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Obstructive sleep apnea-Minor issue with a grave outcome: A homoeopathic case study

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Abstract

Obstructive Sleep Apnea (OSA) is an underrecognized and underdiagnosed medical condition with a myriad of negative consequences on patients' health and society. OSA is characterized by episodes of a complete or partial collapse of the airway, resulting in reduced oxygen saturation or arousal from sleep. It is associated with daytime somnolence and affects millions of people. The study describes a 60-year-old male patient presenting with breathing difficulty during sleep, accompanied by snoring and daytime somnolence, who was diagnosed with OSA. Following detailed case-taking and repertorization, the remedy Sulphur was prescribed, leading to significant improvement within two months.

Keywords: Obstructive sleep apnea, homeopathy, sulphur, Apnea-Hypopnea Index (AHI).

Introduction

Obstructive sleep apnea (OSA) is defined as the occurrence of at least five episodes per hour of sleep during which respiration temporarily ceases. Despite being common, more than 85% of patients with clinically significant OSA remain undiagnosed, largely due to a lack of awareness of symptoms such as heavy snoring and nocturnal arousals. OSA has significant implications for cardiovascular health, mental health, quality of life, and driving safety.

During sleep, apneic episodes can occur hundreds of times each night, leading to alterations in heart rate, decreased oxygen saturation, and loud breathing sounds. This disorder is associated with high morbidity and mortality, including increased risks for hypertension, coronary artery disease, depression, insulin-resistant diabetes, and sleep-related accidents. Patients often experience choking, snorting, or gasping sounds when the airway reopens, as the soft tissue in the back of the throat collapses, obstructing the upper airway.

Classification of OSA

- **Mild OSA:** (AHI of 5-15)-Involuntary sleepiness during low-attention activities, such as watching TV or reading.
- **Moderate OSA:** (AHI of 15-30)-Involuntary sleepiness during moderately attentive activities, such as meetings or presentations.
- **Severe OSA:** (AHI >30)-Involuntary sleepiness during high-attention activities, such as talking or driving.

Symptoms

- Chronic, loud snoring (high risk)
- Gasping or choking episodes during sleep (requiring further evaluation)
- Obesity, particularly nuchal obesity (indicator of severity)
- Neck circumference >17 inches in males and >16 inches in females (high risk)

Risk factors and signs

- Increased daytime sleepiness and drowsy driving
- Automobile or work-related accidents due to fatigue
- Personality changes or cognitive difficulties associated with fatigue
- Hypertension and nasopharyngeal narrowing
- Pulmonary hypertension (rare)

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Polysomnography (PSG), conducted in an attended sleep laboratory, is the reference standard for OSA diagnosis. It measures the apnea-hypopnea index (AHI) or respiratory disturbance index (RDI). AHI is the sum of apneas and hypopneas per hour of sleep, where apnea is defined as the absence of airflow for ≥ 10 seconds and hypopnea as reduced respiratory effort with $\geq 4\%$ oxygen desaturation. Generally, an AHI of over five events per hour is abnormal,

with excessive daytime sleepiness being a hallmark of OSA. Lifestyle modifications, such as cessation of alcohol and tobacco use and lateral sleeping positions, may reduce OSA symptoms. Continuous positive airway pressure (CPAP) therapy remains the primary treatment, maintaining airway patency to reduce apnea and hypopnea, increase alertness, and enhance quality of life. In refractory cases, surgery such as uvulopalatopharyngoplasty may be considered.

Polysomnography report 06/10/2021

BMC.DAT Name: ABDUL JALEEL K.T Record Date: 2021-10-06 Summary Report

BMC Medical PolyLogic Report

Name: ABDUL JALEEL K.T ID: _____ BMI: 27.9 File: BMC.DAT
 Age: 60 Sex: Male Height: 165 Weight: 76
 Phone: 9020989621 Address: MANNARAKAL, PERUMANNA TST: 04:00:00
 Date: 2021-10-06 Start: 11:06:00 End: 19:06:02 Duration: 08:00:02

Apnea & Hypopnea

Longest Apnea: 00:01:33 Occur at: 14:30:39 SpO2: 96%
 Longest Hypopnea: 00:00:17 Occur at: 17:38:05 SpO2: 94%
 Apnea Index: 35.0 Hypopnea Index: 1.0 Snore Index: 419.3
AHI = 36.0

Time/Count	HYP	OSA	CSA	MSA	Total
Back	00:00:11/1	00:00:26/1	00:11:42/28	00:00:00/0	00:12:19/30
Side	00:00:41/3	00:00:00/0	00:19:54/48	00:00:00/0	00:20:35/51
Prone	00:00:00/0	00:00:23/1	00:00:24/2	00:00:00/0	00:00:47/3
Unknown	00:00:00/0	00:00:48/2	00:23:10/58	00:00:00/0	00:23:58/60
Total	00:00:52/4	00:01:37/4	00:55:10/136	00:00:00/0	00:57:39/144

SpO2 Summary

SpO2 Before Sleep: 98% Minimum SpO2: 88% Maximum SpO2: 100% Mean SpO2: 97% **ODI = 20.8**

SpO2	90%--100%	80%--89%	70%--79%	60%--69%	50%--59%	<50%
Back	01:22:36	00:00:07	00:00:00	00:00:00	00:00:00	00:00:00
Side	04:00:35	00:00:00	00:00:00	00:00:00	00:00:00	00:00:00
Prone	00:26:45	00:00:00	00:00:00	00:00:00	00:00:00	00:00:00
Unknown	01:57:06	00:00:00	00:00:00	00:00:00	00:00:00	00:00:00
Total	07:47:02	00:00:07	00:00:00	00:00:00	00:00:00	00:00:00

Pulse Rate

Max PR: 70 Occur at 13:41:05 Min PR: 51 Occur at 16:06:05 Mean PR: 57

Diagnosis

Diagnosis:

Suggestion:

Doctor:

Case summary

A 60-year-old male, employed as a salesman, visited the OPD on October 5, 2021, with complaints of breathing difficulty, particularly during sleep, along with snoring, daytime somnolence, nasal obstruction, and approximately eight nightly awakenings. These symptoms had persisted for four months. He had a history of diabetes mellitus, hypertension, and dyslipidemia for the last ten years and was under allopathic medication. Additional complaints included dim vision, numbness, and burning in the extremities. A past tonsillectomy was reported. Physical examination revealed a deviated nasal septum, normal cardiac echo findings, and a BMI of 27.9. Family history was positive for diabetes. Polysomnography was advised,

revealing an AHI of 36, indicating severe OSA.

Physical examination and general symptoms

Appetite: Good
Thirst: Absent
Bowel: Constipation, hard stools, burning after defecation
Sweating: Increased over the body
Sleep: Disturbed due to breathing difficulty
Cravings: Sweets
Mental state: Easily angered
Clinical diagnosis: Obstructive Sleep Apnea

Differential diagnosis

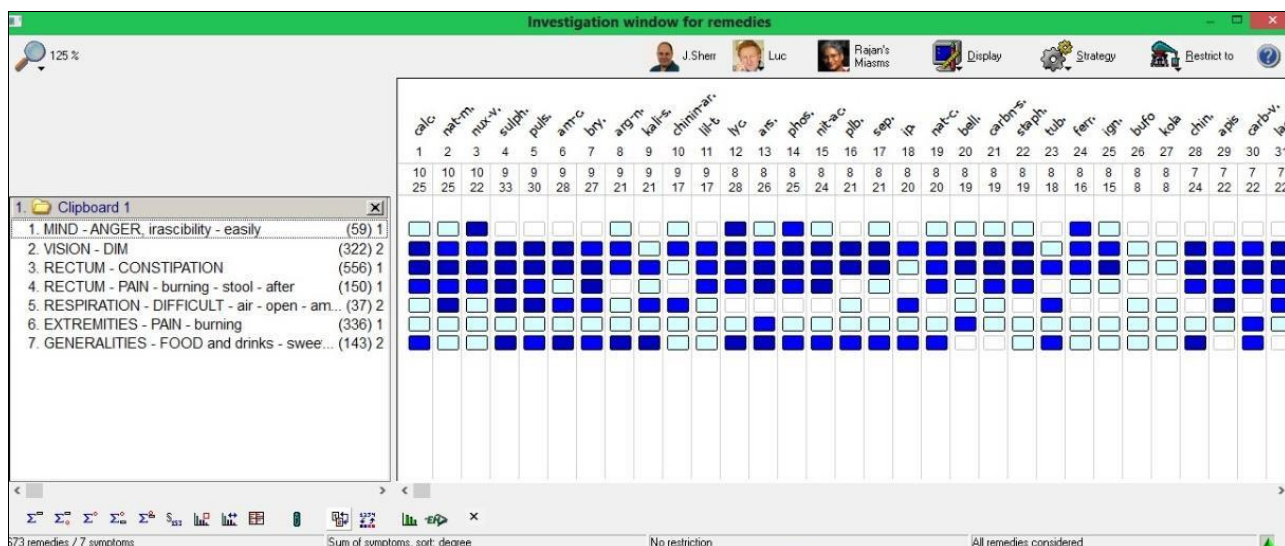
1. Bronchial asthma

- Obesity hypoventilation syndrome (Pickwickian syndrome)

Therapeutic intervention

The patient's symptoms were recorded and repertorized, with the following rubrics selected:

- Mind-anger-irascibility-easily
- Vision-dim
- Rectum-pain-burning stool after
- Respiration-difficult-air-open air-amelioration
- Extremities-pain-burning
- Generalities-food and drinks-sweet-desire



Prescription

On October 5, 2021, based on the repertorial totality and case history, Sulphur 200 was prescribed, 2 doses weekly. The patient was advised to sleep in a lateral position.

Date	Follow-Up	Remedy Given
7/11/2021	Breathing difficulty slightly improved; nasal obstruction persists	Sulphur 200/2D
6/12/2021	Nasal congestion improved; breathing difficulty better; snoring persists	Sulphur 1M/1D
26/12/2021	All symptoms relieved	Sac Lac

Conclusion

Homeopathy offers a unique, holistic approach to treating diseases. In homeopathic practice, remedies are selected after detailed case analysis, considering medical history, personal history, physical constitution, and mental state, which is particularly effective in chronic conditions. A well-chosen remedy, or similimum, is essential to treat the disease fully.

Medicinal management should be applied judiciously in patients with OSA. In this case, all subjective symptoms improved following treatment. Episodes of nighttime waking decreased to two per night, snoring ceased, and nasal congestion, extremity burning, and bowel disturbances resolved. Homeopathic constitutional treatment may be beneficial where surgical intervention is not required. While this study represents a single case and may not be generalizable, the positive outcome is promising.

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