

## Review Article

# Scope of Homoeopathic Management of Chronic Suppurative Otitis Media- A Case Report

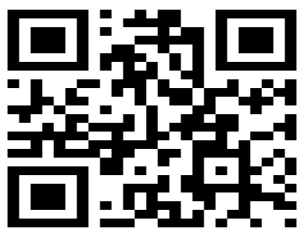
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### ABSTRACT

Disease by its definition is an abnormal vital process, a changed condition of life, which is inimical to the true development of the individual and tends to organic dissolution. The diseases of the Ear, Nose and Throat are one such class of diseases that cause considerable morbidity and disability among the population. Homoeopathic remedies annihilate the disease as well as prevents the complications associated with it. However further studies are needed to understand the finer aspects of the disease.

**Keywords:** Chronic suppurative otitis media, homoeopathic management



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## INTRODUCTION

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.

Two major forms of otitis media are Acute Suppurative Otitis Media (ASOM) and Chronic Suppurative Otitis Media (CSOM).

**Acute suppurative otitis media (ASOM):**

### Routes of Infection

Via Eustachian tube- It is the most common route. Infection travels via the lumen of the tube or along sub epithelial peritubal lymphatic.

Eustachian tube in infants and young children's is shorter, wider and most horizontal thus causing higher incidence in children's.

Swimming and diving also force water through the tube into the middle ear.

Via external ear- traumatic perforations of tympanic membrane due to any cause open a route to middle ear infection.

Blood borne- this is an uncommon route.

### Predisposing Factors:

Recurrent attack of upper respiratory tract infections.

Nasopharyngeal or nasal packs

Infections of tonsils and adenoids

High deviated nasal septum

Nasal polyps

Rhinitis and sinusitis

Tumours of nose and nasopharynx

Short, straight, wide eustachian tube.

### Causative Micro-organisms

Viruses involved are respiratory syncytial virus, Human rhinovirus, Human coronavirus, Influenza virus type A, Adenovirus. About 30% is viral alone but associated bacterial infection is common

Viral nasal infection precedes the bacterial ear infection. Common bacterias causes otitis are Haemophilus influenza, Pneumococcus, Betahaemolytic streptococci, Moraxella catarrhalis, and Staphylococcus aureus etc.

It is a pyogenic bacterial infection of the middle ear. It occurring at all ages and particularly in children. It consists of middle ear effusion and features of acute infection

such as fever, ear pain and bulging of ear drum.

### **Chronic suppurative otitis media (CSOM)**

CSOM is a chronic inflammatory process involving the middle ear cleft producing irreversible pathological changes. 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.

### **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.

### **Factors responsible for the chronicity of CSOM:**

Poor drainage of inflammatory exudates.

Eustachian tube dysfunction, patulous tube etc.

Aerobic and anaerobic flora.

Middle ear infection from nasopharynx and respiratory tract in chronic respiratory diseases.

Osteitis and granulation tissue blocking drainage.

Presence of keratinizing squamous epithelium and debris help growth of organism and also cholesteatoma formation.

Diffuse mucosal changes with scarring and devascularisation.

Immune deficiency and recurrent upper respiratory tract infection.

### **Clinical Features:**

**No symptoms** – Remain asymptomatic in initial stage of disease.

**Ear discharge** – The discharge is purulent, foul smelling and scanty in amount occasionally blood stained. The discharge is so scanty that the patient is unaware of it. The cessation of discharge in a continuously discharging ear is a threatening sign. The

perforation might be sealed by crusted discharge, mucosa or polyp leads to obstruction to the free flow of purulent discharge result in complications.

**Hearing loss**- Conductive deafness. Deafness is of slow onset, progressive due to ossicular destruction and may be associated with tinnitus. Hearing is normal when ossicular chain is intact. In some cases where cholesteatoma bridges the ossicular gap hearing may be good.

**Bleeding** can occur from granulations and red fleshy polyp while cleaning the ear.

*Ear ache, vertigo, facial palsy, headache, vomiting, ataxia and fever* signify the onset of complications such as extradural abscess, labyrinthitis, meningitis, facial paralysis, jugular venous thrombosis etc.

### **Complications of CSOM**

Extradural abscess and Perisinus abscess

Labyrinthitis and cerebellar abscess

Facial palsy due to erosion of facial canal.

Meningitis.

Brain abscess.

Mastoiditis.

### **Homoeopathic therapeutics**

People often develop middle ear infections (otitis media) during colds; however, ear infections can occur at any age. Allergy or swelling of the tonsils and adenoids may block the Eustachian tubes and sinus passages, and inflammation and fluid can increase in the middle ear, causing pressure, pain, and sometimes even a ruptured eardrum and discharge. A different kind of ear infection (otitis externa) affects the outer ear and the sensitive skin inside the ear canal; it often starts with a scratch that gets infected by bacteria or fungus (swimmer's ear), becoming swollen, inflamed, and very painful.

**1. Aconitum Napellus:** This remedy is indicated if an earache comes on suddenly with cutting, throbbing pain—often after exposure to cold and wind, or after a shaking experience. The person usually is fearful, agitated, and restless. Fever may be high and thirst is strong. Symptoms are often worse near midnight, and can even wake the person up.

**2. Belladonna:** Intense bouts of earache that come and go very suddenly, with heat and inflammation, suggest a need for this remedy. Pain can be pounding or throbbing, and may be worse from jarring. The person usually has a fever, a flushed red face, eyes that are sensitive to light, and skin that is hot to touch. The right ear is most often affected. A child needing *Belladonna* may feel drowsy with the fever, or be restless and have nightmares.

**3. Chamomilla:** Paroxysms of pain that seem intolerable suggest a need for this remedy. Children may seem angry and beside themselves, and often scream and hit. They may feel better from being carried constantly and vigorously walked around or rocked. Ear pain and other symptoms are worse from heat and wind, and the cheeks (often only one) may be hot and red.

**4. Ferrum Phosphoricum:** This remedy can soothe the ache and inflammation of an ear infection—or even stop it, if given when the symptoms have just begun to show. The person looks pink and flushed, with fever and a feeling of weariness. The outer ear may look warm and pink, and the eardrum can slightly bulge.

**5. Hepar Sulphuris Calcareum:** This remedy is indicated when an earache is very painful or infection is advanced (with a bulging eardrum or pus formation). Stabbing, sticking pains “like a splinter being driven in” are a likely indication. The person is very sensitive to everything, especially cold and drafts, and may feel extremely vulnerable and touchy.

**6. Magnesia Phosphorica:** An earache that feels much better when warmth and pressure are applied suggests a need for this remedy. The pain may be mostly neuralgic, with little evidence of fluid or infection.

**7. Mercurius Solubilis:** This remedy may be helpful if an ear infection is advanced, with pus formation, shooting pains, and roaring in the ear. A person who needs this remedy is often very sensitive to temperatures (both hot and cold), has swollen lymph nodes, offensive breath, a puffy tongue, and sweat and drooling during sleeping.

**8. Pulsatilla:** This remedy is often indicated for ear infections that follow or accompany a cold. (Cold symptoms include a stuffy nose, especially indoors, and large amounts of yellow or greenish mucus.) The ear may be hot and swollen, with a feeling that something is pressing out. Pain can be worse in the evening and at night, as well as worse from heat, with a pulsing sensation. Deep itching may be felt inside, especially if ear infections are chronic. A child needing *Pulsatilla* usually is sad and tearful, wanting to be held and comforted.

#### **CASE PRESENTATION-**

A Case of Mrs. PSD of 27 yrs –housewife presenting with given complaints-

**Chief Complaint**

Discharge from both ears since 3 months mucoid, watery discharge

Pain in both ears <right side-3 months stitching type of pain <night.

Impaired hearing since 8 years.

#### **History of Present Complaints-**

Complaint of ear discharge started at the age of 6 years. Used to get recurrent attacks since then, but subsides with medication.

From the age of 3 years she has hardness of hearing. But it was not a noticeable deterioration of hearing. Earache used to be there from the age of 17 years and now it is only of 3 month duration.

#### **Past History**

Recurrent attack of sore throat since childhood

Urinary tract infection- 2 years back

Recurrent attack of boils on thigh-left

#### **Family History**

Father- Died of bronchial asthma-(when patient was 3 years old)

Younger sister- recurrent tonsillitis

Elder sister- hypertension

Mother –nad

#### **Personal History**

Born and brought up in a low socio-economic class family. Studied up to 10th standard. Poor in studies. Married at the age of 20. No addictions and habits

Developmental Landmark-Normal

Appetite - good

Thirst- normal prefers cold water

Desires- Cold drink++ milk++ , fish  
Aversion- Meat++  
Stool- Requires great straining to pass stool  
Urine- H/O urinary infection since two years.  
Perspiration- Profuse, especially on head++  
Sleep /dreams-Good, disturbed due to dreams  
Covers even during summer  
Dreams of river, sea, swimming, robbers  
Thermals -  
Weather changes-< winter  
Covering- required  
Bath- Luke warm in all season  
Fan- required.  
</> in general- <Uncovering  
Menstrual History -  
Menarche- 14 years. Regular-4/28 days cycle  
dysmenorrhea.  
Bright red blood  
Colicky pain in abdomen during menses.  
Obstetric History- 1 FTND

### **Regional**

Extremities- Deformed nails of fingers of hands, swelling and pain of right index and middle finger (paronychia ) pain > warmth ++

### **Mental Characteristic -**

< Contradiction ++ patient get very much irritated when others contradict her views, hates those people. Timid. A/F- Mental Plane-contradiction

General Examination -

Built – moderately built and nourished +

Anaemia-no pallor

Odema-absent

Cyanosis-absent

Icterus-absent

Clubbing- absent

Lymphadenopathy-absent

Pulse -70/min

B.P- 114/68mm of Hg

Temperature- afebrile

Local Examination-

*Otoscopy -*

Right ear- small central perforation, mucoid watery discharge Middle ear mucosa red

Left ear- Large central perforation. Muciod discharge- thin watery middle ear mucosa cannot be assessed because the defect in tympanic membrane is small.

Rinne test- negative both side

Weber test- lateralize to right Examination of URT -

Anterior Rhinoscopy- NAD

Throat – NAD

Tonsils- tonsils removed

CVS,RS,CNS,GIT- NAD.

Provisional Diagnosis -

CSOM

Lab Investigations-

Blood-TC- 8200 cells/cumm

DC-P-48%,L-48%, E-4%, Hb-11.5gm%, ESR-20 mm/hr.

X- Ray – no cavities or bony erosion

### **Final Diagnosis**

CSOM {Bi- lateral Tubo-Tympanic)

### **Totality of Symptoms-**

B.P- 114/68mm of Hg

Temperature- afebrile

Local Examination-

*Otoscopy -*

Right ear- small central perforation, mucoid watery discharge Middle ear mucosa red

Left ear- Large central perforation. Muciod discharge- thin watery middle ear mucosa cannot be assessed because the defect in tympanic membrane is small.

Rinne test- negative both side

Weber test- lateralize to right

### **Repertorial totality**

Mind- Contradiction is intolerant of

Sleep- Dreams water

Stomach-Desires cold food

Stomach- Desires milk

Stomach- Aversion meat

Head- Perspiration- scalp

Abdomen-Pain menses during

Ear Discharge- Watery

Ear Suppuration-middle ear

Extremities- crippled finger nails

PRESCRIPTION –Silicea 200 bd

SL 4-4-4 for 15 days

Dry mopping of ear with sterile cotton Use ear plug.

### **Follow Up**

6-7-2020- discharge from both ear present, pain in ear >, impaired hearing, perforation present SL 4-4-4 for 15 days

22-7-2020- discharge >, pain 0, hearing impaired +, perforation present

SL 4-4-4 for 4 week Rubrum- 4 packets once in a week

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