



HOMOEOPATHIC MANAGEMENT OF CHRONIC SINUSITIS -A CASE REPORT

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Abstract:

Sinusitis refers to inflammation affecting one or more of the paranasal sinuses. It is commonly categorized into four types depending on the duration and persistence of symptoms. Chronic sinusitis often develops due to persistent bacterial or fungal infections. It is a common health condition, and studies suggest that approximately one in eight individuals in India may experience chronic sinusitis. Aim: To evaluate the efficacy of Homoeopathic management in diagnosed case of chronic sinusitis. Material and methods: A single clinical case of a 38 years old male patient with chronic sinusitis was treated with Kali Bichromicum along with dietary regulation and Pranayam. Clinical Assessment was done before and after treatment. Results: Significant reduction in nasal obstruction, pain and nasal mucous discharge was observed after 3 weeks, with complete remission by 5 weeks. The patient reported improved olfactory function, restful sleep and no recurrence after exposure to cold. Conclusion: The homoeopathic approach focusing on reversal of pathology after prescribing medicine on totality of symptoms.

Keywords-Chronic Sinusitis, Kali Bichromicum, Homoeopathy

I. INTRODUCTION

Sinusitis refers to inflammation affecting one or more of the paranasal sinuses. It is typically associated with swelling of the sinus mucosa, blockage of the sinus openings, and accumulation of mucus, which may lead to infection or inflammation triggered by allergic responses. This condition is among the most common disorders of the upper respiratory tract globally and is estimated to affect about 10–15% of adults, often resulting in reduced quality of life and decreased work productivity.^{1,2} The paranasal sinuses—namely the frontal, maxillary, ethmoidal, and sphenoidal sinuses—are air-containing cavities within the skull that play important roles in humidifying inspired air, reducing the weight of the skull, and contributing to the resonance of the human voice.

Obstruction of the sinus ostia due to mucosal inflammation, nasal polyps, or anatomical abnormalities can interfere with normal sinus drainage. When this drainage pathway is blocked, the mucociliary clearance mechanism becomes ineffective, resulting in accumulation of mucus and persistent mucosal congestion within the paranasal sinuses. This stagnant environment may favour secondary microbial colonization and infection.^{3,4} Clinically, chronic sinusitis is characterized by symptoms such as nasal blockage, mucopurulent nasal discharge, post-nasal drip, facial pain or pressure, and headache lasting longer than 12 weeks. The condition is associated with disruption of epithelial barrier function, altered immune responses, and formation of microbial biofilms within the sinus cavities.⁵

Homoeopathy offers a holistic therapeutic approach in the management of chronic sinusitis by considering the individual's totality of symptoms, constitutional characteristics, and miasmatic background. Instead of focusing solely on local pathology, homoeopathic treatment aims to stimulate the body's self-regulatory mechanisms and restore internal balance. Individualised remedies are selected based on characteristic physical, mental, and general symptoms of the patient. Clinical observations and some studies suggest that homoeopathic medicines may help reduce the frequency and intensity of symptoms such as nasal obstruction, discharge, facial pain, and headache, thereby improving quality of life and decreasing recurrence. Due to its individualized and minimally invasive nature, homoeopathy may serve as a complementary therapeutic option for patients suffering from chronic sinusitis, especially in cases where long-term conventional therapy provides limited relief or causes adverse effects.^{6,7,8}

II Case presentation

A 38- year- old male patient presented with a chronic history of nasal obstruction, pain above eyes and mucopurulent nasal discharges that worsen during cold weather. The symptom complex had persisted for more than 4 months with gradual progression. He reported post- nasal discharges , disturbed sleep due to snoring and feeling of heaviness above eyes. Modern therapy with decongestant nasal spray gave only transient relief. The patient was enrolled for homoeopathic management after obtaining informed cosent.

Patient Profile

Age/Gender: 38-year-old Male

Date of first consultation: 26 December 2025

Duration of Illness: More than 4 weeks

Chief Complaint: Recurring "boring" pain above the eyes (right>left) aggravated by cold weather , airconditioning

- Thick, obstructive nasal discharge for the past 4 months providing temporary relief after expulsion.
- Snoring and disturbed sleep in winter season
- Post nasal drip cause throat irritation.

History: The symptoms began after a severe bout of influenza that was treated with heavy decongestants. Since then, the patient has never felt "fully clear."

Clinical Presentation

1. The Character of Pain

The patient points with one finger to a precise spot at the root of the nose and the inner corner of the left eyebrow.

Sensation: A "dull, heavy, plugging" sensation.

Periodicity: The pain begins in the morning (around 9:00 AM), peaks at noon, and fades by sunset.

2. Discharge & Obstruction

-Texture: The discharge is extraordinarily tenacious and ropy. He demonstrates that when he blows his nose,

themucus stretches into long threads without breaking.

-Appearance: Deep yellow-green.

-The "Clinker": He complains of "plugs" or hard scabs forming high up in the nostrils. When these are finally coughed up or blown out, they are hard and shaped like the nasal cavity, often leaving the nose feeling raw.

-Post-Nasal Drip: Constant hawking in the morning to clear thick mucus from the throat. Irritation of throat.

3. Modalities (Aggravations & Ameliorations)

-Worse: In the cold morning air; at exactly 3:00 AM (wakes up with a cough).

-Better: Applying a hot compress over the bridge of the nose; sitting in a warm room.

Family History

No hereditary or familial history of chronic sinusitis or asthma was reported.

Physical general- Chilly patient, catches cold easily. Weight gain since 5 years. Craving for hot soup. Sleep disturbed.

Mental Generals

Irritability increases due to sinusitis.

So, indifference to work. Anxiety about health.

Desire to be alone

Avoids conversation when suffering.

Final Diagnosis-Chronic Sinusitis.

Rationale of diagnosis- Correlation was established between the classical symptoms described in medical literature, and patient's clinical presentation of nasal blockage, post nasal discharge, heaviness above eyes and mucus nasal block. Hence the condition was chronic sinusitis.

Methods- The study adopted a single case observation following classical homoeopathic individualistic principle.

II. Analysis & Repertorization

Symptom	Homeopathic Rubric
Location	Head; Pain; localized in small spots
Discharge	Nose; Discharge; ropy, stringy, tenacious
Obstruction	Nose; Plugs (clinkers)
Sensation	Nose; Fulness, stuffed feeling at root of nose
Aggravation	Cold weather
Mind	Indifference, work to

Medicine Differentiation

1) Mercurius Solubilis:

Ruled out because the patient is not sweating excessively and does not have the "mapped tongue" or metallic taste associated with Mercury.

2) Pulsatilla: Ruled out because the patient is chilly and prefers warm rooms, whereas Pulsatilla seeks open air and is thirstless.

Miasm

In chronic sinusitis, the stringy mucus, nasal blockage, and sinus pressure strongly indicate the sycotic miasmatic background.

III. Prescription & Follow-up

Medicine: *Kali bichromicum* 30C.

Posology: 3 pellets, three times daily for 7 days.

Reason-30C potency acts gently yet effectively on mucous membranes of the respiratory tract, helping to regulate the diseased function. When the prescription is based mainly on particular symptoms (e.g., thick stringy discharge, sinus pressure) and mental generals are not strongly marked, practitioners often prefer 30C potency. 30C potency allows safer repetition compared with higher potencies, reducing risk of unnecessary aggravation.

Follow-up 1 (3/1/2026):

Day 3: The "clinkers" became softer and easier to expel.

Day 5: The localized "spot" pain reduced by 50%

Conclusion:

The post-nasal drip significantly reduced. The patient was advised to avoid cold drinks for an additional week to ensure the sinus lining fully recovers. Pranayam practice every morning.

Prescription- Saccrum lactic 3 pellets, three times daily for 15 days.

Follow up 2 (18/1/2026)

C/o- Marked 80% reduction in frontal headache and nasal congestion within 2 weeks. Improved nasal airflow. Relief in heaviness of head and eye discomfort. Sleep quality improved.

Prescription- Saccrum lactic 3 pellets, three times daily for 15 days.

Follow up 3 (2/2/2026)

C/O- Resolution of nasal obstruction and headache by the end of week 8. Disappearance of postnasal drip. Improved sense of smell.

IV Discussion

Chronic sinusitis is a persistent inflammatory condition of the paranasal sinuses characterized by prolonged mucosal inflammation, impaired mucociliary clearance, and obstruction of sinus drainage pathways. The clinical manifestations commonly include nasal obstruction, thick nasal discharge, facial pressure, headache, post-nasal drip, and reduced sense of smell. Conventional management often involves antibiotics, antihistamines, nasal corticosteroids, and sometimes surgical interventions; however, recurrence of symptoms is frequently reported.⁹

Homoeopathy approaches chronic sinusitis through an individualized method of treatment, emphasizing

the totality of symptoms, including physical generals, mental characteristics, and particular symptoms.

In the present case, the selection of *Kali bichromicum* was based on the characteristic symptom picture observed in the patient. The remedy is well known in homoeopathic materia medica for its affinity toward the mucous membranes, particularly of the respiratory tract and paranasal sinuses. A keynote feature guiding the prescription was the presence of thick, ropy, tenacious nasal discharge associated with

sinus congestion and frontal headache, which corresponds closely with the classical symptomatology of *Kali bichromicum* described by homoeopathic stalwarts such as Hahnemann, Kent, and Boericke^{10,11,12,13}

In addition to the local sinus symptoms, the patient's constitutional features and modalities were considered during remedy selection. The improvement observed following administration of *Kali bichromicum* supports the principle of similars, where a medicine capable of producing similar symptoms in a healthy individual can stimulate the body's healing response when prescribed according to the totality of symptoms.

The favorable clinical response in this case suggests the potential role of individualized homoeopathic treatment in the management of chronic sinusitis. Gradual reduction in nasal obstruction, decreased discharge, and relief from associated headache indicate improvement in the inflammatory process and sinus drainage. Moreover, the absence of recurrence during the follow-up period highlights the possible long-

term benefits of constitutional homoeopathic treatment.

However, being a single case report, the findings cannot be generalized to a larger population. Further systematic clinical studies with larger sample sizes and controlled designs are necessary to evaluate the efficacy of *Kali bichromicum* and other homoeopathic remedies in chronic sinusitis.

V Conclusion

This case report demonstrates that individualized homoeopathic treatment with *Kali bichromicum* may provide significant clinical improvement in patients suffering from chronic sinusitis. The remedy was selected based on the totality of symptoms and characteristic indications, leading to gradual resolution of sinus

symptoms and improvement in the patient's overall condition.

The case highlights the importance of individualized remedy selection in homoeopathy and suggests that homoeopathic management may serve as a beneficial therapeutic option in chronic sinusitis.

Nevertheless, larger clinical studies and evidence-based research are required to further substantiate these observations and establish the effectiveness of homoeopathic interventions in chronic sinusitis.

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