



# HOMOEOPATHY (H)EARS HIM OUT!

## Homoeopathic Cure of a Case of CSOM (Attico-Antral)

**ABSTRACT:** *This case has been included in the issue on diet and regimen as it highlights common and often, widely prevalent practices which are so dangerous that the public needs to be educated on them. This forms part of regimen.*

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### INTRODUCTION

Chronic suppurative otitis media (CSOM) is a chronic inflammation of the middle ear and mastoid cavity, which presents with recurrent otorrhoea through a tympanic perforation and conductive hearing loss of varying severity. The underlying pathology of CSOM is an ongoing cycle of inflammation, ulceration, infection and granulation. Acute infection of the middle ear causes irritation and inflammation of the mucosa of the middle ear with oedema. Inflammation produces mucosal ulceration and breakdown of the epithelial lining. Granuloma formation can develop into polyps in the middle ear. This process may continue, destroying surrounding structures and leading to the various complications of CSOM. The kind of perforation of tympanic membrane helps us decide whether it is a tubotympanic perforation, which is usually 'safe', or an atticoantral perforation, which is often 'unsafe'. Safe or unsafe depends on the presence of cholesteatoma (a non-malignant but destructive lesion of the skull base):

- Safe CSOM is CSOM without cholesteatoma. It can be subdivided into active or inactive depending on whether infection is present or not
- Unsafe CSOM involves cholesteatoma.

### CASE

A 14 year old boy was brought by his mother. He

was a diagnosed case of Lt sided CSOM of Attico-antral variety.

He was tall, obese (90 kg), dark complexioned, eyes and hair sweaty, avoiding eye contact and frequently poking tooth-pick in the ear.

History revealed that he had started having pain in left ear about a year back after an attack of viral fever with cold and cough. Since the pain was initially on and off, as a very common dangerous practice in India they used to put mustard oil in the ear, previously heated with garlic. When that did not help and pain became more pronounced, they consulted an ENT specialist, who treated with some antibiotics and ear drops. Gradually he started having acrid and foul smelling discharge along with lot of itching. His hearing in the left ear had also diminished. His mother said that he would constantly poke sharp and pointed things in the ear due to excessive itching. Even if they would hit him he would not stop and said that he would constantly smile while poking vigorously and at other times also complain of intense pain. At this moment, this boy said that he just could not resist the itching and that itching never caused pain.

**PAST HISTORY:** Not significant

**FAMILY HISTORY:** Fa: Allergic rhinitis, CSOM. Mo: Hypothyroidism, LS. PGrFa: DM

### GENERAL

**APPETITE:** A true foodie, loved to eat and had a

canine hunger- could eat 7-8 *parathas* at a time and could not tolerate staying hungry; Non vegetarian diet

THIRST: Excessive thirst for chilled water

DESIRE: Non veg especially chicken; Spicy

AVERSION: Pulses and green vegetables

BOWELS: Regular

URINE: NAD

SLEEP: He slept for just 4 hours every day. This had been his habit since early childhood. Even as a new-born he would sleep very less. Liked to watch TV or surf internet till late night. He also liked to tightly hug his mother while sleeping, which annoyed her and at times she also complained that it felt inappropriate. In spite of being scolded again and again, he refused to change his habit. If the mother would lock her bed room, he would stay awake the entire night.

PERSPIRATION: Profuse and easy; foul smelling and often left yellowish stains

THERMAL REACTION: On his own said, "Weather did not affect him". (Barring one or two points most of the history was given by his mother) Though he liked cold weather or being in AC in summers, he was not disturbed if there was no electricity in summers and he also did not need too much clothing in winters.

#### LIFE SITUATION

Being the younger son of an upper middle class family, he had led a protected life. Father - a businessman while mother - a housewife, took good care of both their sons. He studies in a public school and after that has some home tuition.

#### MIND AND BEHAVIOUR

Extremely lethargic, he refuses to do any kind of exercise. Does not even go to tutorials, so his parents had to hire a home tutor. Even if he has to buy a loaf of bread, he needs a vehicle. Drives very fast and has had few accidents with superficial injuries. Being an introvert, he has very few friends and has never been too forthcoming in conversations. Loved watching TV and surfing internet. Being disinclined towards studies, he could barely pass his examinations. Though he always slept with his mother, he was not caring towards her. If she was having fever or similar problem, he would not even go to ask her except when it was time to sleep.

#### CASE ANALYSIS

The destructive pathology with acrid ear discharge; desire to poke sharp pointed things in the ear, knowing very well that it may cause permanent damage; love for speed while driving and not caring for his own well being etc pointed towards a deep syphilitic background. Coupled with this, his insensitivity towards thermal variations and being able to work with bare minimum sleep led me to select *Fluoric-acid*. Moreover his desire to hug his mother (inappropriately) to sleep also revealed his perverted affections.

#### PRESCRIPTION

*Fluoric-acid* 30, 9 doses, TDS x 3 days

#### FOLLOW UP

It took 3 months for the discharge to disappear and it has been more than 6 months, but there has been no relapse.

A mental hospital was critically overcrowded. The doctor decides to get all the patients seated in one large room to conduct a test to see how many they discharge that day.

At the front of the room the Doctors took some chalk and drew a full size door on a Blackboard and offered an ice cream to any patient who could open the door. There was a mad rush for the door with the patients scratching a clawing at the door and the handle. The doctors were disappointed, until they noticed a single patient who remained in his chair and was quietly chuckling to himself as he watched his fellow patients.

Encouraged that at least one patient could be discharged today, the doctors asked him why he wasn't trying to open the door.

The patient, who could no longer contain his laughter, shouted, "I've got the key!"

