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Dr. Hussanara A Solapurkar
BHMS [Intern], Department
of Homoeopathic Materia
Medica, BVVS Homoeopathic
Medical College and Hospital,
Bagalkot, Karnataka, India

Dr. Aishwarya Patil
Assistant Professor,
Department of Homoeopathic
Materia Medica, BVVS
Homoeopathic Medical College
and Hospital, Bagalkot,
Karnataka, India

Chenopodium anthelminticum: A review of it's application in cochlear affections

Hussanara A Solapurkar and Aishwarya Patil

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Abstract

Chenopodium anthelminticum, commonly known as "Jerusalem Oak" or "Wormseed," holds a remarkable yet underexplored position within the Materia Medica of Homoeopathy. Its action upon the auditory apparatus, especially the cochlear and vestibular nerves, demonstrates a peculiar affinity for sensorineural affections, tinnitus, and partial deafness with preserved bone conduction. Despite its historical significance, Chenopodium anthelminticum has gradually faded into obscurity in contemporary homoeopathic practice. This article aims to re-examine its clinical relevance, exploring its pathophysiological connections to auditory pathologies and cochlear dysfunctions, supported by classical literature and clinical insights. Keywords: Chenopodium anthelminticum, homoeopathy, auditory pathology, cochlea, tinnitus, sensorineural hearing loss, aural vertigo.

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Introduction

The sense of hearing is one of the most intricate and delicate faculties of human perception [6]. Any disturbance within the auditory pathway—whether mechanical, neural, or vascular—can profoundly impair communication and quality of life. In homoeopathy, remedies like Graphites, Petroleum, Chininum sulphuricum, and Phosphorus are frequently prescribed [4] for auditory complaints, yet Chenopodium anthelminticum remains an overlooked gem. First introduced by Dr. J. B. Buchner and later verified by Dr. Hering [1], this remedy reveals unique indications in cases of auditory nerve involvement, vertigo, and partial hearing loss associated with cochlear and labyrinthine dysfunctions [8]. The significance of Chenopodium in hearing disorders lies not only in its pathogenetic manifestations but also in its ability to address subtle neural impairments—conditions where hearing is preserved for some tones while lost for others. This selective auditory perception reflects its affinity toward cochlear pathology and makes it indispensable in differential diagnosis among other remedies with sensorineural affinities [1].

Review of Literature

The earliest recorded provings of Chenopodium anthelminticum are documented in classical homoeopathic sources such as Hering's Guiding Symptoms, Allen's Encyclopedia of Pure Materia Medica, and Clarke's Dictionary of Practical Materia Medica [1]. These provings describe a characteristic constellation of symptoms including sudden partial deafness, roaring or buzzing in the ears, auditory hyperesthesia, and vertigo aggravated by movement or noise. Dr. Hering specifically noted the distinctive keynote symptom in which patients could perceive high-pitched sounds clearly while being unable to hear low tones, highlighting the remedy's selective action on cochlear function. Additional manifestations included a sensation of fullness and pressure within the auditory canal, often accompanied by violent tinnitus, nausea, or staggering gait. Subsequent clinical experiences further validated its efficacy in conditions such as cochlear neuritis, tinnitus aurium, and Meniere's disease characterized by severe vertiginous attacks. The remedy was also recognized for its therapeutic role in auditory nerve deafness resulting from cerebrospinal congestion or toxic exposures, underscoring its precise neural affinity and enduring relevance in homeopathic management of cochlear and auditory nerve disorders [10].

- A study conducted on "A randomised comparative study of Hydroethanolic extract of

Corresponding Author:
Dr. Hussanara A Solapurkar
BHMS [Intern], Department
of Homoeopathic Materia
Medica, BVVS Homoeopathic
Medical College and Hospital,
Bagalkot, Karnataka, India

Chenopodium versus Epley's maneuver on improving the quality of life of benign paroxysmal positional vertigo patients" concludes that the hydroethanolic extract of Chenopodium anthelminticum may offer a cost-effective treatment alternative for BPPV, potentially reducing morbidity without side effects^[10].

- A case study on "Exploring Chenopodium anthelminticum: A Homeopathic Remedy for Noise-Induced Bilateral Hearing Loss" - A Case Report concludes that chenopodium anthelminticum may be beneficial in treating noise-induced bilateral hearing loss, highlighting its potential in homeopathic treatment^[11].
- A study conducted on "Homeopathic Medicine for Tinnitus" concludes that chenopodium anthelminticum is identified as a homeopathic remedy for tinnitus, particularly effective when there's deafness to human voice but sensitivity to high-pitched sounds^[12].
- A study conducted on "Chenopodium Anthelminticum: Homeopathic Medicine - Its Use, Indications, and Dosage" concludes that chenopodium anthelminticum is indicated for cases of hearing loss, particularly when there's deafness to human voice but sensitivity to high-pitched sounds, and is also helpful for cases of weakness of the auditory nerve^[13].

Pathophysiology and Remedy Action

1) Pathophysiology of Auditory Disorders

Auditory dysfunctions that respond to Chenopodium anthelminticum are primarily of neural origin, often involving the cochlear branch of the auditory nerve. Damage or irritation of cochlear hair cells, spiral ganglion neurons, or the auditory nerve fibers can result from toxic insults, inflammatory congestion, ischemia, or post-infectious neuropathy. These pathophysiological changes manifest clinically as partial sensorineural hearing loss, selective frequency deficits, tinnitus, vertigo, and auditory hypersensitivity. Vascular compromise around the labyrinthine artery may exacerbate cochlear hypoxia, contributing to neural excitability and distorted auditory perception. Patients frequently describe sensations of roaring, humming, or distant bells, along with vertiginous episodes, nausea, and ear fullness, reflecting the intricate interplay between cochlear and vestibular dysfunction^[5].

2) Action of Chenopodium anthelminticum

Chenopodium anthelminticum exhibits a selective affinity for the cochlear nerves, modulating the neural pathways responsible for precise sound discrimination. Clinically, this is reflected in its ability to improve partial sensorineural hearing loss, where bone conduction remains relatively intact but air conduction is compromised. The remedy may also influence inner ear vascular dynamics, potentially relieving toxic or inflammatory congestion around the labyrinthine artery. Its targeted neural action helps alleviate tinnitus, vertigo, auditory hyperesthesia, and sensations of ear fullness, providing functional support to the cochlear apparatus and vestibular system. By addressing both neural and vascular components of auditory dysfunction, Chenopodium anthelminticum offers a precise and individualized therapeutic approach in sensorineural and cochlear pathologies^[9].

Clinical Correlation of Chenopodium Anthelminticum in Auditory Disorders

- **Cochlear Neuritis:** Highly indicated in inflammation or irritation of cochlear nerves, leading to sudden or progressive sensorineural hearing loss.
- **Partial Deafness:** Selective loss of low-frequency hearing while high-frequency tones remain intact—a hallmark keynote symptom.
- **Tinnitus:** Effective in managing persistent or intermittent ringing, humming, or roaring sounds in the ears.
- **Auditory Nerve Paralysis:** Useful for nerve injury due to trauma, post-infectious neuropathy, or toxic exposure.
- **Vertigo with Auditory Disturbances:** Addresses vertigo accompanied by humming, roaring, or fullness in the ears.
- **Auditory Hyperesthesia:** Reduces hypersensitivity to distant or faint sounds perceived excessively loud.
- **Post-Trauma Hearing Loss:** Facilitates recovery of residual auditory function following cranial or cochlear trauma.
- **Ototoxicity Recovery:** Shows clinical benefit in hearing impairment caused by exposure to ototoxic drugs or chemicals.
- **Post-Febrile Deafness:** Assists in restoration of hearing after high fevers or infectious illnesses affecting the auditory nerve.
- **Transient Cochlear Ischemia:** Supports recovery in cases of temporary cochlear blood flow compromise.
- **Toxic Labyrinthitis:** Can improve auditory function and reduce vertigo resulting from labyrinth inflammation caused by toxins.
- **Selective Frequency Restoration:** Enhances perception of low-frequency sounds while maintaining high-frequency hearing, correcting cochlear tone mapping disturbances.
- **Neural Modulation:** Modulates auditory nerve excitability, reducing aberrant signals responsible for tinnitus or auditory distortions.
- **Differentiation from Other Remedies:** Keynote selective deafness distinguishes it from Chininum sulphuricum, Petroleum, and other neural remedies.
- **Comprehensive Symptomatic Relief:** Provides holistic improvement in cochlear, vestibular, and neural auditory dysfunctions, aligning with individualized homeopathic treatment principles.^[9]

Chenopodium anthelminticum few rubrics from different repertory

Kent's Repertory.

Ear → Noises → Roaring.

Ear → Noises → Ringing.

Hearing → Acute → Sounds → High-pitched (hears high pitched).

Hearing → Deafness → Partial.

Hearing → Deafness → Human voice (deaf to human voice).

Vertigo → With nausea.

Vertigo → With noise / roaring in ears.

Ear → Fullness / Pressure.

Synthesis repertory

Ear → Tinnitus → Roaring.

Ear → Tinnitus → Ringing.

Hearing → Deafness → Partial- → Low tones lost / High tones heard.

Hearing → Impaired- → Voice (does not hear voice).

Ear - → Sensitivity to noise / Hyperacusis.

Vertigo - → With tinnitus.

Ear → Fullness, aural.

Complete repertory

Ear → Noises → Roaring / Buzzing.

Ear → Tinnitus → Humming; Tinnitus → Roaring.

Hearing → Deafness → Partial; Deafness → Low tones lost.

Hearing → Acute to high pitched sounds (hears high tones).

Vertigo → With ear noises / tinnitus.

Ear → Aural vertigo.

Ear → Fullness / Blocked sensations

BTPB repertory

Ear — Tinnitus — Roaring, ringing.

Hearing — Deafness — Partial; Deafness — Selective (high tone hearing).

Ear — Vertigo — with noise / roaring.

Ear — Torpor of auditory nerve.

Ear — Sensitivity — noise; hearing over-sensitive to distant sounds.

Ear — Fullness / Pressure; Ear — Blocked

Other remedies in cochlear affections.

Chininum sulphuricum

Like *Chenopodium*, there is tinnitus and vertigo, but *Chininum sulph.* Has bilateral involvement and is often drug/toxin induced, while *Chenopodium* is usually left-sided and selective hearing is marked.

Salicylicum acidum

Both have tinnitus and vertigo, but *Salicylic acid* has acute, drug-induced, or toxic cochlear irritation, while *Chenopodium* is chronic and one-sided.

Phosphorus

Phosphorus shows progressive and bilateral nerve deafness with general nervous weakness. *Chenopodium* has sudden or one-sided cochlear dysfunction with selective hearing.

China officinalis (Cinchona)

China is for functional weakness of auditory nerve from exhaustion; *Chenopodium* has localized nerve lesion with selective hearing and roaring.

Discussion

While the use of *Chenopodium anthelminticum* is well established in early homoeopathic literature. Early physicians such as Hering and Allen documented its distinct influence on the auditory apparatus, particularly emphasizing its action on the cochlear branch of the auditory nerve [2]. The characteristic symptom pattern of *Chenopodium anthelminticum*—particularly its selective action on cochlear nerve fibers—renders it a clinically indispensable remedy in auditory nerve affections. Its ability to restore the delicate balance of cochlear perception, especially in patients who retain hearing for high-pitched tones but lose sensitivity to lower frequencies, is of great diagnostic and therapeutic value. In the present clinical

context, characterized by increasing cases of noise-induced, age-related, and ototoxic drug-induced hearing loss, *Chenopodium anthelminticum* offers a valuable, yet often overlooked, therapeutic alternative. Its sphere of action extends into neuro-auditory territories where conventional treatments offer limited relief. The remedy's potential neuroprotective influence lies in its ability to modulate the functional response of cochlear and vestibular pathways. Furthermore, the keynote symptom—"hearing high-pitched sounds distinctly but not low ones"—holds not only clinical but physiological significance. Modern auditory physiology confirms that high-frequency sounds are perceived near the base of the cochlea, while low frequencies are interpreted toward the apex [9].

Conclusion

Chenopodium anthelminticum is profoundly valuable remedy in homoeopathy, particularly in the management of auditory and cochlear affections. Unlike remedies that address only mechanical ear problems, *Chenopodium* exhibits a selective and remarkable action on the cochlear nerves and vestibular apparatus, making it especially relevant for sensorineural hearing loss, tinnitus, and vertigo of neural origin. Classical materia medica highlight its peculiar keynote symptom of selective auditory perception, wherein patients retain high-frequency hearing while low tones are diminished or absent, reflecting a direct influence on cochlear tonotopy. This precise neural affinity enables the remedy to potentially modulate aberrant auditory signals, restore functional balance within the cochlea, and alleviate associated symptoms such as buzzing, roaring, or fullness in the ears. Furthermore, its application aligns seamlessly with homoeopathy's principle of individualized therapy, offering targeted intervention for patients whose auditory dysfunction is resistant to conventional approaches or general polycrest prescriptions. By reintroducing *Chenopodium anthelminticum* into contemporary practice, clinicians gain access to a remedy that bridges classical homoeopathic insight with modern auditory physiology, providing both symptomatic relief and potential functional restoration, thereby enriching therapeutic options for challenging cases of cochlear and neural auditory disorders.

Conflict of Interest

Not available

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Not available

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