

## Review Article

# Nasal Polyps and Its Homoeopathic Management

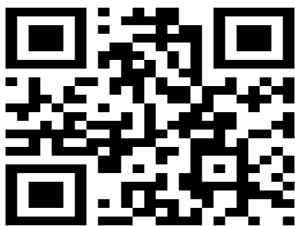
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### ABSTRACT

Nasal polyps are painless growths inside the nose or the hollow areas inside the bones of the face, also known as sinuses. Nasal polyps aren't cancer. Small nasal polyps might not cause symptoms. Larger growths or groups of nasal polyps can block the nose. They can lead to breathing problems, not being able to smell and infections. Nasal polyps can affect anyone. But they're more common in young and middle-aged adults. Medicines can often shrink nasal polyps or get rid of them. But surgery might be needed to remove them. Even after treatment, nasal polyps often come back. Nasal polyps are linked to irritation and swelling, also called inflammation, of the inside of the nose and sinuses that lasts more than 12 weeks. This is known as chronic sinusitis. But it's possible to have chronic sinusitis without getting nasal polyps. People who have small nasal polyps might not know they have them. But having more than one polyp or having a large polyp can block the nose.

**Keywords:** Nasal polyps, Allergic rhinitis, Rhinosinusitis, The Meltzer Clinical Scoring System, Homoeopathic approach



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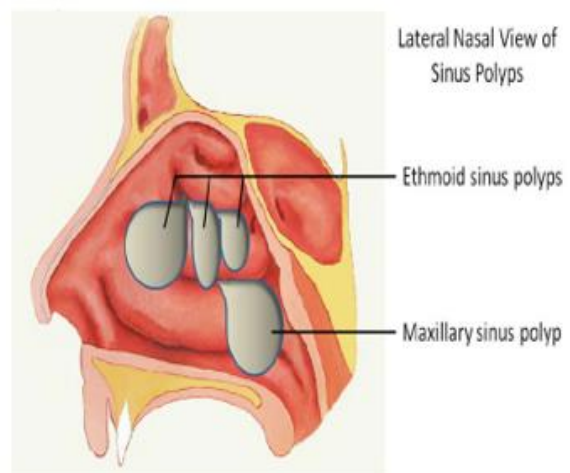
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### INTRODUCTION

Nasal polyps are the benign inflammatory, hyperplastic outgrowths of the sinus and nasal mucosa. The most common presentation is seen in patients who are suffering from chronic rhinosinusitis. Once the polyps have been diagnosed, local and systemic therapy aimed at controlling the underlying allergic etiology must be considered, or else they can rapidly recur. Presentation of the case ranges from asymptomatic persons to patients with significant nasal obstruction, nasofacial congestion, anosmia, ageusia, and rhinorrhoea markers in their mucus membrane (which lines the sinuses and nasal cavity), compared to those who do not develop nasal polyps.



The development of nasal polyps is associated with CRS, which is nothing but the inflammation of the nasal passages and sinuses lasting 12 weeks or more. The cause

of nasal polyps is not fully discovered because of the complex nature of the disease. Research study shows that those suffering from nasal polyps may have an abnormal immune response and different chemical markers in their mucus membrane (which lines the sinuses and nasal cavity), compared to those who do not develop nasal polyps.

There are two types as mentioned below:

Ethmoidal

Antrochoanal

Ethmoidal polyps; They arise from the ethmoid sinuses and extend through the middle meatus into the nasal cavity.

Antrochoanal polyps; They arise in the maxillary sinus and extend into the nasopharynx. Antrochoanal polyps are usually seen in children comprising one-third of all polyps in this population. Ethmoidal polyps are smaller, bilateral and multiple whereas antrochoanal polyps are single and larger.

Nasal polyps can be classified based on the following scoring system:

The Meltzer Clinical Scoring System

0 = no polyps

1 = polyps confined to the middle meatus

2 = multiple polyps occupying the middle meatus

3 = polyps extending beyond middle meatus

4 = polyps completely obstructing the nasal cavity

Nasal polyps are one of the most common inflammatory lesions of the nose which affects up to 4% of the population.

The disease should be suspected in patients with progressive nasal obstruction, nasofacial congestion, rhinorrhoea, and decreased sense of smell (cardinal symptoms of Chronic Rhino Sinusitis).

### **Epidemiology**

Nasal polyps are one of the most common inflammatory mass lesions of the nose, affecting up to 4% of the population. Nasal polyps resulting from chronic rhinosinusitis affect approximately 4.3% of the population. Nasal polyps occur more frequently in men than women. People with chronic rhinosinusitis 10% to 54% also have allergies. An estimated 40% to 80% of people with sensitivity to aspirin will develop nasal polyposis. In people with

cystic fibrosis, nasal polyps are noted in 37% to 48%.

### **Predisposing factors**

- 1) ALLERGY may cause polyps.
- 2) VASOMOTOR: Polyps result from the imbalance between the sympathetic and parasympathetic nervous system in the nose.
- 3) INFECTION can also lead to polyps which are single or multiple. Fungal infection can also cause polyposis.
- 4) MIXED: A combination of factors mentioned earlier may be responsible for the polyps.
- 5) BERNOUILLI'S PHENOMENON: When air passes through a narrow area in the nose, negative pressure develops in the vicinity in the paranasal sinuses leading to increased formation of tissue fluids. This may encourage polyp formation.
- 6) POLYSACCHARIDE CHANGES in ground substance may be responsible for polyp formation.
- 7) ASTHAMA can be associated with ethmoidal polyps.
- 8) ASPIRIN sensitivity is known to cause bilateral ethmoidal polyps and asthma.
- 9) ASSOCIATED DISEASES:  
CHURG-STRAUS SYNDROME is characterised by asthma, fever, granuloma, eosinophilia  
KARTAGENER SYNDROME consists of bronchiectasis, sinusitis, situs inversus and ciliary dyskinesia.  
CYSTIC FIBROSIS in 20% cases may be associated with ethmoidal polyps and can be due to abnormal mucous formation.  
YOUNG SYNDROME consists of sinopulmonary lesions and azoospermia. <sup>(10)</sup>

### **Clinical features**

- 1) Blocking of nose: The nose becomes blocked and is not relieved by nasal decongestant drops.

Nasal part of the antrochoanal polyp produces blocking initially on the ipsilateral side, but once the polyp reaches the nasopharynx, the other nostril may also become blocked. On further enlargement, the polyp can start hanging in the oropharynx. In rare cases it may reach laryngopharynx resulting in stridor.

Ethmoidal polyps are bilateral.

- 2) Sneezing present with allergic polyps.
- 3) Discharge: Clear discharge accompanies allergic polyps, while purulent discharge may be present with infection.
- 4) Expansion of nose may occur, particularly with chronic ethmoidal polyps.
- 5) Anosmia is often present.
- 6) Snoring and mouth breathing may occur.
- 7) Headache, epiphora and postnasal drip are rare.
- 8) Speech may become hyponasal.

### Investigations

A careful history and physical examination is mandatory. Patients that meet the criteria of CRS should always receive an endoscopic exam in the clinic.

- 1) Nasal secretions may contain eosinophils in patients who are suffering from polyps due to allergy.
- 2) Radiography: Antrochoanal type makes the maxillary sinus opaque on the affected side. As the polyp enters the nasal cavity, the affected nasal cavity becomes opaque. When it reaches the nasopharynx, a soft tissue shadow is seen in the lateral view of the nasopharynx.

Bilateral ethmoidal polyps cause opacity of the ethmoidal sinuses and the nasal cavity.

Infection and allergy in other sinuses may produce haziness of other paranasal sinuses.

- 3) CT scan of the nose and paranasal sinuses is preferable before performing any surgical intervention.
- 4) Biopsy confirms the diagnosis. <sup>(10)</sup>

### Prevention of recurrence

- 1) Antrochoanal polyp

Polypectomy performed alone carries the possibility of a recurrence, as the polyp may not be completely avulsed from the maxillary sinus.

Caldwell-Luc operation: It eliminates the chance of recurrence to a great extent. <sup>(10)</sup>

- 2) Ethmoidal polyps

Recurrence of ethmoidal polyps is very common, and may be reduced by:

- Polypectomy by avulsion performed meticulously.
- Antiallergic treatment for a month postoperatively.

- Use of topical steroid sprays for a month or more postoperatively.
- Ethmoidectomy for recurrent polyps.
- Sinusoscopic surgery of the ethmoidal sinuses with telescopic endoscopes has reduced the chances of recurrence. <sup>(10)</sup>

### Homoeopathic approach

In aphorism, Dr. Hahnemann states about the local maladies and in aphorism 187 and 189, he mentions that any manifestation on external part which is devoid of injury will have an internal derangement. The diseases which are caused due to some exciting causes are generally due to internal malady. If one considers them merely local and treat them on that ground then he will not be able to cure them but he will suppress them from the surface of the body and it is absolutely erroneous and most dangerous to the health of patient. Nasal polyps appear as an external manifestation and homeopathy can cure the man with its interior and as a whole without any suppression of disease by constitutional treatment. Homoeopathic system is based on natural principles of cure without producing any adverse effects.

### Homoeopathic remedies

#### ALLIUM CEPA

- Feeling of lump at the root of the nose
- Acute catarrhal inflammation of mucous membranes with increased secretions.
- Coryza: profuse, watery and acrid nasal discharge, with bland lachrymation. <sup>(1)</sup>

#### AMMONIUM MURIATICUM

- Loss of smell, obstructed, stuffy feeling with constant effort to blow it out.
- Acrid, hot watery discharge corroding the lip.
- Sneezing, nose sore to touch with ulcerative pain in nostrils. <sup>(5)</sup>

#### APIS MELLIFICA

- Extreme sensitiveness to touch.
- Pain: burning, stinging, sore migrating from one part to other.
- Coldness of tip of nose. <sup>(1)</sup>

#### CALCAREA CARBONICA:

- Polypi swelling at root of the nose.
- Dry nostrils sore, ulcerated. Stoppage of nose with fetid yellow discharge.
- Takes cold at every change of weather. <sup>(5)</sup>

#### CONIUM MACULATUM:

- Swelling of the nostrils. Tip of nose thick red, hot, painful.
- Purulent discharge from nose. Nasal haemorrhage, frequent when sneezing.
- Increased acuteness of smell. <sup>(1)</sup>

#### GRAPHITES:

- Acuteness of smell.
- Nose: sore on blowing, it is painful internally.
- Aggravation from warmth. <sup>(13)</sup>

#### KALI BICHROMICUM:

- Pressure and pain at the root of nose. Sticking pain in nose.
- Discharges thick, ropy, greenish yellow, elastic plugs from nose leaves a raw surface.
- Inability to breathe through nose; Loss of smell. <sup>(5)</sup>

#### KALI NITRICUM:

- Violent coryza with obstruction of nose.
- Nasal bones are painful especially to touch.
- Loss of smell. <sup>(5)</sup>

#### PHOSPHORUS:

- Over sensitive smell; Foul imaginary odours.
- Fan like motion of nostrils.
- Chronic catarrh, epistaxis instead of menses. <sup>(5)</sup>

#### MERCURIUS IODATUS:

- Coryza; Right side of the nose hot and swollen.
- Hawks the mucus from posterior nares.
- Boggy mucous membrane of nose and throat.

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