

THE EFFECTIVENESS OF HOMEOPATHIC REMEDIES IN CHRONIC SINUSITIS: A REVIEW

RUNNING TITLE – A REVIEW OF CHRONIC SINUSITIS

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ABSTRACT:

The use of Homeopathic medicine in Chronic Sinusitis continues to increase in popularity, for the most part without meeting the burden of being based on much sound clinical evidence. New and emerging treatments, both natural and developed, are numerous, and it remains a challenge for practitioners to keep up to date with these therapies and their efficacy. In this review, we discuss the effectiveness of Homeopathic medications for chronic sinusitis, their proposed physiological mechanisms, and evidence supporting their use. This analysis is based on our review of the literature on Homeopathic medications for chronic sinusitis. Data collection was performed using the Google scholar, PubMed database, the Cochrane data-bases, and bibliography searches, online journals and websites. Based on our study, it can be indicated that there is a positive role of homoeopathic medicines in the management of sinusitis. Numerous medicines have been identified which have benefited the patients, when used on the basis of prescribing indications. The data of this thorough review of the study though shows positive effects of homoeopathic medicines in patients suffering from chronic sinusitis. However, higher levels of evidence gleaned from large, well designed, prospective, randomized, controlled trials are needed before any of these therapies can be recommended.

KEYWORDS: Chronic sinusitis, homeopathy, review

INTRODUCTION:

Of all the respiratory infections, sinusitis is one of the most common illnesses that affect a high proportion of the population. According to the National Ambulatory Medical Care Survey data,

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sinusitis is the fifth most common diagnosis for which an antibiotic is prescribed.¹Chronic sinusitis is generally accepted to be a common illness incurring considerable costs, despite limited epidemiological data.² It is defined as an inflammation of the nasal mucosa and paranasal sinuses for at least 12 weeks which may cause nasal blockage or congestion, mucous discharge, facial pain or pressure, and/or impaired smell. Polyps, which may or may not be present are increasingly recognized as part of the sinusitis pathology.³ Several factors have been found to contribute to the disease, namely, insufficient ciliary motility, allergy and asthma, bacterial infection, and more rarely, morphological anomalies, immune deficiencies and Samter's triad (salicylate sensitivity, asthma, nasal polyps). While the role of fungi and hormonal changes during pregnancy are unclear, it may also be an early symptom of systemic disease.^{4,5,6}

The symptoms of chronic sinusitis are variable and characterized by symptoms of sinus inflammation lasting nasal and nasopharyngeal symptoms, nasal obstruction, nasal discharge, post nasal drip, epistaxis, abnormalities of smell, pharyngeal symptoms, symptoms related to ear, headache, ocular symptoms leading to conjunctivitis, respiratory tract symptoms and digestive tract symptoms such as gastritis with nausea.⁷

From the Cochrane review⁸ it is concluded that antibiotics provide a minor improvement in simple (uncomplicated) sinus infections, however, the small benefit gained may be overridden by the negative effects of antibiotics, both on the patient and on the population in general. So the use of antibiotics in the treatment of sinusitis is no doubt helpful but with adverse effects. Earlier case records^{9,10,11,12} and research studies of complex homoeopathic medicine(s) on sinusitis^{13,14,15,16,17} proved to be safe and gentle for acute and chronic sinusitis. From a review of the literature, it appeared that so far not much significant work had been done on the accumulation of literature of effectiveness of homeopathy in the treatment of sinusitis in a scientific manner. So there was need to explore the same.

Thus, the study aimed to review the literatures available from the internet source regarding the effective homoeopathic medicines in the management of sinusitis, to identify their reliable indications, most useful potencies, and more.

Given its popularity, potential side effects, and the lack of consensus on its effectiveness as a treatment for CRS, this article aims to critically appraise the evidence for CAM use in CRS through a systematic review.

CAUSES¹⁸:

Common causes of chronic sinusitis include:

- **Nasal polyps.** These tissue growths can block the nasal passages or sinuses.
- **Deviated nasal septum.** A crooked septum — the wall between the nostrils — may restrict or block sinus passages, making the symptoms of sinusitis worse.
- **Other medical conditions.** The complications of conditions such as cystic fibrosis, HIV and other immune system-related diseases can lead to nasal blockage.
- **Respiratory tract infections.** Infections in your respiratory tract — most commonly colds — can inflame and thicken your sinus membranes and block mucus drainage. These infections can be caused by viruses or bacteria.
- **Allergies such as hay fever.** Inflammation that occurs with allergies can block your sinuses.

SIGNS & SYMPTOMS:[18]

Common signs and symptoms of chronic sinusitis include:

- Nasal inflammation
- Thick, discolored discharge from the nose (runny nose)
- Drainage down the back of the throat (postnasal drainage)
- Blocked or stuffy (congested) nose causing difficulty breathing through your nose
- Pain, tenderness and swelling around your eyes, cheeks, nose or forehead
- Reduced sense of smell and taste

Other signs and symptoms can include:

- Ear pain

- Headache
- Aching in your upper jaw and teeth
- Cough or throat clearing
- Sore throat
- Bad breath
- Fatigue
- Fever
- Swelling or redness around your eyes
- Severe headache
- Forehead swelling
- Confusion
- Double vision or other vision changes
- Stiff neck

DIAGNOSIS:¹⁹

Methods for diagnosing chronic sinusitis include:

- **Imaging tests.** Images taken using CT or MRI can show details of your sinuses and nasal area. These might pinpoint a deep inflammation or physical blockage, such as polyps, tumors or fungi, that's difficult to detect using an endoscope.
- **Looking into your sinuses.** A thin, flexible tube with a fiber-optic light inserted through your nose allows your doctor to see the inside of your sinuses. This can help your doctor see a deviated nasal septum, polyps or tumors.
- **An allergy test.** If your doctor suspects that allergies might be triggering your chronic sinusitis, he or she might recommend an allergy skin test. A skin test is safe and quick and can help detect what allergen is responsible for your nasal flare-ups.
- **Samples from your nasal and sinus discharge (cultures).** Cultures are generally unnecessary for diagnosing chronic sinusitis. However, when the condition fails to respond to treatment or is worsening, your doctor may swab inside your nose to collect samples that might help determine the cause, such as bacteria or fungi.

TREATMENT^{20,21,22}:

Antibiotics, immunotherapy, nasal corticosteroids, saline nasal irrigation, oral or injected corticosteroids, allergy medications, aspirin desensitization treatment, antifungal treatment, surgery and contemporary medications are mostly chosen medications for treating chronic sinusitis. However, various references suggest that Homeopathic medications has also been given for treating in chronic sinusitis.

HOMEOPATHIC MEDICATIONS:

Homeopathy is practised in many regions of the world, especially in high-income countries, where it is the most popular treatment form among the traditional, complementary, or alternative medical therapies.^{23,24,25} Homeopathic prescribing accounts for concomitant symptoms in addition to the predominant pathology, therefore the same main diagnosis may be treated with different remedies in different patients ('individualisation'). The prescribed drugs ('remedies') are under constant debate. They are produced by alternating steps of diluting and agitating a starting substance ('potentiating'). After several repetitions, dilutions beyond Avogadro's number are reached, and the probability approaches zero that even a single molecule of the starting substance remains present in the drug. Such 'high potencies' are often used; however, their effects are the subject of scientific controversy.

Homeopathy in chronic sinusitis involves treating both the underlying disease and its predominant symptoms with dilutions of precipitating, or "starting," substances. Starting substances may contain *Pulsatilla* (windflower plant), *Sepia* (cuttlefish ink), *Lycopodium* (club moss or wolf's claw plant), or any number of other remedies. Clinical studies that have evaluated homeopathic remedies in chronic sinusitis are scarce. One researcher did conduct such an investigation—a prospective, observational study of 550 Asian Indian patients who had been diagnosed with chronic sinusitis and commenced on homeopathic treatment. At 3 and 6 months of follow-up, significant improvements were observed in

quality-of-life scores and radiologic evidence of chronic sinusitis. However, their study did not include a control group, and the homeopathic treatments varied greatly among patients, which made the results difficult to interpret.²⁶

In one study, the randomized double-blind trial with 47 physicians and 152 patients suffering from sinusitis examined the therapeutic effect of three homeopathic combinations and placebo on clinical symptoms. In all four groups acute sinusitis improved in 81% of the patients and chronic sinusitis in 67%, a result that is comparable to the rates published for conventional therapies. There was no noticeable difference between the groups and the placebo group (EBM evidence grade 1b). None of the groups reported adverse drug effects. The authors compared their study results with published reports on spontaneous resolution and the successful use of antibiotics and conclude similar success rates for all the therapies named. All in all, the authors evaluated the therapies available as insufficient and request that more practice-relevant conditions such as sinusitis find stronger consideration and that GPs become more involved in the research.²⁷

One prospective cohort study²⁸ followed 134 adult chronic sinusitis patients for 8 years to assess the efficacy of classical, individualized homeopathy delivered by 61 homeopathic physicians in different health centers. The authors focused on the use of homeopathic medicine in general rather than the specific treatments provided. Therapies consisting of various remedies and potencies were not standardized, but the most common homeopathic agents were *Sepia*, *Pulsatilla*, *Lycopodium*, *Phosphorus*, *Carcinosium*, *Nux vomica*, *Sulphur*, *Natrium muriaticum*, *Staphisagria*, and *Silicea*; these agents made up half of all the prescriptions. The study reported long-term improvements in physical component of SF-36 with greatest benefit at 2 years (mean increase of 5.53, 95% CI: 2.84–8.21, P < .001). The MCID of SF-36 for classical homeopathy was 6.35. The study population was heterogeneous with various comorbidities. During the study period, 43.3% of participants used other chronic sinusitis treatments, including conventional medications, surgery, and acupuncture. This study was not controlled, and neither was it blinded nor randomized. In addition to a moderate risk of selection bias, high risks of bias in comparability and outcome were revealed in the NOS. The outcomes were measured solely based on self-reports, and follow-up was not satisfactorily reported.

In one such interim analysis an observational study²⁹, Seventeen pre-defined trial medicines were selected by repertorising the diagnostic symptoms of chronic sinusitis.³⁰ The repertorisation was done using the complete repertory in Cara professional.³¹ These seventeen medicines which belonged to either 2nd or 3rd grade for the rubric “Inflammation, chronic sinusitis” were considered. These are: *Kali bichromicum*, *Kali iodatum.*, *Calcarea carbonica*, *Phosphorus*, *Mercurius solubilis*, *Arsenicum album*, *Hepar sulphuris calcareum*, *Pulsatilla nigricans*, *Sanguinaria canadensis*, *Silicea*, *Thuja occidentalis*, *Lycopodium clavatum*, *Hydrastis*, *Kali chloricum.*, *Cuprum metallicum*, *Nux vomica*, *Kreosotum*. On the basis of the totality of symptoms of each patient, the *similimum* was selected out of these 17 predefined homeopathic medicines and prescribed in centesimal potency (30C). Materia Medica was referred after thorough case taking for determining the *simillimum*. At the completion of the study, outcome assessment showed 61% marked improvement, 20% moderate, and 8% mild improvement. No significant improvement was observed in 10% and no change in symptoms was observed in one patient. Out of the 17 pre-defined medicines only 6 medicines which were prescribed are: *Calcarea carbonica* (30C, 200C, 1M), *Kali bichromicum* (30C, 200C, 1M), *Lycopodium clavatum* (30C, 200C, 1M), *Hepar sulphuricum* (30C, 200C), *Pulsatilla* (30C, 200C), and *Silicea* (30C, 200C, 1M). *Silicea* and *Calcarea carbonica* were indicated in 67% and 14% of the patients respectively with 86% improvement observed in the former and 88% of improvement in the latter. Thus, it was found that the most frequently indicated medicines were *Silicea* and *Calcarea carbonica* which is in consonance with the findings of Sharma et al³² and Ismail³³.

A prospective multicentre observational study³⁴ was aimed to provide an overview of contemporary homeopathic health care and the outcomes in 134 patients with chronic sinusitis. During the observation period, assessments of disease severity and health-related quality of life (QoL) consistently showed substantial improvements, although the disease was long-standing, and had previously been treated with conventional medicine. Similarly, the accompanying diseases (almost all chronic) were markedly

ameliorated. Although the major improvements took place within the first 3 months of homeopathic treatment, they were still seen after 8 years. Accordingly, QoL increased and use of health care services or conventional medication decreased markedly.

A study aimed to evolve a group of most effective homeopathic medicines in the management of sinusitis showed more useful medicines for the treatment of sinusitis viz. *Pulsatilla*³⁵, *Natrum mur.*, *Kali bichromicum*, *Silicea*, *Lachesis*, *Belladonna*, *Rhus Toxicodendron* and *Natrum sulphuricum*. It is also observed that different medicines have affinity towards particular type of sinus affected. *Pulsatilla* was frequently indicated medicine in this study. It had particular affinity for maxillary, frontal and fronto-maxillary sinusitis; it emerged as useful medicine when the prescribing symptoms consisted of thirstlessness, thick, purulent, greenish yellow catarrh. *Natrum sulph* like *Natrum mur.* also acted well in chronic fronto maxillary sinusitis but was worse during damp cold or monsoons.

Lachesis was useful in left sided chronic maxillary sinusitis, with dryness of mouth during sleep, nasal obstruction causing choking at night.

Kali bichromicum was the next most frequently indicated medicine in frontal sinusitis³⁶ with pain in supraorbital region, root of nose and scanty, sticky and purulent nasal discharge. *Natrum mur.* was another medicine which was in parallel to *Kali bichromicum*, indicated in chronic frontomaxillary sinusitis with supraorbital headache and aggravated around 9-10 am.

Natrum ars was used as specific medicine for sinusitis of chronic origin when there was obstruction, post nasal catarrh and pharyngeal congestion, aggravated in damp cold weather

Mercurius solubilis had favourable action on frontal sinusitis which was worse at night with nasal obstruction. Typically the patient had moist, thickly coated indented tongue with foul breath.

Calc.sulph. was indicated in chronic sinusitis with thick yellow discharge associated with burning in palms and soles. The symptoms were better from washing with cold water.

Hepar sulph. is another medicine which was indicated for acute sinusitis (frontal/ fronto-maxillary) becoming chronic with passage of time and it was associated with allergic rhinitis. These patients were much sensitive to cold.

*Sabadilla*³⁷ indicated mainly in left sided sinusitis associated acute rhinitis with sneezing, and getting relief from hot fomentation

Cassia sophera Q- found to be useful when prescribed on the presenting symptoms of blocked nose causing difficult breathing, sneezing in bouts. The medicine was given to patients suffering from chronic sinusitis of fronto-maxillary origin after the acute attack was abated. This corroborates with the findings of drug proving as well as clinical verification of *Cassia sophera*.³⁸

Various studies further suggested common remedies including *Sepia*, *Pulsatilla*, *Lycopodium*, and *Carcinosinum*³⁹ showed immunomodulatory and anti-microbial properties in other studies.^{40,41}

CONCLUSION:

Notwithstanding the study design, the review suggests probable effectiveness of homeopathy for allergies and infectious diseases of the upper respiratory tract. Tolerability of the treatment is very good and is not reduced through combination with conventional treatment. Economic advantages are possible due to the fact that homeopathic treatment can lessen the need for conventional medication. As per our review, evidences based on a multicentric trial of the study with definitive qualitative and quantitative parameters, laboratory/ radiology-based diagnosis and the evaluation of the subjects, on those parameters, is proposed to further substantiate the outcome of this study, thus improving health care with respect to health economics and patient benefit with the help of Homeopathic medicines.

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