

Homeopathic Management of Nasal Polyps: A Comprehensive Review

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Abstract

Nasal polyps are benign, chronic inflammatory outgrowths of the sinonasal mucosa commonly associated with chronic rhinosinusitis, asthma, and allergic rhinitis, producing nasal obstruction, anosmia, headache, and recurrent infections that significantly impair quality of life^{1,2,3}. Conventional management with intranasal and systemic corticosteroids and endoscopic sinus surgery provides symptomatic relief but is limited by frequent recurrence and treatment-related adverse effects^{1,2}. Homeopathy offers an individualized, miasmatic approach, with remedies such as *Sanguinaria nitricum* and *Formica rufa* frequently indicated in nasal polyp cases due to their affinity to mucous membranes and proliferative tissue^{4,5}. This review summarizes the definition, etiology, pathophysiology, clinical features, investigations, epidemiology, general management, and homeopathic management of nasal polyps, with a focused discussion on frequently used homeopathic medicines^{1,2,5,6}. It also highlights the need for rigorous clinical trials, such as the proposed randomized comparative study on *Sanguinaria nitricum* and *Formica rufa*, to generate evidence for homeopathic interventions in nasal polyposis^{1,7}.

Keywords: Nasal polyps; chronic rhinosinusitis; *Sanguinaria nitricum*; *Formica rufa*; homeopathy; miasm; intranasal corticosteroids; endoscopic sinus surgery; *Teucrium marum verum*; *Lemna minor*.

Introduction

Nasal polyps are soft, painless, non-neoplastic, edematous protrusions of inflamed sinonasal mucosa, often arising in the setting of chronic rhinosinusitis with nasal polyps (CRSwNP)^{1,2}. They typically originate from the lateral nasal wall and paranasal sinus mucosa and manifest with nasal obstruction, reduced sense of smell, postnasal drip, facial pain or pressure, and recurrent sinus infections^{1,2,3}. The term "polyp" is derived from the Greek word *polypous*, meaning "many-footed," historically used to describe abnormal tissue outgrowths resembling sea polyps or jellyfish⁸.

The prevalence is approximately 2-4% in the general population and around 4% in Indian series, with a male predominance (male-to-female ratio approximately 2:1) and peak incidence in middle age, particularly between 36 and 55 years^{4,9}. Despite being benign, nasal polyps impose a considerable burden on quality of life, productivity, sleep, and healthcare utilization due to chronic symptoms and frequent recurrences^{1,2}.

From a homeopathic standpoint, nasal polyps are strongly related to the *sycotic* miasm characterized by tissue overgrowths, chronic catarrh, and proliferative tendencies^{4,10}. According to Dr. Samuel Hahnemann, founder of homeopathy, all chronic diseases are caused by three fundamental miasms: Psora (functional disturbance and deficiency), Sycosis (overgrowths, chronic catarrh, and degeneration), and Syphilis (tissue destruction and deformity)¹⁰. The sycotic miasm is particularly relevant in nasal polyps, manifesting as benign tissue proliferation and thick, tenacious discharges^{4,10}.

Definition

Standard otorhinolaryngology texts define nasal polyps as benign, soft, painless, non-neoplastic, edematous mucosal growths arising from the mucosa of the nasal cavity or paranasal sinuses, usually associated with chronic inflammation.[6,11] These growths are characterized by snuffles, anosmia, and headache or pain around the eyes due to allergies and chronic inflammation.[6]

Nasal polyps are classified into two main types:[6,11]

A. Bilateral Ethmoidal Polyps: Non-cancerous, usually pale, grape-like masses that grow in the nasal passages and sinuses, specifically from the ethmoid sinuses, present on both sides of the nose. These polyps are often multiple and typically arise from the ethmoidal air cells, middle meatus, uncinat process, bulla ethmoidalis, and medial surface of the middle turbinate.[6]

B. Antrochoanal Polyp (Killian's Polyp): A benign growth originating in the maxillary sinus that extends through the sinus opening (ostium) into the nasal cavity and then toward the back of the nasal passage (choana). This type is typically unilateral, affecting only one side of the nose, and is more commonly seen in children and young adults.[6,12]

In coding terms, the ICD-11-CM code for nasal polyps is CA0J, encompassing various types including those in the nasal cavity, polypoid sinus degeneration, and other nasal sinus polyps.[3]

Etiology

The etiology of nasal polyps is multifactorial and incompletely understood, with chronic mucosal inflammation as the central mechanism.[1,2,9] The exact cause remains unclear, but polyps may arise in inflammatory conditions of nasal mucosa.[6]

Various diseases associated with the formation of nasal polyps include:[6,11]

1. Chronic rhinosinusitis (the most common association)
2. Asthma
3. Aspirin intolerance (Samter's Triad or aspirin-exacerbated respiratory disease)
4. Cystic fibrosis
5. Allergic fungal sinusitis
6. Kartagener syndrome
7. Young syndrome
8. Churg-Strauss syndrome (eosinophilic granulomatosis with polyangiitis)
9. Nasal mastocytosis
10. Allergic rhinitis
11. Primary ciliary dyskinesia

Elevated local histamine, IgE, mast cells, and tissue eosinophilia support an allergic and type-2 inflammatory basis in many patients.[1,2,9] Genetic predisposition is suggested by an increased risk among first-degree relatives and association with cystic fibrosis mutations.[1,2]

Pathophysiology

Nasal polyp formation results from persistent mucosal inflammation, epithelial barrier dysfunction, and stromal edema leading to localized hyperplasia and polypoid protrusion into the nasal cavity. Chronic exposure to allergens,

microbes, and irritants induces epithelial damage, increased vascular permeability, and accumulation of extracellular fluid in the lamina propria, which gradually herniates to form polyps^{1,2,13}.

The pathogenesis involves a cascade of inflammatory events:[14]

1. **Initial Trigger:** Allergens, infections, environmental irritants, or genetic factors initiate chronic inflammation
2. **Type-2 Immune Response:** Release of type-2 cytokines (IL-4, IL-5, IL-13) by epithelial cells and immune cells
3. **Eosinophil Recruitment:** IL-5 promotes eosinophil proliferation, activation, and tissue infiltration
4. **Tissue Remodeling:** Chronic inflammation leads to basement membrane thickening, submucosal edema, and glandular hyperplasia
5. **Polyp Formation:** Accumulation of inflammatory cells, edema fluid, and extracellular matrix results in polypoid protrusions

In many Western CRSwNP patients, a Th2-dominant immune response with IL-4, IL-5, IL-13, eosinophilia, and elevated IgE is observed, though non-eosinophilic phenotypes also exist^{1,7,14}.

Histopathology: In early stages, the surface of nasal polyps is covered by ciliated columnar epithelium similar to normal nasal mucosa, but later it undergoes metaplastic change to transitional and squamous epithelium upon exposure to atmospheric irritation. The submucosa shows large intercellular spaces filled with serous fluid, with infiltration of eosinophils and round cells⁶.

Site of Origin: Multiple nasal polyps always arise from the lateral wall of the nose, usually from the middle meatus. Allergic nasal polyps almost never arise from the septum or floor of the nose. Common sites include the uncinat process, bulla ethmoidalis, ostia of sinuses, medial surface, and edge of middle turbinate⁶.

Clinical Features

Symptoms

Typical symptomatology includes^{1,3,6}:

1. **Nasal Obstruction:** Progressive nasal stuffiness leading to partial or total nasal obstruction, often the presenting symptom
2. **Olfactory Dysfunction:** Partial or total loss of sense of smell (hyposmia or anosmia)
3. **Rhinorrhea:** Watery or mucopurulent nasal discharge
4. **Postnasal Drip:** Dripping sensation at the back of the nose and throat
5. **Facial Pain and Pressure:** Headache due to associated sinusitis, pain around the eyes
6. **Sneezing:** Often associated with allergic component
7. **Respiratory Symptoms:** Mouth breathing, snoring, sleep disturbance
8. **Visible Mass:** Mass protruding from the nostril in advanced cases
9. **Other Symptoms:** Watery eyes, reduced productivity, lack of good night's sleep, fatigue during the day

Multiple polyps can occur at any age but are most common in adults. The condition significantly affects quality of life, impacting sleep, concentration, and daily activities.

Signs

On anterior rhinoscopy and nasal endoscopy, polyps present characteristic features:

1. **Appearance:** Smooth, glistening, grape-like masses often pale or yellowish in color
2. **Consistency:** Soft, mobile, insensitive to probing, do not bleed on touch
3. **Number and Laterality:** Usually multiple and bilateral (ethmoidal polyps)
4. **Origin:** Pedunculated or sessile masses arising from middle meatus
5. **Nasal Deformity:** Long-standing cases may present with broadening of nose and increased intercanthal distance
6. **Associated Findings:** Purulent discharge due to associated sinusitis
7. **Protruding Mass:** A polyp may protrude from the nostril and appear pink and vascular, simulating neoplasm

Probing of a solitary ethmoidal polyp may be necessary to differentiate it from hypertrophy of the turbinate or cystic middle turbinate.

Investigations

Diagnosis of nasal polyps is mainly clinical, supported by endoscopy and imaging where indicated^{1,2,6}.

1. Clinical History and Physical Examination

Key symptoms to assess:

- Nasal obstruction
- Facial pressure or pain
- Hyposmia or anosmia (reduced or lost sense of smell)
- Postnasal drip
- Sleep disturbance or snoring

2. Physical Examination

- **Local Examination:** Examine nasal cavity using a torch, illuminating while patient tilts head back
- **Anterior Rhinoscopy:** May reveal visible polypoidal masses appearing as pale, edematous, non-tender, and mobile masses

3. Nasal Endoscopy

Gold standard for diagnosis:

- Direct visualization of polyps in middle meatus or ethmoid region
- Assessment of size, location, and extent of polyps
- Differentiation from tumors or other lesions

4. Imaging Studies

X-Ray of Paranasal Sinuses (PNS View):

- May show opacity or fluid levels in the sinuses
- Less sensitive, largely historical

CT Scan of Paranasal Sinuses¹⁶:

- Gold standard for assessing extent and severity of polyps and sinus involvement
- Essential for surgical planning

MRI:

- Used for soft-tissue contrast
- Reserved for atypical lesions, suspected malignancy, or intracranial extension

5. Laboratory Tests

Blood Investigations^{6,17}:

- **Complete Blood Count (CBC):** Eosinophil count often raised in eosinophilic polyps
- **Allergy Testing:** Skin prick testing or serum IgE testing to identify potential allergic triggers contributing to chronic inflammation
- **Sweat Chloride Test:** In children to exclude cystic fibrosis when indicated

6. Olfactory Testing

Tests such as the University of Pennsylvania Smell Identification Test (UPSIT) may be used to quantify loss of smell¹⁸.

7. Biopsy

Indicated for:

- Unilateral polyps
- Firm, bleeding, or suspicious polyps
- To rule out malignancy or inverted papilloma
- Atypical presentations requiring histopathological confirmation

8. Patient-Reported Outcome Measures

SNOT-22 (Sinonasal Outcome Test-22)¹⁹:

A validated, 22-item questionnaire widely used to quantify symptom severity and quality of life impact in chronic rhinosinusitis and nasal polyps. It assesses:

- Nasal symptoms (need to blow nose, sneezing, running nose, blockage, thick discharge)
- Ear and facial symptoms (ear fullness, pain/pressure, dizziness)
- Sleep dysfunction (difficulty falling asleep, waking at night, lack of good sleep)
- Psychological impact (frustration, sadness, embarrassment)
- Functional limitations (reduced productivity, concentration, sense of taste/smell)

The SNOT-22 score (range 0-110) is essential for monitoring treatment response and is proposed as the primary outcome measure in the randomized comparative study of *Sanguinaria nitricum* and *Formica rufa*.

Differential Diagnosis

Differential diagnosis of nasal polyps includes²⁰:

- Inverted papillomas
- Schneiderian papillomas
- Squamous cell carcinoma
- Non-Hodgkin lymphoma
- Melanoma
- Esthesioneuroblastoma
- Hemangiopericytoma
- Nasal duct cysts
- Nasal gliomas
- Encephaloceles
- Angiofibroma and juvenile nasopharyngeal angiofibroma
- Rhabdomyosarcoma
- Hemangiomas
- Chordomas
- Hypertrophied middle turbinate
- Other neoplastic growths
- Warts

Epidemiology

Population-based studies suggest nasal polyps affect roughly 2-4% of adults, with prevalence increasing with age and peaking in the fifth to sixth decades. In Indian data, prevalence around 4% among patients with rhinitis and asthma has been reported, particularly in Northern Indian tertiary care hospitals⁴.

Key epidemiological features:

- **Gender Distribution:** Male predominance with male-to-female ratio of approximately 2:1
- **Age Group:** More common in middle age, particularly between 36 and 55 years old
- **Pediatric Cases:** Rare in children; when present, often warrant evaluation for cystic fibrosis or primary ciliary dyskinesia
- **Recurrence:** Common even after surgical intervention
- **Geographic Variation:** Prevalence may vary by region, ethnicity, and diagnostic criteria used

Nasal polyps have a profound effect on patients' quality of life, productivity, and healthcare utilization despite their non-malignant nature.

Review of Literature

Current Trends in Conventional Management

A 2014 review article "Nasal Polyposis: Current Trends" in the Indian Journal of Otolaryngology Head and Neck Surgery discussed that nasal polyps affect up to 4% of the population and are linked to various conditions like allergies, asthma, and infections. The article highlighted that management typically involves a combination of medical therapy (corticosteroids) and surgery, with endoscopic sinus surgery being a refined surgical approach²¹.

Evidence from European Position Paper (EPOS 2020)

The European Position Paper on Rhinosinusitis and Nasal Polyps 2020 (EPOS 2020) represents the most comprehensive, evidence-based guideline for management of chronic rhinosinusitis with nasal polyps^{7,22}. Key recommendations include:

- First-line treatment with intranasal corticosteroids
- Short courses of systemic corticosteroids for severe cases
- Biologics (dupilumab, omalizumab, mepolizumab) for severe, uncontrolled CRSwNP with type-2 inflammation
- Endoscopic sinus surgery for patients with persistent symptoms despite optimized medical therapy
- Integrated care pathways combining medical and surgical approaches

Homeopathic Literature

Case Report: *Teucrium marum verum*

Bhattacharjee and Dutta (2022) published a case report in Homeopathic Links, an international journal for classical homeopathy, titled "Homeopathic Medicine *Teucrium marum verum* in Treatment of Nasal Polyps Associated with Chronic Rhinosinusitis." The conclusion stated that specific remedies act very conditionally depending on the presenting characteristics and peculiarities of the case. The authors advised against depending solely on specific medicines for any disease condition and emphasized that causal attribution cannot be drawn from case reports, though they show a direction for consideration of homeopathic specifics in such cases. Adequately controlled trials with rigorous methodology are required to prove efficacy beyond doubt²³.

Case Report: Bleeding Nasal Polyp in a Child

Ranjit Sonny published a case report in the Indian Journal of Research in Homoeopathy documenting a bleeding nasal polyp in a child treated with individualized homeopathy. The journal publishes evidence-based articles on homeopathic research with positive global impact, with regular subscribers including homeopathic practitioners, healthcare professionals, authors, biomedical researchers, medical students, policy makers, and ultimately patients²⁴.

These case reports highlight the potential of homeopathic treatment in nasal polyps but underscore the critical need for well-designed, randomized controlled trials to establish efficacy and guide clinical practice.

General Management

Lifestyle and Adjunctive Measures

General measures recommended for patients with nasal polyps include:

Dietary Modifications:

- Anti-inflammatory diet rich in fruits, vegetables, and omega-3 fatty acids

- Adequate hydration (drink plenty of water)

Environmental Modifications:

- Avoidance of tobacco smoke, dust, and indoor pollutants
- Avoidance of known allergens and other irritants
- Temperature regulation: avoid extremes of heat and cold or sudden temperature changes

Supportive Therapies:

- Steam inhalation to improve nasal patency
- Saline nasal irrigation to clear nasal passages and improve mucosal healing
- Yoga and breathing exercises to enhance respiratory function

Conventional Medical Treatment

According to current evidence-based guidelines (EPOS 2020), conventional treatment consists of^{1,2,7,22}:

First-Line Medical Therapy:

Intranasal Corticosteroids

- Examples: Mometasone furoate, fluticasone propionate, budesonide
- Mechanism: Reduce inflammation and polyp size
- Effect: Improve nasal airflow and reduce polyp recurrence
- Duration: Long-term maintenance therapy

Second-Line Medical Therapy:

Oral Corticosteroids

- Used for severe cases or when rapid reduction of symptoms is needed
- Short-term use only (7-14 days) due to systemic side effects
- Often used pre-operatively to reduce polyp size

Saline Nasal Irrigation

- Helps clear nasal passages and improve mucosal healing
- Often used adjunctively with other therapies

Advanced Medical Therapy:

Biologics (Newer Treatment)

- Dupilumab (anti-IL-4/IL-13)
- Omalizumab (anti-IgE)
- Mepolizumab (anti-IL-5)
- Reduces inflammation and nasal polyp size
- Approved for patients with recurrent nasal polyps not responding to steroids
- Particularly effective in type-2 inflammatory phenotype

Symptomatic Treatment:

- Anti-inflammatory agents
- Analgesics for pain relief
- Antibiotics for secondary bacterial infections
- Antihistamines for allergic component
- Multivitamins for nutritional support

Surgical Treatment

Endoscopic Sinus Surgery (ESS):

Indications:

- Large, obstructive, or recurrent polyps unresponsive to medication
- Significant impairment of quality of life
- Complications of chronic sinusitis

Procedure:

- Surgery removes polyps and opens sinuses
- Endoscopic approach allows precise visualization and minimal invasiveness

Limitation:

- High recurrence rate without continued medical therapy
- Does not cure underlying inflammatory disease
- Requires ongoing intranasal corticosteroids post-operatively

Other Surgical Procedures:

- Rhinotomy (external approach, rarely used)
- Rhinoplasty (for nasal deformity correction)

Complications

Untreated or poorly controlled nasal polyps may lead to:

1. Obstructive Sleep Apnea (OSA)
2. Asthma exacerbations
3. Orbital complications: orbital cellulitis or abscess
4. Mucocele or pyocele formation
5. Chronic sinusitis with recurrent infections
6. Bleeding from polyps
7. Malignant transformation (rare, if left untreated for prolonged periods)

Homeopathic Management

Homeopathic Perspective on Treatment of Nasal Polyps

Individualized Holistic Treatment²⁶:

Homeopathy treats the root cause of nasal polyps by considering the patient's mental, emotional, and physical symptoms. The approach focuses on:

- Constitutional remedy selection based on individual totality of symptoms
- Miasmatic analysis, particularly addressing the sycotic miasm
- Consideration of causative and maintaining factors
- Treatment of the whole person, not just the local pathology

Miasmatic Understanding:

According to Dr. Samuel Hahnemann's miasmatic theory, all chronic diseases are caused by three fundamental miasms:

- **Psora:** Characterized by functional disturbance and deficiency
- **Sycosis:** Characterized by overgrowths (warts, tumors, polyps), chronic catarrh, thick sticky discharges, and degeneration
- **Syphilis:** Characterized by destruction of tissues and deformity

Nasal polyps are most commonly associated with the sycotic miasm, reflecting a tendency toward tissue proliferation and chronic catarrhal states.

Treatment Principles:

A homeopathic remedy is prescribed based on symptom similarity, following the principle of "Similia Similibus Curentur" (let like be cured by like). The remedy selection involves:

1. Detailed case taking including local symptoms, general symptoms, and mental symptoms
2. Repertorization to identify indicated remedies
3. Materia medica study to confirm remedy selection
4. Consideration of potency and repetition based on susceptibility
5. Follow-up assessment and remedy adjustment as needed

Ten Homeopathic Medicines for Nasal Polyps

Below are ten commonly used remedies with key indications in nasal polyps, integrating classical materia medica with contemporary clinical descriptions^{5,27,28,29}:

1. Sanguinaria Nitricum

Indications:

- Of special use in nasal polyps with feeling of obstruction
- Profuse, watery mucus with burning pain in both nostrils
- Enlarged turbinates at the beginning of hypertrophic process

- Small crusts with tendency to bleed
- Secretion is scanty with tendency to dryness
- Sneezing every few minutes with profuse lachrymation
- Sensation rising to nostrils as if he had taken strong horse-radish
- Burning pains in both nostrils
- Accumulation of mucus obstructing nose and bronchi
- Dry, sore, raw feeling in nostrils
- Free discharge from posterior nares, tinged with blood
- Often right-sided symptoms predominate

2. Formica Rufa

Indications:

- Has a marked deterrent influence on formation of polyps
- Strong reputation for preventing recurrence of nasal polyps
- Coryza with a stopped-up feeling in the nose
- Headache in forehead and temples extending back toward occiput
- Cutting pain extending into ear
- Cough tedious and long-lasting, worse at night and worse from motion
- Cough with aching in forehead and constrictive pain in chest
- Violent attacks of cough with vomiting, day and night
- Chronic recurrent polyps with frequent sneezing and nasal blockage

3. Teucrium Marum Verum

Indications:

- One of the most important polyp remedies
- Marked nasal obstruction with polyps
- Crawling sensation in nostrils causing desire to bore into nose
- Nose stops on the side on which patient lies
- Mucous polyps with recurrent catarrh
- Thick postnasal discharge
- Loss of smell
- Sneezing and nasal congestion worse in damp weather
- Polyps that bleed easily

4. Lemna Minor

Indications:

- Strong clinical reputation for nasal polyps
- Marked nasal blockage with foul smell
- Thick, yellow-green postnasal drip
- Worse in damp, rainy weather
- Loss of smell
- Enlarged turbinates and hypertrophic rhinitis
- Obstruction with crusting
- Asthmatic complaints associated with polyps

5. Calcarea Carbonica

Indications:

- Pale, mucous polyps that bleed easily
- Chronic catarrh in chilly, sweaty, flabby patients
- Marked fatigue and weakness
- Tendency to glandular and osseous overgrowth
- Takes cold easily
- Profuse, sour-smelling perspiration, especially on head
- Desire for eggs, indigestible things, chalk, lime
- Better from dry weather; worse from cold, damp

6. Kali Bichromicum

Indications:

- Stringy, tenacious, yellow-green discharge
- Tough, elastic plugs from nose, leaving raw surfaces
- Postnasal crusts and thick secretions
- Sinus pain in small spots (one finger can cover)
- Frontal headache over eyebrows
- Suitable for polyps with chronic sinusitis
- Ulcerative mucosa and perforation tendency
- Pain at root of nose

7. Phosphorus

Indications:

- Bleeding polyps with recurrent epistaxis
- Marked sensitivity to odors

- Alternating obstruction and fluent coryza
- Polyps that bleed on slight touch
- Tall, slender, sensitive patients
- Desire for cold drinks, ice cream, salt
- Fears: being alone, dark, thunderstorms
- Symptoms better from sleep, cold applications

8. Allium Cepa

Indications:

- Profuse, acrid nasal discharge with bland lachrymation
- Constant sneezing with burning in nose
- Early catarrhal stage of polyp-forming rhinitis
- Discharge excoriates upper lip and nose
- Sensation of a lump at root of nose
- Worse in warm room, evening
- Better in open air, cold room
- Frequently indicated in spring allergies leading to polyps

9. Silicea

Indications:

- Chronic, recurrent polyps with suppurative tendencies
- Offensive nasal discharge
- Enlarged glands
- Chilly patient with low vitality
- Tendency to scar tissue and indurations
- Susceptibility to every cold
- Obstinate constipation
- Profuse, offensive foot sweat
- Slow to heal, frequent infections

10. Thuja Occidentalis

Indications:

- Classic sycotic remedy for warty and polypoid overgrowths
- Thick, greenish discharge from nose
- Polyps especially on left side
- History of vaccination complications or suppressed gonorrhoea
- Chronic catarrh after suppressive treatments

- Fixed ideas, secretiveness
- Sensation as if something alive in abdomen
- Worse at night, from cold damp, after vaccination
- Better from warmth, rubbing

Conclusion

Nasal polyps represent a significant clinical challenge due to their chronic nature, substantial impact on quality of life, and tendency to recur despite treatment. While conventional management with intranasal corticosteroids, systemic steroids, biologics, and endoscopic sinus surgery provides evidence-based symptomatic control, recurrence remains a persistent problem and long-term steroid use carries adverse effects.

Homeopathy offers a complementary approach based on individualization, constitutional treatment, and miasmatic understanding, particularly addressing the sycotic tendency toward tissue proliferation. Remedies such as *Sanguinaria nitricum*, *Formica rufa*, *Teucrium marum verum*, *Lemna minor*, and others have demonstrated clinical utility in case reports and traditional practice, but high-quality evidence from randomized controlled trials remains limited.

The proposed randomized comparative study between *Sanguinaria nitricum* and *Formica rufa* represents an important step toward evidence generation in homeopathic management of nasal polyps. By employing rigorous methodology including randomization, validated outcome measures (SNOT-22), appropriate follow-up duration, and statistical analysis, such studies can establish the relative efficacy of commonly used remedies and guide clinical decision-making.

Future research should focus on:

- Large-scale, multi-center randomized controlled trials
- Long-term follow-up studies to assess recurrence rates
- Comparative effectiveness research between homeopathic and conventional approaches
- Studies on combination therapies (integrative approach)
- Identification of predictive factors for treatment response
- Cost-effectiveness analyses

An integrated approach combining the strengths of both conventional and homeopathic management, tailored to individual patient characteristics and preferences, may offer optimal outcomes for patients suffering from this chronic, quality-of-life-impairing condition.

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