



To Assess the Effectiveness of Homoeopathic Remedies in Patients Suffering from Nasal Polyp

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ABSTRACT:

Background: Nasal polyp (NP) is a frequent inflammatory chronic disease of the upper respiratory tract, which may impair quality of life (QOL). The NP impact, which is frequently associated with impairment of QOL, has never before been studied.

Objective: This prospective study was initiated to establish reliability of the homoeopathic medicines in Nasal polyp and to determine to what level daily functioning becomes impaired using SNOT-22 scale i.e. QOL is impaired as a result of NP.

Methods: Thirty patients were randomly included with NP, who fulfills inclusion and exclusion criteria. They were assessed for the severity of nasal symptoms and its impact on QOL. All cases were taken as per the case record format prepared for the study. Prescription of each case was based on the totality of symptom. Outcome was assessed by using Sinonasal Outcome test-22.

Result: All 30 cases were studied after administration of homoeopathic remedies in Nasal polyp. Out of 30 cases, 27 cases were improved and 3 cases were not improved. Homoeopathic remedies were found effective in improving QOL of patients with NP.

Conclusion: This study provides an evidence to say that QOL is improved after homoeopathic treatment. Therefore, it is found that homoeopathic prescription is effective in the treatment of nasal polyp. QOL improvement after NP treatment is related to nasal symptoms improvement.

Keywords: Nasal polyp, Quality of Life, Sinonasal outcome test-22, Homoeopathy.

INTRODUCTION

Nasal polyps are common nasal disorders with unknown etiology and high recurrence and high prevalence of 1-4% which affect the quality of patient's life.

Chronic rhinosinusitis (CRS) is characterized by the presence of four cardinal symptoms: nasal obstruction, drainage, smell loss and facial pain or pressure, which last for atleast three months. In some patients with chronic rhinosinusitis, exuberant hyperplastic inflammatory growth of nasal polyps into the nasal airways is observed. There is a predominance of men with chronic rhinosinusitis with nasal polyp, the male to female ratio varying from 1.3 to 2.2, and a peak incidence between the ages of 45 and 65.

Mc. Cormack and W. J. Primrose say "Nasal polyps are aggregates of edematous sinus mucosa, which prolapse into the nasal cavity. There are several type of polyp of which the ethmoidal variety by far the commonest." Nasal polyp is listed in ICD-10-CM under the diagnostic code as: "J33.9".

Nasal polyp is not a life threatening disorder but may have a great impact on the Quality of Life (QOL). Its management involves a combination of medical therapy and surgery. The etiology of nasal polyp is unknown. The prevalence is 4% with different systemic and respiratory diseases such as cystic fibrosis, rhinitis, and asthma with or without aspirin sensitivity. Patients with nasal polyp seem to have a more pronounced disease burden than those without polyps. Quality of life improvement after nasal polyp treatment is correlated with nasal symptoms improvement.

REVIEW OF LITERATURE

NASAL POLYP:

Definition:

Nasal polyps, representing mucosal projections containing edematous fluid with varying numbers of eosinophils, may intensify obstructive symptoms and may coexist in the nasopharynx or sinuses.

Epidemiology:

The prevalence of nasal polyps is common in men and the middle age group. There is at least a 2:1 male to female preponderance.[11] Nasal polyps are found in 36% of patients with aspirin intolerance, 7% of patients with asthma, 0.1% of children, 20% of patients with cystic fibrosis, and about 40% of patients have recurrences after surgical polypectomies. Nasal polyps are statistically more common in non-allergic asthma than in allergic asthma (13% vs. 5%, $p < 0.01$). There seems to be a hereditary factor for the development of nasal polyps.

Etiology:

The etiology of nasal polyps is very complex and not well understood. Some factors are: age, hereditary factor, inflammatory condition of the nasal mucosa (rhino sinusitis)

Predisposing factor:

- 1) Chronic rhino sinusitis
- 2) Asthma
- 3) Aspirin intolerance
- 4) Cystic fibrosis
- 5) Allergic fungal sinusitis
- 6) Kartagener's syndrome
- 7) Young's syndrome
- 8) Churg-Strauss syndrome
- 9) Nasal mastocytosis.

Pathogenesis:

There are three factors that may be involved in the pathogenesis of nasal polyps:

- a) Mucosal reaction at the cellular level
- b) Relatively poorly developed blood supply to the ethmoid sinuses.
- c) A complex anatomy of the ethmoid labyrinth.

A number of different theories have been put forward for the pathogenesis of nasal polyps. There are five main theories of pathogenesis

1. Bernoulli phenomenon
2. Changes in polysaccharides
3. Vasomotor imbalance
4. Infection
5. Allergies

All can contribute to the formation of polyps, but none can be universally incriminated.

Histopathology:

A nasal polyp consists of a swollen mucosa, the spaces of which are distended with fluid. The polypus is covered by a thin epithelial layer, which may be of the cobblestone or ciliated columnar type. For polyps that have protruded towards the nostril. The epithelium may become squamous. The substance of the polyp is infiltrated by plasma cells and lymphocytes and the fat characteristic of all large numbers of eosinophils. Blood supply is scarce.

Table No. 1: Types:

	Antrochoanal Polyp	Ethmoidal Polyp
Origin	Maxillary sinus	Ethmoidal sinuses
Number	Single and unilateral	Multiple and bilateral
Age	Common in children	Common in adults
Aetiology	Infection	Allergy and infection
Shape	Dumb-bell later trilobed	Like grapes
Extension	Backwards	Forwards
Recurrence	Uncommon if completely removed.	Common

Radiographs	Maxillary sinus hazy	Ethmoidal sinuses hazy
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Clinical Features:

Symptoms:

- 1) Nasal blockage
- 2) Anosmia
- 3) Mouth breathing
- 4) Headache, epiphora
- 5) Postnasal drip

Sign:

- 1) Sneezing
- 2) Discharge
- 3) Enlargement of the nose
- 4) Snoring
- 5) Hyponasal speech

Diagnosis:

The diagnosis can be established from a clinical examination.

Diagnostic criteria:

Nasal polyp is listed in ICD-10-CM under the diagnosis code as: "J33.9".

Investigation:

- 1) Routine blood test – Nasal secretions may contain eosinophils.
- 2) Plain x-ray – insensitive but may show opacification of affected sinuses.
- 3) CT scan – Shows the extent of the nasal polyp and anatomical variations.
- 4) Biopsy – Confirms the diagnosis.

Differential diagnosis:

(A) NOSE CLIMB:

Hypertrophic turbinates

Rhinosporidiosis

Malignancy

Angioma

(B) NASOPHARYNGEAL LESIONS:

Adenoids

Nasopharyngeal angiofibroma

Nasopharyngeal malignancy

Glioma, meningocele and meningoencephalocele.

HOMOEOPATHIC APPROACH:

Homeopathy works on many principles like law of similia, law of simplex, law of individualization etc. in drug therapy on homeopathic principle symptomatology replaces diagnosis. It gives us another advantage in that it often allows us to attack ailments in their formative stages, before they develop such lesions that physical symptoms can manifest.

Kent Repertory:

As per Kent repertory, nasal polyp comes under, NOSE - Polypus. He covered 44 drugs, in which Calcaria Carbonicum, Sanguinaria & Teucrium marum varum are 1st grade remedies, other as given below:

NOSE - Polypus: *All.c.*, *alumn.*, *apis.*, *arum-m.*, *aur.*, *bell.*, **Calc.**, *calc.i*, *calc.p*, *carb-s*, *con.*, *form.*, *graph.*, *hecla.*, *hep.*, *hydr.*, *kali bi.*, *kali n.*, *lem-m.*, *lyc.*, *merc.*, *merc c.*, *mercl r*, *nit-a*, *phos.*, *puls.*, *psor.*, **Sang.**, *sep.*, *sil*, *staph.*, *sulph.*, **Teucr.**, *thuj.*

Right: *Kali-n.*

Left: *Alumn.*, *apis.*, *calc.*, *merc-I-r.*

Bleed easily: *Calc.*, *calc-p.*, *phos.*, *thuj.*

Posterior nares: *Teucr*

1) *Calcarea carbonicum*:

Obstruction of the nose by yellowish and foetid pus. Polyps of the nose. Dry coryza, in the morning, with frequent sneezing. Foetid odour before the nose, as if from a dunghill, rotten eggs, or gunpowder.

2) *Sanguinaria*:

Laryngeal or nasal polypi. Cough: dry, waking him at night and not ceasing until he sits up in bed and passes flatus; circumscribed red cheeks; night sweats; diarrhoea.

3) *Teucrium marum varum*:

Mucous polyps, of pale red colour, on the left side, and of large size; mostly in the anterior nares, and in plain sight without the rhino scope. There is sensation in nostrils as if they were stopped; blowing of nose on sneezing does not remove obstruction.

4) *Conium maculatum*:

Fibrous polyp hard and elastic, pricking and itching after touching or handling; excessively acute smell with purulent discharge. Bleeds easily, become sore.

5) *Kali nitricum*:

Mucous polyp of right side, very large and distending the nose. Point red and itching.

6) *Lycopodium clavatum*:

Very sensitive smell. Feeling of dryness posteriorly. Ulcerated nostrils. Crusts and elastic plugs. Fluent coryza, Nose stopped up.

CONCLUSION

Nasal polyps are common nasal disorders prevalent all over the world. It has unknown etiology and high recurrence and high prevalence of 1-4% which affect the quality of patients life.

In the present study the aim of using SNOT-22 scale was achieved as results were found to be of a good success rate. Considering the total data, out of 30 cases 27 were improved (90%) and 3 were not improved (10%).

The study has explored the usefulness of homoeopathic medicines in treatment of Nasal polyp. The findings are encouraging enough to open avenues for further studies to draw strong evidence on Nasal polyp.

Further studies could be conducted to draw strong evidence on recurrence of Nasal polyp.

Analysis concludes that, the maximum incidences of patients suffering from Nasal polyp were in the age group 41-70 years.

Males were found to be more prone to Nasal polyp compared to females in this study. In this study observation shows that incidences of Nasal polyp are 60% in males and 40% in females.

Runny nose was found to be most common clinical presentation of nasal polyp in 30 cases. Other clinical presentation was sneezing, nasal blockage, itching of nose, lachrymation and anosmia.

As per SNOT-22 scale physical plane is most affected in almost 30 cases, mental plane in 28 cases, emotional plane in 05 cases and social plane in 03 cases.

Out of 30 cases, 9 cases (30%) were noted having a genetic predisposition, which could have led in development of Nasal polyp in those individuals.

- It was found that Psora-Sycosis miasm is predominantly found in this study in 25 cases and Psora in 5 cases.
- Most commonly used remedies in Nasal polyp were found to be Arsenic album, Phosphorus, Pulsatilla.

Homoeopathic remedies are selected on the basis of totality of symptoms and after referring materia medica.

- Out of 30 cases, the maximum potency used in patients is medium potency i.e. in 27 cases (90%) medium potency is used and in 3 cases (10%) low potency is used as per susceptibility of patients.

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