



Review Article

Efficacy of Kali Group of Medicines in Sinusitis

Chetan Swami and Kanchan Desarda

Guru Mishri Homoeopathic Medical College & PG Institute, Shelgaon, Jalna

ABSTRACT

Paranasal sinuses inflammation can be triggered by the insufficient draining owing to allergies, nose structural problems, or nose infections. This can follow chronic headache and in turn lead to more absentees in working days. Group study is the primary step to understand each remedy to its fullest aspect. Group study is among the ways to make study of Materia medica simpler and livelier. Hence, kali group is studied here.

Keywords: Sinusitis, Kali Group, efficacy



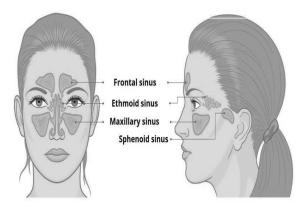
Address for Correspondence: Dr. Chetan Swami Guru Mishri Homoeopathic Medical College & PG Institute, Shelgaon, Jalna (MS) India Conflict of Interest: None Declared!

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INTRODUCTION

In recent years respiratory problems have become more prevalent in our society, amongst these problems there is the everpersistent sinusitis. There are higher rates of sinusitis in the South, Midwest, and among women. Effects of sinusitis are leave from work, regular visits to doctor and causes spending of money on over-the-counter medication. Sinusitis is diagnosed more frequently than hypertension, arthritis, and all other adult respiratory diseases. It has become the number one chronic illness for all age groups based on to the statistics of national center for disease.



Clinical features

Acute sinusitis is usually from a direct extension of infection from nasal cavity

Pain

Congestion of sinuses is usually the reason of a sinus headache. Pain is likely to be centered above the nose, between the eyes, around the eyes, and in the cheek area.

The headache is generally accompanied by tenderness in the painful area. The pain mostly intensifies with head movement like bending forwards, or even while simply blowing the nose.

The site of pain varies with the sinus involved; Ethmoidal sinusitis gives pain over the bridge of the nose and between the eyes. The pain of Frontal sinusitis is at the supraorbital area, showing periodicity, starting in the forenoon, and increase about mid-day and decreasing in the afternoon.

Sphenoidal sinusitis can cause occipital, vertical or retro–orbital pain.

Nasal discharge

A nasal discharge of thick yellow- greenish mucus, depending on duration of sinus infection or a thin watery discharge from nose from rhinitis.

Postnasal drip

Cardinal symptom of c/c sinusitis is post nasal drip. It may be intermitting, mucopurulent and mostly obvious as post nasal drip into the nasopharynx, as the cilia move the thickened mucous blanket posteriorly and the ostium of the most commonly involved maxillary antrum lies most posteriorly at center meatus.

Nasal Obstruction

Is there both because of the thickening of the nasal mucosa post inflammation and the thick tenacious secretion. Stuffiness will be more marked in the recumbent position.

Alternations in the sense of smell

Are linked with c/c sinusitis. Anosmia is because of poor airflow in superior meatus due to nasal blockage. Cacosmia is the awareness of the unpleasant smell of purulent secretions, which is more common in c/c sinusitis of dental origin.38

Epistaxis:

Inflammatory hyperaemia in nose may result in epistaxis but is - uncommon.

Cough

A cough is generally caused by post nasal drip related to sinus infection symptoms mucus entering into the bronchial tubes or into the windpipe, irritating the larynx,

Etc. A sore throat can be often caused by this problem.

General symptoms like fever, weakness, foul breath, and photophobia are also complained in addition to this by the patients.

Physical Signs in sinusitis the important ones are

Temperature-raised,

Tongue-furred and dry.

Tenderness on pressure on the affected sinuses

Swelling and erythema over the maxillary / orbital / frontal region

Anterior rhinoscopy hyperemia, oedema, crusts, purulence, polyps etc

Nasal endoscopy shows bluish color of turbinates; pus at the centre meatus / sinusostia, polyps, concha bullosa (large pneumatized middle turbinate) and anatomic anomalies (deviated nasal septum)

Major symptoms

Facial pain/pressure

Facial congestion/fullness

Nasal obstruction

Nasal discharge: purulent, or colourless postnasal drainage •

Hyposmia / anosmia

Purulent discharge in nose

Fever (acute sinusitis) Minor symptoms Headache

Halitosis

Fatigue

General Measures

Reduce normal activities until fever, pain, and other acute symptoms subsides.

Drink lots of fluids, especially water, to help loosen secretions. Six to eightextra cups of water a day.

Blow the nose gently, rather than forcefully

Elevating head when lying down will give relief from the stuffy feeling.

Treat Allergies and Upper Respiratory Tract infections.

Patients should retain form Alcoholic drinks, since it will cause congestion ofnasal or paranasal mucosa.

Steam inhalation.

Avoid air travel.

Avoid smoking and adverse environmental exposure (pollution)

Avoid extremes of temperature, because sudden change in temperature willincrease sinus pain.

Avoid bending with head down

Avoid contact with things that trigger attacks.

Types of sinus infections Acute sinusitis

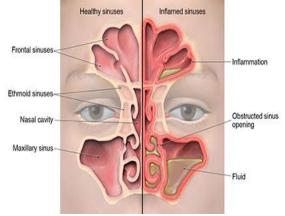
Acute sinusitis has the shortest duration. A viral infection brought on by the common cold can cause symptoms that typically last between 1 and 2 weeks. In the case of a bacterial infection, acute sinusitis may last for up to 4 weeks Trusted Source. Seasonal allergies can also cause acute sinusitis.

Subacute sinusitis

Subacute sinusitis symptoms can last for up to 3 months. This condition commonly occurs with bacterial infections or seasonal allergies.

Chronic sinusitis

Chronic sinusitis symptoms last for more than 3 months. They're often less severe. Bacterial infection may be to blame in these cases. Additionally, chronic sinusitis commonly occurs alongside persistent allergies or structural nasal problems.



Homoeopathic approach in sinusitis with kali group

Kali phos Kali sulph Syphilitic. Chilly Fagged Neurotic Sycotic. Hot Skinny Degenerant. Plethoric Paralytic Aged Degenerant Atrophic SUL Torpid. Weariness Catarrhal. Cancerous. Calcareous Calcareous Hysterical, Heaviness KALI BROM KALI SIL Syco-syphilitic. Hot Active Anti-rest. Syphilitic. Chilly Exudative. Torpid Epileptic. Paralytic BROM Calcareous SIL Calcareous. Adynamic Hysterical Periodical. Paranoiac Suppurative. Ulcerative Scrofulous. Degenerant KALI BICH **KALI ARS** P Syphilitic.Ambi-therma Ulcerative Psoro-syphilitic Chilly. Calcareous Adherent Rheumatic. Catarrhal Calcareous ARS. Cachectic. Skiny Skinny. Sensitive Cancerous. Epileptic Exudative Neurotic. Cancerous KALI IOD **KALI CARB** Catarrho-rheumatic Slow. Calcareous Warm-blooded Cancerous Scrofulous Paralytic. Dyspeptic Devitalised. Chesty Exudative. Syphilitic Degenerant. Dropsical. Sensitive Atonic. Dry. Phthisical Calcareous Destructive. Cachectic

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