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**Dr. Bed Prakash Gond**

BHMS (NIH), MD (HOM)

Lecturer, Department of  
Community Medicine, Netai  
Charan Chakravarty

Homoeopathic Medical College  
& Hospital, (WBUHS),  
Howrah, West Bengal, India

## Miasmatic approach in the treatment of chronic suppurative otitis media: A case report

**Dr. Bed Prakash Gond**

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### Abstract

**Background:** Chronic Suppurative Otitis Media (CSOM) is an infection-related inflammation of the middle ear. Antibiotics or antibiotic ear drops are the mainstay of modern medicine's therapy strategy. Prolonged use of these medications suppresses symptoms and causes the condition to progress to a deeper level, which can result in serious problems. This study contributes to our understanding of the value and efficacy of antimiasmatic therapy for patients with chronic suppurative otitis media.

**Case Summary:** Based on the clinical diagnosis, we present an intriguing case of CSOM at the right sided ear in a 7-year-old male youngster. Furthermore, while examining a right-sided ear infection in a young male child, this CSOM should be regarded as one of the differential diagnoses.

**Keywords:** Mercurius Solubilis, Right Sided, CSOM, Anti Miasmatic, Syphilis, Suppurative Infection, Middle Ear, EAR, Tympanic Membrane, Homoeopathy

### Introduction

Chronic suppurative otitis media (CSOM) is a long-term infection of a portion or the entire middle ear cleft, characterised by ear drainage and a persistent perforation. The infection in the middle ear cleft is always dangerous since it has the potential to spread to surrounding brain tissues. The attack frequently follows a common cold or influenza. The most prevalent route of infection is through the Eustachian tube, whereas the other is through traumatic rupture of the tympanic membrane.

A history of persistent ear discharge for at least three weeks should raise the alarm. The diagnosis of Chronic Suppurative Otitis Media can be confirmed by visualisation of the ruptured tympanic membrane if the ear could be dry wiped well enough to see the ear drum.

In Aphorisms 204-206, Dr. Hahnemann states that all chronic affections and diseases must be healed from inside, using Homoeopathic medicines appropriate for the miasm at their root. Preliminary analysis of the miasm at its core, either the simple miasm or its complications with a second or even a third miasm.

During Dr. Hahnemann's time, the word "Miasm or Miasma" was used to refer to any morbid agents that are tangentially linked to the production of diseases.

Anti-miasmatic medications help to eliminate suppressions (with regard to the past); eliminate symptoms from their source (with regard to the present); and eliminate the inclination to contract infections, thereby fortifying the constitution (with regard to the future or preventive aspect).

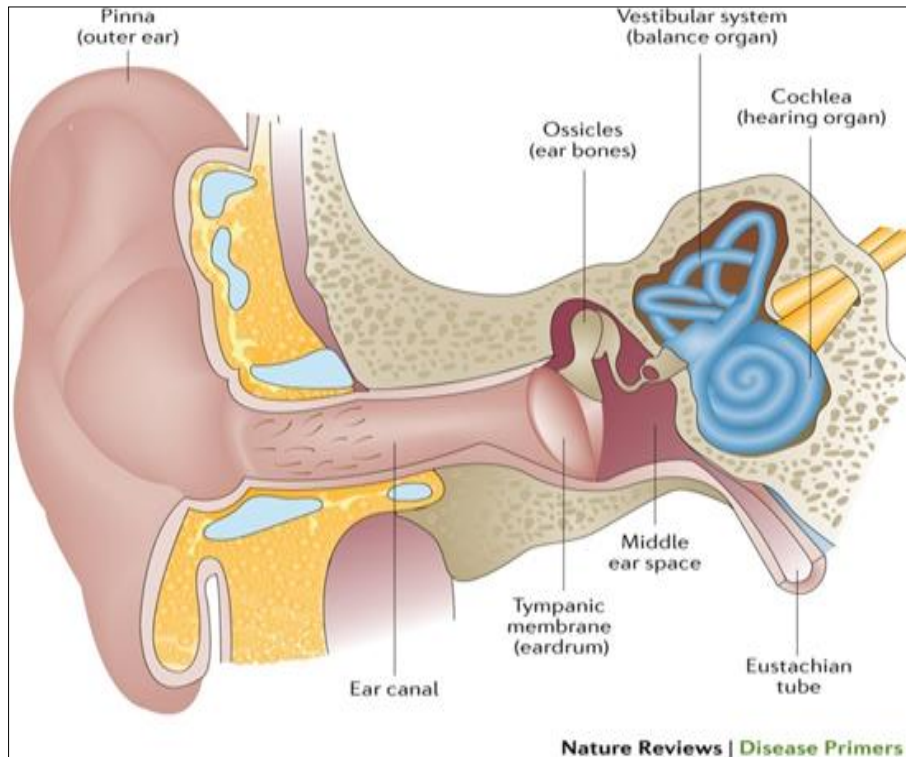
### Etiopathogenesis

The most frequent cause of mucosal chronic otitis media is recurrent acute otitis media. The implantation of grommets, a history of traumatic tympanic membrane perforation, and anomalies of the craniofacial region are additional risk factors. Despite being prevalent, many of the facts about the pathogenesis of CSOM are not understood and also its optimal management. It seems that the pathogenesis of CSOM is multi-factorial, and the most relevant factor in the evolution of this disorder is supposed to be the dysfunction of the Eustachian tube.

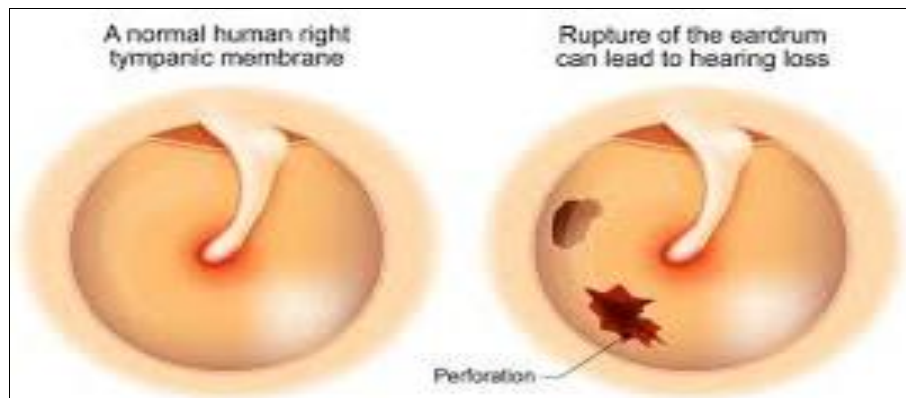
**Corresponding Author:**

**Dr. Bed Prakash Gond**  
BHMS (NIH), MD (HOM)

Lecturer, Department of  
Community Medicine, Netai  
Charan Chakravarty  
Homoeopathic Medical College  
& Hospital, (WBUHS),  
Howrah, West Bengal, India



**Fig 1:** A diagram of the anatomy of human ear.



**Fig 2:** A schematic demonstrating perforation of tympanic membrane.

### Case Report

A 07-year-old male child patient presented with a painful, burning, thick yellowish discharge from the right-side ear for 5-6 weeks with painful red swelling on back of the ear, aggravation at night and difficulty in hearing. On examination revealed a yellow, reddish, purulent, foul smelly discharge from granulation and red fleshy polyp was seen on right side of earlobe. He had an unremarkable medical history.

### Case Analysis

The clinical picture in this instance was seen as having typical mental or physical generals. The case was described as a one-sided local illness with a distinct, defining symptom.

### Miasmatic Analysis of Case

The analysis provided a picture of a prevalence of syphilis. All organic and structural ear issues are caused by degenerative changes in the bones and membranes. Degenerative inflammation and ear ossicles' destruction. Earache that burns and tears. Loss of hearing and

impairment also happen. Otitis media with a repulsive pus discharge that gets worse at night. Otitis media frequently coexists with other conditions such chicken pox, measles, and the common cold.

### Medicine Selection

Mercurius Solubilis 200

### Justification of selection of Mercurius Solubilis

- Pain worse at night; Glandular swellings with or without suppuration; Abscesses, Ulcerated, yellow, fetid, pus like discharge. – Allen's Keynote.
- Thick, Yellow discharge; fetid and bloody; otalgia; at night sticking pains. – Boericke's Materia Medica.
- In otitis media ruptured drum; thick acrid pus from the ears; ears inflamed; purulent, offensive otorrhoea. – Kent's Materia Medica.
- Ear and auditory tube inflamed, with cramp like shooting pains; hardness of hearing; discharge of pus from ear with ulceration of external ear; purulent otorrhoea. – J.H. Clarke Materia Medica.

**Table 1:** Treatment and Follow-Ups

Date	Symptoms	Prescriptions
15/02/2023	Presented with a painful, burning, thick yellowish discharge from the right side ear for 5-6 weeks with painful red swelling on back of the ear, aggravation at night and difficulty in hearing.	1. Merc Sol 200/ OD/ 2 Days 2. Placebo/ BD/ 2 weeks
05/03/2023	Slight relieved in pain, discharge slightly reduce	1. Merc Sol 200/ OD/ 2 Days 2. Placebo/ BD/ 15 Days
23/03/2023	Complaint same as previous; less discharge without any pain.	1. Merc Sol 200/ OD/ 2 Days 2. Placebo/ BD/ 15 Days
15/04/2023	Complaint and Lesion is all clear	1. Placebo/ BD/ 15 Days

**Instructions to patient**

- Keep water out of your ears and cotton plug is in the ear.
- Refrain from diving and swimming.
- Preserve your hearing and refrain from using filthy or unclean cotton wool to clean your ears.
- If someone is undernourished, improving general nutrition with healthy diet is recommended.

**Management**

- Until the ear is dry, auditory toilet is repeated on a regular basis. Suction clearance and mopping can be used to accomplish this.
- When otorrhea persists, the tonsils, sinuses, nasopharynx, and other areas are searched for the source of infection.
- Appropriate action should be taken if infection enters the middle ear through the Eustachian tube from these sites.

**Discussion**

Persistent acute otitis media with tympanic membrane perforation typically results in Chronic Suppurative Otitis Media as a consequence. For mild to severe hearing impairment, it is the most common cause in developing countries.

The overall study found that children experience more cases of otitis media than adults do. The reason for this is because as a child develops, their immune system becomes more robust due to exposure to a variety of allergens, and the Eustachian tube gradually adjusts its angle from horizontal to vertical as it changes in anatomical orientation. It has been observed that a significant proportion of Indian children—between 20% and 30%—have experienced at least one episode of otitis media. Among these, slums are more affected by the disease than clean, metropolitan areas.

The prescription in this example was based on a specific symptom rather than the patient's overall symptoms because the patient only had a localised illness. The course of treatment started with Merc Sol 200CH because it is an excellent anti-syphilitic medication. The patient's sensitivity and susceptibility to Merc Sol led to its use in this potency. Within two months of starting treatment, Chronic Suppurative Otitis Media (CSOM) was completely gone, and it hasn't returned since. This explains why the right cure should be chosen, as well as why it should be taken often.

**Conclusion**

The study consist a patient with CSOM from the OPD of Netai Charan Chakravarty Homoeopathic Medical College and Hospital.

It is concluded that Chronic Suppurative Otitis Media is,

- The best appropriate treatment for otitis media is Mercurius solubilis, according to the conclusion drawn

by CSOM.

- The 200th potency scale is useful in the management of otitis media.
- Management with proper care is must in treating Otitis Media.

**Declaration of patient consent**

The patient was asked for consent. By filling out the form, the patient has agreed in writing that the journal may publish his clinical information.

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Nil.

**Conflicts of interest**

None declared.

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**How to Cite This Article**

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