A case of fibrous dysplasia treated with homoeopathic medicine *Symphytum*- an evidence-based approach

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ABSTRACT

Fibrous dysplasia is a typically benign bone lesion characterized by intramedullary fibro-osseous proliferation secondary to altered osteogenesis which can be present in monostotic and polyostotic. The polyostotic form is often present in childhood. Multiple fibrous dysplasia, cutaneous pigmentation, and endocrine abnormalities may be present (Albright syndrome or McCune-Albright syndrome). Incidence has been estimated at 1 in 5,000 to 10,000. We present a Case of a 6-year-old female patient who came with a previously diagnosed of fibrous dysplasia and has already had surgery, but the complaint persists. This patient was treated with the homoeopathic medicine, *Symphytum* 200c. After the administration of *Symphytum* 200c, the patient showed a remarkable improvement in her condition and her recovery was complete which was assessed by radiological findings. This case underscores the potential therapeutic effects of *Symphytum* 200c in managing fibrous dysplasia, offering a promising avenue for patients with persistent symptoms despite conventional treatment modalities.

Keywords: Fracture; Fibrous dysplasia; Genetic diseases; Homoeopathy; *Symphytum*

INTRODUCTION

Fibrous dysplasia is a benign congenital bone lesion characterized by intramedullary fibro-osseous proliferation caused by altered osteogenesis [1]. The ICD-10 classification is M 85.0 [2]. Fibrous dysplasia is due to an abnormality in the GNAS1 gene [3]. It can occur in either monostotic or polyostotic form. The polyostotic form can be associated with cafe-au-lait spots and hyperfunction of the endocrine system (pseudo-precocious puberty) [4]. The replacement of normal bone with fibro-osseous tissue can lead to complications such as fractures or compression of adjacent soft tissues, including neurovascular structures [1]. Monostotic fibrous dysplasia can occur at any age, while the polyostotic form typically presents in childhood [1]. In adults, it is often incidentally discovered. Pathologic fractures are more likely to occur in weight-bearing bones or the upper extremities of athletes due to fibro-osseous replacement. Malignant transformation is rare, with remote radiation therapy being reported as a risk factor [1]. Clinical presentation: fibrous
dysplasia occurs in both sexes equally. The monostotic form is the most common and usually occurs in the age group of 20 - 30 years old and the polyostotic is usually manifest in children < 10 years old and may progress with age [4]. Polyostotic fibrous dysplasia mostly involves the maxilla, craniofacial bones, ribs, and metaphyseal or diaphyseal portions of the proximal femur or tibia. Expanding bone lesions may cause pain, deformity, fracture and nerve entrapment [4]. Histopathological features: fibrous dysplasia has histologic elements of immature collagen and immature bone trabeculae forming a fibro cellular matrix. Trabeculae are not rimmed by osteoblasts secondary to osteoblast maturation arrest and histologic transition from normal to abnormal bone is usually abrupt. Imaging plays a major role in diagnosis. Classically, bone lesions have an internal ground glass matrix on radiographs and CT, but appearance can be varied with lytic and/or sclerotic components, possible bone expansion, and cortical thinning Bowing deformities (including the femoral shepherd’s crook deformity), discrepant limb length and short stature secondary to premature fusion of growth plates can be characterized with imaging. Conventional treatment involves bisphosphates and surgical management includes internal fixation following pathologic fractures or prophylactic internal fixation in lesions weakening weight-bearing bones. Additional surgical interventions include correction of extremity and spine deformities and limb length discrepancies. Craniofacial surgery can play an important role in alleviating nerve compression symptoms. Surgery may involve bone lesion curettage, bone grafting, and insertion of metallic fixation rods, plates, and screws [3]. Symphytum is a remedy that has a crystalline substance in the root which encourages the formation of epithelium on areas that have ulcers. It can be injected intra-periosteally to treat damage to the periostuem, tendons, and sinews, particularly affecting joints and addressing knee neuralgia. Symphytum is particularly beneficial for wounds penetrating bones and the periostuem, non-union of fractures, irritable bone at fracture sites, and stump irritation following amputation [5].

MATERIAL AND METHODS

The case was taken on the standardized case record format of Sarada Krishna Homoeopathic Medical College. After thorough case taking the prescription was given based on pathology of the disease. After continuous treatment for 1 year, the improvement was assessed based on radiological evidence taken before and after treatment. Ethical approval for publishing this case was obtained from the Institutional Ethics Committee, Sarada Krishna Homoeopathic Medical College, Registration No. ECR/939/Ins/TN2017/RR-20, with the protocol number SKHMC/IEC/495/ 2024. For the publication of this case as an article, informed consent was obtained from the parents of the patient, as the patient was a minor.

Case Report

A 7-year-old female child, who had already been diagnosed with fibrous dysplasia of the right arm came to our OPD with pain in her right arm that worsened on performing activities, like writing, in the last 1 year. She suffered a fall and fractured her right humerus bone, around the shaft region, in 2021.

History of Presenting Illness

The patient was already diagnosed with fibrous dysplasia in the right upper extremity. She took an X-ray when she had a fracture in right upper extremity and was accidentally diagnosed with fibrous
dysplasia at the right arm. Soon she underwent a fracture reduction surgery. Thereafter the patient was normal. At the time of the appointment the patient complains of pain in the right arm for the past 1 year that aggravates doing activities like writing. As mentioned earlier, the patient has a history of fall, there is no history of fever, no symptoms or evidence of muscle strain, no history of endocrine disorders like thyroid problems, no evidence of hypocalcemia and her reports shows no evidence of hormonal or enzymatic derangements. She was neither under any particular medications, nor she had been taking medicines for her complaints.

**Past History**
In 2021, the patient had surgery on the right arm because of a fracture.

**Family history**
Nothing relevant.

**General Symptoms**
The patient had a dull aching intermittent type of pain worsens with activity and during night. Her appetite was good, and she ate 3 times a day. The thirst was also good, and she drank 2 to 3 liters of water. Her stools were regular, and she voided urine without any difficulty. She slept for 7 to 8 hours without any disturbance. Her sweat was increased over her head. The patient desired to be fanned, covering, if it is too cold and she prefers the winter season. Her thermal was hot. And she is an obedient and introverted person.

**Examination of the patient**
On examination, the patient had tenderness in the affected area with Visual analogue scale score (VAS) 6/10. She had no pallor, no icterus, no cyanosis, no clubbing, no lymphadenopathy, no pigmentation of skin, and no oedema. Her pulse rate was 74 beats per minute, respiratory rate was 14 breaths per minute, and oral temperature was 98.6ºF.

**Lab investigation**
The X-ray was taken on Sep 22nd, 2022. The X-ray revealed contrasts of lobulated heterogeneous expansile lesion in the lateral aspect of the proximal humerus around shaft. Similar lesions were noted in the mid-shaft of the humerus. Cystic lesion of the humerus was also noted.

**Final Diagnosis**
Fibrous dysplasia of right arm.

**Basis of Remedy Selection, Potency and Dose**
The medicine was selected based on the pathology of the disease. *Symphytum officinale* was prescribed in 200c potency as 2 dry doses, once weekly, orally in the morning for 2 weeks. First dose was prescribed on October 15th, 2022. The follow ups are described in Table 1.

**RESULTS**
Two tables were generated to show the follow ups (Table 1) and the MONARCH (Modified Naranjo criteria for homoeopathy) score that evaluates the homeopathic intervention (Table 2).

**Radiological Findings**
Changes in radiological findings before (Figure 1.1 and 1.2) and after (Figure 1.3 and 1.4) treatment are given below:
- **Before treatment (Figure 1.1 and 1.2):** On September 16th, 2022.
  - The Right upper extremity radiological finding (X-ray) shows the cystic lesion in the lateral aspect of the humerus below the surgical neck of the humerus and the next image shows the bowing of the humerus around the shaft area.
- **After treatment (Figure 1.3 and 1.4):** On November 27th, 2023.
  - The right upper extremity radiography findings show improvement in the cystic lesion as well as in the alignment of the humerus around the shaft.
Table 1: Follow ups during the treatment with *Symphytum* 200c in a 7 years old, female patient diagnosed with fibrous dysplasia of right arm.

<table>
<thead>
<tr>
<th>DATE</th>
<th>FOLLOW UP</th>
<th>PRESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>01.11.2022</td>
<td>Pain in right arm is better</td>
<td>Rx <em>Symphytum</em> 200/4 Doses in Sac lac Orally (Single dose once a week).</td>
</tr>
<tr>
<td></td>
<td>VAS Score- 5/10</td>
<td></td>
</tr>
<tr>
<td>05.12.2022</td>
<td>Pain in right arm is better</td>
<td>Rx <em>Symphytum</em> 200/4 Doses in Sac lac Orally (Single dose once a week).</td>
</tr>
<tr>
<td></td>
<td>VAS Score- 4/10</td>
<td></td>
</tr>
<tr>
<td>27.01.2023</td>
<td>Pain in right arm is better</td>
<td>Rx <em>Symphytum</em> 200/4 Doses in Sac lac Orally (Single dose once a week).</td>
</tr>
<tr>
<td></td>
<td>VAS Score- 3/10</td>
<td></td>
</tr>
<tr>
<td>08.04.2023</td>
<td>Pain in right arm is better</td>
<td>Rx <em>Symphytum</em> 200/4 Doses in Sac lac Orally (Single dose once a week).</td>
</tr>
<tr>
<td></td>
<td>VAS Score- 2/10</td>
<td></td>
</tr>
<tr>
<td>21.06.2023</td>
<td>Pain in right arm is better</td>
<td>Rx <em>Symphytum</em> 200/4 Doses in Sac lac Orally (Single dose once a week).</td>
</tr>
<tr>
<td></td>
<td>VAS Score- 1/10</td>
<td></td>
</tr>
<tr>
<td>27.10.2023</td>
<td>Pain in right arm is better</td>
<td>Rx <em>Symphytum</em> 200/4 Doses in Sac Lac Orally (Single dose once a week).</td>
</tr>
<tr>
<td></td>
<td>VAS Score- 0/10</td>
<td></td>
</tr>
</tbody>
</table>

Table 2: The MONARCH score that evaluates the Homoeopathic intervention and the clinical outcome suggests that the patient improvement could be attributed to the homoeopathic treatment delivered. The MONARCH score was 9 in this case.

<table>
<thead>
<tr>
<th>Domains</th>
<th>Yes</th>
<th>No</th>
<th>Not sure or N/A</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Was there an improvement in the main symptoms or condition for which the homoeopathic medicine was prescribed?</td>
<td>+2</td>
<td>-1</td>
<td>0</td>
<td>+2</td>
</tr>
<tr>
<td>2. Did the clinical improvement occur within a plausible timeframe relative to drug intake?</td>
<td>+1</td>
<td>-2</td>
<td>0</td>
<td>+1</td>
</tr>
<tr>
<td>3. Was there a homeopathic aggravation of symptoms?</td>
<td>+1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>4. Did the effect encompass more than the main symptoms or condition (i.e., where other symptoms not related to the main presenting complaint improved or changed)?</td>
<td>+1</td>
<td>0</td>
<td>0</td>
<td>+1</td>
</tr>
<tr>
<td>5. Did overall well-being improve? (Suggest using a validated scale or mention changes in physical, emotional, and behavioral elements)</td>
<td>+1</td>
<td>0</td>
<td>0</td>
<td>+1</td>
</tr>
</tbody>
</table>
6A. Direction of cure: did some symptoms improve in the opposite order of the development of symptoms of the disease? & +1 & 0 & 0 & 0 \\
6B. Direction of cure: did at least one of the following aspects apply to the order of improvement of symptoms: & +1 & 0 & 0 & 0 \\
- From organs of more importance to those of less importance? & & & & \\
- From deeper to more superficial aspects of the individual? & & & & \\
- From the top downwards? & & & & \\
7. Did “old symptoms” (defined as non-seasonal and non-cyclical symptoms that were previously thought to have resolved) reappear temporarily during the course of improvement? & +1 & 0 & 0 & 0 \\
8. Are there alternative causes (i.e., other than the medicine) that—with a high probability—could have produced the improvement? (Consider the known course of disease, other forms of treatment, and other clinically relevant interventions) & -3 & +1 & 0 & +1 \\
9. Was the health improvement confirmed by any objective evidence? (E.g., investigations, clinical examination, etc.) & +2 & 0 & 0 & +2 \\
10. Did repeat dosing, if conducted, create similar clinical improvement? & +1 & 0 & 0 & +1 \\

**Note:** Maximum score =13, minimum score = -6

**Figure 1.1 and 1.2:** X-ray before treatment and report.
Clinical History: Right upper extremity discomfort, previous fibrous dysplasia diagnosis.
Comparison: X-ray of the right upper extremity dated 16/09/2022.

Findings:

X-ray of the Right Upper Extremity:
There is a noticeable improvement in the fibrous dysplasia lesion identified in the lateral aspect of the humerus, compared to the previous examination. The lesions demonstrate decreased density and more defined borders, suggesting partial resolution or remodeling.
Alignment of the humerus around the shaft has also improved, showing straightening and normalization compared to the prior study. The bowing previously noted appears less pronounced, indicating structural improvement.

Impressions:

Improvement in Fibrous Dysplasia Lesion:
The radiographic findings reveal a significant improvement in the fibrous dysplasia lesion located in the lateral aspect of the humerus. This improvement is characterized by decreased density, better-defined borders, and overall reduction in size. These changes suggest favorable response to treatment or spontaneous resolution over time.

Alinement of the Humerus:
There is evident improvement in the alignment of the humerus around the shaft, with straightening and normalization observed compared to the previous examination. This improvement indicates successful management of the underlying condition and restoration of bone structure and integrity.

Recommendations:
Continued clinical monitoring is advised for any further changes or recurrence of the fibrous dysplasia lesion.
Consideration of additional imaging studies or follow-up examinations as clinically indicated to ensure sustained improvement and evaluate long-term outcomes.
Collaboration with the patient’s healthcare team to optimize ongoing management and preventive measures to minimize the risk of recurrence or complications.

This report reflects the current radiographic findings and should be interpreted in conjunction with the patient’s clinical history and other relevant information for comprehensive patient care.

Figure 1.3 and 1.4: X-ray after treatment and report.
The patient was treated with *Symphytum officinale* 200 based on the pathology of the disease. And improvement was assessed through radiological findings (X-ray) (Figure 1.1 to 1.4) in which the remodelling of bone and the cystic lesion in the right humerus around the shaft was improved. The pain assessment was done using VAS scoring that became 0, from a score of 5, after treatment. The MONARCH inventory which was used to assess the clinical outcome after homoeopathic intervention showed a score of 9 suggesting that the improvement could be attributed to the homoeopathic treatment. This case shows the action of homoeopathic medicine on genetic disease. The role of Homoeopathic treatment in the management of fibrous dysplasia was found to be effective.

**DISCUSSION**

Articles used to study this case shows that the protocol for managing fibrous dysplasia is to alleviate the pain and there are no changes in radiological findings. In this case, there was a reduction of symptoms and in bone markers [7,8]. In Homoeopathy, Hahnemann mentioned in aphorism 78 - "the true natural chronic disease arises from the chronic miasm". Miasms refer to underlying inherited predispositions or diatheses that make individuals susceptible to certain types of diseases or patterns of illness. These miasms are considered to be energetic disturbances or imbalances that can affect the vital force or life energy of a person, predisposing them to specific chronic conditions [9]. The genetic disease in children is caused due to chronic miasm in the parents and the stigma is the protective mechanism at the genetic level. The term "stigma" here refers to the genetic predisposition or susceptibility to a particular disease encoded in an individual's genetic makeup. This predisposition acts as a protective mechanism at the genetic level because it influences how the body responds to environmental factors and stressors.

Genetic Adaptation: Over generations, the presence of genetic stigmas or predispositions to certain diseases can lead to genetic adaptation within a population. Individuals who carry these stigmas may develop specific characteristics or responses that help them cope with or mitigate the effects of the underlying genetic susceptibility.

Adaptive Response: The presence of genetic stigmas may trigger adaptive responses at the genetic level, such as alterations in gene expression, activation of protective pathways, or enhanced immune responses. These adaptive mechanisms can help individuals better withstand the impact of the underlying genetic predisposition and maintain overall health and well-being [7]. The syphilitic miasm is of destructive nature and psora is of deficiency in nature [7]. So according to homeopathic miasmatic classification, fibrous dysplasia comes under the miasm of psora syphilitic. In this case, the medicine is selected based on the pathology as well as the miasm of the disease. The medicine was *Symphytum officinale*. In the Dictionary of Practical Materia Medica by Clarke, he mentioned that "*Symphytum* is considered as orthopedic specific" and given for injury, cancer, fracture (periosteum), and non-union of bone [8]. Boericke mentioned in his clinical material medica, that the *Symphytum* is indicated for irritable bone at the point of fracture, pricking pain, and soreness of periosteum [9].

**CONCLUSION**

In this case, the prescription was based on the pathology as well as the miasm of the disease. The improvement was analysed through radiological evidence taken before and after the treatment. The VAS scoring which was 5 before treatment became 0 after treatment. The MONARCH inventory scored a point of 9 attributing to the significance of action of homoeopathic medicine in this case. The Usefulness of homoeopathy in genetic diseases remains
part of the research domain and this case report provides preliminary evidence of the possible therapeutic role of homoeopathic medicines in genetic diseases like fibrous dysplasia. Further studies and research, including case series and observational and RCT studies, are needed to substantiate this finding.

Conflict of interest

The author declares no conflicts of interest.

References


