

CHRONIC SPHENOIDAL SINUSITIS TREATED WITH HOMOEOPATHY: A CASE REPORT

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ABSTRACT

Isolated disease of sphenoid sinus is rare, representing 2-3% of all paranasal sinus lesions. Usually it is inflammatory in origin; very rarely it is due to neoplasm. Isolated sphenoid sinus diseases are difficult to diagnose and to treat because either the symptoms are very vague or they present to us very late as a result of disease complications. Here we are presenting a case of isolated sphenoidal sinusitis.^[2] *Case Summary:* A 38-year-old female patient presented with the symptoms of vertigo associated with nausea and vomiting, insomnia, dizziness and frontal headache since 3-4 years. On 21.04.2023 the case was taken and the medicine *Natrum Mur 200 CH Potency*, 2 doses were given on the basis of totality of symptoms but did not get any relief after the administration so, after re-case taking *Conium Mac 200 CH potency* was given on the basis of keynote prescription. The patient exhibited improvement till *Conium Maculatum 1M Potency* but after the symptoms became stand still re-case taking was done. After repertorization, *Calcarea Carbonica 200 CH Potency* was given, marked improvement was seen after few

follow-ups. This case is a testimony of the usefulness of homoeopathy. Further research could define the role of homoeopathy in management of isolated sphenoidal sinusitis.

KEYWORDS: Isolated Sphenoidal Sinusitis, Homoeopathy, *Conium*, *Calcarea Carb.*

INTRODUCTION

Isolated sphenoid sinusitis is a rare clinical entity with potentially devastating complications such as cranial neuropathies, cavernous sinus thrombosis, meningitis and intracranial abscess. It accounts for only 2.7–3.0% of all paranasal sinus diseases. A patient may present with myriad symptoms, ranging from occipital or vertex headache, retro-orbital pain, otalgia, drowsiness to meningitis-like symptoms.^{[1][2]} Isolated involvement of the sphenoid sinus is inflammatory in origin, in most patients. Neoplastic diseases are rare. Isolated sphenoid sinusitis accounts for only about 1% to 2% of all sinus infections. The most common symptom of sphenoid sinus disease is headache that worsens with head movement; is aggravated by coughing, walking, or bending. In sphenoiditis, vertex headache is common, but pain can be localized in frontal, temporal, periorbital, or occipital regions or can be vague or occur anywhere in the craniofacial region.^[3] In previous researches, among all complaints, the most common is headache in the retro-orbital and occipital areas (72%). The second most common complaint involves located visual disturbances such as diplopia, a progressive unilateral vision loss, and depressing of the visual fields on the side of the lesion. Ophthalmological symptoms accounted for 21% of patients with isolated sphenoid sinusitis. Nasal manifestations of the disease include post-nasal drip and epistaxis.^[4]

CASE REPORT

Patient Information

A 38-year-old female patient came to the outpatient department (O.P.D.) of Dr. Girendrapal Homoeopathic Hospital and Research Center, Jaipur, on 21-04-2023 for the following complaints, which was bothering her since 3-4 years. Her symptoms were vertigo associated with nausea and vomiting, insomnia, dizziness and frontal headache. Vertigo aggravates in sun, loud noise, loud voice, during singing. Patient is taking allopathic medications for the same resulting in temporary relief of all complaints. There was a history of nephrolithiasis 3 years ago which was treated by allopathic medications. She had undergone tubectomy 10 years ago. There was no significant family history.

Clinical Findings

The patient had vertigo and frontal headache which was associated with nausea and vomiting. She was unable to open her eyes during vertigo, cannot stand up and walk. She has to lie down and close her eyes. Patient feels chills during vertigo. Vertigo aggravates in sun, loud

noise, loud voice, during singing and ameliorates only by taking allopathic medicines. On general examination, the patient was conscious and well-built, with no pallor, cyanosis, jaundice or clubbing. The tongue was clean and moist.

She is a vegetarian, hot patient and has a desire for salty, spicy things and aversion to sour things. Her appetite, thirst, stool (D₁N₀) and urine (D₄₋₅N₀) were normal but she has a problem of insomnia for which she has to take sedatives. Her menses are regular and lasts for 2 days. She has vertigo during menses. She had total 8 pregnancies out of which 2 are live births, 4 abortions and 2 still births. Patient was introvert and desires company. She had grief for a long time because of her son's death 16 years ago.

Diagnostic Assessment

The case was diagnosed as chronic sphenoidal sinusitis (ICD-10-CM Diagnosis Code J32.3) with polypoidal mass in left half of sphenoidal sinus as mentioned in the MRI report.

Analysis of Symptoms

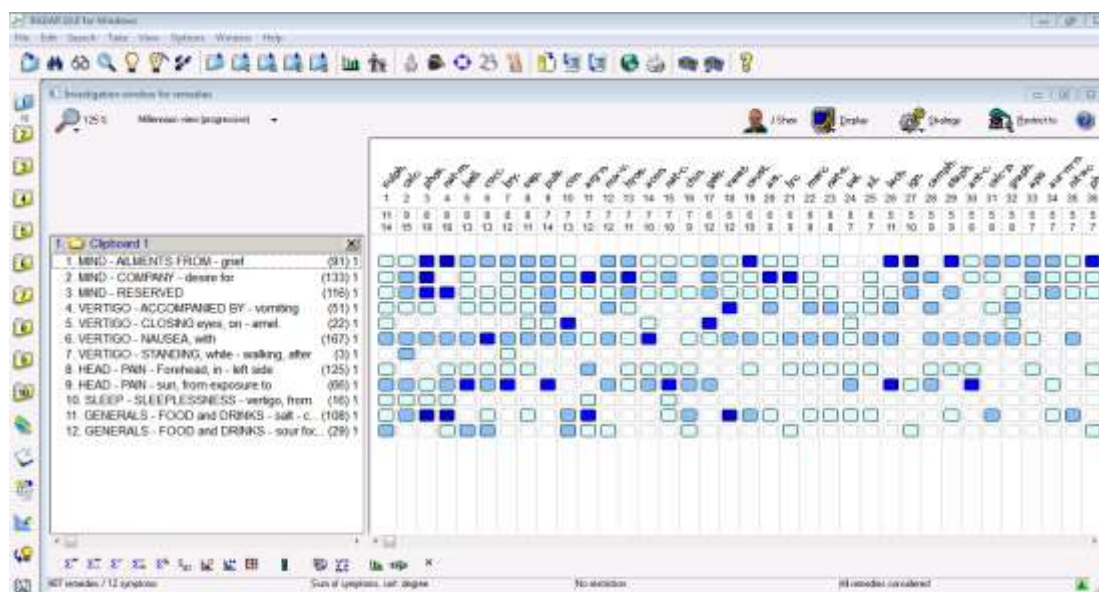
All the symptoms obtained from detailed case-taking are analysed in table 1.

Table 1: Analysis of symptoms		
Mental generals	Physical generals	Particulars
Introvert ⁺³ Desires company ⁺² Prolong grief ⁺³	Hot patient ⁺² Desires salty ⁺² Desires spicy things ⁺¹ Aversion to sour things ⁺² Sleeplessness ⁺³	Vertigo and frontal headache with nausea and vomiting ⁺³ Unable to open her eyes during vertigo ⁺³ Cannot stand up and walk during vertigo ⁺² Feels chills during vertigo ⁺¹ Aggravation by sun, loud noise, loud voice, singing ⁺¹

Miasmatic analysis

Symptoms	Psora	Sycosis	Syphilis
Desires company	✓		
Prolong grief	✓		
Reserved	✓	✓	
Thermal - hot	✓		
Salt desire	✓		✓
Sleepiness with vertigo	✓		
Vomiting during vertigo	✓		
Unable to open eyes	✓		

Repertorial totality



Therapeutic intervention

Individualised homoeopathic medicines were selected based on symptom similarity and repertorisation. In first prescription *Natrum Mur 200 CH Potency* was selected on the basis of totality of symptoms, 2 doses of which were given consecutively but no relief was there so the medicine was changed and *Conium Mac 200 CH Potency* and *1M CH Potency* was given in succession on the basis of keynote prescription. When the case became standstill, re-case taking was done and *Calcarea Carb* was prescribed as constitutional medicine in *200 CH* and *1M CH Potency* which exhibited marked improvement in the patient.

Follow up and outcome

S.NO.	DATE	SYMPTOMS	PRESCRIPTION
1.	05-05-2023	MRI finding- polypoidal fluid density, mucosal thickening is noted in the left half of sphenoid sinus which appears hypointense on all sequence likely to be polyp. All complaints are SQ. Vertigo with nausea and vomiting <turning the eyes, slight noise, talking. Headache(left side).	<i>CONIUM MACULATUM 200/1DOSE/ STAT</i> <i>NIHILIUM 200/TDS/15 DAYS</i>
2.	19-05-2023	Episodes of vertigo occur 3-4 days back. Took allopathic medicine for the same, feels better after that	<i>CONIUM 200/1DOSE/STAT</i> <i>NIHILIUM 200/QID/15DAYS</i>
3.	02-06-2023	Vertigo -better Frontal headache present	<i>CONIUM 200/1DOSE/EMES</i> <i>NIHILIUM200/QID/15DAYS</i>
4.	30-06-2023	Vertigo-no episodes Headache- 2-3 episode (40-50% better). Take allopathic medicine 3-4 times in a month.	<i>CONIUM 200/2DOSE</i> <i>1st DOSE-STAT</i> <i>2nd DOSE-SOS</i>

			<i>PL 30/TDS/15 DAYS</i>
5.	14-07-2023	Vertigo-better(1 episode because of stress) SOS taken that day Headache -better Took allopathic medicine 2 times only	<i>CONIUM 200/1DOSE/EMES PL 30/TDS/21 DAYS.</i>
6.	04-08-2023	Headache persisted for last 20 days	<i>CONIUM 200/1DOSE/EMES SAC LAC 30 /TDS/15 DAYS</i>
7.	18-08-2023	Headache -decreased Vertigo better	<i>RUBRUM 200/1DOSE/STAT NIHILIMUM 30/TDS/15DAYS</i>
8.	01-09-2023	No episode of vertigo and headache since last 15 days Slight Pain in both legs and hands due to over exertion since 3 days	<i>RUBRUM 200/1DOSE/STAT PHYTUM 30/TDS /15DAYS</i>
9.	15-09-2023	Episode of vertigo on 14-09-2023	<i>CONIUM 200 /1DOSE/HS RUBRUM 30/TDS/15DAYS</i>
10.	29-09-2023	Sometimes feel like vertigo but no exact presentation of vertigo is there Did not feel the need of allopathic medicine.	<i>CONIUM 200/1DOSE/SOS RUBRUM 30/TDS/15 DAYS</i>
11.	13-10-2023	Took allopathic medicine once for headache because SOS did not give any relief Vertigo better	<i>CONIUM 200/1DOSE/SOS PHYTUM 30 /TDS/15 DAYS</i>
12.	27-10-2023	Vertigo on 26-10-2023 - allopathic medicine taken SOS taken on 15-10-2023	<i>CONIUM 200/1DOSE/STAT RUBRUM 30/TDS/15 DAYS</i>
13.	10-11-2023	Vertigo present, taking allopathic medicine daily Headache increased.	<i>CONIUM 1M/1 DOSE/STAT RUBRUM 30/TDS/15 DAYS</i>
14.	24-11-2023	SQ	<i>CONIUM 1M/2DOSE/STATand HS PHYTUM 200/TDS/7DAYS</i>
15.	01-12-2023	No vertigo after 24 NOV. Vertigo today morning, took allopathic med. Leucorrhoea 10-15 days Discharge sticky, feels wet all the time	<i>CALCAREA CARB.200/1DOSE/HS PHYTUM 30/TDS/7DAYS</i>
16.	08-12-2023	Heaviness in right side of head, throbbing headache Headache occurring daily, took allopathic medicine twice in one week Vertigo-intensity decreased (but occurs daily) Leucorrhea decreased.	<i>CALCAREA CARB.200/2DOSE/ SOS RUBRUM 30/TDS/15DAYS</i>
17.	22-12-2023	Intensity of vertigo decreased but still present. SOS taken on 10 th and 12 th of dec Allopathic medicine taken when next episode of vertigo came Headache and vomiting during vertigo only. Leucorrhoea -better	<i>CALCAREA CARB. 1M/1DOSE/ H.S. PHYTUM 30 /TDS SAC LAC 30/SOS/15 DAYS</i>
18.	05-01-2024	Vertigo-better Slightly better in headache SOS taken -better in headache after taking it	<i>NIHILIMUM 30/SOS PHYTUM 30/TDS/15DAYS</i>
19.	19-01-2024	Vertigo - better	<i>RUBRUM 30/SOS/ ½DRAM</i>

			<i>PHYTUM 30/TDS/15 DAYS</i>
20.	02-2-2024	No vertigo since 22/12/2023 Heaviness in head in cloudy weather Sensation as if vertigo will occur<morning Pain in ankle region and folding fist.	<i>CALCAREA CARB. 1M/1DOSE/EMES</i> <i>PHYTUM 200/TDS/15 days</i>
21.	16-02-2024	1 episode of headache occur No episode of vertigo	<i>CALCAREA CARB</i> <i>1M/1DOSE/EMES</i> <i>PHYTUM 200/TDS/15 DAYS</i>
22.	01-03-2024	Better in all complaints No episode of vertigo	<i>SAC LAC 30/SOS</i> <i>PHYTUM 200/TDS/15 DAYS</i>
23.	15-03-2024	Headache 3-4 times in last 15 days No episode of vertigo Took SOS (SAC LAC) Better after SOS	<i>SAC LAC 30/SOS</i> <i>PHYTUM 200/TDS/15DAYS</i>
24.	29-03-2024	Better in headache and no episode of vertigo No allopathic medicine taken	<i>SAC LAC 30/SOS</i> <i>PHYTUM200/TDS/30DAYS</i>
25.	26-04-2024	No episodes of headache in last 30 days No vertigo in last 30days	<i>PHYTUM 200/TDS/30DAYS</i>

Modified Naranjo criteria score^[5] was used for assessing causal relationship of homeopathic medicine to treatment response in this case. The MONARCH score of the patient was “+8,” which shows there is a possible causal relationship between the result observed and the prescribed medication. [Table 4]

Assessment by Modified Naranjo Criteria Score^[5]

Table 4: Assessment after 4 months of treatment by Modified Naranjo criteria for homoeopathy.

DOMAINS	Yes	No	Not sure or N/A
1. Was there an improvement in the main symptom or condition for which the homeopathic medicine was prescribed?	+2		
2. Did the clinical improvement occur within a plausible timeframe relative to the drug intake?	+1		
3. Was there an initial aggravation of symptoms?		0	
4. Did the effect encompass more than the main symptom or condition (i.e., were other symptoms ultimately improved or changed)?	+1		
5. Did overall well-being improve? (suggest using validated scale)			0
6A <i>Direction of cure:</i> did some symptoms improve in the opposite order of the development of symptoms of the disease?		0	
6B <i>Direction of cure:</i> did at least two of the following aspects apply to the order of improvement of symptoms: from organs of more importance to those of less importance? from deeper to more superficial aspects of the individual? from the top downwards?		0	

7. Did “old symptoms” (defined as non-seasonal and non-cyclical symptoms that were previously thought to have resolved) reappear temporarily during the course of improvement?		0	
8. Are there alternate causes (other than the medicine) that—with a high probability—could have caused the improvement? (Consider known course of disease, other forms of treatment, and other clinically relevant interventions)		+1	
9. Was the health improvement confirmed by any objective evidence? (e.g., laboratory test, clinical observation, etc.)		0	
10. Did repeat dosing, if conducted, create similar clinical improvement?	+1		
TOTAL		6	
Note: Maximum score = 13, minimum score = -6.			

Intervention Adherence And Tolerability

The patient was advised to report every 7 to 15 days to check the intervention’s tolerability and adherence. Communication was also made by phone call, and she was found to be adhering to the instructions given to her about the dosage and timing of taking the medicines and to take adequate rest, exercise, and a proper diet.

Adverse Or Unanticipated Events

No unanticipated event in the form of aggravation or worsening of symptoms was reported by the patient throughout treatment, i.e., ‘adverse event.’

Homeopathic Aggravation^[6]

There was no increase in the intensity of present complaints throughout treatment, i.e., “homeopathic aggravations”.

DISCUSSION

This case report presents an instance of isolated sphenoid sinusitis, a rare condition that is often challenging to diagnose and manage due to its vague and late-presenting symptoms. The patient exhibited classic symptoms of sphenoid sinusitis, including vertigo, frontal headache, nausea, and vomiting, which were exacerbated by specific triggers and ameliorated temporarily by allopathic medications. The diagnosis was confirmed via MRI, which revealed a polypoidal mass in the sphenoid sinus.

In this case, a homoeopathic approach was adopted, focusing on remedies such as Natrum mur, Conium maculatum, and Calcarea carb, selected based on the patient’s symptom profile and miasmatic analysis. The treatment aimed to address the totality of symptoms, including

the mental and physical generals. The Modified Naranjo Criteria score indicated a possible causal relationship between the homeopathic treatment and the observed improvement.

Previous literature supports the use of homeopathic remedies in managing chronic sinusitis, although isolated sphenoid sinusitis is less commonly addressed. *Conium maculatum*, noted for its action on vertigo and headache, and *Calcarea carb*, known for its efficacy in chronic and complex conditions, were both utilized in this case with observed improvement in symptoms over time. The gradual reduction in vertigo and headache severity, combined with the patient's stable condition and reduced need for allopathic medication, suggests that the homeopathic treatment was beneficial.

The absence of adverse events or significant aggravations further supports the suitability of homeopathic remedies in managing this rare condition. The gradual improvement and stabilization of symptoms align with the principles of homeopathy, which emphasize individualized treatment based on the totality of symptoms.

CONCLUSIONS

This case report demonstrates that individualized homeopathic treatment, tailored to the specific symptoms, individualized approach and miasmatic analysis, can be effective in managing isolated sphenoid sinusitis. The positive response observed in the patient, with reduced symptom severity and improved overall well-being, underscores the potential of homeopathy as a complementary approach in the management of this rare condition. Continued research and case documentation are essential to further validate the efficacy of homeopathic interventions in similar clinical scenarios.

Declaration of patient consent

The patient's consent has been received for publishing the case report for educational purposes, maintaining anonymity.

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Nil.

Conflict of interest

None declared.

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