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## Mixed hearing loss with CSOM managed with individualised homoeopathic treatment: A case report


Prince Kumar

R.B.T.S. Government Homoeopathic Medical College and Hospital, Mujaffarpur, Bihar, India, princekumarsahay@gmail.com

Author(s) ORCID Identifier:

<https://orcid.org/0009-0004-3668-4878>

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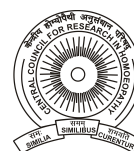
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### Abstract

**Introduction:** Any stage of life might see the development of hearing loss (HL). One or both ears may be affected, and the onset may occur suddenly or gradually. Numerous factors, such as trauma, illness, genetic disorders, age, or prolonged exposure to noise, can cause HL. One or more auditory system areas may have pathological alterations as a result of the changes. The majority of adult HL is permanent or gradually progresses; however, some may be momentary or amenable to treatment with medication or surgery. **Case Summary:** A 17-year-old male adolescent was treated with homoeopathic medicine in an obstinate case of mixed HL with persistent otorrhoea. An individualised homoeopathic medicine, *Calcarea sulph.*, was prescribed after thorough case taking, which led to a significant reduction of subjective and objective symptoms over a period of ten months. The pure tone audiometric (PTA) test was done before and after the homoeopathic treatment, which showed gradual improvement in hearing. This case shows that individualised homoeopathic medicine selected based on the totality of symptom can have favourable results in the treatment of mixed HL with evidence of PTA. The evaluation of the causal attribution of homoeopathic medicine was conducted using the Modified Naranjo Criteria for Homoeopathy. This assessment resulted in a score of +9, indicating a definitive causal relationship between the administered medicine and the observed outcome. The findings suggest that when a homoeopathic remedy is appropriately selected, it can be effective in treating HL.

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R.B.T.S. Government Homoeopathic Medical College and Hospital, Mujaffarpur, Bihar, India

## Abstract

**Introduction:** Any stage of life might see the development of hearing loss (HL). One or both ears may be affected, and the onset may occur suddenly or gradually. Numerous factors, such as trauma, illness, genetic disorders, age, or prolonged exposure to noise, can cause HL. One or more auditory system areas may have pathological alterations as a result of the changes. The majority of adult HL is permanent or gradually progresses; however, some may be momentary or amenable to treatment with medication or surgery. **Case Summary:** A 17-year-old male adolescent was treated with homoeopathic medicine in an obstinate case of mixed HL with persistent otorrhoea. An individualised homoeopathic medicine, *Calcarea sulph.*, was prescribed after thorough case taking, which led to a significant reduction of subjective and objective symptoms over a period of ten months. The pure tone audiometric (PTA) test was done before and after the homoeopathic treatment, which showed gradual improvement in hearing. This case shows that individualised homoeopathic medicine selected based on the totality of symptom can have favourable results in the treatment of mixed HL with evidence of PTA. The evaluation of the causal attribution of homoeopathic medicine was conducted using the Modified Naranjo Criteria for Homoeopathy. This assessment resulted in a score of +9, indicating a definitive causal relationship between the administered medicine and the observed outcome. The findings suggest that when a homoeopathic remedy is appropriately selected, it can be effective in treating HL.

**Keywords:** *Calcarea sulph.*, Individualised Homoeopathy, Mixed hearing loss, Pure tone audiometry, CSOM

## INTRODUCTION

Hearing loss (HL) (ICD-10 code H91.90)<sup>[1]</sup> occurs when an individual's hearing thresholds of 20 dB or more in both ears are compromised, making them unable to hear as well as someone with normal hearing. One might have mild, moderate, severe, or profound HL. Either one or both ears may be affected, making it difficult to hear loud noises or normal conversation.<sup>[2]</sup> HL was present in 6.6–16.47% of children. The most frequent cause of HL in children is otitis media (OM). Prevalence of HL ranged from 6.9% to 26.9% according to community-based research (all ages), while the prevalence of HL that is incapacitating ranged from 4.5% to 18.3%. The prevalence of hearing impairment was greater in older people and rural regions.<sup>[3]</sup> As per the World Health Organization (WHO), currently, more than 1.5 billion people (nearly 20% of the global population) live with HL, estimates in India, there are approximately 63 million people, who are suffering from significant auditory impairment; this places the estimated prevalence at 6.3% in Indian population. As per the

NSSO survey, currently, there are 291 persons per one lakh population who are suffering from severe to profound HL (NSSO, 2001).<sup>[4]</sup>

Conductive HL is a complex issue, with a variety of causes. It occurs when an obstruction or damage prevents sound from reaching the cochlea successfully. The problem can originate in various parts of the ear, including the external ear, tympanic membrane, middle ear, or ossicles and may extend up to the stapediovestibular joint. Common causes of conductive HL include the accumulation of earwax, fluid build-up in the ear canal, damage to the eardrum, or issues with the bones in the middle ear.<sup>[5]</sup>

On the other hand, sensorineural HL arises from lesions affecting the neural structures of the cochlea or the sensory

**\*Address for correspondence:** Prince Kumar,  
R.B.T.S Government Homoeopathic Medical College and Hospital,  
Mujaffarpur, Bihar, India. E-mail: princekumarsahay@gmail.com

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components of the eighth cranial nerve (VIII<sup>th</sup> nerve) and its central connections. This type of HL can be categorized into retro cochlear HL when lesions occur in the VIII<sup>th</sup> nerve and central deafness when damage impacts the central nerve pathways.<sup>[5]</sup>

There is also a mixed type of HL, which presents sensorineural and conductive HL characteristics in the same ear. This condition is identified by an air-bone gap, indicative of a conductive component, and impaired bone conduction associated with sensorineural loss. Certain conditions, such as chronic suppurative OM (CSOM) and otosclerosis, can result in mixed HL.<sup>[5]</sup>

When assessing auditory function, a systematic evaluation is crucial. First, it is necessary to determine the type of HL – whether it is conductive, sensorineural, or mixed. Next, the degree of HL must be classified, ranging from mild to profound or total. In addition, identifying the site of the lesion is essential. In cases of conductive HL, the lesion could be located in the external ear, tympanic membrane, middle ear, ossicles, or eustachian tube. Clinical examinations and tympanometry can be helpful tools in pinpointing the exact site of these lesions.<sup>[5]</sup>

For sensorineural HL, it is important to identify whether the lesion is cochlear, retrocochlear, or central. This often involves specialized hearing tests to differentiate between the types. Finally, understanding the underlying cause of the HL is not just important, it's critical. It's where our role as diagnosticians becomes crucial. Causes can vary widely, including congenital factors, trauma, infections, neoplasms, degenerative changes, metabolic issues, ototoxicity, vascular conditions or autoimmune processes. A comprehensive medical history and relevant laboratory investigations will aid in determining the precise cause.<sup>[5]</sup>

The WHO (1980) recommended the following classification on the basis of pure tone audiogram taking the average of the thresholds of hearing for frequencies of 500, 1000 and 2000 Hz with reference to ISO: R. 389–1970 (International Calibration of Audiometers) [Table 1].<sup>[5]</sup>

Patients with HL usually search for alternative treatment after the advice of surgery mastoidectomy and opt for homoeopathic treatment to avoid it. The homoeopathic treatment of an adolescent having mixed HL is being reported here through the evidence of a pure tone audiometry test (Audiogram). This report details the homoeopathic treatment of an adolescent patient with mixed left-sided HL and persistent otorrhoea, which is being reported here following the HOM-CASE CARE guidelines.<sup>[6]</sup> The purpose of such documentation is to add to the evidence that homoeopathic treatment provides curative treatment in such type of case, such as one-sided mixed HL.

A case series evaluates the usefulness of individualised homoeopathic treatment in 20 cases of OM at a Regional Research Institute for Homoeopathy in Guwahati, India, from January 2019 to January 2020.<sup>[7]</sup> Another case report showed how individualized homoeopathic medicine was able to cure

CSOM.<sup>[8]</sup>

The study by Hasan *et al*, investigated the efficacy of homoeopathic medicines in treating CSOM in 60 patients, compared to 30 healthy controls, in Bangladesh. Patients were treated with *Tellurium metallicum* (6C,  $n = 17$ ), *Mercurius solubilis* (200C,  $n = 13$ ), or *Calcarea sulphurica* (30C,  $n = 10$ ) for 8 weeks. All three medicines prevented ear suppuration, with *Tellurium metallicum* and *Calcarea sulphurica* healing tympanic membrane perforations in 52.9% and 50% of cases, respectively, while *Mercurius solubilis* showed no healing effect.

## PATIENT INFORMATION

A 17-year-old adolescent boy, diagnosed with hearing impairment, presented to the outpatient department of R.B.T.S. Government Homoeopathic Medical College and Hospital, Muzaffarpur, Bihar, India, on 19 June 2023, with complaints of bleeding from nose, mouth and ear. The onset of the bloody discharge was linked to coughing, hawking and sneezing, with intermittent blood-mixed discharge from the left ear persisting for the past two years. The patient noted that his cough and cold symptoms worsened with weather changes, particularly during the colder months. In addition, he reported experiencing headaches in the temporal region.

The patient's family history did not reveal any significant medical issues. In terms of personal history, he mentioned having mixed ear discharge with blood since childhood. Regarding his medical treatment, he had undergone conventional therapies but then advised to consider a mastoidectomy. Due to repeated unsatisfactory treatment outcomes, the patient had become anxious about both his condition and the prospect of surgery.

## Clinical findings

The patient had an average built, weighed 56 kg. His blood pressure reading was recorded at 114/76 mmHg. Upon examination, there were no visible signs of anaemia, jaundice, cyanosis, or oedema, indicating stable overall health.

The boy attended the consultation with his parents, along with pure tone audiometry report recommended by an

**Table 1: Hearing loss and difficulty in hearing speech (WHO classification)**

Hearing threshold level	Degree of impairment	Ability to understand speech
0–25	No significant	No discernible issue with slurred speech
26–40	Mild	Difficulty with faint speech
41–55	Moderate	Difficulty with normal speech frequently
56–70	Moderately severe	Frequent difficulty even with loud speech
71–90	Severe	Can recognize only shouted or amplified speech
>90	Profound	Usually cannot recognize even amplified speech

**Table 2: The details of the follow-ups**

Date	Signs and symptoms	Medicine with doses and repetition	Justification
19 June 2023 (Baseline Visit)	<ul style="list-style-type: none"> <li>• Intermittent bleeding</li> <li>• Otorrhoea</li> <li>• Hearing loss of left ear</li> <li>• Bloody discharge from nose and mouth</li> <li>• Irregular bowel movement</li> </ul>	<i>Calc. sulph.</i> 30C/6 doses, early morning empty stomach for 6 days	Totality of symptoms along with the repertorial totality
24 June 2023 (1 <sup>st</sup> follow-up)	<ul style="list-style-type: none"> <li>• Bleeding from the nose, mouth and ear diminished</li> <li>• Yellowish sticky discharge from the ear</li> </ul>	No medicine was prescribed as improvement continued	Improvement in bloody discharge
03 July 2023 (2 <sup>nd</sup> Follow-up)	<ul style="list-style-type: none"> <li>• Headache improved</li> <li>• Hearing the same on the left side with diminished discharge</li> </ul>	<i>Calc. sulph.</i> 30C/2doses To be taken early in the morning on an empty stomach for 2 days	Improvement in headache
13 July 2023 (3 <sup>rd</sup> Follow-up)	<ul style="list-style-type: none"> <li>• Discharge diminished</li> <li>• Hearing loss same</li> </ul>	<i>Calc. sulph.</i> 200C/2 doses, to be taken early morning on an empty stomach for 2 days	Improvement remained standstill
24 July 2023 (4 <sup>th</sup> Follow-up)	<ul style="list-style-type: none"> <li>• Reduction in yellowish offensive discharge</li> </ul>		Improvement continued
03 August 2023 (5 <sup>th</sup> Follow-up)	<ul style="list-style-type: none"> <li>• Hearing mildly improved, with improvement in ear discharge</li> </ul>	<i>Calc. sulph.</i> 200C/4 doses, to be taken early morning empty stomach for 4 days	Improvement continued with diminished ear discharge
12 August 2023 (6 <sup>th</sup> Follow-up)	Hearing mildly improved with no discharge	<i>Calc. sulph.</i> 1M/2 doses, to be taken in the early morning empty stomach	Improvement in discharge with hearing. Hence, increasing the dose was given
26 August 2023 (7 <sup>th</sup> Follow-up)	Moderately severe to severe mixed hearing loss, as also noted in PTA	No medicine was prescribed as improvement continued	Improvement continued
09 September 2023 (8 <sup>th</sup> Follow-up)	<ul style="list-style-type: none"> <li>• Slight yellowish sticky ear discharge mixed with blood since last night</li> <li>• Feeling of heaviness</li> </ul>	<i>Calc. sulph.</i> 1M/2 doses, to be taken in the early morning empty stomach.	Discharge reappeared. Hence same medicine was continued
26 September 2023 (9 <sup>th</sup> Follow-up)	<ul style="list-style-type: none"> <li>• Heaviness feeling of the ear improved</li> <li>• Hearing improved as conveyed by patient</li> </ul>	No medicine was prescribed as improvement continued	The patient was improving; hence, no medicine was prescribed
07 October 2023 (10 <sup>th</sup> Follow-up)	<ul style="list-style-type: none"> <li>• Discharge completely diminished, with the betterment of hearing</li> </ul>	No medicine was prescribed as improvement continued	The patient was improving; hence, no medicine was prescribed
28 October 2023 (11 <sup>th</sup> Follow-up)	<ul style="list-style-type: none"> <li>• Small amount of blood after fingering of the left ear, with improvement in hearing</li> </ul>	<i>Calc. sulph.</i> 1M/1 dose, to be taken in the early morning empty stomach	Improvement was standstill. Hence, same potency was prescribed
01 January 2024 (12 <sup>th</sup> Follow-up)	<ul style="list-style-type: none"> <li>• Moderately mixed hearing loss showed in PTA (30 November 2023)</li> <li>• Thick yellowish, mixed bloody discharge from left ear since last day.</li> </ul>	<i>Calc. sulph.</i> 1M/2 doses, to be taken in the early morning empty stomach.	The patient's hearing improved moderately
29 January 2024 (13 <sup>th</sup> Follow-up)	No discharge; hearing further improved	No medicine was prescribed as improvement continued	Previous dose still in work
19 March 2024 (14 <sup>th</sup> Follow-up)	Hearing better with complete absence of discharge	No medicine was prescribed as improvement continued	Patient symptoms continuously improved. Placebo suggested with advice for PTA testing
22 April 2024 (15 <sup>th</sup> Follow-up)	Patient comes with PTA which shows normal hearing of both ears	No intervention	Both ears' hearing within normal limits, as shown in PTA

PTA: Pure tone audiometry

ENT specialist. The audiogram indicated severe mixed HL, with findings showing a left ear threshold of 86.66 dB and a right ear threshold within the normal range of 20 dB.

### Generalities

The patient was anxious about his health issues and surgery. His parents reported him to get easily angered over minute things. He had a moderate thirst, a desire for sweets, and irregular bowel movement. He also demonstrated sensitivity to cold temperatures. His tongue was observed to be coated yellowish with a fissure in the middle.

### Diagnostic assessment

The case was previously diagnosed by an ENT specialist as mixed HL with bloody ear discharge, based on existing pure tone audiometry (audiogram) results.

### Totality of symptoms

Following a comprehensive case history, the symptoms were thoroughly analysed to construct a totality to understand the complete picture of the patient's condition. This process was accompanied by repertorisation. The evaluation comprised of totality to understand the range of mental, physical and specific symptoms, taking into account the patient's

constitutional aspects, as well as their mental and physical generals.

- Mind: anxiety (about his career, surgery, health and his suffering problem); got angry easily
- Sensitive to cold weather
- Desire: sweets, milk
- Bowel movement: irregular with ineffectual urging
- Abdominal distension
- Tongue: coated yellowish
- Nose: bloody discharge
- Ear: discharge bloody.

**Reportorial analysis**

The totality of symptoms were converted into the rubrics and the case was repertorised using synthesis repertory from RADAR opus version 3.2.17-Beta version [Figure 1].<sup>[10]</sup>

**Therapeutic intervention**

The symptomatology that was taken into consideration for repertorisation is shown in Figure 1. As per the reportorial analysis,<sup>[10]</sup> *Ars. alb.* and *Calc. sulph.* both scored the highest, was 23/11. After consulting materia medica, *Calc. sulph.* was chosen for the final prescription. The 30<sup>th</sup> potency was selected due to the presence of pathological changes and low susceptibility.<sup>[11]</sup> Six doses of *Calc. sulph.* 30C were prescribed and asked to be taken orally an empty stomach in morning. The patient was advised to keep the external ear plugged during bathing and day time.

**Follow-up and outcomes**

All the follow-up visits are elaborated in Table 2. The follow-ups of PTA are shown in Table 3. The Modified Naranjo Criteria for Homoeopathy (MONARCH), used to assess the causal relationship between the medicine and treatment outcome, scored +9 [Table 4].

**DISCUSSION**

HL poorly affects the quality of life of an individual. People usually opt for cost-effective and non-invasive measures for its treatment. Thus, they use complementary and alternative systems of medicine as a mode of treatment.<sup>[12]</sup> HL cases are known to be treated successfully with the homoeopathic system of medicine, as also mentioned in the evidence-based literature on Homoeopathy.

A case series by Hasan *et al* reported cases of CSOM in three adults, who were successfully treated with homoeopathic medicines (*Tellurium* and *Calcium fluoride*), as assessed through tympanic membrane examination with a digital endoscopic otoscope, hearing threshold measurement microbiological analysis of the aural swab before and after the treatment.<sup>[13]</sup>

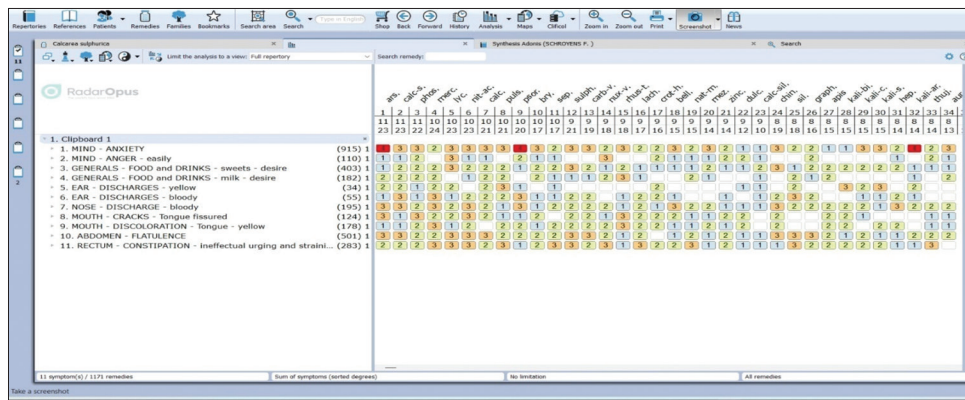
In a case series of OM, the most commonly used medicines were *Mercurius solubilis* (35%) and *Kali sulphuricum* (20%). The outcomes, accessed through the ORIDL scale, showed 60% positive results (12/20 cases), with 25% cured and 25% significantly improved, while 10% had no change, 10% worsened and 20% dropped out. No antibiotics were required. These outcomes were linked to the correctly chosen remedy and duration of illness, with shorter durations yielding faster recovery, aligning with homoeopathic principles.<sup>[7]</sup>

A case of 24-year-old man who presented with CSOM and is reported to have been successfully managed with individualised homoeopathic medicine, *Mercurius solubilis* 200C. This case was followed up with documentation of clinical symptoms and investigation findings.<sup>[8]</sup> Hearing thresholds, significantly higher in CSOM patients ( $p < 0.05$ ) compared to controls, improved significantly ( $p < 0.05$ ) across all tested frequencies (1, 4, 8, 12

**Table 3: Follow-up visit with pure tone audiometry (Audiogram)**

Dates	Interpretation of PTA
1 <sup>st</sup> visit 19 June 2023 (06 February 2023)	Left ear (86.66 dBHL) Right ear (20 dBHL) Severe mixed hearing loss of left ear.
7 <sup>th</sup> follow-up (26 August 2023 Audiogram report)	Left ear (70 dBHL) Right ear (20 dBHL) Moderately severe to severe mixed hearing loss
12 <sup>th</sup> follow-up (30 November 2023 Audiogram report)	Left ear (53.33 dBHL) Right ear (20 dBHL) Moderate mixed hearing loss
15 <sup>th</sup> follow-up (20 April 2024 Audiogram report)	Left ear (20 dBHL) Right ear (20 dBHL) Hearing within normal limit of both ears.

PTA: Pure tone audiometry



**Figure1:** Repertorial result from synthesis repertory (version 3.2.17-beta) in RADAR software

**Table 4: Assessment of the case according to Modified Naranjo criteria for Homeopathy (MONARCH)**

S. No.	Domains	Response	Score
1.	Was there an improvement in the main symptom or condition for which the homeopathic medicine was prescribed?	Yes	+2
2.	Did the clinical improvement occur within a plausible time frame relative to the medicine intake?	Yes	+1
3.	Was there a homeopathic aggravation of symptoms?	No	0
4.	Did the effect encompass more than the main symptom or condition (were other symptoms, not related to the main presenting complaint, ultimately improved or changed)?	Yes	+1
5.	Did overall well-being improve? (Suggest using a validated scale or mention changes in physical, emotional and behavioural elements).	Yes	+1
6A.	<i>Direction of cure:</i> Did some symptoms improve in the opposite order of the development of the symptoms of the disease?	Not sure	0
6B.	<i>Direction of cure:</i> (Did at least one 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 downward?	Not sure	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.	No	0
8.	Are there alternative causes (other than the medicine) that – with a high probability – could have produced the improvement? (consider the known course of disease, other forms of treatment and other clinically relevant interventions)	No	+1
9.	Was the health improvement confirmed by any objective evidence? (e.g. investigations, clinical examination, etc.)	Yes	+2
10.	Did repeat dosing, if conducted, create similar clinical improvement?	Yes	+1
<b>Total=+9</b>			

kHz) post-treatment, demonstrating the potential of homeopathic remedies in managing CSOM complications cost-effectively.<sup>[9]</sup>

However, currently there are no studies that offer a similar analysis or findings on HL due to otorrhoea to the one shown in this case report. The present investigation includes a comprehensive review of existing literature in the field, ensuring that it covers extensive database search and other probable sources to verify this assertion. The lack of similar cases or studies highlights the uniqueness and significance of this case report, as well as the need to take up further studies on this subject.

The patient, in this case, showed the typical symptoms and was treated for ten months with the individualised homeopathic medicine, *Calc. sulph.* in increasing potencies, depending on the patient's response. The medicine was chosen based on the totality of symptoms with the consultation of the *Materia Medica*.<sup>[14]</sup> The selection or alteration of potency was carried out following homeopathic principles, the individual's susceptibility and the rules regarding the second prescription of Kent's philosophy.<sup>[15]</sup> The patient's improvement assessed through a PTA in the follow-up visits showed remarkable recovery.

This case shows that the results are more likely to be positive when the disease picture and the drug picture are similar. Within a reasonable timeframe, a quick recovery could be seen in this case, thus decreasing the amount of suffering, and also leading to an improved quality of life. In addition, this case highlights the importance and relevance of individualisation in Homeopathy.

However, the scope and effectiveness of homeopathic medicines in HL must be explored with well-planned, randomized clinical trials and other study designs.

## CONCLUSION

This case, shows the usefulness of individualised homeopathic medicine, *Calc. sulph.* in the treatment of mixed HL of the left ear. The complete disappearance of persistent mixed HL with otorrhoea is indicative of the positive role of individualised homeopathic medicine in such cases.

## Declaration of the patient's consent

The author confirms that he had obtained approval from the patient's guardian to use his clinical information for reporting the case. He understands that the child name and initials will not be published and due efforts will be made to conceal the identity, but anonymity cannot be guaranteed.

## Patient perspective

The patient said that he was very happy after taking homeopathic treatment for his complaint, particularly so because it helped him avoid surgery.

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Nil.

## Conflicts of interest

None declared.

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## Perte auditive mixte avec otite moyenne chronique (OMCC) prise en charge par un traitement homéopathique individualisé : rapport de cas

**Introduction:** Une perte auditive (HL) peut se développer à tout moment de la vie. Une ou les deux oreilles peuvent être touchées, et son apparition peut être soudaine ou progressive. De nombreux facteurs, tels qu'un traumatisme, une maladie, des troubles génétiques, l'âge ou une exposition prolongée au bruit, peuvent être à l'origine d'une HL. Une ou plusieurs zones du système auditif peuvent présenter des altérations pathologiques suite à ces changements. La majorité des HL chez l'adulte sont permanentes ou progressent progressivement; cependant, certaines peuvent être temporaires ou se prêter à un traitement médicamenteux ou chirurgical. **Résumé du cas:** Un adolescent de 17 ans a été traité par un médicament homéopathique individualisé, *Calcarea sulph*, lui a été prescrit après un suivi approfondi du cas, ce qui a entraîné une réduction significative des symptômes subjectifs et objectifs sur une période de dix mois. Un test audiométrique tonal (ATP) a été réalisé avant et après le traitement homéopathique, et a montré une amélioration progressive de l'audition. Ce cas montre qu'un médicament homéopathique personnalisé, sélectionné en fonction de l'ensemble des symptômes, peut avoir des résultats favorables dans le traitement du LH mixte avec signes d'ATP. L'évaluation de l'attribution causale du médicament homéopathique a été réalisée selon les critères Naranjo modifiés pour l'homéopathie. Cette évaluation a abouti à un score de +9, indiquant une relation causale définitive entre le médicament administré et le résultat observé. Les résultats suggèrent qu'un remède homéopathique bien choisi peut être efficace dans le traitement du LH.

## Kombinierter Hörverlust mit CSOM, behandelt mit individualisierter homöopathischer Behandlung: Ein Fallbericht

**Einleitung:** Hörverlust (HL) kann in jedem Lebensabschnitt auftreten. Ein oder beide Ohren können betroffen sein, und der Beginn kann plötzlich oder schleichend erfolgen. Zahlreiche Faktoren wie Traumata, Krankheiten, genetische Störungen, Alter oder anhaltende Lärmbelastung können HL verursachen. Ein oder mehrere Bereiche des Hörsystems können infolge der Veränderungen pathologische Veränderungen aufweisen. Die meisten Fälle von HL bei Erwachsenen sind dauerhaft oder schreiten schleichend fort; einige können jedoch vorübergehend sein oder sich durch Medikamente oder eine Operation behandeln lassen. **Fallzusammenfassung:** Ein 17-jähriger männlicher Jugendlicher wurde in einem hartnäckigen Fall von gemischtem HL mit anhaltender Otorrhoe mit homöopathischen Mitteln behandelt. Nach gründlicher Anamnese wurde ein individualisiertes homöopathisches Mittel, *Calcarea sulph*, verschrieben, das über einen Zeitraum von zehn Monaten zu einer signifikanten Reduktion der subjektiven und objektiven Symptome führte. Der Reintonaudiometrietest (PTA) wurde vor und nach der homöopathischen Behandlung durchgeführt und zeigte eine allmähliche Verbesserung des Hörvermögens. Dieser Fall zeigt, dass eine individualisierte homöopathische Medizin, die auf Grundlage der Gesamtheit der Symptome ausgewählt wird, günstige Ergebnisse bei der Behandlung von gemischtem HL mit Anzeichen von PTA erzielen kann. Die Bewertung der kausalen Zuordnung homöopathischer Medizin wurde anhand der modifizierten Naranjo-Kriterien für Homöopathie durchgeführt. Diese Beurteilung ergab einen Wert von +9, was auf einen eindeutigen kausalen Zusammenhang zwischen dem verabreichten Arzneimittel und dem beobachteten Ergebnis hinweist. Die Ergebnisse legen nahe, dass ein homöopathisches Mittel, wenn es richtig ausgewählt wird, bei der Behandlung von HL wirksam sein kann.

## सीएसओएम (CSOM) के साथ मिक्सड हीयरिंग लॉस का व्यक्तिगत होम्योपैथिक उपचार द्वारा प्रबंधन: एक केस रिपोर्ट

**परिचय:** जीवन के किसी भी चरण में हीयरिंग लॉस (एचएल) का विकास देखा जा सकता है। एक या दोनों कान प्रभावित हो सकते हैं, और इसकी शुरुआत अचानक या धीरे-धीरे हो सकती है। कई कारक, जैसे कि आघात, बीमारी, आनुवंशिक विकार, उम्र, या शोर के लंबे समय तक संपर्क, एचएल का कारण बन सकते हैं। परिवर्तनों के परिणामस्वरूप एक या अधिक श्रवण प्रणाली क्षेत्रों में रोग संबंधी परिवर्तन हो सकते हैं। वयस्कों में एचएल का अधिकांश हिस्सा स्थायी होता है या धीरे-धीरे बढ़ता है; हालाँकि, कुछ क्षणिक हो सकते हैं या दवा या सर्जरी से उपचार के लिए उत्तरदायी हो सकते हैं। **केस सारांश:** निरंतर ओटोरिया और मिक्सड हीयरिंग लॉस से ग्रस्त 17 वर्षीय किशोर के एक गंभीर केस का उपचार व्यक्तिगत होम्योपैथिक औषधि द्वारा किया गया। पूरी तरह से केस लेने के बाद एक व्यक्तिगत होम्योपैथिक दवा, *कैल्केरिया सल्फ*, निर्धारित की गई, जिससे दस महीने की अवधि में व्यक्तिपरक और वस्तुनिष्ठ लक्षणों में उल्लेखनीय कमी आई। होम्योपैथिक उपचार से पहले और बाद में प्योर टोन ऑडीमेट्रिक (PTA) परीक्षण किया गया, जिसमें सुनने में धीरे-धीरे सुधार देखा गया। यह मामला दिखाता है कि लक्षणों की समग्रता के आधार पर चुनी गई व्यक्तिगत होम्योपैथिक दवा PTA के साक्ष्य के साथ मिश्रित HL के उपचार में अनुकूल परिणाम दे सकती है। होम्योपैथी के लिए संशोधित नारंजो मानदंड का उपयोग करके होम्योपैथिक दवा के कारणात्मक आरोपण का मूल्यांकन किया गया। इस मूल्यांकन के परिणामस्वरूप +9 का स्कोर प्राप्त हुआ, जो प्रशासित दवा और देखे गए परिणाम के बीच एक निश्चित कारण संबंध को दर्शाता है। निष्कर्ष बताते हैं कि जब एक होम्योपैथिक उपाय उचित रूप से चुना जाता है, तो यह HL के उपचार में प्रभावी हो सकता है।

## Pérdida auditiva mixta con OMSC manejada con tratamiento homeopático individualizado: Reporte de un caso

**Introducción:** La pérdida auditiva (PA) puede desarrollarse en cualquier etapa de la vida. Uno o ambos oídos pueden verse afectados, y su aparición puede ser repentina o gradual. Numerosos factores, como traumatismos, enfermedades, trastornos genéticos, la edad o la exposición prolongada al ruido, pueden causar PA. Una o más áreas del sistema auditivo pueden presentar alteraciones patológicas como resultado de estos cambios. La mayoría de los casos de PA en adultos son permanentes o progresan gradualmente; sin embargo, algunos pueden ser transitorios o susceptibles de tratamiento con medicamentos o cirugía. **Resumen del caso:** Un adolescente varón de 17 años fue tratado con medicamentos homeopáticos en un caso persistente de PA mixta con otorrea persistente. Tras una evaluación exhaustiva del caso, se le prescribió un medicamento homeopático individualizado, *Calcarea sulph*, lo que condujo a una reducción significativa de los síntomas subjetivos y objetivos durante un período de diez meses. La prueba audiométrica de tonos puros (PTA) se realizó antes y después del tratamiento homeopático, que mostró una mejoría gradual en la audición. Este caso demuestra que la medicina homeopática individualizada seleccionada con base en la totalidad de los síntomas puede tener resultados favorables en el tratamiento de la LH mixta con evidencia de PTA. La evaluación de la atribución causal de la medicina homeopática se realizó utilizando los Criterios de Naranjo Modificados para la Homeopatía. Esta evaluación resultó en una puntuación de +9, lo que indica una relación causal definitiva entre la medicina administrada y el resultado observado. Los hallazgos sugieren que cuando un remedio homeopático se selecciona adecuadamente, puede ser efectivo en el tratamiento de la LH.

**引言:** 人生的任何阶段都可能出现听力损失 (HL)。单耳或双耳均可受累, 发病可能突然发生, 也可能逐渐加重。多种因素都可能导致 HL, 例如创伤、疾病、遗传性疾病、年龄或长期暴露于噪音。这些变化可能导致一个或多个听觉系统区域出现病理改变。大多数成人 HL 是永久性的或逐渐进展的; 然而, 有些可能是暂时性的, 或者可以通过药物或手术治疗。**病例摘要:** 一名 17 岁男性青少年因患有顽固性混合性 HL 并伴有持续性耳漏而接受了顺势疗法治疗。在仔细了解病例后, 医生开具了个体化顺势疗法药物硫酸钙 (*Calcarea sulph*), 在十个月的治疗期间, 患者的主观和客观症状显著减轻。顺势疗法治疗前后均进行了纯音听力 (PTA) 测试, 结果显示听力逐渐改善。本病例表明, 根据症状总体情况选择个体化顺势疗法药物, 对有 PTA 证据的混合型 HL 的治疗可取得良好效果。使用改良的 Naranjo 顺势疗法标准对顺势疗法药物的因果归因进行评估。评估结果为 +9 分, 表明所施用的药物与观察到的结果之间存在明确的因果关系。研究结果表明, 如果选择得当, 顺势疗法药物可有效治疗 HL。