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## Nasal polyp (I) and its homoeopathic management

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### Abstract

Nasal polypi are oedematous masses of nasal sinus mucosa. They are benign in nature. It is a surgical disease but can be treated with homoeopathic medicines. It is necessary to trace the case in early stage to manage with homoeopathic medicines. Along with understanding of the disease and knowledge of homoeopathic medicine, nasal polypi can be prevented effectively from recurrence even in case of surgical histories <sup>[1]</sup>.

**Keywords:** nasal polyp, homoeopathy, bilateral ethmoidal polypi, antrochoanal polyp

### Introduction <sup>[1, 2]</sup>

#### What is Nasal Polyp? <sup>[2]</sup>

Nasal polyp is hypertrophied, pedunculated, loose, fibro-oedematous mucosa of nose and the para nasal air-sinuses. The surface is lined with pseudo-stratified ciliated columnar epithelium.

#### Types <sup>[2]</sup>

1. Bilateral ethmoidal polypi.
2. Antrochoanal polyp.

#### Aetiology <sup>[1]</sup>

##### 1. Bilateral ethmoidal polypi

Aetiology: usually unknown and undefined. In the inflammatory conditions, the polyp may arise – cystic fibrosis and rhinosinusitis. Some of the diseases that obstructs bilaterally are: Bilateral vestibulitis, Congenital atresia of nares, Allergic rhinitis, DNS, Acute rhinitis (viral and bacterial), Adenoid hyperplasia, etc.

##### 2. Antrochoanal polyp

Usually polyp arises from and bulges out of the mucosa of maxillary antrum and grows in the choana and nasal cavity.

Thus it has three parts:

1. Antral- a thin stalk.
2. Choanal - round and globular.
3. Nasal - flat from side to side.

Cause: unknown. Common in children and young adults.

Appearance: single and unilateral. It is incriminated as nasal allergy along with sinus infection.

Some of the diseases that obstructs unilaterally are:

Furuncle, Atresia, Nasoalveolar cyst, Foreign body, Sinusitis (unilateral), Unilateral choanal atresia, etc.

#### Pathogenesis <sup>[1]</sup>

Nasal mucosa becomes oedematous as there is collection of extracellular fluid causing polypoidal change. Polypi become pedunculated due to gravity and excessive sneezing which were previously sessile.

**Pathology** <sup>[1]</sup>

In early stages, like normal nasal mucosa, the surface of nasal polypi is covered with ciliated columnar epithelium, later undergoes a metaplastic change to transitional and squamous type on exposure to atmospheric irritation. In sub-mucosa, the intercellular spaces becomes large and are filled with serous fluid along with infiltration with eosinophils and round cells.

**Site of Origin** <sup>[1]</sup>

From the lateral wall of nose, usually from the middle meatus. Common sites are uncinata process, bulla ethmoidalis, ostia of sinuses, medial surface and edge of middle turbinate. From the septum or the floor of nose, allergic nasal polypi almost never arise.

**Symptoms** <sup>[1]</sup>**In case of Bilateral Ethmoidal Polyp**

1. At any age, multiple polypi can occur but mostly seen in adults.
2. Stuffiness of nose causes total nasal obstruction.
3. Partial or total loss of sense of smell.
4. Headache due to associated sinusitis.
5. Due to associated allergy, sneezing and watery nasal discharge occurs.
6. Mass protrudes from the nostril.

**In case of Antrochoanal Polyp**

1. The presenting symptom is unilateral nasal obstruction.
2. When polyp grows into the nasopharynx, obstruction may become bilateral and starts blocking the opposite choana.
3. Due to hyponasality, voice may become thick and dull.
4. Nasal discharge, mostly mucoid, may be seen on one or both sides.

**Investigations** <sup>[1]</sup>**In Antrochoanal polyp**

**On anterior rhinoscopy:** As it grows posteriorly, it may be missed. A large, smooth greyish mass covered with nasal discharge may be seen. It is soft and with a probe, it can be moved up and down. A large polyp may protrude from the nostril and show a pink congested look on its exposed part.

**On posterior rhinoscopy:** May reveal a globular mass filling the choana or the nasopharynx. A large polyp may hang down behind the soft palate and present in the oropharynx.

**Endoscopy:** May reveal a choanal or antrochoanal polyp hidden posteriorly in the nasal cavity.

**In Bilateral ethmoidal polypi**

**On anterior rhinoscopy or endoscopic examination:** A sessile or pedunculated, multiple and bilateral polypi appearing as smooth, glistening, grape-like masses often pale in colour, insensitive to probing and do not bleed on touch. In longstanding cases, broadening of nose and increased intercanthal distance are usually present. Nasal cavity may show purulent discharge due to associated sinusitis; polyp may protrude from the nostril and appear pink and vascular simulating neoplasm. To differentiate a solitary ethmoidal polyp from hypertrophy of the turbinate or cystic middle turbinate, probing may be necessary.

**Homoeopathic medicines useful in the management of nasal polyp** <sup>[3, 4, 5, 6, 7, 8]</sup>

**1. *Allium cepa*:** At root of nose, feeling of a lump. Copious, watery and extremely acrid discharge. Polypus, fluent coryza with headache, cough, and hoarseness. Sneezing, especially when entering a warm room.

**2. *Alumen*:** Nasal polypus on left side.

**3. *Arum maculatum*:** Nasal polypus with pain in left side of the nose with irritation.

**4. *Cadmium sulphuratum*:** Polypus, tightness at root. Nose obstructed; nostrils ulcerated.

**5. *Calcarea carbonica*:** Dry, ulcerated, sore nostrils. Fetid, yellow discharge with stoppage of nose. Offensive odor in nose. Polypi swelling at root of nose. At every change of weather, coryza aggravates, takes cold. Catarrhal symptoms with hunger; coryza alternates with colic.

**6. *Conium maculatum*:** Polypus-bleeds easily-becomes sore.

**7. *Formica rufa*:** Coryza and stopped-up feeling in nose. Nasal polypi. Has a marked deterrent influence on the formation of polypi.

**8. *Kalium bichromicum*:** Snuffles of children, especially fat, chubby babies. Sticking pain and pressure in nose. Septum ulcerated; round ulcer. Discharge thick, ropy, greenish-yellow, fetid smell, tough, elastic plugs from nose; leave a raw surface. Inflammation extends to frontal sinuses, with distress and fullness at root of nose. Dropping from posterior nares. Much hawking, loss of smell, inability to breathe through nose. Dryness. Coryza, with obstruction of nose. Profuse, watery nasal discharge from violent sneezing. Chronic inflammation of frontal sinus with stopped-up sensation.

**9. *Kalium nitricum*:** Polypus, swollen feeling and sneezing; worse in right nostril. Point red and itching.

**10. *Lemna minor*:** Nasal polypi; swollen turbinates. Atrophic rhinitis. In oedematous condition it reduces nasal obstruction. Dryness of naso-pharynx. Putrid smell; loss of smell. Post-nasal dropping.

**11. *Mercurius biniodide*:** Polypus left side-crusty eruption on wings of nose. Hawks mucus from posterior nares. Whitish yellow or bloody discharge, affection of the posterior nares with raw sensation.

**12. *Phosphorus*:** Polypi; bleeding easily. Fan-like motion of nostrils. Over-sensitive smell, foul imaginary odors. Chronic catarrh, with small hæmorrhages; handkerchief is always bloody.

**13. *Sanguinaria canadensis*:** Nasal polypi with profuse, offensive yellowish discharges. Coryza, followed by diarrhoea. Chronic rhinitis; membrane dry and congested.

**14. *Sanguinarinum nitricum*:** Is of use in polypus of the nose. Feels obstructed. Profuse, watery mucus, with burning

pain. Enlarged turbinates at beginning of hypertrophic process. Secretion scant, tendency to dryness. Small crusts which bleed when removed. Post-nasal secretions adherent to nasopharynx, dislodged with difficulty. Dry and burning nostrils; watery mucus, with pressure over root of nose. Nostrils plugged with thick, yellow, bloody mucus. Sneezing. Rawness and soreness in posterior nares. Mainly affects right nostril.

**15. *Thuja occidentalis*:** Painful pressure at root. Discharge of thick, green mucus with blood and pus. Dryness of nasal cavities.

**16. *Teucrium marumverum*:** Catarrhal condition of both anterior and posterior nostrils. Mucous polypus. Chronic catarrh; discharge of large, irregular clinkers. Foul breath. Crawling in nostrils, with lachrymation and sneezing. Coryza, with stoppage of nostrils. Affections of children. Loss of sense of smell.

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