
EFFECTS OF HOMOEOPATHIC MEDICINES IN TREATMENT OF RECURRENT SINUSITIS NOT RESPONDING TO MODERN MEDICINES

Dr. Rajendra Sadashiv Wakle*¹ and Dr. Rizwan Ahmed Shabbir Shaikh²

¹MD (Hom) Professor, Department of Homoeopathic Materia Medica, Ahmednagar
Homoeopathic Medical College, Ahmednagar.

²MD Paediatrics (Hom) Post Graduate Diploma in Clinical Research & Regulatory Affairs
Post Graduate Diploma in Nutrition Associate Professor, Department of Surgery,
Ahmednagar Homoeopathic Medical College, Ahmednagar.

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Article Revised: 13 July 2025 Federal University of Technology Owerri, Imo State, Nigeria.

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ABSTRACT

Chronic and recurrent sinusitis is a persistent health concern, especially when unresponsive to standard allopathic treatments. Homoeopathy has been claimed as a useful alternative, yet supporting evidence is needed, specifically in populations where conventional treatment failure is frequent. To assess the effects of homoeopathic medicines in the management of recurrent sinusitis in patients not responding to modern medicine, through a prospective study of 60 cases. Sixty patients with recurrent sinusitis, all with documented failure of standard medical therapies, were administered individualized homoeopathic medicines. Symptom severity, patient-reported quality of life, and recurrence rates were evaluated over a 6-month period using standardized scoring systems. Statistical analysis assessed significance in pre- and post-treatment symptomatology. Marked reduction in symptom severity was noted after homoeopathic treatment, with a significant improvement in quality of life. The majority of patients reported lower recurrence rates, and most experienced either full or substantial symptomatic relief. No major side effects were reported. Homoeopathic medicines may offer significant symptomatic and quality-of-life benefits in patients with recurrent sinusitis not responding to modern medicine, meriting further controlled investigations.

KEYWORDS: Homoeopathy, Recurrent Sinusitis, Chronic Sinusitis, Modern Medicine Failure, Symptom Severity, Quality of Life.

INTRODUCTION

Recurrent sinusitis, characterized by repeated episodes of inflammation and infection of the paranasal sinuses, remains a challenging clinical scenario, especially when conventional treatments such as antibiotics, corticosteroids, or even surgical interventions are inadequate. Chronic forms are associated with impaired quality of life, absenteeism, and frequent healthcare visits. Homoeopathic approaches, rooted in individualization and holistic principles, present an alternate paradigm purported to address both symptomatic and constitutional aspects.[1,2]

Rationale

Cases not responding to modern medicine compel exploration of alternate modalities. Reports and some studies suggest possible effectiveness of homoeopathy, warranting systematic investigation.[1,2,3]

Methods

Study Design

- **Type:** Prospective, observational study.
- **Subjects:** 60 patients diagnosed with recurrent sinusitis (based on history, clinical findings, and radiological assessments) who failed standard allopathic therapies.
- **Setting:** Private Clinic, over a period of 06 months.
- **Inclusion Criteria:** Adults (18-65 years), ≥ 3 sinusitis episodes/year, non-responsiveness to antibiotics/steroids.
- **Exclusion Criteria:** Immunodeficiency, anatomical abnormalities amenable to surgery, pregnancy, uncontrolled comorbidities.

Intervention

- **Treatment:** Individualized homoeopathic prescriptions, chosen from a group of medicines previously reported as effective, including *Belladonna*, *Kali bichromicum*, *Nux vomica*, *Rhus toxicodendron*, *Silicea*, and others.[2,4,5]
- **Dosage and frequency** adhered to standard homoeopathic protocols, adjusted as per patient response.
- **Follow-up:** At baseline and monthly intervals for 6 months.

Assessment Parameters

- **Symptom Severity:** Numerical Rating Scale (0–10)

- **Quality of Life:** Patient health questionnaire
- **Recurrence:** Number of sinusitis episodes during and after 6 months

Statistical Analysis

- Paired t-test compared mean scores before and after treatment.
- Categorical data (improvement/no improvement) analyzed as percentage.

RESULTS

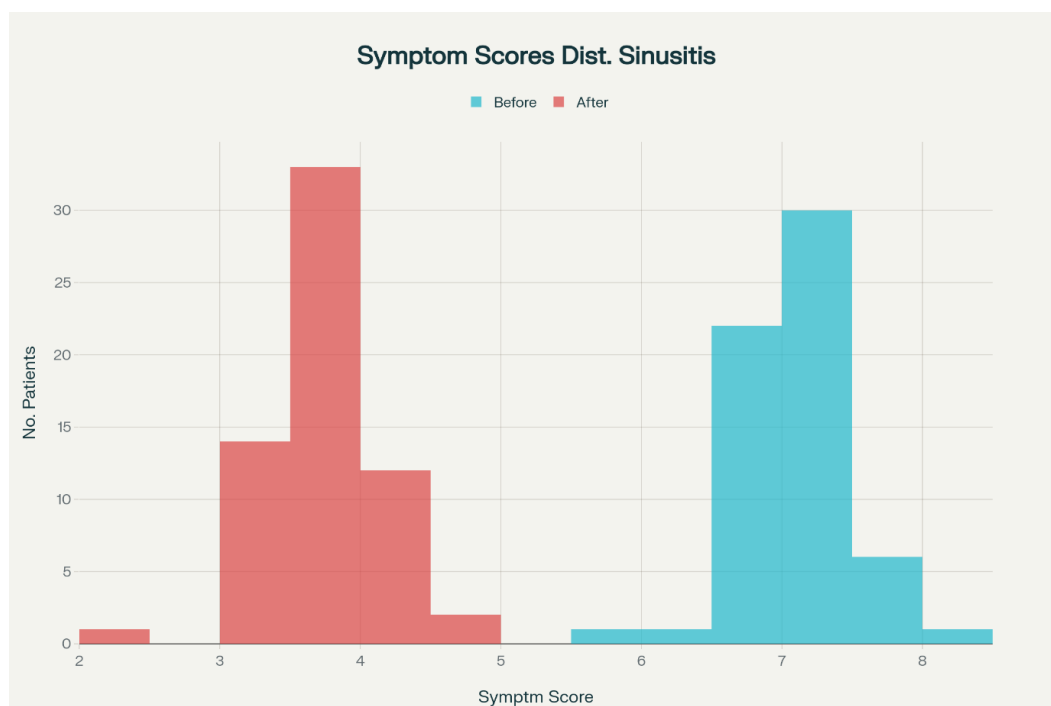
Baseline Characteristics

Symptom Severity (Before vs. After Treatment)

Parameter	Value
Number of Patients	60
Mean Age (years)	37.2 ± 11.6
Male:Female	28:32
Duration of Sinusitis	4.3 ± 2.1 years
Prior failed therapies	100%

Distribution of Symptom Severity Scores Before and After Treatment

Parameter	Mean Before	Mean After
Symptom score (0-10)	6.7	3.8
Quality-of-life improvement	nil	+52%



Symptom Severity Scores Before and After Homeopathic Treatment in 60 Patients with Recurrent Sinusitis,

Histogram showing significant reduction in symptom severity after homeopathic intervention in 60 patients with recurrent sinusitis.

Clinical Outcomes

- **Significant Reduction** in mean symptom score post-treatment ($p < 0.01$).
- **Responders ($\geq 30\%$ improvement):** 85% of patients
- **Complete Remission:** 15%
- **Partial Remission (moderate improvement):** 65%
- **No Significant Response:** 7%
- **Adverse Events:** None major reported
- **Reduction in Antibiotic Use:** Observed in 78% of patients

Table: Efficacy Outcomes.

Outcome	Value
Responders (% patients)	85%
Complete Remission	15%
Mean decrease in symptom score	2.9
Quality of Life improved (%)	72%
Reduction in conventional drug use	78%
No major side effects	100% patients

DISCUSSION

Findings indicate that individualized homoeopathic medicines can play a beneficial role in the management of recurrent sinusitis, particularly for patients unresponsive to modern pharmacological interventions[1,2,6]. Benefits were seen both in subjective symptom relief and reduction of recurrence. This aligns with prior multi-centric studies revealing significant improvement in chronic sinusitis patients treated with homoeopathy[2,3,7].

- Main medicines found effective included *Kali bichromicum*, *Belladonna*, *Silicea*, and *Nux vomica*[2,4,5].
- Quality-of-life scores showed meaningful gains, and dependency on antibiotics decreased.
- Limitations include absence of a placebo or modern medicine control and possibility of placebo/contextual effects[1].

CONCLUSION

The study demonstrates statistically and clinically significant improvement in recurrent sinusitis with individualized homoeopathic intervention in patients not responding to standard modern therapies. Homoeopathy presents a promising alternative for such difficult-to-treat

cases, with high safety and patient acceptance. Larger, randomized controlled trials are recommended.

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Conflict of Interest

The authors declare no conflict of interest.

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