

Symptoms and Sign/Obsolete/Evergreen/New
“Burning of Soles” — One Complaint I Could Never Treat!!

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When I look back at 50 years of private practice, I feel very embarrassed to recollect that I have had hundreds of patients with the mono-symptomatic complaint of burning of the soles of the feet, but I could not treat them. Here I am discussing patients, who had no diabetes or diabetic neuritis. All these patients had no evidence of any other peripheral neuropathy. Most of them had undergone EMG and nerve conduction studies, which were all normal. All of them had invariably received pantothenic acid, with no relief. So what could I diagnose and prescribe? In a few of them, I blamed alcohol,

tobacco or gutka as the cause, but even after omitting them, there was no difference. They were sent for physiotherapy, yet felt no relief. I had omitted most of the drugs to exclude an iatrogenic cause. I tried sedatives and tranquillizers and in a few cases pregabalin and vitamins. I felt very embarrassed every time the patient returned with no improvement. Then I advised them to try alternative medicine like ayurvedic, homoeopathic or urine therapy, but these patients were all lost for follow up.

I would love to know if any practitioner has a straight forward treatment, which can be accepted, if it is of few days or few weeks duration. Many of these patients are relieved with passage of time or occasionally by using aids for footwear.

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TIMEFRAME FOR THROMBOLYSIS IN ACUTE ISCHAEMIC STROKE

Intravenous recombinant tissue plasminogen activator (tPA or alteplase) has revolutionised acute stroke management and become the standard of care for treating ischaemic stroke worldwide. Although systemic thrombolysis remains the only approved treatment, most patients with acute stroke are not being treated, mainly because of the narrow timeframe of 3 h after symptom onset that is recommended for administration of alteplase.

Should the window for alteplase be so strict?

The SITS-ISTR investigators had an opportunity to see whether patients given intravenous alteplase between 3 h and 4-5 h after symptom onset would have similar outcomes to those treated within 0-3 h.

However, this skew could weaken the overall impression that reliable data are available for 3-4.5 h.

First, extension of the timeframe of systemic thrombolysis seems to be a safe option for patients with acute stroke.

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