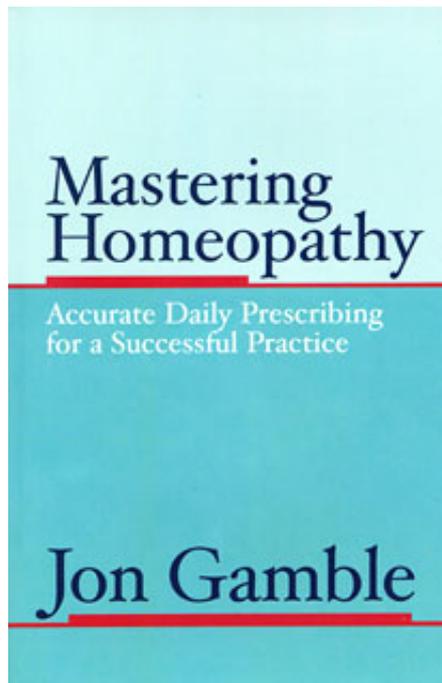


Jon Gamble

Mastering Homeopathy 1

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SINUSITIS & RHINITIS

[100]

Clinical presentation

- o *Sinusitis* has blocked nose with frontal headache, and there may be yellow or green *catarrh*.
- o *Rhinitis* has watery *coryza*, frontal pain; sneezing; may have blocked nose; itching in nose, mouth or ears.
- o *Catarrh* refers to a thick or purulent mucous discharge.
- o *Coryza* refers to a watery discharge which is either bland or acrid.

[101]

Treatment: Acute

If there is no single, clear remedy for acute attacks, it is useful to mix together acute remedies for rhinitis so that the patient benefits from homeopathic remedies when s/he experiences an acute episode. In this way, the patient learns to rely on the homeopathics, with less allopathic medication to obstruct symptom presentation. This is similar to our treatment approach to asthma. *We have found that using acute homeopathic prescribing as needed does not have a deleterious effect on long-term homeopathic treatment.* If an acute remedy works well in addressing flare ups, there is no reason why one should not use that remedy as the chronic treatment, repeating it often for months with diminishing frequency as improvement sets in. An acute remedy will at least give the patient relief, and the practitioner time to find an effective deeper acting remedy.

Always look for a seasonal or allergic factor in the presenting symptoms, since homeopathy works well in desensitising patients to either airborne or ingested allergens. The procedure for desensitising is described at [104], or if allergy is severe, use the protocol described at [96].

- *Histaminum*. Use when there is a clear allergic response with sneezing, itching, acute inflammation and coryza. Use it in very high potency, 50M or higher. See the Allergy Desensitisation Protocol using *Histaminum* at [96].

The table on the following page summarises the main acute remedies for sinusitis and rhinitis.

Case 2: GB, male, age 29 - Asthma and Sinusitis

This case illustrates what every homeopath dreads: there is a paucity of individualising symptoms. In this case, we need to use a keynote approach, or give what we have described as the 'main medicine' to treat this disease. We would continue with this medicine while improvement is experienced, only changing if improvement stops and/or a new symptom picture forms.

Symptoms:

Asthma with itchy eyes, nose and throat. Runny nose. Wheeze.

Rhinitis/hayfever.

Fatigue.

Began as a child, with absence of symptoms through teens, now returned.

Aggravation: wind and summer.

Family History

Father: rheumatoid arthritis; multiple allergies.

Medications

Ventolin. Becotide. Antihistamines.

Analysis

This is a one-sided case with no individualising symptoms. Prescription is only possible on keynote symptoms, or 'main remedy' style.

Prescription: *Arsenicum 6 twice daily.*

Avoid yeast.

First follow up: three weeks

Asthma > by 25-50%

Itchy eyes > 50%

Itchy nose & throat > 50%.

No Becotide or Antihistamines used. Some use of Ventolin.

Skin has improved (dry scaly patches - not mentioned in first visit).

Itching has reduced when he exercises (not mentioned in first visit).

Second follow up: two months

Sinus and asthma flare ups persist, but are of less severity and duration lasting only half hour.

Aggravation: dust, dog hair.

Using Ventolin a little more, the *Arsenicum* not now working as well. But still using Ventolin only half as much compared to before starting treatment.

Itchy skin, especially after eating white bread.

No Becotide or anti-histamines used.
Mucus on chest is persistent, but now mostly clear. (Not mentioned in previous visits).

Prescription: *Arsenicum 6* once daily; *Tuberculinum bov 200* once weekly.

Third follow up: four months

After taking *Tuberculinum*, he experienced six days of sinus pain, which did not go to the chest (normally sinus infections go to the chest).

After the second dose of *Tuberculinum*, some itching and running nose, but no other reactions.

Recent nose block (from the spring wattles).

Some wheezing: using ventolin approximately four times daily, as before.

New Prescription: *Kali carb 200*: One dose every second day.

Fourth follow up: seven months

"Fantastic".

No symptoms apart from slight wheezing. Using ventolin only once per day.

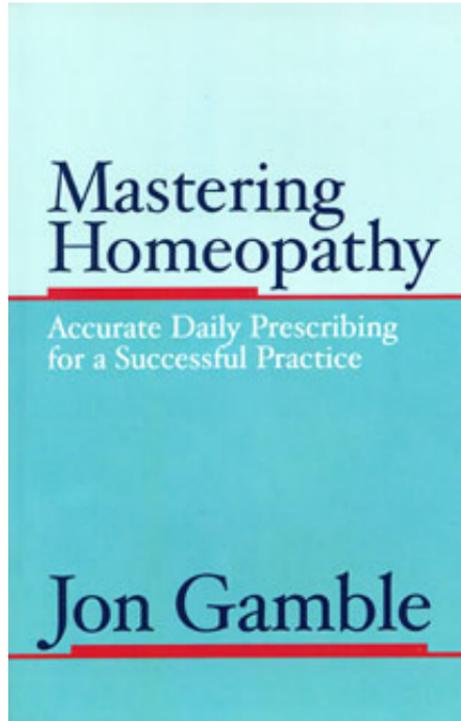
Goes out without taking his ventolin ("I never used to do this").

The patient is instructed on further doses, then discharged.

Rationale for prescriptions given:

- o *Arsenicum* we have described under Asthma in the asthma mix as a reliever of acute asthma. We have also described *Arsenicum* under Sinusitis & Rhinitis: it has itching, bland coryza and wheezing. It is thus a reliable remedy for commencing treatment since it covers all the particulars of the case.
- o *Tuberculinum Bov*: we have described under Asthma as a reliable medicine when there is a clear allergic diathesis where there are multiple allergies.
- o *Kali carb* is also described under Asthma: it is the main remedy to use where there are no clear symptoms for another remedy.

We may well have given *Kali carb* at the first visit and achieved a more rapid result. However, *Arsenicum* was chosen because the case also had a strong emphasis on hay fever with itching eyes and nose.



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