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Case Report

Homoeopathic Management in a Rare Case of Tolosa Hunt Syndrome: A Case Report

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Abstract

Tolosa Hunt Syndrome is a rare disease often characterized by painful ophthalmoplegia, and severe periorbital headaches which are usually unilateral in presentation, along with features of cranial nerve paralysis such as ptosis, diplopia, facial hypoaesthesia etc. Onset can be seen any age. Although it tagged as a benign condition, but permanent neurologic deficits may occur. Treatment may include use of glucocorticoids or other immunosuppressive therapies according to the standard protocol. A female patient 32 years of age visited National Institute of Homoeopathy OPD presented with complaints of severe left sided headache throbbing in nature since four to five months associated with nausea. The attacks of headache being with very short duration with rising and falling suddenly. She had very plethoric, congestive red facies and complained of dimness of vision of the left eye and of general debility. MRI brain and orbit with IV contrast showed a brilliantly enhancing plaque-like mass lesion measuring 37*18*12mm noted within left orbital apex compressing the orbital contents with extensions also to cavernous sinus and middle cranial fossa compressing adjacent temporal lobe. A detailed case taking was done and based on the totality of symptoms and collaborating with the portrait of disease Belladonna 10M one dose was given followed by rubrum for 1 month. Her paroxysms of headache had considerably decreased with no redness of the face on her first visit. Patient was better with almost no paroxysms of headache for almost five months after first dose then the symptoms reappeared and another dose of Belladonna 10M was repeated on fourthvisit. MRI Brain done almost a year later after commencement of homoeopathic treatment showed the reduction of the lesion upto 17.4mm*11.7*13.7mm seen in the left orbital apex inseparable from lateral rectus and compressing existing optic nerve the lesion extended to the meningeal lining over antero-inferior temporal lobe and parasellar region.MRI result showed significant reduction in the size of the lesion with symptomatic improvement under the homoeopathic treatment with no use of steroids or any other immunosuppressive therapies whatsoever.

Keywords: Tolosa hunt syndrome, Headache, Ophthalmoplegia, Congestive red face, Belladonna, Homoeopathy

Introduction

Tolosa-Hunt syndrome (THS) is a rare disorder characterized by severe periorbital or hemicranial pain, associate with painful and restricted eye movements. The exact cause is not known, but the disorder is thought to be associated with non-specific inflammation in the region of the cavernous sinus and/or superior orbital fissure. It usually unilateral but either side can be affected. Symptoms often will subside without intervention (spontaneous remission) and may recur without a distinct pattern. Affected individuals may exhibit signs of paralysis (palsy) of certain cranial nerves such as drooping of the upper eyelid (ptosis), double vision (diplopia), large pupil, and facial numbness. The affected eye often abnormally protrudes (proptosis).[1,2]

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There are no clinical characteristics that distinguish THS from other pathologic processes in the orbitocavernous area. Although computed tomography (CT) and magnetic resonance imaging (MRI) are the ideal neuroimaging techniques used in diagnosis of THS, but MRI studies of the cavernous sinus and orbital apex demonstrate a high sensitivity than CT for the detection and monitoring of inflammatory mass lesions in THS.[3,4] MRI also helps in the differential diagnosis of the THS from conditions such as meningioma, lymphoma, and sarcoidosis. So, MRI should be the initial screening study in patients presenting symptoms of THS.[4,5]

Systemic corticosteroid therapy has been the mainstay of the treatment of THS. Corticosteroids markedly reduce the periorbital pain but spontaneous remissions may occur. Some individuals may need immunosuppression in combination with other medications, either to avoid side effects of prolonged steroid therapy or for long-term suppression of the disease process.[1,2]

Case Summary

A female patient 32 years of age visited National Institute of Homoeopathy OPD on 24th January 2020. She presented with complaints of severe headache (left sided) throbbing in nature since four to five months associated with nausea. Headache very severe since last five days, in left temporal and left supra orbital region. The attacks of headache she complained of had a nature of being very short duration attacking suddenly and rising and falling suddenly. Headache aggravation from noise, lying down and amelioration from hard pressure or from massage. She had very plethoric facies and she complained of dimness of vision of the left eye and of general debility. This was accompanied by a very markedly red face. She also had nausea without vomiting or with no relief from vomiting and congestive redness of face. No significant past history and family history was found.

Generalities: Mental and physical generals

Patients built was normal, thermal reaction was ambithermal, appetite was slightly reduced, she had marked desire for spicy food and aversion for milk and sour food, thirst was moderate, perspiration was moderate, tongue was coated white with clean tip and imprints of teeth at the edges and her sleep was adequate.

Patient has Desires for company, weeps easily, irritable and she was very anxious about her disease.

Physical examination: general & systemic

The patient was alert conscious and cooperative during every visit with normal speech. No motor deficits were noted with muscle strength 5/5 bilaterally and intact sensation bilaterally.

Diagnostic assessment

The case was provisionally diagnosed as Tolosa-Hunt syndrome; Her investigations revealed: MRI brain and orbit with IV contrast showed a brilliantly enhancing plaque-like mass lesion measuring 37*18*12mm noted within left orbital apex compressing the orbital contents with extensions also to cavernous sinus and middle cranial fossa compressing adjacent temporal lobe; So final diagnosis of this case was Tolosa-Hunt syndrome Figure 1.

The totality of symptoms

The totality of this case was formed after analysis and evaluation characteristic mental generals, physical generals and particular symptoms which mentioned as follows:

1. Desires company
2. Weeps easily
3. Irritability
4. Anxious about disease
5. Acuteness of all senses
6. Desire spicy food++
7. Aversion milk and sour food
8. Tongue coated white with clean tip and imprints of teeth at the edges.
9. Severe throbbing headache in the left temporal and left supra orbital region
10. Headache was aggravated by noise and lying down
11. Headache was ameliorated by hard pressure
12. Nausea without vomiting or with no relief from vomiting
13. Congestive redness of face

Repertorial result

Considering the above symptomatology, Synthesis Repertory was selected for repertorisation and was done using RADAR software 10.0. After repertorisation, the top medicines were Lycopodium, Phosphorus, Belladonna and Nux Vomica. Repertorisation result is shown in Figure 2.

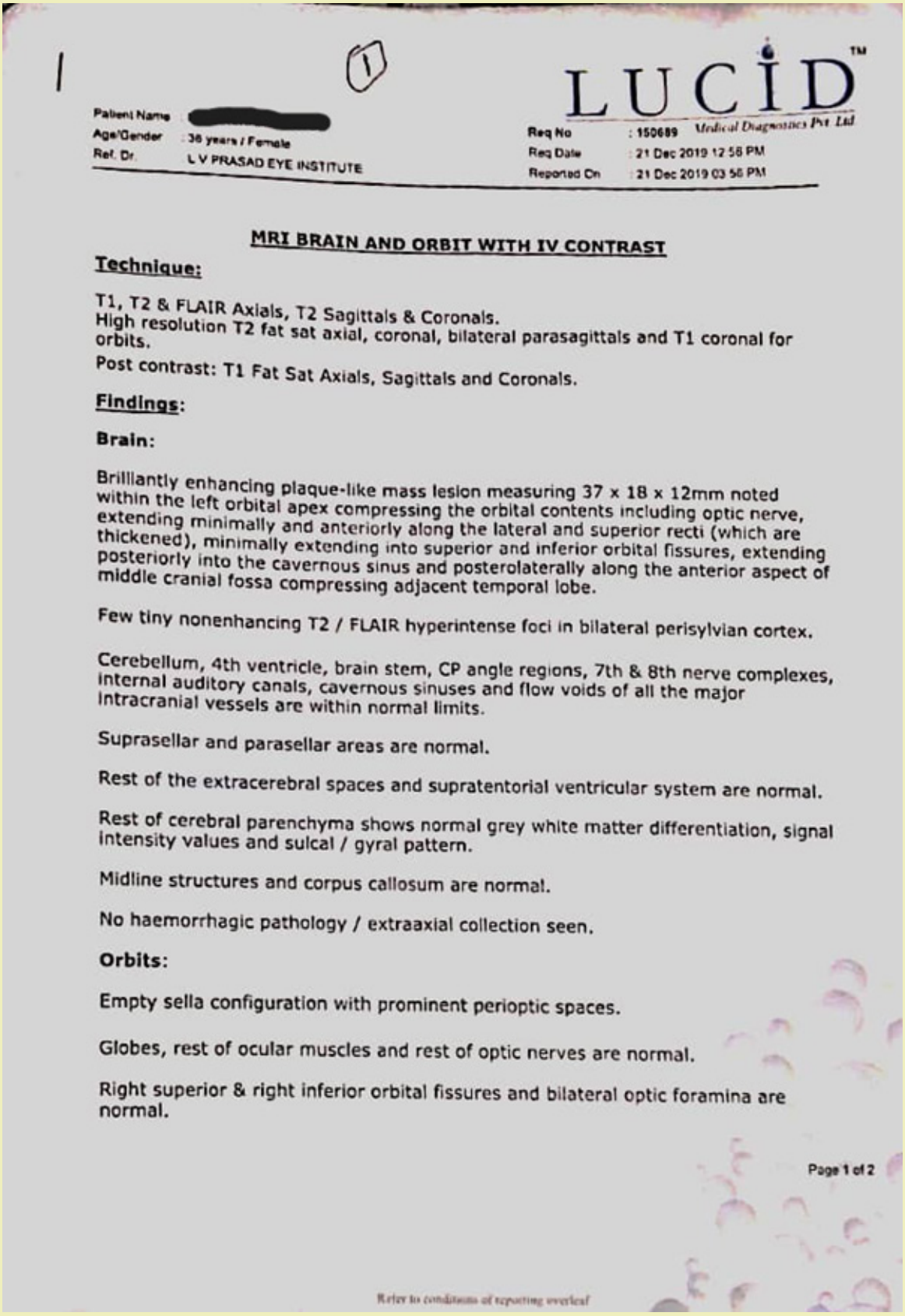
Final selection of remedy

On the basis of totality and repertorisation along with the help of Homoeopathic Materia medica the final remedy selected was Belladonna.

First Prescription (24/01/2020): Belladonna 10M, 1 dose in Sac lac, early morning in empty followed by Nihilinum 30, 1-2 globule each day for 30days.

Follow up and outcomes

Follow-up of the patient was assessed regularly as required. Date-wise detailed follow-ups with result in investigations are summarised in Table 1.



LUCID™ Medical Diagnostics Pvt Ltd

Patient Name : [redacted]
Age/Gender : 36 years / Female
Ref. Dr. : L V PRASAD EYE INSTITUTE

Req No : 150689
Req Date : 21 Dec 2019 12:58 PM
Reported On : 21 Dec 2019 03:56 PM

MRI BRAIN AND ORBIT WITH IV CONTRAST

Technique:

T1, T2 & FLAIR Axials, T2 Sagittals & Coronals.
High resolution T2 fat sat axial, coronal, bilateral parasagittals and T1 coronal for orbits.
Post contrast: T1 Fat Sat Axials, Sagittals and Coronals.

Findings:

Brain:

Brilliantly enhancing plaque-like mass lesion measuring 37 x 18 x 12mm noted within the left orbital apex compressing the orbital contents including optic nerve, extending minimally and anteriorly along the lateral and superior recti (which are thickened), minimally extending into superior and inferior orbital fissures, extending posteriorly into the cavernous sinus and posterolaterally along the anterior aspect of middle cranial fossa compressing adjacent temporal lobe.

Few tiny nonenhancing T2 / FLAIR hyperintense foci in bilateral perisylvian cortex.

Cerebellum, 4th ventricle, brain stem, CP angle regions, 7th & 8th nerve complexes, internal auditory canals, cavernous sinuses and flow voids of all the major intracranial vessels are within normal limits.

Suprasellar and parasellar areas are normal.

Rest of the extracerebral spaces and supratentorial ventricular system are normal.

Rest of cerebral parenchyma shows normal grey white matter differentiation, signal intensity values and sulcal / gyral pattern.

Midline structures and corpus callosum are normal.

No haemorrhagic pathology / extraaxial collection seen.

Orbits:

Empty sella configuration with prominent perioptic spaces.

Globes, rest of ocular muscles and rest of optic nerves are normal.

Right superior & right inferior orbital fissures and bilateral optic foramina are normal.

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Refer to conditions of reporting overleaf

Figure 1: Before treatment.

Figure 2: Repertory sheet.

Table 1: Follow up of each visit.

Date	Observation	Prescription
24/02/2020	Congestive Redness of face totally gone; headache paroxysms very few; nausea on and off; irritability markedly decreased	Nihilinum 200/1drachm OD *2gl *30 days
17/03/2020	Patient was doing better; no headache; no redness of face; nausea not felt.	Nihilinum 200/1drachm OD*2gl *30 days
28/05/2020	Patient was doing better; headache on and off; nausea very rarely felt: no redness of face; general debility has improved	Nihilinum 200/1drachm OD *2gl *30 days
7/6/2020	Paroxysms of headache increased; Nausea very prominent without vomiting; malaise	Belladonna 10M/1Dose OD
21/09/2020	Paroxysms of headache decreased; nausea inconsistent; no general debility	Nihilinum 200/30doses OD *30 DAYS
30/10/2020	No complaint reappearance except for nausea which appear occasionally	Nihilinum 200/30doses OD*30 days
14/12/2020	Slight Headache felt for few days with irritability; malaise	Nihilinum 200/30doses OD*30 days
20/02/2021	No reappearance of her presenting complaints till date with general well-being of the patient observed. MRI investigation done: showed the reduction of the lesion area Figure 3.	Nihilinum 200/30doses OD*30 days

In this case, the response of individualized homoeopathic treatment was assessed through

Modified Naranjo Criteria for Homoeopathy (MONARCH) Inventory.[6] The total score of

MONARCH inventory for this case was 11 out of 13, which suggest a "definite" causal

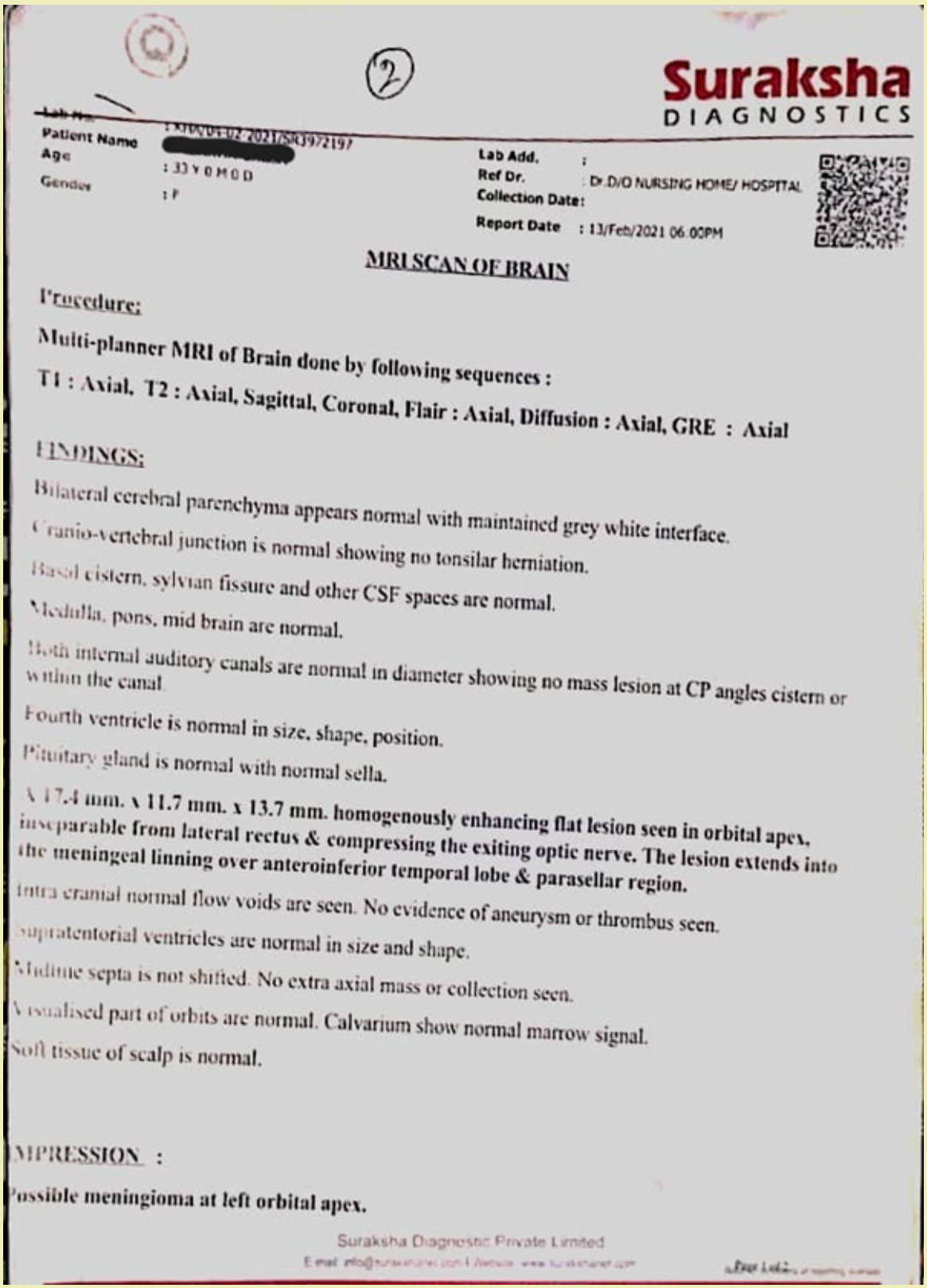
attribution between the medicine and its outcome Table 2.

Discussion

A detailed case taking was done and based on the totality of symptoms and collaborating with the portrait of disease Belladonna 10M one dose was given followed by rubrum for one month. The patient was asked to report a month later.

There was no redness of the face as seen on her first visit and her paroxysms of headache had considerably decreased. Patient was better with almost no paroxysms of headache for almost five months after first dose of Belladonna 10M, so she was on placebo during that said period. Then the symptoms reappeared and another dose of Belladonna 10M was repeated on her fourth visit. After that her headache was decrease and further no reappearance of her presenting complaints was noticed. Along with a general well-being of the patient was also observed.

MRI brain was done almost a year later after commencement of homoepathic treatment which showed the reduction of the lesion from 37*18*12mm to 17.4mm*11.7*13.7mm seen in the left orbital apex inseparable from lateral rectus and compressing existing optic nerve. The lesion extended to the meningeal lining over anteroinferior temporal lobe and parasellar region.



Suraksha DIAGNOSTICS

Patient Name : [redacted]
Age : 33 Y 0 M 0 D
Gender : F

Lab Add. :
Ref Dr. : Dr.D/O NURSING HOME/ HOSPITAL
Collection Date:
Report Date : 13/Feb/2021 06:00PM

MRI SCAN OF BRAIN

Procedure:

Multi-planner MRI of Brain done by following sequences :

T1 : Axial, T2 : Axial, Sagittal, Coronal, Flair : Axial, Diffusion : Axial, GRE : Axial

FINDINGS:

Bilateral cerebral parenchyma appears normal with maintained grey white interface.

Cranio-vertebral junction is normal showing no tonsilar herniation.

Basal cistern, sylvian fissure and other CSF spaces are normal.

Medulla, pons, mid brain are normal.

Both internal auditory canals are normal in diameter showing no mass lesion at CP angles cistern or within the canal

Fourth ventricle is normal in size, shape, position.

Pituitary gland is normal with normal sella.

A 17.4 mm. x 11.7 mm. x 13.7 mm. homogenously enhancing flat lesion seen in orbital apex, inseparable from lateral rectus & compressing the exiting optic nerve. The lesion extends into the meningeal linning over anteroinferior temporal lobe & parasellar region.

Intra cranial normal flow voids are seen. No evidence of aneurysm or thrombus seen.

Supratentorial ventricles are normal in size and shape.

Midline septa is not shifted. No extra axial mass or collection seen.

Visualised part of orbits are normal. Calvarium show normal marrow signal.

Soft tissue of scalp is normal.

IMPRESSION :

Possible meningioma at left orbital apex.

Suraksha Diagnostic Private Limited

Figure 3: After treatment.

Table 2: Assessment of the case according to MONARCH Inventory.

Sl. no	Domains	Yes	No	Not sure or N/A
1	Was there an improvement in the main symptom or condition for which the homoeopathic medicine was prescribed?	+2	-	-
2	Did the clinical improvement occur within a plausible timeframe relative to the drug intake?	+1	-	-
3	Was there an initial aggravation of symptoms?	-	0	-
4	Did the effect encompass more than the main symptom or condition (i.e., were other symptoms ultimately improved or changed)	+1	-	-
5	Did overall wellbeing improve??(suggest using validated scale)	+1	-	-
6 A	A Direction of cure: did some symptoms improve in the opposite order of the development of symptoms of the disease?	+1	-	-
6 B	Direction of cure: did at least two of the following aspects apply to the order of improvement of symptoms: –from organs of more importance to those of less importance? –from deeper to more superficial aspects of the individual? –from the top downwards?	-	-	0
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	-	-
8	Are there alternate causes (other than the medicine) that—with a high probability— could have caused the improvement? (Consider known course of disease, other forms of treatment, and other clinically relevant interventions)	-	+1	-
9	Was the health improvement confirmed by any objective evidence? (e.g., laboratory test, clinical observation, etc.)	+2	-	-
10	Did repeat dosing, if conducted, create similar clinical improvement?	+1	-	-

N/A: Not available

In this case, the response of individualized homoeopathic treatment was assessed through MONARCH Inventory which suggest a "definite" causal attribution between the medicine and its outcome.

Conclusion

Apart from the steroidal intervention, which is the general road taken in management of majority of rare diseases, a more conscious homoeopathic intervention guided by a proper case taking could make a lot of difference even in cases of rare diseases like the one already presented here. Researches if conducted following standard protocols inclusive of homoeopathic drugs could open a new arena of studying the changes brought in terms of improvement in diseases lesser known or less dealt with.

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Conflict of Interest

Authors declares that there is no conflict of interest.

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