



USEFULNESS OF HOMOEOPATHIC CONSTITUTIONAL REMEDIES IN THE TREATMENT OF CHRONIC SUPPURATIVE OTITIS MEDIA (CSOM)

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ABSTRACT:

Chronic suppurative otitis media (CSOM) is one of the most common diseases encountered in clinical practice. CSOM accounts for almost 10% of the cost of treating ENT diseases. Modern medicine has relied on the use of antibiotics, anti-inflammatory drugs, pain-relieving analgesics, discharges. It is now widespread due to various aspects such as poor socio-economic standards, poor nutrition and lack of health education.

Different aspects of life and bad standards made me think about studying based on them. Therefore, the study was conducted to find out the clinical picture of CSOM and also to understand the role of miasma in the final choice of drug in CSOM. A prospective study was conducted with a sample size of 30 cases with the inclusion and exclusion criteria. An individualistic approach in homeopathy was used to understand the management of each case. The data were analyzed using the Z-test and the results were evaluated according to the COMOT-15 scale, i.e. reduction of pain, discharge, odor and alleviation of other accompanying symptoms and general well-being of the patients.

KEYWORDS: Chronic suppurative otitis media, CSOM, Surgery, Homoeopathy, Homoeopathic Medicine.

INTRODUCTION:

Chronic supportive otitis media (CSOM) is a long-term infection of part or all of the middle ear cleft characterized by ear discharge and persistent perforation. permanent perforation may be associated with epithelium lined fistulous tract.

Incidence - Despite advances in public health care centers, rural and urban medical care is increasingly common.

Due to the low socio-economic status in many developing countries, there is no or only half knowledge about this type of disease and also about its consequences if the patient progresses.

The illiteracy rate is so high that even they lag behind in hygiene programs. This is seen in both rural areas and cities. Graphically, the occurrence can be seen more in the countryside.

Since CSOM is characterized by discharge from the ears, even in relation to personal hygiene, but many cases are considered to be related, which are prone to certain allergic conditions, may be caused by any allergens present in the environment or may be caused by their as a persistent cause, it predisposes to the development of conditions such as CSOM. In most cases, it is k/c/o allergic rhinitis, which is one of the triggering factors or we can say the most common cause of CSOM.

As various health programs are conducted to create awareness about such disease states, CSOM is now considered as one of the most important among all other diseases. The recurring occurrence of CSOM in society is noted especially nowadays.

Thus, the approach of the study, which is carried out on the evidence of CSOM cases, is currently most often observed, and many patients are susceptible to such diseases, while perfect clinical manifestations of miasms are also observed in patients who complain. The study also showed that it is not necessary for the patient to be prone to live or work in the countryside, but the evidence is mostly in urban areas as well, so it speaks to how they live, how they take care of the hygienic conditions that are necessary. accept, avoid such conditions. Not only will every patient be prone to some allergic condition and then develop this CSOM, but there should be a necessity of hygiene that each of the people must follow.

REVIEW OF LITERATURE:

Chronic suppurative otitis media is chronic infection of center ear cleft mucosa characterized by otorrhoea continuously or intermittently.

Bacteria passing into the auditory tube from nasopharynx and the primary reason of all middle ear infections.

Children are greater susceptible than the adults.

PREVELANCE- The prevalence of CSOM in rural south Indian children, move sectional survey turned into carried out amongst 914 youngsters. The general prevalence price of CSOM changed into located to be 6%.

Cholesteatoma ear ailment turned into discovered in 1.2% of children, those of older age group, having a barely higher prevalence rate (1.5%) than more youthful age group (0.7%)

The studies additionally indicate the prevalence of acute suppurative otitis media varies from 2.3%, CSOM 4%-33%. The prevalence fee of ASOM in India is round 17- 20%, CSOM is 7.8%.

Among 15.3% had been located to have CSOM, fifty-eight% youngsters had hearing impairment.

On analysis of association of CSOM with literacy and socio-monetary popularity of moms, age, sex and URTI in kids.

TYPES OF CSOM-

1] Tubotympanic-

Also called the safe or benign type, it includes anteroinferior a part of center ear cleft, and is related to valuable perforation.

2] Atticoantral-

Also called as unsafe or dangerous type, it entails posterosuperior part of the cleft and is related to an attic or marginal perforation. The disease is frequently associated with a bone- eroding process including cholesteatoma, granulations or osteitis.

Difference among tubotympanic and atticoantral continual suppurative otitis media:

	Tubotympanic	Atticoantral
1- Discharges	profuse, mucoid, colourless, central.	scanty, purulent, foul smelling
2- Perforation	Central	Marginal
3- Granulations	Uncommon	Common
4- Polyp	Pale	Red and fleshy
5- Cholesteatoma	Absent	Present
6- Audiogram	Mild to moderate	Mixed deafness

PATHOPHYSIOLOGY OF CSOM-

1. Tubotympanic Type

The tubotympanic condition is confined to the mucosa, typically affecting the anteroinferior region of the middle ear cleft, resembling a persistent infection. The processes of healing and tissue destruction occur simultaneously, with one potentially dominating the other, depending on the virulence of the pathogens involved and the patient's immune response. Consequently, acute exacerbations are frequently observed.

The pathological alterations associated with this type include:

- Perforation of the pars tensa - This is a significant perforation, with its size and functionality varying.
- Middle ear mucosa - The mucosa may appear normal during periods of quiescence or inactivity, but becomes edematous and velvety when the disease is active.
- Polyp - A polyp is characterized by a smooth mass of edematous and infected mucosa that has protruded through a perforation into the external canal. It typically appears pale, in contrast to the red, fleshy polyps associated with atticoantral disease.
- Ossicular chain - Generally, the ossicular chain remains intact and mobile; however, it may exhibit some degree of necrosis, particularly affecting the long process of the incus.
- Tympanosclerosis - This condition involves the hyalinization and subsequent calcification of subepithelial connective tissue. It can be observed in remnants of the tympanic membrane or beneath the mucosa of the middle ear, presenting as white chalky deposits on the promontory, ossicles, joints, tendons, and oval and round windows. Tympanosclerotic loads may intervene with the mobility of these structures and can cause conductive deafness.
- Fibrosis and Adhesions- They are the end result of recovery process and may in addition impair mobility of ossicular chain or block the Eustachian tube.

2 .Atticoantral type is associated with the following pathological conditions:

Cholesteatoma:

- Osteitis and granulation tissue - Osteitis affects the outer attic wall and the posterosuperior margin of the tympanic ring. A mass of granulation tissue may surround the osteitic area and can extend to fill the attic, antrum, submittal tympanum, and mastoid. A fleshy, crimson polyp may be observed occupying the meatus.
- Ossicular necrosis - This condition is prevalent in atticoantral disease. The destruction may be limited to the long process of the incus or may also involve the stapes superstructure. Consequently, hearing loss is typically more pronounced than in tubotympanic disorders.
- Cholesterol granuloma - This refers to a mass of granulation tissue characterized by foreign body giant cells surrounding cholesterol crystals. It is a response to prolonged retention of secretions or hemorrhages and may or may not coexist with cholesteatoma. When located in the mesotympanum behind an intact tympanic membrane, it may present a bluish appearance.

Bacteriology:

Pus cultures in both types of chronic suppurative otitis media (CSOM) may reveal multiple organisms, both aerobic and anaerobic. Common aerobic organisms include *Pseudomonas aeruginosa*, *Escherichia coli*, and *Staphylococcus aureus*, while anaerobic organisms may consist of *Bacteroides fragilis* and various streptococci.

Aetiology:

1. Age: This condition can occur at any age.
2. Sex: Both genders are equally affected.
3. Predisposing factors:
 - A) Acute otitis media that does not resolve may progress to chronic otitis media. This often occurs in the context of:
 1. Upper respiratory tract infections.
 2. Reduced body resistance.
 3. Persistent and virulent infections.

Acute suppurative otitis media typically arises when the body's resistance is compromised due to illnesses such as measles, smallpox, or typhoid. Although some organisms may reach the middle ear via the Eustachian tube, they can cause significant damage to the tympanic membrane and ossicular chain.

B) Traumatic perforations of considerable size often do not heal properly, leading to otitis media.

C) Retraction: Due to Eustachian tube obstruction, retraction might also occur in pars flaccida or the posterosuperior quadrant of pars tensa, & may also result in formation of retraction pouch, which may also lead to cholesteatoma.

4. CAUSAL ORGANISM:

Infecting a benign tubotympanic perforation are usually respiratory tract organisms such as streptococci, staphylococci, and pneumococci. *Pseudomonas aeruginosa*, *S.aureus*, *Proteusspecies*, *E.coli* and anaerobic streptococcal organism.

5. GENERAL FACTOR:

- A) Unsanitary conditions lead to repeated respiratory tract infections.
- B) Diseases of the nose and throat.
- C) Poverty and malnutrition reducing resilience.²

SYMPTOMS CLINICAL PRESENTATION:

- i] Otorrhoea is a symptom of chronic purulent otitis media
 - i] Mucous or purulent, usually odorless, white or yellowish,
 - ii] Bleeding is unusual, profuse, increases with URTI.
 - iii] Always smelly,
 - iv] Yellowish, brownish or greenish, may be stained with blood due to granulations. Often little, does not affect URTI.
- 1) Deafness can range from mild to moderate. Very severe deafness can be caused by spread of infection into the labyrinth with attico-antral disease causing sensorineural deafness.
- 2) Ear pain: Uncomplicated chronic otitis media is without ear pain. It may be due to complications, e.g.
 - a) Acute otitis media turning into chronic otitis media.
 - b) Acute otitis externa.
 - c) Impending dangerous complications such as mastoiditis or intracranial complications.
- 3) Tinnitus may be present and it is difficult to treat this symptom.
- 4) Vertigo may be present as a result of complications such as labyrinthitis or may have an independent etiology.
- 5) Bleeding or blood-tinged discharge may occur due to granulations or polyps.
- 6) Swelling in the mastoid region is the result of a mastoid abscess caused by atticoantral disease. The swelling shows signs of acute infection and the auricles are pushed out, down and forward, which is called an erection of the auricle.
- 7) Complications: Intracranial spread of the infection may occur, resulting in symptoms such as pain, fever, dizziness, facial paralysis, headache, vomiting, neck stiffness, disorientation, gradual loss of consciousness.

Also sensorineural hearing loss, meningitis and intracranial abscess²

SIGN:-

Perforation: - the benign type manifests as a central perforation with a tympanic membrane surrounding the perforation all around. The dangerous type of perforation is usually associated with cholesteatoma, which has an unpleasant odor and white flakes. Perforation of the attic or marginal perforation in the postero-superior quadrant of the Pars tensa is a dangerous type of perforation.

- 1) Tenderness in the mastoid antrum indicates involvement of the mastoid bone.

INVESTIGATION:

- 1) Examination of the nose and pharynx to detect a septic deposit or obstruction around the opening of the Eustachian tube.
- 2) Hearing test like voice test, tuner test.
- 3) Bacteriological examination: To reveal the causative agent.
- 4) Radiology of the mastoid:
- 5) CT examination of the mastoid.
- 6) Eustachian tube patency testing.
- 7) Otomicroscopy.

Fistula test: To detect a fistula in the bony wall of the labyrinth.

Homeopathy in continuous purulent otitis media

Homeopathy offers effective relief from ear infections, including chronic suppurative otitis media (CSOM). Homeopathic remedies enhance the body's natural defense mechanisms to combat infections. These medicines can improve immunity and help prevent future occurrences of ear infections.

When prescribed according to specific symptoms, homeopathic treatments can effectively alleviate pain, manage pus discharge from the ears, and reduce fever associated with ear infections. They also play a crucial role in preventing complications arising from persistent suppurative otitis media, such as hearing loss, tympanic membrane perforation, and mastoiditis.

Belladonna (Bell.)

Common Name: Deadly Nightshade

Belladonna is recommended for acute pain associated with CSOM. It effectively addresses sharp pain in the outer and middle ear regions. Patients often experience recurrent episodes of ear pain accompanied by delirium during sleep. This remedy is particularly useful when fever is present alongside symptoms of chronic purulent otitis media, especially in cases where the patient is sensitive to even the slightest touch or draft. It is particularly effective for persistent purulent otitis media affecting the right ear.

Hepar Sulph (Hep.)

Common Name: Hahnemann's Calcium Sulfide

Hepar sulph. is typically prescribed for CSOM in advanced cases. Symptoms such as difficulty hearing and pus discharge from the ears indicate the need for this remedy. It aids in the absorption of pus and addresses the bulging of the eardrum caused by pus formation due to infection. Patients requiring this treatment often report sensations of buzzing and throbbing in the ears.

Mercurius solubilis (Merc.)

Common name: Quicksilver

Mercurius solubilis is utilized for the treatment of offensive and blood-stained pus discharges from the ears. Patients often experience a burning sensation and pain in the ears accompanied by an unpleasant odor. A specific type of ear pain is characteristic of this remedy, which tends to intensify during the night. This medication is indicated for inflammation of both the middle and outer ear canal and is frequently prescribed for chronic suppurative otitis media (CSOM) in the right ear. Any trade or activity that alters the climate may exacerbate the inflammation.

Psorinum (Psor.)

Common name: Scabies pouch

Psorinum is effective in managing the propensity for recurrent ear infections. This remedy helps to prevent the accumulation of pus within the ears. It is indicated for chronic purulent inflammation of the middle ear, characterized by offensive, foul-smelling, and putrid discharges. Patients may experience brownish pus leaking from the ears, accompanied by intense itching. The discharge is often acrid and distressing.

Pulsatilla nigricans (Puls.)

Common name: Windflower

Pulsatilla is frequently indicated for chronic suppurative otitis media (CSOM) in individuals with a history of recurrent colds and coughs. Patients may present with a sense of urgency regarding a warm and swollen ear. Throbbing pain in the ears, which worsens at night, necessitates this treatment. Additionally, itching within the ear is common, particularly in cases of persistent ear infections.

CONCLUSION:

My work covers a detailed analysis and an important area of experience of patients suffering from CSOM, with an understanding of its etiopathogenesis as well as their experience after homeopathic treatment. The intention is to illuminate a deeper knowledge and understanding of this condition within human health. I tried to convey the understanding of CSOM with the homeopathic analogy. Homeopathy is most effectively seen in cases of CSOM. Due to low socio-economic status, lack of personal hygiene education and awareness of this type of disease, these cases are cured. Miasmatic differentiation is important in finding the correct similim. Homeopathy is a healing art based on the basic laws of nature, which are applied in practice to treat sick patients with its holistic touch. It is the most gentle and harmless way to permanently remove the disease. It has the unique brilliance of arising in any situation where other medical systems fail. The basic principles of homeopathy are first understood by the human being in its entirety. Another primary importance is the determination of the person, the psychological state, the constitution with the coordination of the disease state. In homeopathy we must arrive at a portrait of the patient as a person before starting any treatment by first diagnosing the disease. Only then should we prescribe drugs through clearly identified and precisely defined drugs, i.e. through materia medica. Homeopathy is an art and a science. It is a science because it is based on the therapeutic law of nature i.e. "Similia Similibus Curenter" and it is the art of arriving at the whole of the patient accordingly and then formulating it into a miasmatic approach and then proceeding to the final cure. Case analysis is very important because each person is individual. The effect of homeopathic treatment on patients suffering from CSOM through their experience has been proven by documentation of various cases and other analyses. Antiasmatic treatment is used effectively. The improvement in these patients on a mental and physical level was substantial enough to conclude that homeopathy has an excellent field of action in the treatment of such cases. Since fingerprints are the same for everyone, make it so that each individual case is different. A homeopathic approach to CSOM is a pillar at the crossroads of healing that guides the way to a safe and permanent cure. Homeopathic medicines are safe, effective and provide permanent cure. So, CSOM can be treated with homeopathic remedies.

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