



An evidence based case study to assess the efficacy of Homoeopathy in Chronic Suppurative Otitis Media

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Abstract : Chronic suppurative otitis media (CSOM) is a long standing infection of a part or whole of the middle ear cleft with ear discharge and perforation of tympanic membrane. It is predominantly a disease of developing world. Because of the nature and stage of disease, an anti-miasmatic treatment is more effective for reducing the recurrence and preventing complications. The remedy prescribed based on totality and miasmatic background showed that anti-miasmatic remedies were effective in managing such cases.

IndexTerms – CSOM, Homoeopathy, Anti-miasmatic, otitis, holistic.

I. INTRODUCTION

Chronic suppurative otitis media (CSOM) is a long standing infection of a part or whole of the middle ear cleft characterized by ear discharge and a permanent perforation of tympanic membrane.[9] The infection in the middle ear cleft are always threatening by way of the possibility of their extension to the adjacent intracranial tissues. The attack usually follows a common cold or influenza. Eustachian tube is the most common route of infection and the other path is through the traumatic perforation of the tympanic membrane. [16] It is predominantly a disease of developing world. It is also the single most important cause of hearing impairment in rural population.[9] .

A history of at least 2 weeks of persistent ear discharge should alert the problem. If the ear could be dry mopped well enough to see the ear drum, then the diagnosis of CSOM can be confirmed by visualization of the perforated tympanic membrane. The disease usually begins in childhood as a spontaneous tympanic perforation due to an acute infection of the middle ear , known as acute otitis media or as a sequel of less severe form of other types of otitis media. The infection may occur during the first 6 years of a child's life with a peak around 2 years.

The point of time when ASOM becomes CSOM still controversial. Generally, patients with tympanic perforation which continue to discharge mucoid material for 6weeks to 3 months, despite medical treatment, are regarded as CSOM. The WHO definition requires only 2 weeks of otorrhoea , but otolaryngologists tend to adopt a longer duration , more than 3 months of active disease. (20)

Dr. Hahnemann describes in aphorism 204-206 that all chronic affections and diseases properly so called must be cured only from within, by the Homoeopathic medicines appropriate for the miasm that lies at their root. Preliminary investigation of the miasm that lies at their root, of the simple miasm or its complications with a second or even with a third.(10) The morbid agents that are causally connected with production of diseases, were designated by a general term" Miasm or Miasma", during the time of Hahnemann.

Antimiasmatic medicines help to clear up the suppressions (in relation to the past); clear up the presenting symptoms from their root or origin (in relation to the present); and clear up the susceptibility to get infection and there by strengthening the constitution (in relation to the prophylactic aspect or future)[2] .

II. Definition

Otitis media is an inflammation of a part or all of the mucoperiosteal lining of the middle ear cleft. Otitis media is essentially a clinically based disease, while during the course of disease exudation, suppuration and proliferation or necrosis of the tissue occur.[14] Two major forms of otitis media are Acute suppurative otitis media(ASOM) and Chronic suppurative otitis media(CSOM)

CSOM is a chronic inflammatory process involving the middle ear cleft producing irreversible pathological changes .(16) It is characterized by perforation of tympanic membrane and persistent drainage from the middle ear, lasting more than 6- 12 weeks. The perforation becomes permanent when its edges are covered by squamous epithelium and it does not heal spontaneously and becomes an epithelium lined fistulous tract.(9)

III. Epidemiology

Incidence is higher in poor socioeconomic classes. Poor nutrition and lack of health education are the contributing factors. Affects all ages and both sexes. In India the prevalence rate is higher in rural area (46/ 1,000 persons) than urban area (16/ 1,000 persons).(3) Prevalence surveys, which vary widely in disease definition , sampling methods and methodologic quality, show that the global burden of illness from CSOM involves 65- 330million individuals with draining ears, 60% of whom suffer from significant hearing impairment. CSOM accounts for 28,000 deaths and a disease burden of over 2 million DALYs. Over 90% of the burden is borne by countries in the South-East Asia and Western Pacific regions, Africa, and several ethnic minorities in the Pacific Rim. CSOM is uncommon in the Americas, Europe, the Middle East and Australia.(20)

IV. Aetiology

- Few attacks of acute middle ear infection which failed to resolve completely.
- Acute infectious diseases in childhood.
- Disorder of ventilation and retraction pocket formation.
- Long standing secretory otitis media.
- Insidious chronic keratinizing process seen in attic and postero- superior part of tympanic membrane.(8)

V. Predisposing factors

- o Recurrent upper respiratory tract infection, nasal allergy, chronic rhinosinusitis
- o Enlarged adenoids, chronic tonsillitis etc..
- o Bathing and swimming in pools , picking of ear with infected material etc. .
- o Malnutrition and hypoglobinaemia.(8)

VI. Clinical features

- Recurrent otorrhoea- Discharge is watery or mucoid or mucopurulent. Profuse but nonfoetid. Ear is dry in between the infection. In permanent perforation ear is often dry for long periods.
- Deafness
- Progressive deafness. Conductive type , mild or moderate depending on the site and size of perforation.
- Pain
- Usually absent, may be present due to secondary infection.(8)

VII. Diagnosis

- Otoscopy - Central perforation of tympanic membrane. It is dry in between the infection. Some times Eustachian tube can be seen through a big perforation. Middle ear mucosa is found to be pink or velvety. Occasionally pale oedematous mucosa may protrude through the perforation as a polyp.
- Source of infection is seen in the nose or nasopharynx which is the cause of persistence of the disease.
- Tuning fork test - Rinnie „s test is negative and Weber“s test is lateralized to the diseased side. It indicates conductive deafness. In bilateral lesion Weber is lateralized to the more deaf ear or in the centre if equally deaf.
- Audiogram – Confirms conductive deafness with A-B gap.
- X-ray mastoid / CT temporal bone - Mastoid is usually sclerotic but may be pneumatized with clouding of air cells. No evidence of bone erosion.
- Culture of the discharge – to identify the organism.(8)

VIII. Course of the disease Divided in to 4 stages

- Active stage - Ear is actively discharging.
- Quiescent stage – Ear is not discharging for some times but history of otorrhoea in the past.
- Inactive stage – History of otorrhoea but the ear is dry for a period up to 3-6 months.
- Healed stage – Perforation has healed up with or without adhesive changes and ear is permanently dry. Associated with tympanosclerosis or conductive deafness.(8)

IX. Miasmatic characteristics of ear symptoms.

a) Psoric otitis - Otitis occurs with dryness of the meatus. Meatus and canal appear dry and lustreless. Dry scales. Functional disturbance of the ear. Constant itching, sensation of crawling, dryness and pulsation in the ears. Very sensitive hearing. Sound causes pain in the ears. Nervous restlessness and anxieties may accompany.

b) Sycotic symptoms: Profuse exudation. Ear appears swollen and thick about the pinna and can be oedematous. Stitching, pulsating, wandering pains. Incoordination in the sense of hearing causes the Patients hears better in noisy places. Ear pain < during day and by change in the weather. Pain in the ear make the patient physically restless.

c) Syphilitic symptoms: Ulceration. All structural and organic ear problems .Mastoiditis occurs with degenerative changes in the bones. Degenerative inflammation and destruction of the ossicles of the ear. Burning , bursting and tearing ear pains. Impairment and total loss hearing may occur. Otitis media with offensive discharge of pus < at night and from warmth. Otitis media is a concomitant with common cold, eruptions, measles, chicken pox etc.[2]

X. Leading Anti-Miasmatic remedies

- A. Psora - Calc. Carb., Capsicum, Graphitis, Hepar. Sulph., Lycopodium, Phosphorus, Psorinum, Sulphur, Tuberculinum, Zincum. Met..
- B. Sycosis - Causticum, Medorrhinum, Merc. Dulcis, Merc. Cor, Natrum. Sulph ,Nitric acid, Pulsatilla, Pyrogen, Sepia, Staphysagria, Thuja, Tuberculinum.
- C. Syphilis - Aurum. Met. ,Fluoric acid, Merc. Sol., Mezerium, Nitric Acid, Phosphorus, Phytolacca, Tarentula, Syphillinum, Silicia, (2)

XI. CASE STUDY :-**PERSONAL DATA**

Date : 14/11/2022

Name of the patient: Mrs. R

Age : 57 yrs

Sex : F

Religion: Hindu

Nationality: Indian

Occupation: Housewife

Family size: 4 Members

Diet : Mixed

Address: Rajkot

. H/O PRESENT ILLNESS;

The patients complaints of itching and purulent discharge from right ear since her 15 yrs of age. She has done a surgery for this complaint. She took Allopathic and Ayurvedic medication. But she didn't get any relief.

H/O PREVIOUS ILLNESS WITH TREATMENT ADOPTED:

Since 2 yrs : Dyslipidaemia

Before 8 yrs : Surgery done on right ear for CSOM.

FAMILY HISTORY:

Mother - Diabetes Mellitus

**2. PRESENTING COMPLAINT(S)**

Complaints with duration	Location & extension	Sensation/ character & pathology	Modalities(<, >) & A/F(=)	Concomitants/ associated symptoms with duration
Pain, itching, discharge of pus on Ear(both) Since childhood (first right; then now left)	Ear (both) since childhood (first right and then left)	slight pain Itching Pus discharge Offensive discharge Sound hearing on ears.	<getting wet < from cold exposure <touch < cold food < cold drinks < cold air >rubbing with buds	Impairment of hearing Vertigo

GENERAL SYMPTOMS :

Appetite - Normal
 Stool - Regular
 Thirst - Normal
 Urine - Normal
 Sleep – Good
 Sweat – Normal

Mental generals :

Co-operative
 Desire company

Reaction to: Thermal: Chilly

Desire covering
 Aversion fanning
 Desire warm food and drinks.

Systemic examination:

O/E Ear: Surgical scar present on posterior part of right ear. Greenish-yellowish discharge present in left ear.
 Rinne's test: Right side-Negative. Left side: Negative
 Weber's test: Lateralised to right ear(Conductive deafness)

A. Analysis of case:

Common symptoms	Uncommon symptoms
Pain in ears < cold exposure < touch < cold foods < cold drinks < getting wet Vertigo Offensive pus discharge from ears. Sound hearing on ears.	Desire warm food and drinks

B. Evaluation of symptoms:

Mental general	Physical general	Particular
<p>Co-operative</p> <p>Desire company</p>	<p>D – warm food and drink</p> <p>Thermal: chilly</p>	<p>Pain in ears</p> <p>< cold exposure</p> <p>< touch</p> <p>< cold foods</p> <p>< cold drinks</p> <p>< getting wet</p> <p>Offensive pus discharge from ears.</p> <p>Sound hearing on ears.</p>



C. Miasmatic Analysis

Psora	Sycosis	Syphilis
<p>Sound hearing on ears .</p> <p>Itching</p>	<p>Pain in ears< cold exposure .</p> <p>Vertigo</p>	<p>Offensive pus</p> <p>discharge from ears.</p> <p>Loss of hearing</p>

TOTALITY OF SYMPTOMS:

- CO-OPERATIVE
- DESIRE WARM FOOD AND DRINKS

PAIN IN EARS

< COLD EXPOSURE ,
 < TOUCH,
 <COLD FOODS
 <COLD DRINKS
 <GETTING WET

SELECTION OF MEDICINE;
 (repertorial/ non repertorial) Non-repertorial

SELECTION OF POTENCY AND DOSAGE; (justified)
 According to the susceptibility of the patient and Homoeopathic principle.

PRESCRIPTION :

Rx
 MERCURIUS SOLUBILIS 200 one dose stat orally
 Sac Lac 4 pills TDS for 7 days

FOLLOW UP :-

22/11/2022

Discharge of pus in left ear feels slightly better; but persists. Sound heard in left ear feels better than before. Occasionally vertigo present since 1 month Generals: Good

Rx
 MERCURIUS SOLUBILIS 200 one dose stat orally
 Sac Lac 4 pills TDS for 7 days

28/11/2022

Discharge of yellowish pus in left ear feels slightly better than before. Itching occasionally present. Sound heard in left ear feels better than before. No offensiveness of the discharge. Generals: Good

Rx
 Sac Lac 4 pills TDS for 7 days

06/12/2022

Discharge of pus from left ear persists as same. Itching feels better than before; but occasionally persists. Sound heard from left ear feels better than before. Generals: Good

Rx
 MERCURIUS SOLUBILIS 200 one dose stat orally
 Sac Lac 4 pills TDS for 7 days

14/12/2022

Yellowish discharge from left ear occasionally persists. Pus like discharge from right ear persists. Pain and oedema in both ears occasionally persists. Itching present on both ears. Generals: Good

Rx
 MERCURIUS SOLUBILIS 1M o
 ne dose stat orally Sac Lac 4 pills TDS for 7 days

23/12/23

Colourless watery discharge from the left ear. Pus like thick discharge from the right ear. Itching over both ears feels better. Left ear feels blocked and hearing sensation impaired when the discharge comes. Tinnitus present in the left ear.

O/E: Yellowish discharge present in the right ear. Generals: Good Rx Sac Lac 4 pills TDS for 7 days

03/01/2023

Pain and itching on both ears feels better;but persists. Tinnitus present in left ear. Watery discharge present from left ear. Generals:Good O/E: Weber's test: Lateralised to the right ear Rinnie's test: Left side: Negative(BC>AC) Right side-Negative.

Rx - Sac Lac 4 pills TDS for 7 days

11/01/2023

Tinnitus better than before. Tinnitus absent in left ear; oozing of discharge from left ear feels stopped. Itching in both ears reduced markedly. So patient was prescribed SL and asked to return if any complaint arises

Rx - Sac Lac 4 pills TDS for 7 days

Conclusion :-

In modern medicine the line of management is antibiotics, antibiotic ear drops, analgesics, nasal decongestants and Myringoplasty for perforation . Prolonged use of these medicines leads to suppression of the symptoms and the disease goes to deeper level results in serious complications.

Recurrent attack of otorrhoea, conductive type of deafness, otalgia due to secondary infection and otoscopy shows perforation of tympanic membrane are the features. [8] Continued infection in the absence of proper therapy produces irreversible pathological changes. The most important factor is that the outcome of otitis media is total hearing loss if it remain untreated. Treatment based on history, physical examination findings and investigation if needed. Homoeopathy differs with regular medicine in its interpretation and application of several fundamental principles of science. It is these differences of interpretation and the practice growing out of them which give Homoeopathy its individuality and continue its existence as a distinct school of medicine.[7] A healthy life style and antimiasmatic treatment with Homoeopathy will lower the prevalence and complications of CSOM.

In Homoeopathy, according to Dr. Hahnemann diseases are dynamic in origin and these dynamic diseases are classified in to acute and chronic. Chronic diseases are due to chronic miasms. These miasms are inherited in our body, when these chronic diseases are treated with anti-miasmatic remedies it act on the vital force and improves the immunity of the patient, lessens the chance of disease going in to the deeper level and reduces the complications

REFERENCES

1. Allen. J.H.; The Chronic Miasm, Psora and Pseudo-psora; Vol. I and II; New Delhi: B Jain Publishers (P) Ltd; Reprint edition 2004;
2. Banerjea SubrataKumar -Miasmatic diagnosis,practical tips with clinical comparisons – -B.Jain Publishers (p)LTD.New Delhi-110055, Revised Edition-2003,2005,- page no.33,35
3. Bansal Mohan – Diseases of Ear, Nose & Throat with Head & Neck surgery, Jaypee brothers medical publishers, 2nd edition-2015, page no. 217, 218, 219,220, 225, 226,227
4. Boericke William MD- Pocket manual of Homoeopathic Materia Medica& Repertory- B.Jain Publishers(P)LTD.New Delhi.,Reprint Edition 2003.,p.73
5. Boger.C.M.M.D.-Boenninghausen's Characteristics Materia Medica and Repertory with word index-B.Jain Publishers(P)LTD. Reprint Edition1998 p.351
6. Choudhury Harimohon; Indications of Miasm; New Delhi: B.Jain Publishers pvt ltd; Second edition Reprint 2006;
7. CloseStuart MD.,The genius of homoeopathy Lectures and essays on Homoeopathic Philosophy.,Reprint 1995, B. Jain publishers PVT.LTD. New Delhi-110052 Page No 87
8. De Syamal kumar, Fundamentals of Ear, Nose, Throat& Head-Neck surgeryMohendra Nath paul,The new bookstall 5/1, Ramnath majumder street, Kolkatta , 9th edition- P.80,81,82, 85, 86, 88,89 49
9. Dhingra.P.L.- Shruti Dhingra ,Disease of Ear ,Nose& Throat-Reed Elsevier India pvt.Ltd.- 5th edition- p.69,77,78
10. Hahnemann Samuel , Organon of medicine, 6th edition,Translated from 5th Edition with an appendix by R.E.Dudgeon,MD.,with addition and alteration as per 6th Edition translated by William Boericke.MD.,and introduced byJames Krauss.MD., B. Jain publishers PVT.LTD.1921,ChunnaMandi, street No 10 New Delhi-110055.
11. <https://blogs.biomedcentral.com/onhealth/2015/08/13/otitis-media-still-neglected-India-saumyadipsarkar13Aug2015>
12. <https://homoeopathyusa.org>otitismedia> American Institute of HomoeopathyOtitis media
13. Kent.J.T AM,MD.,-Repertory of the Homoeopathic Materia Medica- B. JainPublishers(P)LTD New Delhi-low price Edition2002-p.286
14. LudmanHarold M.B(Camb),FRCS(Eng), Mawson's disease of the Ear, - British Library cataloguing in publication data,-5th edition-P.402
15. Maran AGD- Logan Turner's diseases of Nose,Throat& Ear – 10th edition-p. 283
16. Maqbool Mohammad ,Maqbool Suhail,Text book of Ear,Nose &Throat disease- Jaypee brothers medical publishers(p)Ltd- 12th edition,-Page no.40,41,42,46,47
17. Patel P. Ramanlal; Chronic miasms in Homoeopathy and their cure with Classification of their rubrics/symptoms in Dr.Kent's Repertory (Repertory of miasm); Kottayam: Hahnemann Homoeopathic Pharmacy; Indian edition. 50
18. Pathak.S.R. MBBS.-A Concise Repertory of Homoeopathic MedicinesAlphabetically arranged,- B.JainPublishers(P)LTD,- 4thEditionRevised and corrected, p.108
19. Roberts. A. Herbert; The Principles and Art of Cure by Homoeopathy; A modern textbook; New Delhi: B. Jain publishers pvt ltd.
20. <http://www.WHO.int>pbd>publications>chronic/suppurative/otitis/media> Burden of illness& management options, WHO Geneva, Switzerland 2004.