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Ethmoid sinusitis with homoeopathic management

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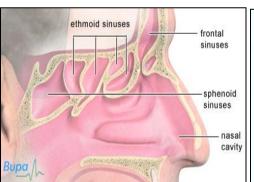
Abstract

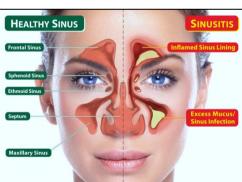
Sinusitis is one of the most common diagnosis in primary care. It causes substantial morbidity, often resulting in time off work. Ethmoid sinusitis is usually associated with acute rhinitis and results from extension of that disease. Most cases of acute ethmoid sinusitis resolve with symptomatic treatment. Chronic conditions may, however, require referral to an ear, nose, and throat specialist for possible endoscopic sinus surgery if medical management fails. Ethmoid sinusitis causes pain behind and between the eyes, tearing, and headache (often described as splitting) over the forehead are highly unlikely to have ethmoid sinusitis. Urgent referral is required if complications of ethmoid sinusitis are suspected such as orbital sepsis or intracranial sepsis etc.

Keywords: Ethmoid sinusitis, homoeopathy, therapeutics

Introduction

Sinusitis is the acute, subacute or chronic inflammation of the paranasal sinuses. Maxillary sinusitis and the anterior ethmoid sinuses is the most common type ^[2]. Chronic Inflammation of the Ethmoidal Cells may result from successive attacks of cold. The fact that the great majority of people suffer from acute inflammation of the ethmoid cells, predisposes to a chronic catarrhal inflammation. The majority of these cases remain undiagnosed, the patient receiving treatment for a chronic catarrhal inflammation of the nose. The pent -up secretion may become infected and result in suppuration. The secretion may flow freely down over the middle and lower turbinated bones, and from the evaporation of the watery constituents, thick crusts are formed along the floor ^[3].





Etiology [4]

- Repeated attacks of coryza.
- A deviated septum, which is when the wall of tissue that separates your nostrils is displaced to one side or the other side.
- Nasal polyps, which are noncancerous growths in the lining of your sinuses or nasal passages Through direct invasion of the healthy sinus by pathogenic bacteria.
- Through extension of inflammation from neighboring parts.
- As a result of tuberculosis, syphilis, malignant tumors, and latent empyema. Through the blood and lymph -channels.
- Through traumatism-exposure to cold, sea bathing, auto mobile riding, etc.
- Through foreign bodies.
- Through contamination from the pus of overlying sinuses [4].

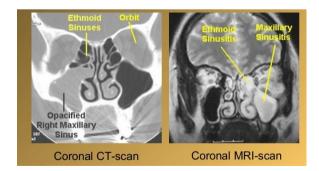
Symptoms [5]

- Frontal headache, more or less unilateral, and referred especially to the root of the nose, is, as a rule, the earliest subjective symptom of ethmoid sinusitis.
- Headache more Often, by a sense of weight and fullness.
- There is also obstruction of the nostril on the affected side, and discharge of muco-pus, which in chronic cases frequently has a most offensive odour. If pus accumulates in the ethmoid cells it pushes toward the orbit and causes exophthalmos with disturbance of vision on the effected side. Occasionally, so direct is the communication that pressure upon the protruded eye will cause pus to flow from the affected nostril. In some cases pointing occurs into the tissues of the orbit, and as a consequence there will be a fistulous tract left leading from the orbit into the nostril.
- Ethmoidal disease is apt to be accompanied by considerable fever, and sometimes serves to explain the apparent excess of temperature which may accompany an acute rhinitis.
- Pain on rotating the eyeball, epiphora, orbital neuralgia on reading or otherwise concentrating the gaze.
- Anosmia is marked as long as the nasal obstruction exists
- The general disturbances are analogous to those occurring during the course of a severe coryza. Stuffy nose.
- Photophobia.
- Post nasal discharge [5].

Investigation [6]

Investigation for nose and paranasal sinus disease.

- Radiology
- Plain X Rays: For ethmoid sinuses Lateral oblique view of ethmoids.
- CT Scan
- Magnetic Resonance Imaging.
- Bacteriology
- Tests for allergy
- Proof puncture
- Rhinomanometry
- Tests for smell
- Biopsy ^[6].



Complications [7, 8]

- When ethmoid sinusitis is a simple concomitant of acute rhinitis it subsides together with the principal disease. Suppuration is a serious condition, for it may invade the orbit or extend to the cerebral meninges [7].
- Purulent disease of the ethmoid cells is usually associated with caries or necrosis of the bony structures, and is sometimes followed by exophthalmos,

orbital abscess, and even meningitis and death [8].

Homoeopathic Management [9, 10]

Arsenicum album (arsenic): People who need this medicine feel throbbing and burning pains in the sinuses. Their pains are aggravated by light, noise, movement, after midnight, and may be triggered by anxiety, exertion, and excitability. They may feel relief by lying quietly in a dark room with the head raised on pillows and exposed to cool air. Their teeth may feel long and painful. They may feel nausea and experience vomiting concurrent with their sinusitis. They tend to have a great thirst, but they tend to drink frequent sips, rather than gulps ^[9]. Intense photophobia. Nose feels stopped up ^[10].

Belladonna (deadly nightshade): This medicine is effective for people whose head feels full, as if it could burst. The pain usually resides in the forehead or around the eyes. There is throbbing pain that is worse by jarring, touch, bending forward, lying flat, or motion of the eyes and is relieved by gradually applied pressure, sitting up, or bending the head backwards [9]. Headache from suppressed catarrhal flow [10]. Another characteristic symptom of people who need this medicine are when the sinus pains appear strongly and rapidly but then disappear temporarily, only to repeat the process of coming and going pain. The eyes are also sensitive to light and the face is flushed. They are apt to feel dizzy which becomes worse when stooping [9]. Imaginary odours. Photophobia [10].

Hepar sulphuris calcareum: (Hahnemann's calcium sulphade) Rarely indicated at the beginning of a sinusitis condition, people who need Hepar sulphuris begin sneezing and then develop sinusitis from the least exposure to cold air. Their nasal discharge is thick and yellow. The nostrils become very sore from the acrid discharge, and their nasal passages become sensitive to cold air. Concurrently, they may have a headache with a sense of a nail or a plug that is thrust into the head along with a boring or bursting pain. The headache above the nose is worse from shaking the head, motion, riding in a car, stooping, moving the eyes, or simply from the weight of a hat, but is relieved by the firm pressure of a tight bandage. The scalp is so sensitive that simply combing the hair may be painfull^[9]. Pain in eyes as if pulled back into head. Soreness of nostrils, with catarrhal troubles [10].

bichromicum: (potassium Kali dichromate): distinguishing feature of people with sinusitis who need this medicine is that they have a thick, stringy, yellow or greenish-yellow nasal discharge [9]. Inflammation extends to frontal sinuses, with distress and fullness at root of nose. Dropping from post nasal nares. Loss of smell. Headache over eyebrows, proceded by blured vision [10]. They have extreme pain at the root of the nose that is better by applying pressure there. The bones and scalp feel sore. They experience dizziness and nausea when rising from sitting, and the severe pain may lead to dimmed vision. The pains are worse from cold, light, noise, walking, stooping, and in the morning (especially on waking or at 9 am) or at night. They prefer to lie down in a darkened room and feel better by warmth, warm drinks, or overeating [9].

Mercurius (mercury): People who will benefit from this

medicine feel as though their head is in a vase. The pains are worse in open air, from sleeping, and after eating and drinking. The pains are also aggravated by extremes of hot and cold temperature. The scalp and the nose become very sensitive to the touch ^[9]. Extreme photophobia. Post nasal swelling ^[10]. Their teeth feel long and painful, and they may salivate excessively. The nasal discharge is usually green and too thick to run. It is offensive smelling and acrid ^[9].

Pulsatilla (windflower): When the head pain is worse when lying down and in a warm room and is better in cool air, this medicine should be considered. The sinusitis may begin after being overheated. Stooping, sitting, rising from lying down, and eating can aggravate the head pain, which is often in the front part of the head and accompanied with digestive problems^[9]. Frontal and supra orbital pains^[10]. They get some relief from slow walking in the open air or by wrapping the head tightly in a bandage. This condition is commonly experienced when the child is in school or the adult is at work. The nasal discharge is often thick and yellow or green ^[9]. Loss of smell ^[10].

Spigella (pinkroot): People who develop sinusitis with a sharp pain that is worse on the left side may need this medicine. They tend to get sinusitis after exposure to cold or cold, wet weather. They feel pain from warmth or when they stoop or bend the head forward, and they feel some relief by cold applications or from washing with cold water^[9]. Pain beneath frontal eminence and temples, extending to eyes. Semi – lateral, involving left eye. Severe pain in and around eyes, extending deep into socket. Photophobia. Chronic catarrh, with post- nasal dropping of bland mucus ^[10].

Reference

- Kim W. Ah-See and Andrew S Evans, Sinusitis and its management, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC18009
- Krishna Das KV. Textbook of Medicine, 6th edition. Volume 2, Jaypee Brothers Medical Publishers(P)Ltd, New Delhi, 2017.
- 3. John Johnson Kyle. A Compend of Diseases of the Ear, Nose and Throat Surgery, p. Blakiston's son & co Philadelphla, 1903.
- 4. Ross Hall Skillern, The Catarrhal and Suppurative Diseases of the Accessory Sinuses of the Nose, Philadelphia & London j. B. Lippincott company, 1913.
- Francis Randolph Packard, Text-Book of Diseases of the Nose, Throat and Ear, Philadelphia & London j. B. Lippincott company, 1909.
- 6 Rakesh Prasad Shrivastav. An Illustrated Textbook: Ear, Nose & Throat and Head & Neck Surgery, IInd edition, Jaypee Brothers Medical Publishers(P)Ltd, New Delhi, 2014; 23:107.
- 7 Seth Scott Bishop. Diseases of the Nose, Throat, Ear and their Accessory Cavities, IIIrd edition, Philadelphia f. A. Davis company, publishers, 1905.
- 8 Gleason EB. A Manual of Diseases of the Nose, Throat and Ear, Philadelphia and London w. B. Saunders company, 1907.
 - 9 Ismail, Shaida, The Efficacy of Homoeopathic Simillimum in the treatment of Chronic Sinusitis, 2003. http://hdl.handle.net/10321/64.

10 William Boericke, Pocket Manual of Homoeopathic Materia Medica: Comprising the Characteristic and Guiding Symptoms of All Remedies, IXth edition, Indian books & periodicals publishers, New Delhi, 2013.