



A CASE OF LIPOMENIGOMYELOCELE INDUCED GANGRENE OF TOE TREATED WITH HOMOEOPATHIC MEDICINE

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ABSTRACT Lipomeningomyelocele¹ is a form of Occult Spinal Dysraphism in which a subcutaneous fibro fatty mass traverses the lumbodorsal fascia, causes a spinal laminar defect, displaces the dura, and infiltrates and tethers the spinal cord. One of the major complications of this is motor and sensory defects in the lower extremities leading to partial or complete loss of function of lower extremities. Gangrene² of toe is the major complication due to which amputation of limb is the only treatment in modern medicine. This case of Gangrene of toe is one such example of lipomeningomyelocele which was treated with homoeopathic medicines with successful result.

KEYWORDS : Homoeopathy, Lipomeningomyelocele, Gangrene of toe.

INTRODUCTION:

Failure of a portion of the neural tube to close, or reopening of a region of the tube after successful closure, may lead to malformations involving some combination of neural tissue, meninges and overlying bone or soft tissue. Lipomeningomyelocele is a form of Occult Spinal² Dysraphism in which a subcutaneous fibro fatty mass traverses the lumbodorsal fascia, causes a spinal laminar defect, displaces the Dura, and infiltrates and tethers the spinal cord.

Lipomeningomyelocele occurs most commonly in the lumbosacral region.² Affected individual have motor and sensory defects in the lower extremities as well as disturbance of bowel and bladder control. These are often complicated by superimposed infection that extends into the cord from the thin overlying skin. The frequency of neural tube defects varies widely among different ethnic groups. Evidence for a genetic basis includes the high concordance rate among monozygotic twins subsequent frequencies have been estimated to be 4% to 5%.

⁵Folate deficiency during the 1st several weeks of gestation is a well-established risk factor. Difference in rates of neural tube defects between populations can be attributed in part to polymorphisms in enzymes involved in folic acid metabolism.

⁵Folate supplementation can reduce the risk of neural tube defects, but neural tube closure is normally complete by day 28 of embryonic development (before most pregnancies are recognised). It must be given to women throughout their reproductive years to be fully effective. 0.4 mg folic acid is recommended daily at the time of completion. Lipomeningomyelocele may affect 1 out of every 4,000 infants.

⁴Complication of Lipomeningomyelocele can range from minor physical problems to several physical and mental diseases. One of the important complications is motor and sensory defects which can lead to gangrene of toe. Gangrene develops when there necrosis of the affected part followed by putrefaction.

CASE-REPORT:

A female child aged 10 yrs of moderate built and fair complexion, attended the Outpatient Department (OPD) OF CLINICAL RESEARCH UNIT FOR HOMOEOPATHY, RANCHI with following Complaints on 24/06/2019.

- Gangrenous changes in both big toes, in which right side more affected than left. Very offensive smell from the gangrenous part.

- Hypoesthesia of right dorsum of foot.

Before attending the OPD of CRU, Ranchi, patient had consulted allopathic physician and surgeon. The surgeon advised amputation of the right toe as it might further worsen the condition of the whole lower limb.

HISTORY OF PRESENTING COMPLAINTS:

Lipomeningomyelocele with tethered cord (a/c to MRI). Operated on 31-10-2013. Cord separated from sac, sac repaired.

According to MRI report, Spina Bifida at the L-4, L-5 levels. Low lying conus medullaris. Tight Filum Terminale. Tethered to residual lipoma / dermoid at L-4.

GENERALITIES:

Appetite: desires for fast food and chocolate. Thirst: normal
 Stool: Normal Urine: normal
 Thermal: hot
 Perspiration: normal
 Sleep: normal but sometimes disturbed with dreams.
 Sleep position: likes to sleep over abdomen.
 Dreams: dreams of snakes playing with.
 Mind: Obstinate; Anger and irritation; Expresses the anger; Obstinate, Desire for amusement.

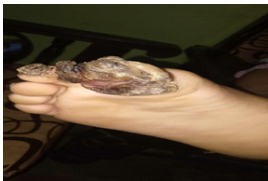




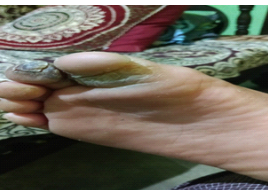
TREATMENT: LACHESIS 1M, 2 globules, OD, for 3 consecutive weeks was prescribed followed by placebo for 2 months. Considering the Reportorial totality and miasmatic background. Synthesis Repertory, Radar 10.5 was consulted. With change of symptoms, SILICEA 200 was prescribed in subsequent follow-ups. Patient improved symptomatically and progressive improvement was observed over a period of 1 yr from the time of treatment. The details of the follow-ups and response of the medicine is given in table 2.

Table: 1

DISCUSSION AND FOLLOW-UP:

In Modern Medicine, Surgery is the only possible way of treatment for Gangrene of toe. Amputation of toe may lead to life-long disability and deformity, but in Homoeopathy, there is possible cure of this condition if the case is well taken. In this case Lachesis was selected because it covered all the mental, physical as well as pathological symptoms. Further Lachesis is thermally hot. Lachesis was followed by placebo for few months. The medicine was selected by all of the above mentioned doctors panel with proper discussion on zoom cloud mobile app.

When the improvement came to stand still then after again re case-taking was done and according to discussion in doctors' panel, Silicea 200 was prescribed followed by Placebo. The follow-up chart is given in table- 2.

S.NO.	DATE	MEDICINE	PROGRESS IMAGE
1.	24/6/19	LACHESIS 1M. 3 DOSES, FOLLOWED BY PLACEBO.	
2.	25/8/19	PLACEBO FOR 2 MONTHS.	
3.	24/10/19	SILICEA 200	
4.	20/12/20	SILICEA 200 FOLLOWED BY PLACEBO	
5.	24/01/20	PLACEBO FOR 2 MONTHS	
6.	26/03/20	PLACEBO	

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