

# When Sinusitis in Cold Homoeopathy is Gold

**Abstract:** The following article lucidly describes the Salient features of Sinusitis. The author has given two acute cases cured by him.



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**SINUSITIS:** Inflammation of paranasal air sinuses is known as sinusitis

**CAUSES:**

1. Repeated infection
2. Trauma
3. Cold
4. Allergy
5. Dental infection
6. Swimming

**TYPES OF SINUSITIS:**

1. Acute
2. Chronic

**COMMONLY AFFECTED SINUSES:**

1. Maxillary air sinus
2. Ethmoidal air sinus
3. Frontal air sinus

**CLINICAL FEATURES:**

1. Pain in upper jaw
2. Discharge
3. Altered taste in mouth
4. Tenderness on affected part
5. Appearance of flushed cheek and heat
6. Fever, malaise and bodyache
7. Post nasal drip
8. Oedema

**LOCATION:**

1. If swelling is found in supraorbital region it means Frontal sinusitis.
2. If swelling is over the nasal bridge it means Ethmoidal sinusitis.

3. Swelling over the maxillary region indicates maxillary sinusitis.

**INVESTIGATION:**

1. X-ray
2. Culture and sensitivity test of discharge
3. Posterior Rhinoscopy

**CASE 1:**

Mr Goyal, 35 years old teacher complaints severe headache by pointing it with the tip of finger. He also complaints of cough with dyspnoea, chest pain, inflammation and pain in frontal sinus along with blocked nose since 3 years. The cough and headache is < esp in winter. Allopathic medicines gives him temporary relief. *Kali-bi 6X* and *Nux-v 30* was given. After 10 days he felt better. Placebo was given for a month and he felt much improved.

**CASE 2:**

Mrs P. complaining of cough with soreness in chest. Nose filled with mucus, profuse yellow discharge. Cough < night, cold . Right sided headache < sleeping. Took Allopathic medicine but no permanent improvement. Acute *Bell 30* was given followed by *Nux-v 30* as a constitutional drug. There is improvement but the patient is not satisfied. The case was re-examined. The patient was < daytime and cold. > night and the peculiar discharge lead me to prescribe *Sanguinaria 200 OD* for 3 days and Placebo for 15 days was given. The patient came after 10 days and had a smile on his face which meant he was better.

•How do u identify a true music lover? A man when he hears a woman singing in the bathroom and puts his ear to the keyhole instead of his eye!  
•At a party, someone yelled: All married guys plz stand next to one person who has made ur life worth living. The bartender was almost crushed to death.!



## Is it better to work as a team?

**Abstract:** This case showed me, the importance of team work, when I requested the surgeon of the local nursing home to allow me to administer Homoeopathic medicines. After initial hassles he agreed, and we monitored blood sugar levels and Serum Amylase four hourly. I was very happy to handle acute medical emergency only with Homoeopathy.

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Mrs S, aged 52 years, a teacher, came to me in March 2008 with some gastro-intestinal symptoms.

### CHIEF COMPLAINTS

LOCATION	SENSATION	MODALITIES	CONCOMITANT
<b>ABDOMEN GIT</b> <b>Epigastrium</b> <b>Right Hypochondrium</b>	<b>Pain<sup>3</sup>, Cramps<sup>3</sup>, Sharp<sup>3</sup></b> <b>Continuous, Pt screamed with</b> <b>pain Radiating to chest</b> <b>and back in between breast</b> <b>Bloated feeling, nausea with</b> <b>eructations</b> <b>Loose motions on and off</b>	<b>&gt;bending</b> <b>double<sup>3</sup></b>	<b>Thirsty<sup>2</sup></b>         <b>Loss of weight</b>
<b>Sudden onset</b>  <b>IBS Since 2005,</b> <b>Frequency 1/15 days mild</b>			

**OTHER COMPLAINTS:** heavy eyes, giddiness, headache since one year and hypersensitive since 2009.

**O/E ABDOMEN:** Palpation-soft right hypochondrium, tender, with guarding, Auscultation- bowel sounds heard cvs- Pulse 100/min S1S2 heard.

### INVESTIGATIONS:

1. ULTRA SONOGRAPHY: Pancreatic calculi and features of Acute Pancreatitis.
2. BLOOD:: Pancreatic Amylase-800, Blood Sugar-FBS 200, PBS-300 mg%.
3. Mild leucocytosis.

**DIAGNOSIS:** Chronic Pancreatitis.

The case was defined in March 2008. She had mental disturbance in terms of depression, brooding about the past and her decision to separate from her husband which eventually led to a divorce. IPR with children and relatives was strained. She responded well to *Nat-mur*. Her subacute stomach episodes, cramps, even headache were helped by

*Bryonia*. She was suggested some eye drops by an ophthalmologist. She was mainly dealing with her life situation. Depending on her mental state, infrequent *Nat-mur* was given. This occurred in March 2009.

### TREATMENT:

*Colocynth* 1M, ½ hourly-helped the patient after 6-8 hours. The remedy started acting after an hour of administration.

Later on it was decided that stones were locked in posterior part and it could keep creating problems so lithotripsy was done.

### LEARNING:

1. The disease process must have started in 2004-05.
2. Suppression of mind, calcification and stone formation.
3. Role of Homoeopathy in acute emergency more specifically pain Management.
4. Scope of Homoeopathy.
5. Importance of auxiliary care in emergency.