Nasal polyp (I) and its homoeopathic management

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Abstract

Nasal polypi are oedematous masses of nasalar 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 [1].

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

Introduction [1, 2]

What is Nasal Polyp? [2]

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 [2]

1. Bilateral ethmoidal polypi.
2. Antrochoanal polyp.

Aetiology [1]

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.


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 [1]

Nasal mucosabecomes 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 [1]
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 [1]
From the lateral wall of nose, usually from the middle meatus. Common sites are uncinus process, bulla ethmoidalis, ostia of sinuses, medial surface and edge of middle turbinate. From the septum or the floor of nose, allergic nasal polyposi almost never arise.

Symptoms [1]
In case of Bilateral Ethmoidal Polyp
1. At any age, multiple polypi can occur but mostly seen in adults.
2. Stiffness 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 [1]
In Antrochoanal polyyp
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 polyyp [3,4, 5, 6, 7, 8]
3. Arum maculatum: Nasal polypus with pain in left side of the nose with irritation.
11. Mercurius biniode: Polypus left side-crustty eruption on wings of nose. Hawks mucus from posterior nares. Whitish yellow or bloody discharge, affection of the posterior nares with raw sensation.


References