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MYOSITIS OSSIFICANS MANAGED WITH HOMOEOPATHY—A CASE STUDY

Corresponding Author

Dr Beena Das T R

Associate Professor,
Dept. of Materia Medica,
Govt. Homoeopathic Medical College,
Thiruvananthapuram, Kerala.

Co authors

1, Dr. Arya B Prasad,

2nd PG Scholar,
NHRIMH, Kottayam, Kerala

2. Dr. Aghosh B Prasad,

Vasantha Cottage, Venganoor,
Thiruvananthapuram, Kerala.

Abstract

A 42-year-old female came to OP with pain in her right shoulder joint that started about 20 years back after an accident. Then she had an injury on the right shoulder joint, a head injury, and a fracture of the right clavicle. Plastic surgery was done for the same. After that took ayurvedic treatment and got temporary relief for all her complaints. Now she complains of pain in the right shoulder joint, right side of neck, and right scapular area with limitation of movement of the right hand. C T Scan of the right shoulder joint showed calcification in the superficial aspect of the right trapezius muscle. Now taking Homoeopathic treatment for the last 3 months. She was admitted in Govt. Homoeopathic Medical College and Hospital Thiruvananthapuram on 08/04/2024 and now her complaints are under control.

Keywords – Myositis ossificans, Homoeopathic treatment, Individualization.

INTRODUCTION

Any kind of soft tissue, including tendons, nerves, and subcutaneous fat, can be affected by the benign, self-limiting ossifying lesion known as myositis ossificans. It usually appears as a single lesion in the muscle. Myositis ossificans can be broadly classified into two main categories: nonhereditary and hereditary. Although the aetiology of myositis ossificans varies, an ossifying soft-tissue mass is typically present in the clinical presentation.⁽¹⁾ Abnormal heterotopic bone formation involving tendons, ligaments, striated muscle, fasciae, and aponeuroses is the hallmark of myositis ossificans. The smooth muscle, sphincters, tongue, larynx, myocardium, and diaphragm are not affected. The subtypes of myositis ossificans include non-traumatic/pseudo-malignant myositis ossificans, posttraumatic myositis ossificans, and myositis ossificans progressive⁽²⁾

The non-neurogenic and neurogenic myositis ossificans are acquired lesions. The non-neurogenic are idiopathic/pseudo malignant myositis ossificans, which is non-traumatic and may be fibrodysplasia ossificans progressiva, or confined myositis ossificans, which is post-traumatic. Unlike other types of heterotopic ossification, ossification in fibrodysplasia ossificans progressiva is irreversible⁽³⁾. Muscle contusion injuries

are a common and incapacitating ailment in sports competitions. The damage is caused by a clearly defined series of events that include inflammation, infiltrative haemorrhage, macroscopic abnormalities in the muscle bellies, and microscopic rupture and damage to the muscle cells. One of the worst effects of contusion injuries is myositis ossificans traumatica⁽⁴⁾

Myositis ossificans traumatica (MOT), also referred to as traumatic myositis ossificans, myositis ossificans circumscripta, localized myositis ossificans, or fibrodysplasia ossificans circumscripta, is the term used to describe muscle ossification that occurs after trauma or inflammation. Ossification is less common in the head, neck, or masticatory muscle and more likely to occur in the brachium or femur region. Unlike myositis ossificans progressive (MOP), MOT is often treated surgically, sometimes involving the removal of ossification. On the other hand, some people have recurring episodes and don't respond to treatment.⁽⁵⁾ The pathogenesis of this uncommon pathology is currently unclear. Most affected are men in their 30s to 40s. MO was reported to be a complication in 9–20% of quadriceps haemorrhage contusions. Imaging is the key to this diagnosis; the best compromise is achieved using muscle ultrasounds. Furthermore, the power or colour Doppler mode provides a useful representation of the process of muscle regeneration⁽⁶⁾. When it comes to dental care, demographic statistics show that women are more likely to acquire MOT. One must rule out myositis ossificans progressiva.⁽⁷⁾

PRESENTING COMPLAINTS

Mrs. B, a 42-year-old female came to OP on 08/04/2024, with pain around the right shoulder joint and difficulty in raising the arm for 3 months. Pricking type of pain extending from the back of neck to fingers; < standing, exertion; > by massaging, rest. Associated with numbness. Also, pain in the right frontal region radiates to the back of the head from the right orbit. > Lying down. Pain in lower back and heels for 2 months after a fall; < prolonged walking, standing, hanging down; > lying down, keeping legs elevated. Oedema on right dorsum of feet. Also sneezing for 6 months with breathing difficulty; <morning, exposure to dust.

HISTORY OF PRESENTING COMPLAINTS

All complaints started 20 years back after an accident. There was a fracture of the right clavicle and a head injury. Also had an injury on the right shoulder joint. Plastic surgery was done for the same. Took ayurvedic treatment and got temporary relief for back pain. Now under Homoeopathic treatment for 3 months.



Figure (1) Shoulder joint

DIREKTORAT MEDICAL EDUCATION
 Medical College Hospital, Thiruvananthapuram

REFERRAL O.P. CARD

U.S. No. 21 U.P.
 No. 2814/05
 Date: 8/4/05

No. 05583	Unit OR 2	Date 8/4/05	
Name & Address 84/103 2nd floor		Age 23	Sex F
Complaints and Findings 8/4/05 Unclav # @ clavi E. fracture No all over physical Med An		Income 300	
Provisional Diagnosis			
By whom referred (Attach the referral letter 8/4/05 Case seen in PMR of			
Other details, if any No # abnormal end of clavicle - Lacerated wound over (R) shoulder. SSC & one Now of severe pain over the scar region. of E - Scar tenderness + Tenderness maximum at the acromion and (R) trapezoid fold Rom painful at the terminal degree and white			
Signature of Admitting/ Consulting Medical Officer			

Figure (2) Discharge summary

HISTORY OF PREVIOUS ILLNESS

1. History of breathing difficulty since childhood, was admitted 5 months back, had allopathic treatment, and got temporary relief. Now under Homeopathic treatment for the same
2. Chickenpox, 20 years old, allopathic treatment taken
3. Chickengunya, 25 years, allopathic treatment taken
4. HFM disease, 25 years old, allopathic medicines relieved
5. Right clavicle fracture and head injury during 22 years; done surgery and temporally relieved

HISTORY OF FAMILY ILLNESS

Sister: Bronchial asthma
 Mother: Diabetes mellitus.

PERSONAL HISTORY.

Life situation:

Education status: pre-degree
 Economic status: moderate
 Social status: moderate
 Occupation: tailoring
 Nutritional status: moderate

Marital status: Married, 2 children

Religion: Hindu

Age and year of marriage: 17 years

Sibling: one younger sister

Habits and hobbies:

Food: non veg

Cravings: cups of tea, otherwise causes a headache

Domestic relations: Good

Vaccination status: Took 2 doses of vaccine for Covid 19

PHYSICAL FEATURE

Functionals

Appetite: good, easy satiety, prefers warm food

Thirst: good, prefer warm water

Sleep: disturbed due to pain

Eliminations

Stool: regular, constipated, unsatisfied, feels as if stool recede

Urine: nothing particular

Sweat: generalized

Aversions: sweet

Desire: covers feet, spicy, sour food, tea

Intolerance: cold climate aggravates all complaints

Thermal: chilly

PSYCHIC FEATURE

1. Easily angered when she sees wrong things and points out the mistake
2. Fastidious- Want things to be done in perfection
3. Sensitive weeps easily, consolation > complaints
4. Loves travelling
5. Talkative
6. Desires company
7. Anxious about disease
8. Religious

MENSTRUAL HISTORY

Menarche: 14 years

Regular cycle 3 days duration quantity normal more as blood than clots, bright red

OBSTETRIC HISTORY

Gravida: 2; Parity: 2; Live birth: 2; Abortion: 0; FTND

REGIONALS

1. Dimness of vision of the right eye

PHYSICAL EXAMINATION**General**

Well built; Pulse: 68/min; Temperature 98°C

No pallor; No cyanosis; No clubbing

Oedema of right foot; No swelling

Limping gait; Respiratory rate: 14/min

Bp: 80/64 mmHg; Not icteric

No lymphadenopathy

Examination of the right shoulder joint**Inspection:**

Swelling present; Scar mark present

Blackish discoloration seen

Palpation:

No rise of temperature; Tenderness present

Codmann's test positive

Movement:

Abduction, medial and lateral rotation, circumduction painful

Examination of Back**Inspection:**

No swelling; no scar mark; no discoloration

Palpation:

No rise of temperature; slight tenderness present

SLR: positive above 40, pain on right side of hip

PSLR: positive, pain on the right side of the hip

Pump handle test: positive, pain on right side of hip

INVESTIGATIONS:

2/1/24

12/4/24

AEC: 500

Serum calcium: 8.72 mg/%

IgE :1254

Vit d3: 24.4

9/4/24

T3 -0.75; T4 - 0.35; TSH - 0.42

Serum cholesterol : 206mg%

FBS: 96mg%

Hb: 12.9g/dl.



Patient Name	BINDHUKUMARI	Patient ID	HLLTV87503
Sex / Age	F/042Y	Report Date/Time	03-05-2024/10:09:02
Modality	CT	Referring Physician	DR.UNKNOWN

CT SCAN OF RIGHT SHOULDER -PLAIN STUDY

Clinical history: RTA

Mild atrophy of supraspinatus muscle. No fatty infiltration.

Small spur in inferior aspect of the lateral clavicle.

A well-defined hyperdense (1800 HU) focus within superficial aspect of right trapezius muscle just superior to the medial portion of scapular spine, measuring about 7x 6 mm – calcification / foreign body.

Head of humerus is normal in size and contour.

No fractures. No evidence of periosteal reaction.

Glenoid fossa appears normal.

No evidence of dislocation.

No evidence of joint effusion.

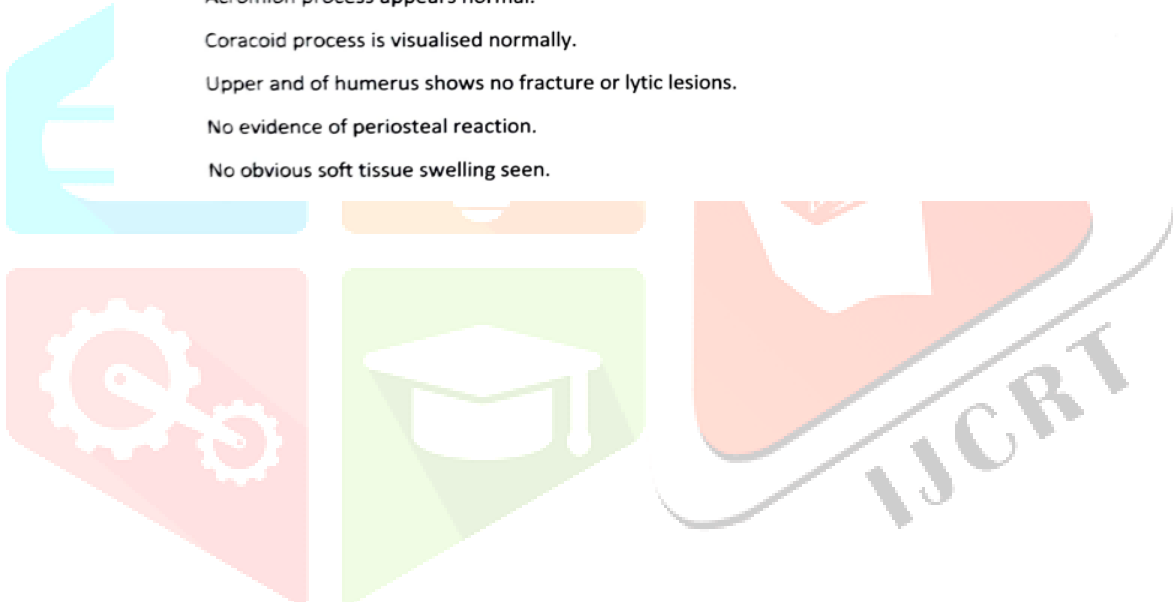
Acromion process appears normal.

Coracoid process is visualised normally.

Upper end of humerus shows no fracture or lytic lesions.

No evidence of periosteal reaction.

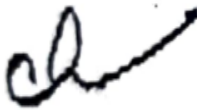
No obvious soft tissue swelling seen.



Patient Name	BINDHUKUMARI	Patient ID	HLLTV87503
Sex / Age	F/042Y	Report Date/Time	03-05-2024/10:09:02
Modality	CT	Referring Physician	DR.UNKNOWN

IMPRESSION:

- No evidence of any fracture in clavicle, scapula or proximal humerus.
- Mild atrophy of supraspinatus muscle. No fatty infiltration.
- Small spur in inferior aspect of the lateral clavicle.
- A 7 x 6 mm well-defined hyperdense focus within superficial aspect of right trapezius muscle just superior to the medial portion of scapular spine – calcification / foreign body.



Dr. Mithran O S MDRD DMRD
Consultant Radiologist

Figure (3) CT Report

ANALYSIS OF DISEASE

Pricking pain on right shoulder joint; <exerting > massaging

Pain in right frontal region radiating to back; < turning neck; >rest

Pain in right and left heel; <walking; >lying down

LBA - < exertion; > rest.

PROVISIONAL DIAGNOSIS:

Myositis ossificans, Cervical spondylosis, lumbar spondylosis, plantar fasciitis, bronchial asthma

DIFFERENTIAL DIAGNOSIS

Osteoarthritis, rheumatoid arthritis, traumatic arthritis,

FINAL DIAGNOSIS: Myositis Ossificans

DIAGNOSIS OF PATIENT

Totality of symptoms

1. Pain on right shoulder joint< exertion, prolonged standing
2. Pain on the back of neck< turning head, >rest
3. Headache on right frontal region of head radiating from right eye to back of head>lying down
4. Pain on both heels and backache < walking, <exertion; >lying down, >rest
5. Easily angered when she sees wrong things.
6. Fastidious- Want things to be done in perfection
7. Sensitive weeps easily, consolation > complaints
8. Loves travelling; Talkative; Desires company

MIASMATIC EXPRESSION**Psora:**

Anxious about the disease; Talkative; Easily angered
Headache in frontal region; <prolonged standing; >lying down
Desire tea; Prefer warm; Desire company

Sycosis

Intolerance of cold climate
Breathing difficulty
Osteoarthritis; Pain over the shoulder joint

Syphilis

Degenerative changes; <exertion
Desire spicy food

Pseudopsora

Desire tea

MIAMATIC DIAGNOSIS: Psora**RUBRICS**

1. Wants things to be placed: MIND-FASTIDIOUS
2. Talkative: MIND-LOQUACIOUS, talkative
3. Pricking pain on right shoulder: EXTREMITIES- PAIN -SHOOTING shoulder joint
4. Pain on the back of neck< turning neck: BACK -PAIN -DORSAL REGION-SCAPULA-moving head
5. Breathing difficulty after sneezing: RESPIRATION -ASMATIC-dust from inhaling
6. Back pain <exertion: BACK-PAIN-SACRAEL REGION-EXERTION DURING
7. DESIRES Spicy food: STOMACH-DEIRE- pungent things
8. Desires tea: STOMACH-DESIRE-tea
9. Averion sweets: STOMACH-AVERSION-sweets

REPERTORIAL TOTALITY

Ars alb 3/6 ; Graph -2/5; Lac can – 2/3

Phos 2/3; Sulph2/3; Puls - 1/3; Causti ½.

MEDICINE PRESCRIBED:

8/4/24

Rx Ars alb 30/2 dose (1-0-1)

Calcarea phos 6x (1-1-1)

9/4/24

Shoulder pricking pain extends to the back of the neck and fingers

Headache from the frontal region radiating to the back of the neck

Pain in right and left heels; Aching pain in back; Sneezing >

Bp: 100/70mmHg

Rx SL2 dose (1-0-1)

CP 6x/ 4tab (1-1-1-1)

10/4/24 to 12/04/24

All symptoms present except pain in back which has amelioration

Bp: 108/70 mmHg

Rx Repeat

13/4/24

All symptoms persist; Bp: 100/70 mm Hg

Rx Ruta 30/2dose (1-0-1)

Kp6x (1-1-1-1)

14/4/24 to 21/04/24

Shoulder pain persists; All other symptoms >

Bp: 102/70 mm Hg

Rx SL 2d (1-0-1)

Kp6x (1-1-1-1)

22/4/24

Shoulder pain persist

Bp: 100/70

Rx - Colocynth 200/2dose (1-0-1)

23/4/24 to 4/5/24

Shoulder pain present; Bp: 100/60

Rx -SL 2dose (1-0-1)

Kp6x (1-1-1-1)

6/5/24

Pain in shoulder joint < touching

Pain in neck< lying

LBA extending to the lower limb

Heel pain persists

Headache right temple

Bp: 110/90

Rx Ruta 30/2dose (1-0-1)

Cf 6x (1-1-1-1)

7/5/24

Shoulder joint pain and headache

Heel pain, LBA and neck pain persists

Bp: 108/72mm hg

Rx repeat

8/5/24 to 15/5/24

Symptoms same. Bp: 106/80 mmHg

Rx SL 2 dose (1-0-1)

CF 6x (1-1-1-1)

16/5/24

Shoulder joint pain present with oedema

Pain in neck +; Gastric trouble++; <tea

Belching after eating

LBS and headache >; Bp: 110/70 mm Hg

Rx Pulsatilla 200/2 dose (1-0-1)

17/5/24 to 20/05/2024

Shoulder pain; Heel pain persists

Pain over the right side of neck slight >

LBA and headache >; Gastric trouble >

Bp: 120/80mmHg

Rx SL/BT (1-01)

Gradually she got > for shoulder pain. Blood pressure elevated. Now she is better.

Indication of Medicines for myositis ossificans -

Ruta - Has action on cartilages and periosteum. Complaints of flexor tendon straining. Formation of deposits in the tendons, periosteum, and about joints. The body feels bruised and painful. Sprains and lameness. Jaundice⁽⁸⁾

Cal flour - Indicated for stony glands, hard, and enlarged varicose veins, and malnutrition of bones. For cataracts, goitre, and hard knots in the female breast. Induration threatening suppuration is characteristic. Caries and necrosis with heat in parts and boring pains; reduces the tendency of adhesions⁽⁹⁾

Thiosinaminum – acts as a solvent, internally and externally, for dissolving tumours, scar tissue, enlarged glands, adhesions, lupus, strictures, ectropion, cataracts, opacities of the cornea, ankylosis, scleroderma, fibroids etc⁽¹⁰⁾

Acetic acid – for epithelial cancer, has the power to liquefy fibrinous and albuminous deposits. Sycosis with nodules formations in the joints. The 1x will soften and cause pus formation⁽¹¹⁾

Hecla lava – Has action on the jaws; for exostosis, gum abscess, caries of bone, difficult teething, nodosities, osteitis, periostitis, osteosarcoma, rachitis etc. Bone necrosis and tumours in general.⁽¹²⁾

Aurum mur - often accomplishes more in exudative degenerations and sclerotic conditions than other remedies.

DISCUSSION

This lady had pain in her right shoulder joint which occurred as a complication of a previous road traffic accident. Then she had an injury on the right shoulder joint, a head injury, and a fracture of the right clavicle and had plastic surgery. As the pain reappeared often, she had Ayurvedic treatment also. Again, she complains of pain in the right shoulder joint, right side of the neck, and right scapular area with limitation of movement of the right hand. In Homoeopathy physicians give importance to the Totality of Symptoms. Medicines for each disease state are considered only after individualization. Arnica is considered the king remedy for traumatic conditions. The other remedies are Ruta, Symphytum, Rhus tox, Ledum pal, Hypericum, etc. In this case, Ruta was given and slight relief was obtained. Thereafter Pulsatilla was given as an Individualized medicine, which gave her a marked change. Hahnemann in his "Chronic Diseases" says that the original malady that has a miasmatic, chronic nature, once advanced and developed to a certain degree can never be removed by the strength of a robust constitution or diet. ⁽¹³⁾ Aphorism 7 says that the affection of vital force is outwardly reflected as disease and these symptoms determine the appropriate remedy ⁽¹⁴⁾. This constitutes the Totality and to be removed by the physician in each disease condition.

CONCLUSION

This 42-year-old female had the chief complaints of pain in the shoulder joint that occurred due to a road traffic accident. In Homoeopathy, there are a lot of medicines that can be considered for traumatic conditions. Here, the traumatic remedy followed by the constitutional remedy had given relief for her pain.

Conflict of Interest - Not available.

Financial support - is not available

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