

Short Communication

Usefulness of the homeopathic repertory in the management of chronic suppurative otitis media

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Introduction

Chronic suppurative otitis media (CSOM) is defined as a long-standing infection of a part or the entire middle ear cleft characterized by ear discharge and permanent perforation of the eardrum. The incidence of CSOM is higher in developing countries as a function of poor socioeconomic conditions and lack of proper health education. CSOM affects both sexes equally and is common to all age groups. In India, the prevalence rate is 46 and 16 cases per 1,000 people in rural and urban areas, respectively.¹

CSOM might be effectively managed with homeopathic drugs. Apart from clinical experience, many authors recommend treating CSOM with homoeopathy. For instance, Shore reported his experience in treating cases of otitis media and compared different remedies cited in the homeopathic repertory.² Blackwood suggested the use of *Baryta carbonica* for prevention, and Shankaran reported a cured case of cholesteatoma with homeopathic treatment.³

Various repertories, like Boger's *Boenninghausen's Characteristics Materia Medica & Repertory with Word Index* (BCMM), *Kent's Repertory of the Homeopathic Materia Medica* and O.E. Boericke's *clinical Repertory*, include several rubrics of related to CSOM. Cases might be sorted based on the evaluation of symptoms and the appropriate

repertory can be chosen.⁴ An intelligent use of repertory might make the prescriber's work easier and improve the precision of prescriptions.

However, it should be reckoned that commonly prescriptions are made with or without use of repertory. Therefore, the present study was undertaken to compare the effectiveness of homeopathic drugs selected based on repertory analysis verses non-repertorial methods in the management of CSOM.

Materials and methods

A single-blind, comparative, observational, pilot study was undertaken at Outpatient (OPD), Inpatient (IPD) and Peripheral Outpatient (POPD) departments of Bakson Homoeopathic Medical College and Hospital, Greater Noida, India, during 2009 – 2012.

A total of 34 patients of any age, from both sexes, and with different religions were enrolled. The patients were subjected to otoscopy and pure tone audiometry (PTA); the tests were performed by an expert otorhinolaryngologist, who had no direct association with the present study. The study population was allocated to two groups, repertory analysis (R) and non-repertory analysis (NR). All the participants were subjected to homoeopathic case taking, and the symptoms were subjected to repertory



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analysis or not as per groups. Dose and repetitions were decided by the treating physician. General ear care, like ear toileting, was performed as per need, in both groups.

All the cases were followed up identically and were evaluated as to their present state of health, physical and mental general symptoms, physical signs and improvement of the patient as a whole. The initial follow-up examination was performed after seven days after the prescription of homeopathic treatment, and then up to three months as per individual need.

Investigations were repeated at the end of the study. The outcome was measured on the basis of clinical examination and otoscopy,

and was categorized as Grade-I: effective treatment and Grade-II: non-effective treatment (Table 1).

The data were analyzed by means of the chi-square test. The null hypothesis was that no difference would be found in the improvement exhibited by groups R and NR; the alternative hypothesis stated that there would be remarkable difference in the improvement exhibited by groups R and NR at the 5 % significance level.

The calculated value of χ^2 (5.1067) with 1 degree of freedom exceeded the corresponding table value (3.84). Therefore, the null hypothesis was rejected.

POST TREATMENT OUTCOME MEASURES	
IMPROVEMENT STATUS	GRADE
Clinical examination & otoscopy findings indicating improvement of the patient's signs and symptoms, i.e. dry ear, healing of the eardrum perforation + improvement of the patient as a whole. Improvement of hearing on PTA.	I
Clinical examination & otoscopy findings showing no changes or worsening of the patient's condition + no improvement of the patient as a whole. No improvement of hearing on PTA.	II

Table-1: Improvement and non-improvement grading.

Results

Thirty-four patients were enrolled, being 17 allocated to each group (R and NR). One patient from group NR dropped out before completion of the study. About 71% (12/17) of the participants in group R achieved outcome I versus 31% (5/16) from group NR (Figures 1 and 2).

Boericke's *Repertory* was used in 8 cases, out of which 6 improved (75%); BCMM was used in 7 cases, 6 of which improved (85%) and Kent's *Repertory* in two cases, one which improved (50%) (Figure 3,4). The most common remedies in group R were *Pulsatilla nigricans* (n=2) and *Tellurium metallicum* (n=2).



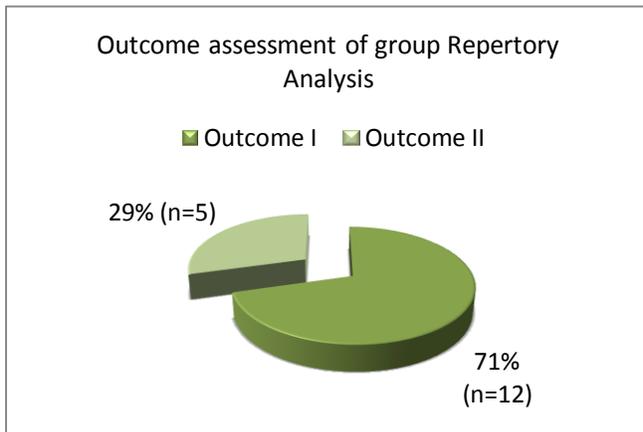


Figure 1: Outcome assessment in R Group

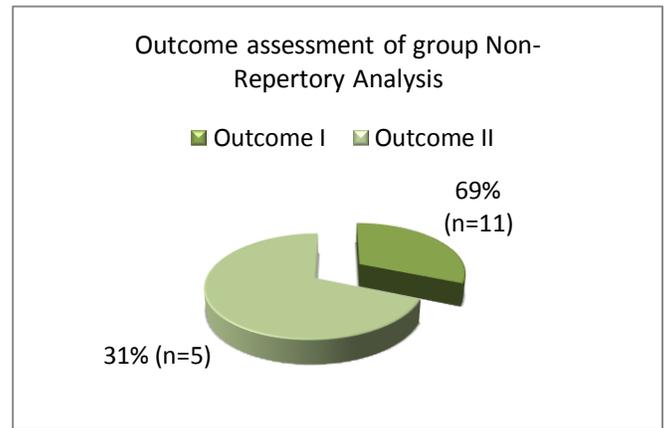


Figure 2: Outcome assessment in NR Group

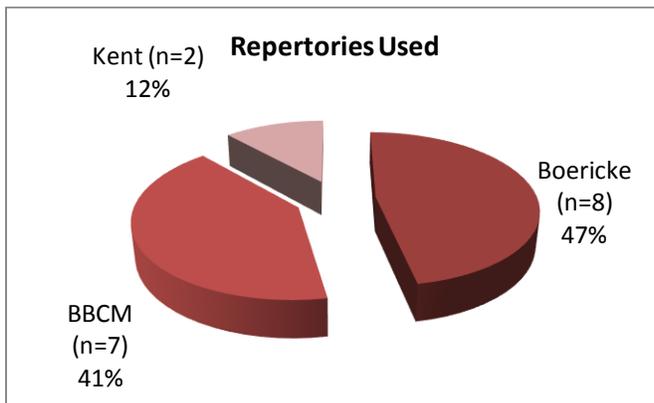


Figure 3: Repertories used

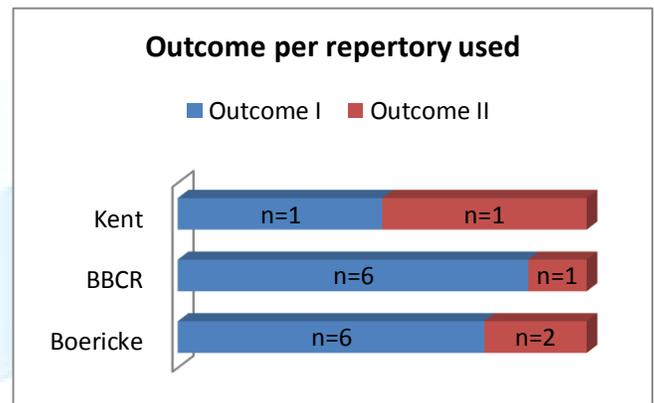


Figure 4: Outcome per repertory used

Conclusion

The results indicate that repertory analysis might be useful for the management of CSOM. The prescriptions based on repertory analysis yielded better results compared to approaches not involving the use of repertories in the study setting.

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This short communication is a part of Nilanjana Basu's master dissertation, which is available at Library of Bakson Homoeopathic Medical College, Plot No. 36 B, Knowledge Park, Phase-I, Greater Noida, Uttar Pradesh 201306, India

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