19 opd on call), left side mild weakness	Plumbum Met 1 m bd for 2 days. Calc. Phos 6x 5—5—5 for 3 months	Change in medicine to see action of plumbum which relived much on previous time
10	24/08/2020	Better, can do all house hold work, hand grip good, muscle strength much improved, no any clinical suspicion was noticed by onco surgeon.	Continue all treatment.	Adv. Long term rehabilitation.
11	22/02/2022	Disease evaluation done. No any disease!	No medicines	Adv. Long term rehabilitation.

Conclusion

Recurrent grade 3 meningioma is very advance and fetal disease. The only aid is palliative care in this type of cases. Homoeopathy proved its very efficient role in this type of tumor. Not only patient got relief in pathology but we notice that patient remarkable improved in all functional outs comes like Karnofsky Performance Status was 70 is now 90, disability rating scale also improved and patient can perform well on cognitive level, functional level, physical level and in mobility level. Her quality of life score is also suggestive

of remarkable improvement in emotionally and socially wellbeing [11].

Such a cases can motivate young fellows for further trials and to prove a scientific role of homoeopathic medicines in this type of advance palliative cases.

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