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Efficacy of homeopathy in treating CSF rhinorrhea

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Abstract

Cerebrospinal fluid (CSF) rhinorrhea is a rare condition characterized by the leakage of clear, watery fluid from the nose due to a breach in the cranial cavity. This paper discusses a 33-year-old female who developed CSF rhinorrhea following an eye trauma in 2019, leading to continuous fluid discharge from the left nostril. Despite conventional treatment advice for craniotomy, the patient sought homeopathic intervention. This study explores the homeopathic approach to managing CSF rhinorrhea, evaluating its effectiveness and potential as an alternative treatment option.

Keywords: Cerebrospinal fluid, rhinorrhoea, homeopathic approach

Introduction

Cerebrospinal Fluid (CSF) rhinorrhea is a condition marked by the leakage of CSF from the nasal cavity due to a defect or breach in the cranial structures. Causes typically include trauma, surgery, or spontaneous leaks associated with increased intracranial pressure. Symptoms include continuous clear, watery nasal discharge, often worsening when lying down. Complications can include meningitis, persistent leakage, and deterioration of quality of life. Early diagnosis and appropriate management are crucial to prevent severe outcomes and address underlying causes.

Case profile

A 33-year-old female patient presented with a persistent complaint of clear, continuous watery discharge from her nose. The leakage began approximately two months after a traumatic injury to the left side of her eye in 2019. Despite her efforts to manage the symptoms, including sitting and lying down, the discharge persisted, often soaking her pillow during sleep. An MRI conducted in 2020 revealed that the CSF leak was due to increased intracranial pressure (ICP). Following this diagnosis, her neurosurgeon recommended a craniotomy to address the issue.

Physical generals

Table 1: Shows the month-by-month progress of the patient under homeopathic treatment, including changes in the frequency and intensity of CSF leakage.

Diet	Vegetarian
Appetite	Good
Desire	Sweets
Aversion	Nothing as such
Thermal Reaction	Chilly
Thirst	6 glass in a day, nml temperature water
Stools	Regular
Urine	Ns
Perspiration	Moderate and on face and back
Sleep	Inadequate as child is too young and gets up at night frequently.
Dreams	Does not remember

Examination: Handkerchief test which suggested that its CSF and this was also supported by the MRI.

Mental generals: The patient is a quiet and docile woman who recently gave birth. She visited with her husband, who did most of the talking, as she is shy and reluctant to speak.

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Despite needing to stay awake at night to care for the baby, she does not complain. She only spoke when her husband encouraged and supported her. She describes herself as typically silent and highly emotional, easily moved to tears over small matters. Her relationship with her in-laws and husband is harmonious, and her husband describes her as very accommodating. She was particularly close to her mother and was an undemanding child.

Malaria

Chronic Telogen effluvium

Family history: Nothing significant to be mentioned.

Case analysis: Repertorial totality

Past History

Repertory used	Rubrics selected
Boricke Repertory	• [Head]Brain: Concussion

Repertory screenshot

Remedy Name	Acon	Arn	Bell	Hyper	Nat-s	Op	Cic	Ham	Kali-l	Sub-ac
Totality	3	3	3	3	3	3	2	2	2	2
Symptom Covered	1	1	1	1	1	1	1	1	1	1
[BR] [Head]Brain:Concussion:	3	3	3	3	3	3	2	2	2	2

Fig 1: Demonstrates the patient's initial condition showing the frequency of cerebrospinal fluid (CSF) leakage before treatment

Selection of remedy

Remedy	Reasons
Natrum Sulph 200	A/F: Concussion, trauma
Arnica Montana 30	Trauma, bruising
Dulcamara	Any profuse discharge Dulcamara is indicated Dulcamara active ingredient consists of alkaloids which can induce discharge. It is also used as diuretics

Miasmatic approach

Symptoms	Psora	Sycosis	Syphilis	Tubercular
• [Head]Brain: Concussion			Yes	

Materials and methods

Boricke repertory was used for repertorisation.

Results

Table 2: Summarizes the patient's physical and mental general health conditions, supporting the holistic approach taken in the homeopathic treatment

Month	Progress
Aug 2021	Patient visited for the first time.
Sept 2021	Patient took medication via courier.
Oct 2021	Patient took medication via courier.
Nov 2021	Patient was asked to visit for review. Intensity and frequency of drainage increased by 50-60% compared to before.
Dec 2021	Intensity and flow of drainage gradually reduced.
Jan 2022	Progress continued. Previously, CSF leak occurred every 5 seconds, and stooping caused continuous leak. Now, leak occurs every 2 to 4 minutes only on stooping, and drops down very slowly.

Discussion and Conclusion

The patient exhibited significant improvement following the treatment. Initially, there was a frequent and intense CSF leak, occurring every 5 seconds. By January 2022, the frequency of the leak had reduced to every 2 to 4 minutes,

occurring only during stooping and with a much slower flow. This demonstrates a substantial reduction in both the intensity and frequency of the drainage, indicating a positive response to the treatment and gradual resolution of symptoms.

The transformation



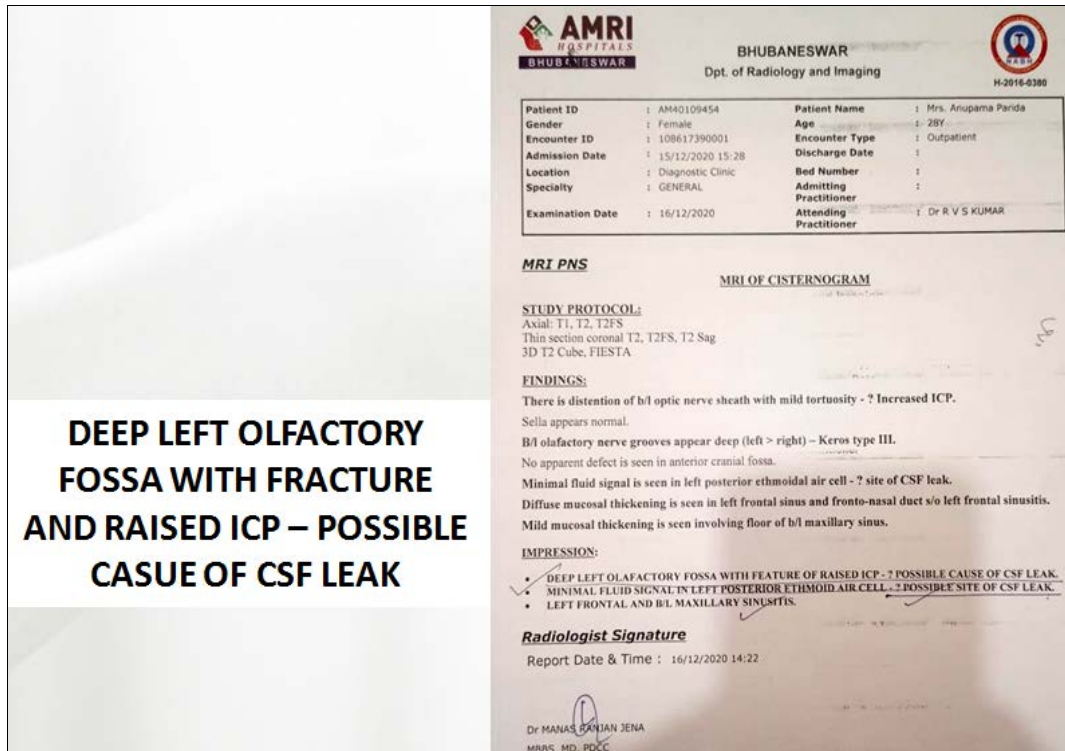


Fig 2: Illustrates the improvement in the patient's condition post-homeopathic treatment, with reduced frequency and intensity of CSF leakage

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