Introduction: Intramedullary ependymomas constitute the most frequent type of intramedullary tumor. On the basis of epidemiological evidence among non-diabetic individuals, as well as recent studies examining the effects of different types of diabetes treatment on cancer risks, we conclude that chronic elevations in fasting and non-fasting blood levels of glucose and/or insulin are plausible independent risk factors for cancer. Emerging evidence has clearly pointed out towards the role of extracellular matrix (ECM) during tumor progression and therapy resistance.

According to cybernetic model tumors are the consequences of phasic transition due to processes of adaptation to a chronically altered milieu or function, the ultimate result of which is the loss of temporal-rhythmic organization, i.e. chaotic mutation of cellular dynamics. This hints that regeneration of extracellular matrix is the key to treatment of tumor which is the basis of Matrix-Concept and of Matrix-Rhythm-Therapy.

Purpose: To the best of author’s knowledge this report represents the first to provide a detailed effect of Matrix-Rhythm-Therapy on chronic Type 2 diabetic patient suffering from complications of both diabetes and ependymoma.

Methods: A 46 year old male reported on June 2013, chief complains of all four limb weakness, trunk weakness, decubitus ulcers, polydipsia, sensory deficits, shoulder joint pain, breathing difficulties, lethargy, bladder and bowel disturbances. He had positive family history of Diabetes mellitus and the patient was diagnosed to suffer from the same at the age of 25 years and since then he had been on oral medications. In March 2006, MRI Cervical –Dorsal spine revealed Syrinx bulba and syringo-myelia of cervical-dorsal cord upto D6 level. August 2006 CEMRI revealed Cervico - medullary ependymoma with secondary syrinx. On May 2007, Post operative and Post radiotherapy MRI study revealed tumor extension up to D5 level rather than syrinx. From 2007 to 2011 patient had undergone two surgical procedures and regular radiotherapy but had no functional deficits.

In September 2011 all four limbs and trunk movement stopped with MRI revealing residual existence of tumor. Since then patient had been completely bed ridden. Patient did not take any Physical therapy during the entire course till June 2013. Matrix-Rhythm-Therapy was started as adjunct to physical therapy (weekly once) on 27th June 2013 and continues till date.

Result: Glucose level monitoring during the entire course of therapy revealed a significant lowering in blood glucose level, moderate level sensory regain, no breathing problems, healed ulcers, improved endurance. Signs of tumor resolutions are clear.

Conclusion: Matrix-Rhythm-Therapy is one of the successful adjuncts to physical therapy in treating various complications related to Type 2 Diabetes mellitus and Intra-medullary Ependymoma.

Key words: Type2 Diabetes Mellitus, Ependymoma, MatrixRhythmTherapy, Rehabilitation