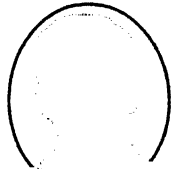


Chronic Osteomyelitis with Trophic Ulcer of Foot

ABSTRACT: A 6 yrs female child suffering from swelling of both feet with ulceration and discharging sinuses since 2 yrs was treated successfully by Homoeopathic medicine *Silicea*. The full follow-up is given so as to understand the repetition in such a chronic and difficult case.



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Born on 13th Nov.1974, he earlier taught at the Nepal Homoeopathic Medical College and also to undergraduate students of National Institute of Homoeopathy, Salt Lake, Kolkata during PG course.

Research Experience: Research work doing on "Life Style Disorders" at Dr B R Sur's Institute, Scope of Hom. Med. on type-II DM with miasmatic analysis as a Thesis to University of Calcutta.

PRESENTING COMPLAINTS

Swelling of both legs (feet) with ulceration since 2 yrs.

Incontinence of urine since birth.

Numbness of both legs since birth.

CHIEF COMPLAINTS

Swelling of feet with ulceration since 2 yrs.

Initially, an ulcer developed on left great toe and then various small irregular ulcers developed on dorsum of foot, and even on soles.

On medication, the ulcer healed but kept recurring after playing barefoot, on medial side of right sole. On left foot ulcer occurred due to rat bite.

CHARACTER OF ULCER

Left leg ulcer-irregular shape, Blood oozes. No discharge with formation of crusts, when ulcer dries up. Right leg ulcer- irregular margins, no discharge.

CONCOMITANT: There is sinus formation below the ulcer on right sole of foot.

Character of discharge- Pus from sinus, white, watery, sticky and offensive discharge.

Diagnosis given from AIIMS- Osteomyelitis of

right ankle joint with tropical ulcer and discharging sinus. Lipo-meningomyelocele with neurological deficit left lower limb.

ASSOCIATED COMPLAINTS

Incontinence of urine since birth

MODE OF ONSET- At the time of birth she was diagnosed with spinal cord tumour in the lumbar region. At 14 yrs of age, it was operated. At 1yr of age her mother noticed incontinence of urination and after operation in 2002 she was diagnosed with neurogenic bladder.

CHARACTER OF URINE: Dribbling of urine with normal stream and scanty sometimes. No burning.

FREQUENCY: D₇₋₈ N₀. Since last 1yr, urge for urination increased.

PAST HISTORY

History of meniengiomyelocele at 1yr of age (2002)

History of vaccinations- Not given

History of X-ray Done.

PERSONAL HISTORY

DIET: Veg

ENVIRONMENT AT HOME: Congenial



PHYSICAL GENERALS

THERMAL REACTION: Chilly
 APPETITE: Normal, 3 meals/ day
 THIRST: Reduced, 1/2-1L of water/ day. During fever, thirst increased.
 STOOL: Normal, satisfactory stool. But usually remains constipated.
 DESIRE: Fried, spicy.
 AVERSION: Sweets
 SLEEP: Normal

MENTAL GENERALS

Anger, introvert and reserved. Desire company. Memory- normal.

PREVIOUS TREATMENT AND INVESTIGATIONS REPORT

Patient was diagnosed as 'Meningomyelocele in the lower lumbar region' from AIIMS, New Delhi on 19-01-2002. Operated on 24-01-2002. Patient developed neurogenic bowel and bladder since the time of operation. Then patient developed, 'Osteomyelitis and Trophic ulcer of the foot' according to the report of AIIMS on 29-10-2004. This was treated by allopathic medicine with no improvement.

INVESTIGATIONS REPORT

6/02/06: VSG- normal ventricular system
 14/02/06: MRI- spine- lipomeningomyelocele in lower lumbar region with thickening of distal cord to the wall of the sac.
 10/7/02: USG KUB- Normal study
 18/07/02: FUC of lumbosacral meningomyelocele- plain X-ray, Lt CDH, shows failure of fusion of posterior process. No VUR, PVR present.
 23/07/02: URINE TEST: RBC- 5-10/HPF, WBC- 15-20/HPF
 18/02/02: MUSCLES TEST: ankle, foot and planter flexor: MUSCLE POWER- 0
 29/10/04: BLOOD TEST: Hb- 4.7gm/dl, HCT- 17%, RBC- 2.46x 10, Platelet count- 476, MCV- 69ft, MCH- 19pg, MCHC- 28gm/dl.

29/10/04: BLOOD BIOCHEMISTRY: Urea- 25gm%, Cr- 0.4mg%, Total protein- 6.7gm%, Albumin- 2.9gm%, Globulin- 3.8gm%, SGOT- 35IU, SGPT- 14IU, Alkaline phosphate- 112IU

18/02/05: URINE TEST RBC 4-6/HPF, 40-50/HPL, Calcium oxalate crystals +

28/02/05: USG (KUB) significant PUR

28/02/05: FILLING CYSTOMETRY: Cystometric capacity- 89ml Static complaine- 2ml/cm H₂O

5/03/05: MCV: Trabeculated outline of bladder with significant PUR.

05-09-2006: Routine Haemogram on 05-09-2006 shows there is microcytic hypochromic anaemia.

SYSTEMIC EXAMINATION

CENTRAL NERVOUS SYSTEM

Higher functions: Fully conscious.

Intelligence- Good.

Memory- Intact both recent and past.

Behaviour- Normal.

Speech- Normal.

Orientation- Normal.

CRANIAL NERVE EXAMINATION

All 12 cranial nerves- Normal.

MOTOR CRANIAL NERVE

Tone- Normal in upper limbs. Knees, ankle-reduced.

Power- U/L- Normal. L/L- Ankle joint reduced,

Sensory system

Superficial sensation

Touch- absent in left lower limb below knee.

Pain- upper limb present, below knees absent.

Deep sensation-Normal

REFLEXES

Superficial- abdominal reflex increased.

Deep tendon reflexes- normal

SPINAL EXAMINATION

INSPECTION: Scar marks can be seen on spine.

PALPATION: No pain

**PRESCRIPTION**

5.09.06 - 11.00pm: Fever- 103.4° F, P - 162/min

R_x *Bell* 200/4, fractional doses

6.09.06: All complaints same but fever better. Appetite- Normal, Thirst- Small quantities frequently, mouth dry, Stool: Normal constipated sometimes. Urine- Incontinence. Sleep- Normal. Tongue- White coated thickly. Thermal reaction- Chilly patient Desire- Salty, fried. P - 92/min, RR- 18/min.

R_x *Silicea* 0/1, B D for 2 days, Dressing with *calendula*.

8/09/06 GCs Same, Fever-102.4° F

R_x *Silicea* 0/1, B.D for 2days

10/09/06: P - 116/min, RR - 26/min, *Silicea* 0/1, BD, 1day

11/09/06: Fever- 101° F, PR- 74/min, RR- 20/min. *Silicea* 0/3, BD, 1day

12/09/06: P - 92/min, RR - 22/min

13/09/06: P - 76/min, RR- 18/min, *Silicea* 0/3, OD, 1day

14/09/06: P - 80/min, RR- 14/min, *Silicea* 0/3, OD, 1day

15/09/06: GCs better, P- 100/min, RR- 20/min. *Silicea* 0/3, OD, 1day.

16/09/06: P- 105/min. RR- 24/min. *Silicea* 0/3, OD, 1day.

18/09/06: P- 110/min. RR- 25/min. *Silicea* 0/3, OD, 1day.

19/09/06: P - 78/min. RR- 18/min. *Silicea* 0/3, OD, 1day.

20/09/06: P - 120/min. RR- 28/min. *Silicea* 0/3, OD, 1day.

21/09/06: P - 90/min. RR- 28/min. *Silicea* 0/3, OD, 1day.

22/09/06: P - 120/min. RR- 26/min. *Silicea* 0/3, OD, 1day.

23/09/06: Fever- 103° F. P - 102/min. RR- 24/min. *Silicea* 0/5, OD, 2days.

24/09/06: Fever- 98.4° F. PR- 80/min. RR- 22/min. Area around the ulcer was bruised.

25/09/06: Fever- 100° F. P - 100/min. RR- 25/min. Dirty thick yellowish discharge from scar. *Silicea* 0/5, OD, 2days.

26/09/06: P - 92/min. RR- 20/min. Ulcer discharging profuse, thick, light yellow.

27/09/06: Fever- 100° F. P - 120/min. RR- 20/min. *Pyrogen* 200/1dose.

28/09/06: P - 92/min. RR- 24/min.

29/09/06: Fever- 100.6° F. P - 118/min. RR- 22/min

30/09/06: P - 120/min. RR- 22/min.

1/10/06: Fever- 105° F. P - 102/min. RR- 22/min. *Bell* 30/1dose (stat)

3/10/06: Fever- 104° F (8.30pm). P - 126/min. RR- 30/min. *Pyrogen* 200/1dose

4/10/06: Fever- 100° F. P - 82/min. RR- 20/min. Placebo for 5days.

9/10/06: Fever- 99° F. P - 80/min. RR- 20/min. Placebo for 5days.

14/10/06: Total healing of foot ulcer with no discharge from sinuses. Fever- 98.5° F, PR- 75/min. RR- 18/min. Placebo for 5days.

COMMENTS

Patient's osteomyelitis of bone and trophic ulcer of foot improved well by homoeopathic medicine but no improvement regarding her neurogenic bowels and bladder was obtained. *Silicea* was prescribed on the basis that, patient was chilly and the particular sphere of action on caries of bone. If we see the Kent's Repertory we will see that *Silicea* is a medicine that covers the rubric 'Caries Of Bone' as well as all sub rubrics. In caries of bone-foot, *Silicea* is the only medicine that covers in 2nd grade.

Pyrogen was prescribed on the basis of recurrent fever with septic condition from osteomyelitis and tropic ulcer of foot.