HOMEOPATHIC PERPECTIVE REVIEW OF CHRONIC SINUSITIS

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Introduction

Sinusitis is inflammation of the sinus or nasal passage. Chronic sinusitis is chronic inflammation of the sinus or nasal passages occurring for more than 12 weeks at a time. Recurrent sinusitis is defined as greater than four episodes of sinusitis within aone-year period. The evaluation and management of acute and chronic sinusitis are similar. Chronic sinusitis is the fifth most common disease treated with antibiotics. [(2)]

An inflammation of the nasal mucosa and paranasal sinuses will last for at least12 weeks which may cause nasal blockage or congestion, mucous discharge, facial pain or pressure, and/or impaired smell. Polyps, which may or may not be present are increasingly recognized as part of the sinusitis pathology . Several factors have been found to contribute to the disease, namely, insufficient ciliary motility, allergy and asthma, bacterial infection, and more rarely, morphological anomalies, immune deficiencies and Samter's triad (salicylate sensitivity, asthma, nasal polyps). While the role of fungi and hormonal changes during pregnancy are unclear, it may also be an early symptom of systemic disease. [(1)]

Chronic sinusitis may present as -

1. Chronic sinusitis without nasal polyps,

2. Chronic sinusitis with nasal polyps, and

3. Allergic fungal rhino sinusitis.

Chronic rhino sinusitis is one of the most common chronic conditions. It is prevalent among all age groups and is the fifth most common reason for an antibiotic prescription.There are four paired sinus cavities: the ethmoid, sphenoid, frontal, and maxillary sinus cavities. These paired cavities allow air to be filtered during inhalation. For the antigens to be filtered and expelled, sinuses need to drain. Chronic inflammation can cause obstruction to

the nasal passage, hinder drainage, and lead to lower oxygen tension.

This creates foci for bacteria to build up. Ciliary dysfunction or structural abnormalities can further exacerbate this process.

Chronic sinusitis is diagnosed when at least two of the following four symptoms are present and occur for more than 12 weeks:

1. Purulent drainage,
2. Facial and/or dental pain,
3. Nasal obstruction,
4. Hyposmia.

The Infectious Disease Society of America (IDSA) defines sinusitis as two of the following major clinical symptoms: purulent nasal discharge, nasal congestion or obstruction, facial congestion or fullness,facial pain or pressure, hyposmia, anosmia. Alternatively, ISDA defines sinusitis as one of the aforementioned major symptoms plus two or more minor criteria such as a headache, ear pain, pressure, or fullness, halitosis or bad breath, dental pain, cough, orfatigue.[3]

Causative factor –

Chronic sinusitis is multifactorial in nature and can include infectious, inflammatory, or structural factors. Thus, other etiologies such as allergic rhinitis (dust mites, molds), exposures (airborne irritants, cigarette smoke or other toxins), structural causes (nasal polyps, deviated nasal septum), ciliary dysfunction, immunodeficiencies, and fungal infections should be considered. Otitis media, asthma, AIDS, and cystic fibrosis, are other medical conditions that can be associated with chronic rhinosinusitis

The etiology of chronic sinusitis is multifactorial. The interaction between many systemic, local host, and environmental factors contribute to sinus inflammation and to the pathophysiology of the disease. Systemic factors include genetic diseases such as cystic fibrosis, conditions that cause immunodeficiency, autoimmune disease, idiopathicconditions such as Samter triad (aspirin-exacerbated respiratory disease), and acid reflux. Local host factors include sinonasal anatomic abnormalities, iatrogenic conditions such as scarring due to prior sinus surgery, neoplasm, or the presence of a foreign body, among others. Possible environmental factors that may contribute to the condition include the presence of biofilms and bacterial infection, as well as fungal infection, allergy, environmental pollutants, and smoking.[4]

Psychiatric symptoms have often comorbid or secondary to other organic illnesses, which if overlook can increase morbidity or hamper quality of life. Sometimes systemicand disease of other systems may present entirely with psychiatric symptom. Many a time in this r of growing awareness to psychiatric problems in the world, undue cognizance when imparted to due distressing psychiatric symptoms, the classical diagnostic

symptoms of the ibid systemic illness or diseases of the other organs often get masked or are difficult to be picked up. Though psychiatric symptoms have been common in neurological and endocrinological disorder, finding these symptoms of significance in a case of chronic sinusitis in our day-to-day practice have been rare.

Some studies have found significant fatigue and bodily pain in patient with chronic rhinosinusitis1 Some ENT text book suggest fatigue as minor criteria for chronic rhino sinusitis. One study reported comorbid anxiety and depressive symptom to be as high as 23.5% and 13% respectively.This case which presented to peripheral hospital with primarily psychiatric symptoms, subsequently revealed to have essentially sinusitis is being discussed herewith for the nature of presentation, novelty of the case and management of the illness.[5]

Homeopathic literature, Dr Samuel Hahnemann, the founder of homeopathy, can be said as the pioneer in the field of Mental health. He has given at most important to the mental state and feelings of his patients in the treatment of their illness in his innovativeand complete therapeutic science.

Dr Hahnemann, a Renaissance genius, has expressed his views on mental illness, in his *Organon Of Medicine*. He told that mental illness is nothing greater than the corporeal disease which can be treated as the same as we deal with corporeal ailments.He might be the first physician who advocated to treat mentally ill persons humanly and laid guidelines to treat them and respect their human rights. Dr. Hahnemann's extraordinary understanding for the mental activities of his patients can be seen reflected in his aphorism no. 210-230, of his *Organon of Medicine*.

As Peter Morrell shows in his essay, Hahnemann – the Real Pioneer of Psychiatry, As Dudgeon tells us, **Hahnemann** "settled for a time in 1792," [Dudgeon, xxiii] in Georgenthal, and it was while residing there that he "accepted an offer of the reigning Duke of Saxe-Gotha to take charge of an asylum for the insane," [ibid.].

In a letter of May 1792, Hahnemann states that the Duke would soon be "handing over to me his hunting castle in Georgenthal," [Haehl, 2, 32], and it was here that Hahnemann was able to "pursue his painfully interesting investigations," [Dudgeon, xxiii], eventually establishing a dramatic cure of a patient, Herr Klockenbring. The account of this cure was published in 1796 [see Lesser Writings, 243-49] and this proves Hahnemann was "one of the earliest, if not the very first," [ibid.] to advocate a "treatment of the insane by mildness rather than coercion," [ibid.].

In fact, it was on 2 September in the year 1793, that "Pinel made his first experiment of unchaining maniacs in the Bicêtre," [ibid.], which was some fifteen months after Hahnemann had commenced treating

Klockenbring. This incident undoubtedly underlines that Hahnemann had some pioneering ideas about the nature of mental disease and how sufferers to be treated.

Everyone seems to be agreed that he exhibited a "fine understanding…for the unfortunate victims of mental derangement," [Haehl, 1, 272] and he acquired a reputation for the same, attracting many patients with mental problems.

This was in the 1790s before homeopathy was yet established and during which time, he was not a regular medical practitioner. His cure of Klockenbring "caused a sensation," [Haehl, 1, 41] at the time and certainly reveals him as the originator of "entirely new methods in the treatment of mental patients, independently of his famous contemporaries Pinel and Reil," [Haehl, 1, 272]. "'We lock up these unhappy beings like criminals in cells,' exclaims Reil in 1803," [Haehl, 2, 31]

To understand masters' views on mental illness and treatment lets take a look at his guidelines given in *Organon of Medicine's* aphorism no. 210 to 230. He carefully specifies mental illnesses and refrained himself by the allopathic trap of classification by saying – "what are termed mental diseases…do not, however, constitute a class of disease," [Aph. 210], and employing various phrases, he refers to them as an "altered state of the disposition and mind," [Aph. 212], "the so-called mental and emotional diseases," [Aph. 215], "the state of the mind and disposition," [Aph. 213], "the symptom of the mental disturbance," [Aph. 216]

His hold on understanding emotion and emotional ailments in depth could be perceived through the use of words by him e.g. patients who are "obstinate, violent, hasty…intolerant and capricious, or impatient…lascivious and shameless," [Aph. 210]; cases of "insanity…melancholia…mania," [Aph. 216]; disease states resulting from "faults of education, bad practices, corrupt morals, neglect of the mind, superstition or ignorance," [Aph. 224]; "the melancholic…the spiteful maniac…the chattering fool," [Aph. 224].

Dr **Hahnemann** condemned the inhuman treatment of insane of his time. He states, "often witnesses the occurrence of ingratitude, cruelty, refined malice and propensities most disgraceful and degrading to humanity, which were precisely the qualities possessed by the patient before he grew ill," [Aph. 210] and which are very clearly incurable and injurious that only aggravate the condition of the patient. He insists that the physician should adopt an "appropriate psychical behavior towards the patient," [Aph. 228], employ "an auxiliary mental regimen,", "without reproaching the patient for his acts" [Aph. 228]. This should not include "corporeal punishments and tortures" [Aph.228] or "the employment of coercion," [Aph. 228]. He is

astonished and appalled at "the hard-heartedness and indiscretion of the medical men," [Aph. 228] for "torturing these most pitiable of all human beings with the most violent blows and other painful torments," [Aph. 228], which he condemns as a "revolting procedure," [Aph. 228].

Dr Hahnemann always said that Homeopathic medicines are the best way to deal with such mental ailments, "a homoeopathic medicinal pathogenetic force – that is to say, a remedy which in its list of symptoms displays, with the greatest possible similarity, not only the corporeal morbid symptoms present in the case of disease before us but also especially this mental and emotional state," [Aph. 217], for "a disease of the mind and disposition," [Aph. 218], or "disorder of the mind," [Aph. 220], Hahnemann then identifies remedies like "Aconite, Belladonna, Stramonium, Hyoscyamus, Mercury," [Aph. 221], as being especially useful for such patients, but though "a lucid interval and a transient alleviation of the psychical disease" [Aph. 219] may be obtained, that they can only be "cured by antipsorics," [Aph. 223], that "mental and emotional diseases…can only be cured by homoeopathic antipsoric medicine," [Aph. 228], that one must select "the antipsoric remedies selected for each particular case of mental or emotional disease," [Aph. 230], and administer "a radical, antipsoric treatment," [Aph. 227] as being "the only efficacious mode of curing such disease," [Aph. 228].

From the above literature review, we can say undoubtedly **Dr Hahnemann** was the pioneer of psychiatry even before the modern world recognizes, mental illness as aseparate entity.[6]

Concepts of normality and abnormality in Psychiatry

In attempting to understand and explore the concepts of mental health and illness, the researcher studied and analyzed vast literature from classic works, previous studies and lectures and discussions. Based on the available literature, I could identify four main observations.

First, lots of similarities in terms of the definitions and conceptualizations of abnormal behaviour put forward by various authors is observed.

Secondly, an overlapping of Psychiatric and Clinical Psychological knowledge in understanding these concepts has been found. It could be also inferred that the developments occurred in both the disciplines have been shared, borrowed and benefited from each other. This trend is very evident in the nature of the concepts of mental health and illness. When it comes to defining the subject matter, although Psychiatry and Psychology is theoretically different, they contribute to each other.

Third, some of the criteria are very frequently used in the process of conceptualization of mental illness. They are, Symptoms, Standard/ Norms set by the society, Values, Adjustment with the life stressors, Ideal or

above average situation (statistically or theoretically) etc. They can be broadly divided under two approaches- problem- oriented and well-being or growth oriented.

Fourth, Psychiatry's conception of illness is comparatively clearer than its concept of health, which means the pathological approach followed by General Medicine has influenced Psychiatry, too. Offer and Sabshin (1974) analyzed that as the psychiatrists are trained to recognize the abnormal, they have had difficulty in recognizing the normal. That is not to say, according to them, that the concept of normality is a clear and concise one.

On the contrary, the concept is ambiguous, has a multiplicity of meanings and usages, and is burdened by being value-laden. 45 While explaining the arguments and counter arguments on the status of psychiatry in medicine, Shagass (1976) expressed his helplessness with the conception of mental illness. He states, "however, I cannot go along with the idea that the medical model is the prime villain responsible for abuses, and that its exorcism from the realm of behavioral disorders will bring about improved mental health care." He states that the usage of the medical model in the singular is incorrect, as there is more than one medical model. Siegler & Osmond (1974) in their book Models of Madness, Models of Medicine, describe at least three major medical models.

They are

1. clinical medical model, which has at its core the reciprocal dyad of doctor and patient
2. public health model; its goal is the prevention of disease and the fostering of health for a particular population
3. a scientific model,

in which the doctor's role is that of the scientific investigator. The following table summarizes the major determining variables in definingthe concepts of health and illness.

This generalization appears to both physical and mental disorders. Desirability strictlyfollows cultural and societal norms. A person's behavior is usually considered to be within the range of normality as long as it does not interfere with his interaction and relationships with others. According to moralistic basis, some mental illnesses are considered to be moral, rather than medical issues, e.g., alcoholism.[7]

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Rubrics from Kent Repertory –
KENT NOSE – SINUSES; complaints of complaints of Frontal Sinuses
KENT NOSE – SINUSES;
KENT NOSE – SINUSES; complaints of Maxillary sinuses
KENT SINSITIES- KENT GENERAL – Inflammation – sinuses
KENT GENERAL – Inflammation – sinuses, right
KENT GENERAL – Inflammation – sinuses, left
KENT GENERAL – Inflammation accompanied by VERTIGO KENT VERTIGO – Accompanied – sinuses

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