Case report: use of Conium maculatum as an aid to lower limb pain and paresia in type 1 neurofibromatosis in the treatment of optic pathway glioma
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ABSTRACT
Neurofibromatosis type 1 is one of the most common autosomal dominant disorders, presenting a higher risk of developing plexiform tumors and neurofibromas, whose conventional treatment, based on surgical, chemotherapy, or radiotherapy procedures, still has limitations. Comorbidities such as neuralgic, muscular, or paretic, and paralytic pain may occur depending on the tumor situation or the plexiform neurofibroma. Given the difficult approach to these patients, and to expand research and homeopathic knowledge about these cases, we present a case of pain associated with lumbosacral plexiform neurofibroma during oncological treatment for Glioma of the Optic Pathways, without surgical indication, but with difficult pain control, even when using analgesics and antidepressants. Chemotherapy oncological treatment, due to crises and maintenance of pain, had been postponed. As an aid in controlling the symptoms, considering the ascending paretic pain syndrome of the left lower limb, the homeopathic medicine Conium maculatum was used as a complementary aid to the therapy. The patient's symptoms improved and she was able to continue with the chemotherapy treatment indicated, with a progressive reduction in the use of analgesics until they were discontinued.

Keywords: Homeopathy; Neurofibromatosis 1; plexiform neurofibroma; Glioma of the Optic Nerve.

INTRODUCTION
Neurofibromatosis type 1 (NF1) is one of the most common autosomal dominant disorders, affecting 1 individual in 3000 [1]. The neurofibromatoses, type 1 and type 2, as well as schwanomatosis, are syndromes which predispose to tumor formation, characterized by a predilection for Central Nervous System (CNS) and peripheral tumors [1], including plexiform neurofibromas, evolving with sensory and motor deficits, paresthesias, paresis and chronic pain [2,3].

NF1 is characterized by the finding of at least 2 of the following signs or symptoms: 6 or more café-au-lait spots measuring 5mm in prepubescent children, and larger than 15mm in pubescent children; 2 or more neurofibromas or 1 plexiform neurofibroma; freckles in the inguinal or axillary region; 2 or more Lysch nodules; optic pathway glioma; bone damage such as thinning of long bones; or first-degree relative with NF1 [4,5].

Treatment is limited, based on multidisciplinary follow-up and, when present, tumor approaches, including surgery. Medications such as mitogen-activated protein kinase (MAPK) inhibitors, such as selumetinib, have been used and

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follow investigation courses, especially for the control of plexiform neurofibromas [6,7]. Complementary and alternative therapies, such as Homeopathy, can be used as an aid; in our research, there was a report of the use of Thuya occidentalis LM1 in a patient with NF1 [8].

We present a case report of the use of Conium maculatum as an aid to the pain syndrome related to plexiform neurofibroma.

METHODS

Retrospective observation of the case, along with its evaluation, prescription, and outcome.

The pertinent homeopathic approach follows the description of the case, based on the characteristic symptomatic totality (CST) [9,10], as well as a discussion about Homeopathy and its use in the case described.

RESULTS

Pre-adolescent patient, female, being followed up due to NF1, undergoing chemotherapy treatment for Glioma of the optic pathways, which started on January 18, 2021, with a weekly protocol of carboplatin and vincristine. During the treatment, already in April, she presented with pain in the lower limbs, associated with vertebro-lumbosacral plexiform neurofibroma, mainly on the left side, of a progressive nature, which determined paresthesia, numbness, paresis, and loss of strength. It did not have a surgical indication. The loss of strength started in the left leg and ascended to the thigh and sacro-lumbar region, together with continuous pain, better when the limb was leaning. Magnetic resonance imaging of the lumbar spine, on April 20 and review on October 15, 2021, both showed lobulated cords in the topography of the lumbosacral plexus along the path of the left iliac artery and bifurcation, along 3.2 cm with a thickness of 1.5 cm, non-specific, possibly corresponding to plexiform neurofibroma.

She was using medication for pain control in progressive doses, nonsteroidal anti-inflammatory drugs (NSAIDs), gabapentin, and morphine, with a tearful mood and depression, especially when alone, for she would always want someone close by. She was waiting for the acquisition of the drug Selumetinib, which had not yet been released for use. Chemotherapy treatment had been hampered by pain crises resulting from the condition, as well as associated infectious treatment.

At this time, the patient was evaluated for the use of homeopathic medicine as an aid. It was performed repertorization, based on the repertoire of Ariovaldo Ribeiro Filho, according to table 1 [11].

Conium maculatum was prescribed based on symptoms of ascending paresis, melancholia, and sycotic-cancer diathesis, initially at 6CH once at night, with progressive improvement of symptoms in a month, and then the patient was discharged after months of being hospitalized (by the end of October). A progressive increase in the drug potency was made, in the 12CH, for 15 nights, and maintained, with a clear improvement in symptoms, with the patient standing upright and walking, reducing analgesic drugs, until they were completely eliminated.

She was able to complete the proposed chemotherapy treatment for the glioma, and no longer had pain or sensory and motor symptoms due to the plexiform neurofibroma.
Table 1: Repertorization using Ariovaldo Ribeiro Filho’s Repertoire.

<table>
<thead>
<tr>
<th>Section</th>
<th>Rubric and sub-rubric</th>
<th>Page - Column</th>
<th>main medicines</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mind</td>
<td>Sadness</td>
<td>122 - II</td>
<td><strong>Acon, Ars, arg-n, con, gels, kali-c, lyc, asaf, bell, bism, brom, bry.</strong></td>
</tr>
<tr>
<td>Mind</td>
<td>Cry, tearful mood, alone, when</td>
<td>22 - II</td>
<td><strong>Con, nat-m, ign.</strong></td>
</tr>
<tr>
<td>Generalities</td>
<td>Pain, cancerous affections</td>
<td>1134 - II</td>
<td><strong>apis, ars, calc-a, con, hydr, acon, aster, coloc, op, sil.</strong></td>
</tr>
<tr>
<td>Extremities</td>
<td>Weakness, thigh</td>
<td>953 - I</td>
<td><strong>Cocc, Con, Mur-ac, Nat-s, alum, calc, kali-c, phos, sep, thu.</strong></td>
</tr>
<tr>
<td>Extremities</td>
<td>Hanging, let the limbs, amel</td>
<td>973 - I</td>
<td><strong>Con, bry, cocc, kali-c, rhus-t, nux-v, phos.</strong></td>
</tr>
</tbody>
</table>

**DISCUSSION**

NF1 represents a clinical challenge, requiring multidisciplinary follow-up, with periodic evaluation and treatment as indicated if the individual develops tumors, although this is still limited. Complementary therapies, such as Homeopathy, can also be used in this context.

The application of Homeopathy, based on the CST of each individual, enables a holistic view of the same and a smoother therapy, through dynamizations and drug potencies [8,10].

In the reported case, homeopathic medicine was used to help with the patient’s acute pain syndrome, due to a plexiform neurofibroma without surgical indication. The prescription was made taking into account CST and the sycotic-cancerinic miasm [10], being the medication Conium maculatum chosen, upon covering this profile. In repertorization, Con. scored 12 points covering 5 symptoms, as shown in Table 1.
CONCLUSION

Homeopathy did improve this case and this publication may encourage other treating physicians to use it in similar cases, as an additional aid for the patient clinically monitored for NF1, and also in cases of plexiform neurofibroma with characteristic individual symptoms.

REFERENCES


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