

**Review Article**

**Nasal Polyp and Homoeopathic Mangement-A Case Report**

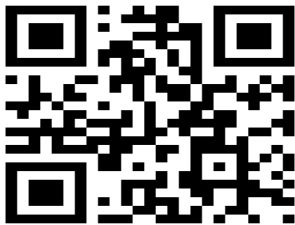
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**ABSTRACT**

Nasal polyps are defined as noncancerous inflammatory hyperplastic growths that develop in the sinus and nasal mucosa. They are most commonly found in patients dealing with CRS. After diagnosing the polyps it is essential to implement treatment immediately to manage the underlying allergic cause; as polyps could recur quickly. The symptomatology varies among individuals, ranging from no symptoms at all to substantial symptoms like nasal blockage, congestion in the nasal and facial areas, loss of sense of smell, taste alteration, and runny nose.

**Keywords:** Nasal polyp, Ethmoidal, Antro-choanal, Rhinorrhea



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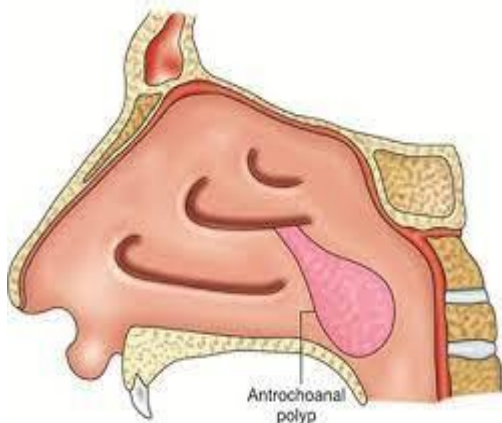
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**INTRODUCTION**

**DEFINITION**

A nasal polyp refers to an extended, stem-



like portion of a swollen nasal or sinus mucous membrane that protrudes into the nasal cavity. This abnormal growth emerges from the edematous tissue lining the nose or paranasal sinuses.

**TYPES OF POLYPS**

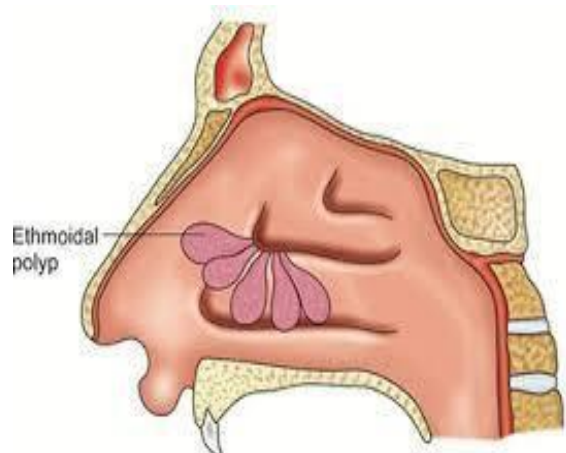
Generally, polyps are classified into two distinct categories.

**I) ANTROCHOANAL POLYPS:**

**Antro-choanal polyp**

Typically, these growths are solitary and emerge in the maxillary sinus. They subsequently expand posteriorly inside the nasal cavity, progressing towards posterior nasal apertures and eventually reaching the nasopharynx. In advanced cases, they may extend as far as the oropharynx.

**II) ETHMOIDAL POLYPS:**



**Ethmoidal polyp**

These multiple, bilateral growths originate in the ethmoidal sinuses and characteristically

extend in the anterior direction. The lesions typically project forward from their point of origin.

### **ETIOLOGY**

#### **ANTROCHOANAL:**

**Age:** This condition predominantly affects individuals in their childhood and early adulthood.

**Number:** In the majority of instances, it tends to be solitary.

Antro-choanal polyps may develop as a consequence of infectious processes or allergic reactions.

#### **BILATERAL ETHMOIDAL POLYPS:**

**Age:** This condition may manifest at any stage of life.

**Sex:** This condition impacts males and females with equal frequency.

Nasal polyps can also be classified into three distinct categories:

- i) Isolated
- ii) Widespread
- iii) Generalized

Isolated or Localized nasal polyps- Typically, confined nasal polyps arise as a response to inflammatory processes or neoplastic conditions. These localized growths in the nasal passages are often the result of reactive mechanisms triggered by underlying inflammatory or tumor-related factors.

Widespread or Diffuse nasal polyps- Patients suffering from CRSwNP often exhibit diffuse nasal polyposis. In Western countries, nasal polyps are predominantly caused by eosinophilia driven by T-helper 2 (Th2) cells, inflammation related to immunoglobulin-E (IgE), and Interleukin-5 (IL-5). These conditions are frequently linked to environmental or seasonal allergic factors.

Generalized or Systemic nasal polyps- Patients with systemic diseases may experience systemic Nasal polyposis. This condition is associated with disorders such as EGPA and cystic fibrosis CF. These ailments fall within the category of systemic nasal polyposis.

### **PREDISPOSING FACTORS**

- 1) **ALLERGY** may cause polyps.
- 2) **VASOMOTOR:** The development of nasal polyps arises from an imbalance between the sympathetic and parasympathetic components of the ANS within the nasal cavity.
- 3) **INFECTION** may also cause formation of singular or multiple polyps. Additionally, fungal infections can lead to the development of polyps.
- 4) **MIXED:** Development of polyps is attributed to a convergence of previously discussed elements.
- 5) **BERNOUILLI'S PHENOMENON:** The passage of air through a constricted region in the nasal cavity creates a negative pressure environment in the adjacent paranasal sinuses. This pressure differential can lead to an increased production of tissue fluids, potentially facilitating the development of polyps.
- 6) **POLYSACCHARIDE CHANGES** within the ground substance may contribute to the development of polyps.
- 7) **ASTHAMA** can be associated with ethmoidal polyps.
- 8) **ASPIRIN** sensitivity is known to cause bilateral ethmoidal polyps and asthma.
- 9) **ASSOCIATED DISEASES:**
  - KARTAGENER SYNDROME** presents a blend of respiratory and anatomical abnormalities. This condition encompasses bronchiectasis, sinusitis, situs inversus, and ciliary dyskinesia.
  - CYSTIC FIBROSIS** in 20% of cases may be associated with ethmoidal polyps and can be due to abnormal mucous formation.
  - CHURG-STRAUS SYNDROME** is characterized by asthma, fever, granuloma, and eosinophilia.
  - YOUNG SYNDROME** consists of sinopulmonary lesions and azoospermia. <sup>(10)</sup>

#### **ANTROCHOANAL POLYP:**

- a) **Antral part:** The initial formation of the polyp occurs as a prolapsed mucous membrane, typically descending from the roof of antrum or in proximity to the maxillary opening. As the mucosa becomes edematous and droops, it forms a constriction at its base, resulting in the development of a neck. Consequently, a polyp takes shape.
- b) **Nasal part:** The antrum is progressively occupied by the polyp, which then begins to extend through the ostium into the hiatus semilunaris. The maxillary ostium is directed downwards and backward, guiding the polyp along the curvature of the hiatus until it reaches the choana. At this point, the polyp assumes a dumbbell-like configuration, with a narrowed section at the maxillary antrum's ostium.
- c) **Pharyngeal part:** The Antro-choanal polyp progresses into the nasopharyngeal region via the choana. In cases of prolonged neglect, it may extend downward, reaching the oropharynx and laryngopharynx. As the condition advances to its third phase, the polyp assumes a characteristic trifoliate configuration.

### ETHMOIDAL POLYPS

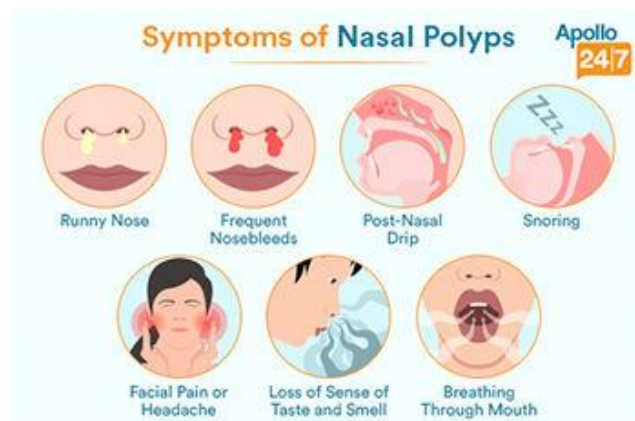
Mucosa of the ethmoidal sinuses can descend and protrude into the nasal passage, specifically in the middle meatus. These protrusions originate from various structures, including the ethmoidal sinus openings, the uncinat process, and the middle turbinate. This condition typically manifests bilaterally and with multiple occurrences.

### MICROSCOPIC FEATURES

The polyp is covered by a mucous membrane with ciliated columnar epithelium. If the polyp protrudes through the nose, it may undergo metaplastic change to the squamous stratified epithelium. The protruded portion may become ulcerated.

Submucosal tissue is edematous, and filled with intercellular serous fluid, with loose fibrillar stroma criss-crossing.

The white cells including eosinophils are scattered in it. The blood vessels and nerves



are scanty, hence the polyp is avascular and painless.

### CLINICAL FEATURES

#### Signs and symptoms of nasal polyp

- 1) **Nasal obstruction:** The nasal passages become congested and do not respond to decongestant nasal drops. Initially, the nasal part of the Antro-choanal polyp causes blockage on the same side. However, as the polyp extends into the nasopharynx, it may also impede airflow in the opposite nostril. With further growth, the polyp can descend into the oropharynx. In exceptional cases, it might extend to the laryngopharynx, potentially causing stridor. Ethmoidal polyps typically affect both sides of the nasal cavity. <sup>(38)</sup>
- 2) **Sneezing:** Allergic polyps are often associated with the symptoms of sneezing.
- 3) **Discharge characteristics:** Allergic polyps typically produce a clear secretion, whereas infectious conditions may result in a purulent (pus-like) discharge.
- 4) **Expansion of the nose:** Chronic ethmoidal polyps may lead to the enlargement of the nasal area. This expansion is particularly noticeable in long-standing cases.
- 5) Anosmia is frequently observed in this condition.
- 6) The occurrence of snoring and mouth breathing is a possibility
- 7) Infrequently observed symptoms associated with this condition include

headache, epiphora, and post-nasal drip.

- 8) The speech may exhibit reduced nasal resonance (hypo-nasal).

#### **SIGNS:**

- 1) In cases of prolonged polyps, the external nose may experience widening, resulting in an appearance reminiscent of a frog's facial features.
- 2) **Anterior rhinoscopy:** Nasal polyps present as smooth, pale, and pearly white growths with a soft texture. They are not painful when touched. <sup>(10)</sup>

An Antro-choanal polyp may be initially undetectable in the nasal cavity due to its posterior growth, but it can obstruct the nasal passage. Ethmoidal polyps typically occur in multiples on both sides, resembling grape clusters. When they extend forward, they may appear pink or develop ulcers from exposure.

Examination with a probe can reveal the polyp's mobility, soft nature, and connection to the middle meatus.

- 3) **Posterior rhinoscopy:** Antro-choanal polyps may be observed protruding into the nasopharynx. In case of significant size, these growths can extend into the oral cavity, appearing as pear-shaped masses behind the soft palate. Polyps originating from the ethmoid sinuses seldom progress posteriorly.

#### **INVESTIGATIONS**

A thorough medical history and physical assessment is essential. Endoscopic examination in the clinic is always necessary for individuals who fulfill the CRS criteria.

- 1) Patients experiencing allergic polyps may exhibit eosinophils in their nasal discharge.
- 2) **Radiographic findings:** In antro-choanal cases, the affected maxillary sinus appears opaque. Once these polyps progress into the nasal passage, opacity is observed in the affected nasal region. Upon reaching the nasopharynx, a soft tissue shadow becomes visible in the lateral nasopharyngeal view.

Bilateral ethmoidal polyps result in the opacity of both the ethmoidal sinuses and nasal passage.

- 3) **CT scan:** CT scan of the nose and paranasal sinus regions is recommended before any surgical procedure.

- 4) **Biopsy:** Histological examination confirms the diagnosis.

#### **DIFFERENTIAL DIAGNOSIS**

##### **A) Nasal lesions**

1. Hypertrophic turbinate present as pink, and tender with a soft texture upon initial palpation. However, a deeper examination reveals the underlying bony framework. These swollen structures respond to decongestant medications by reducing in size.
2. Rhinosporidiosis manifests as a berry-like growth that easily bleeds upon touch and may exhibit sporangia.
3. In elderly individuals, a bleeding, granulomatous polyp-like growth may indicate the presence of malignancy. Such a lesion warrants careful examination to rule out malignancy.
4. The nasal septum angioma presents as a solitary, red, smooth lesion prone to bleeding.

##### **B) Nasopharyngeal lesions**

1. Adenoids can cause nasal blockage in children. A lateral view X-ray of the nasopharynx reveals a soft tissue mass attached to the roof and posterior wall. <sup>(41)</sup>
2. Nasopharyngeal angiofibroma is a condition exclusive to adolescent males, characterized by nosebleeds and nasal congestion. This growth has the potential to extend into neighboring regions.
3. Nasopharyngeal malignancy generally affects patient over the age of 40 years and is seen as an irregular growth on posterior rhinoscopy. Lymph node metastasis may be present.
4. In pediatric cases, conditions such as glioma, meningocele, and meningoencephalocele may resemble polyps. To confirm the diagnosis, performing aspiration before surgical intervention can potentially reveal the

presence of cerebrospinal fluid.

### **CONVENTIONAL TREATMENT**

#### **ANTROCHOANAL POLYP:**

- A) **Conservative treatment:** It is not useful in cases of Antro-choanal polyps.
- B) **Surgical:** The approach is dedicated to the age of the patient.
- a) **Polypectomy:** In children before dentition, Polyps are excised with the help of a cold wire snare under general anesthesia. The procedure can also be performed by sinuscopy. All excised polyps should be sent for histopathology to rule out malignancy.
- b) **Sinuscopy:** Endoscopic surgery of the polyps with sinusscopes may obviate the need for a Caldwell-Luc operation.
- c) **Surgery** (Caldwell-Luc operation) can be performed after the eruption of the upper second molar.

#### **ETHMOIDAL POLYP:**

- A) **Conservative:** These types of polyps with allergic basis regress with the treatment, but can recur.
- 1) **Antihistamines:** Useful in cases of allergies.
  - 2) **Steroids:** In cases of allergy ethmoidal polyps can cause complete or final regression, but often recur.
  - 3) Antibiotics in combination with steroids and antihistamines can be given.
  - 4) **Nasal Decongestants:** These are not very useful, As polyps are avascular they do not shrink.
- B) **Surgical:**
- 1) Polypectomy is the treatment of choice. The polyps are avulsed with snare or forceps, But the recurrence is not uncommon. Hence endoscopic sinus surgery is preferred to minimize recurrence. <sup>(41)</sup>
  - 2) **Ethmoidectomy:** In cases of recurrent ethmoidal polyps ethmoidectomy may be advised. Chances of recurrence are high because of the following:

a) **Allergy**

b) **Anatomy-** Involvement of multiple sinuses, and proximity to the eyeball and cranial nerve makes surgery very difficult. <sup>(41)</sup>

3) **Sinuscopy:** Endoscopic surgery with telescopic endoscope guidance reduces the chance of recurrence. <sup>(10)</sup>

In cases where (CRSwNP) does not respond to appropriate medical interventions, physicians typically recommend FESS. During the surgical procedure, physicians may also insert biodegradable stents that release steroids. These implants serve a dual purpose: they maintain sinus patency while simultaneously delivering steroids to reduce inflammation and minimize the likelihood of recurrence.

### **MANAGEMENT**

- 1) **STEER CLEAR OF NASAL IRRITANTS:** Substances such as dust, particulate matter, and tobacco smoke induce inflammation in the nasal and sinus cavities. It is advisable to minimize exposure to known nasal irritants.
- 2) **USE HUMIDIFIER:** During winter, it will help in moistening the nasal passage.
- 3) **Manage allergies:** Follow the doctor's treatment plan to manage your allergies and asthma.

### **PREVENTION OF RECURRENCE**

#### **1) Antrochoanal polyp**

Polypectomy performed alone carries the possibility of a recurrence, as the polyp may not be completely avulsed from the maxillary sinus. Caldwell-Luc operation: It eliminates the chance of recurrence to a great extent.

#### **2) Ethmoidal polyps**

Recurrence of ethmoidal polyps is very common, and may be reduced by:

- Polypectomy by avulsion performed meticulously.
- Antiallergic treatment for a month postoperatively.

- Use of topical steroid sprays for a month or more postoperatively.
- Ethmoidectomy for recurrent polyps.
- Sinusoscopic surgery of the ethmoidal sinuses with telescopic endoscopes has reduced the chances of recurrence.

#### **COMPLICATIONS AND SEQUELAE**

- 1) Recurrence is common.
- 2) Adhesion may develop.
- 3) Persistent anosmia.
- 4) Surgery may exacerbate the asthma.
- 5) Performing ethmoidectomy carries the potential risk of complications affecting the orbital region or intracranial space.
- 6) Fistula may occur at the site of incision.

#### **HOMOEOPATHIC THERAPEUTICS**

##### **1) ALLIUM CEPA:**

- Sensation of a lump at the root of the nose.
- Sneezing, when entering a warm room.
- Profuse nasal discharge that is fluent, watery, and acrid, accompanied by symptoms of headache, cough, and hoarseness. Polypus.

##### **2) ALUMINA:**

- Pain experienced at the base of the nose along with anosmia.
- Profuse runny nose.
- The tip of the nose is cracked, nostrils are tender, red, and sensitive to touch.
- Presence of scabs with thick yellow discharge, accompanied by significant redness.
- Dry atrophic ozaena with swollen and congested membranes.

##### **3) AMMONIUM MURIATICUM:**

- Anosmia, nose is blocked and congested with a constant effort to clear.
- Unpleasant, acrid, hot discharge causing erosion of the lip.
- Frequent sneezing, sensitive nose with painful ulcers in the

nostrils.

##### **4) APIS MELLIFICA:**

- Nose: Red, swollen, inflamed, with sharp pains.
- Pain: sensation of burning, stinging and soreness that shifts from one area to another.
- Extreme sensitiveness to touch.
- Coldness of tips of the nose.

##### **5) ARGENTUM NITRICUM:**

- Nose: anosmia, itching.
- Soreness in the nasal septum with ulcer formation.
- Coryza with chilliness, lachrymation, and headache.

##### **6) ARSENICUM ALBUM:**

- Discharges are watery, thin, excoriating.
- sensation of nasal blockage with constant sneezing.
- Hay fever and runny nose exacerbated outdoors but relieved indoors.
- Sensation of burning and occasional bleeding.

##### **7) AURUM METALLICUM:**

- Ulcerated, tender, swollen, and blocked nose with a knobby tip.
- Nose inflammation; decay; foul-smelling discharge, pus, and blood.
- Dull pains in the nose that worsen during the night.
- Foul odor emanating from the nose.
- Heightened sensitivity to smells.

##### **8) BELLADONNA:**

- Sensation of tingling experienced at the tip of the nose.
- Imaginary odors.
- Swollen and red nostrils.
- Nose bleed accompanied by redness of the face.

#### **A CASE REPORT**

Preliminary data:

Name: ABC

Age: 32 years

Gender: Male

Marital status: Married

Religion: Hindu

Occupation: Engineer

Date: 20/04/23

**CHIEF COMPLAINT:**

LOCATION	SENSATION	MODALITY	CONCOMITANT
Upper respiratory tract (Nasal cavity)	- Recurrent cold since last 7-8 years. - continuous sneezing <sup>++</sup> & watery discharge from nose (excoriating) <sup>++</sup> ; 10 days. - sensation of a lump inside left nostril <sup>++</sup> ; 10 days.	<warm room <sup>++</sup>	-

O- Insidious

D- 10 days

P- Gradual

**PRESENT COMPLAINT:**

Patient came with the complaint of recurrent cold since last 7-8 years. Now since last 10 days patient developed continuous sneezing<sup>++</sup>, watery discharge from nose (excoriating)<sup>++</sup>, sensation of a lump inside left nostril<sup>++</sup>. Complaints aggravate in the warm room<sup>++</sup>.

N/H- No fever, no epistaxis, no anosmia, no sleep apnea, no headache or facial pain, no swelling or deformity.

**ASSOCIATED COMPLAINT:** Nil

**PAST HISTORY:**

Allergic rhinitis since last 7-8 years.

Malaria- 2 years back, was treated with antimalarials.

**FAMILY HISTORY:**

Mother- Osteoarthritis since last 10-15 years.

Father- Hypertension since last 3 years.

**SURGICAL HISTORY:**

No history of surgical intervention in the past.

**PERSONAL HISTORY:**

Diet- Veg diet

Habit- Smoking (once or twice a month)

Addiction- None

Vaccination- Completed

History of any drug interaction / allergy- None

**PHYSICAL GENERAL:**

Appearance- Moderate built

Appetite- Increased<sup>+</sup>, eats 4 meals a day

Desire- N.S

Aversion- N.S

Thirst- Increased<sup>+</sup>, 2-3 lit/day, drinks at least 1-2 glass of water at the interval of 1 hour.

Sleep- sound, refreshing; sleeps for 5-6 hours a day

Dreams- Doesn't remember

**NATURAL ELIMINATION:**

Stool- Satisfactory, once a day, normal quantity and consistency.

Urine- 7- 8 times a day, pale yellow, non-offensive

Perspiration- Moderate, on face and b/l axilla, non-offensive, non- staining.

**THERMALS:**

Fanning: Wants in all season

Bathing: Cold water in all season

Covering: Only during winters

Intolerance: To heat, hot weather<sup>++</sup>

Inference: Thermal modality- Hot<sup>++</sup>

**LIFE SPACE:**

Irritability<sup>++</sup> due to the chief complaint, gets angry easily<sup>++</sup> even on the small matters.

Doesn't like being contradicted<sup>+</sup>.

**GENERAL EXAMINATION:**

Height- 165cm

Weight- 56kg

Built- Moderate

Pallor- Not present

Icterus- Not present

Cyanosis- Not present

Clubbing- Not present

Lymph nodes- Not palpable

Oedema- Not present

Tongue- Clean, moist

Nails- No visible abnormality

Gait- Normal

**VITALS:**

Pulse rate- 86/min

Respiratory rate- 18/min

Temperature- 98.7 F

Blood pressure- 120/70mmhg

**SYSTEMIC EXAMINATION:**

Respiratory system- AEBE, clear, no adventitious sound

Cardiovascular system- S1S2 heard, no abnormal sound

Central nervous system- Conscious, alert; oriented to time, place and person

Gastro intestinal system- No tenderness, guarding, rigidity; no organomegaly

**LOCAL EXAMINATION:**

Nose- External	
Color of the skin	Similar to the rest of the face
Shape	Symmetrical
Deformity	No DNS or any other deformity noted
Swelling	No swelling
Nasal flaring	Not present

Nose- Internal	
Color of the mucosa	Red in color
Discharge/ Bleeding	Thin watery discharge; no epistaxis
Swelling	Small polyp inside left nostril (grade 2)
Foreign bodies	Not present
Septum	No DNS, no ulceration
Turbinate	No visible deformity
Sense of smell	Intact

**PROVISIONAL DIAGNOSIS-** Left sided ethmoidal polyp

**DIFFERENTIAL DIAGNOSIS-** Allergic rhinitis, ethmoidal polyp

**RHINOSCOPY:** Anterior rhinoscopy revealed multiple, pale, soft pedunculated growth, inside left nostril, insensitive to

RUBRIC	CHAPTER
Mind- irritability	Mind
Mind- anger- irascibility, trifles at	Mind
Mind- contradiction- is intolerant of	Mind
Generalities- warm- room- aggravation	Generalities

touch; concluded as grade II nasal polyp.

**FINAL DIAGNOSIS-** Allergic rhinitis with left sided ethmoidal polyp grade II. **CA0J.Y ANALYSIS AND EVALUATION OF SYMPTOMS-**

Mental generals-

- Irritability<sup>++</sup> due to the chief complaint.
- Gets angry<sup>++</sup> easily even on the small matters.
- Doesn't like being contradicted<sup>+</sup>.

Physical generals-

- Thermals- Hot<sup>++</sup>
- Intolerance to hot weather<sup>++</sup>
- Thirst- Increased<sup>+</sup>
- Appetite- Increased<sup>+</sup>

Physical particular-

- Recurrent cold
- Continuous sneezing<sup>++</sup>
- Watery discharge from nose (excoriating)<sup>++</sup>
- Sensation of a lump inside left nostril<sup>++</sup>
- <warm room<sup>++</sup>

**TOTALITY OF SYMPTOMS:**

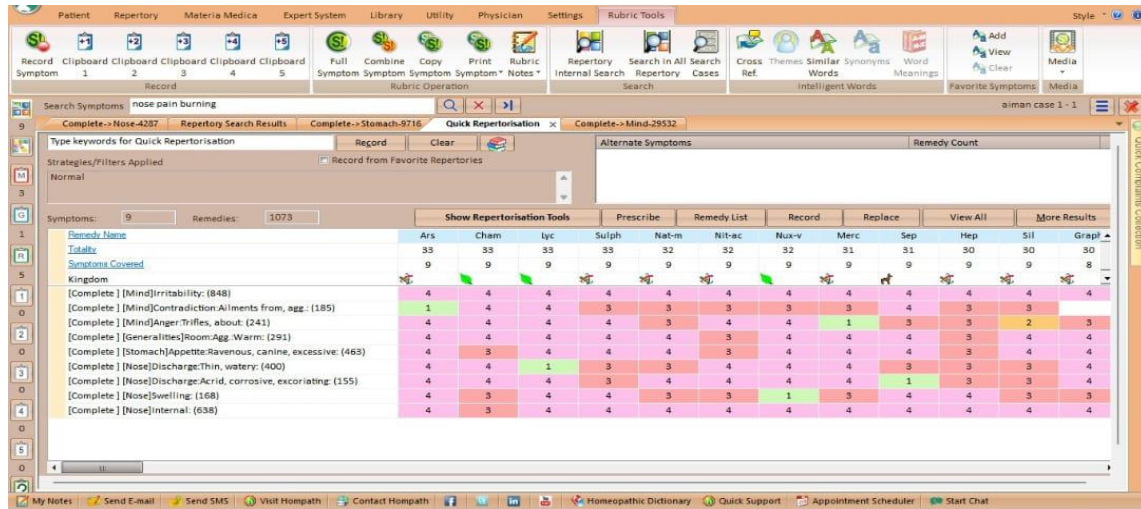
- Irritability<sup>++</sup> due to the chief complaint.
- Gets angry<sup>++</sup> easily even on the small matters.
- Doesn't like being contradicted<sup>+</sup>.
- <warm room<sup>++</sup>
- Thermals- Hot<sup>++</sup>
- Intolerance to hot weather<sup>++</sup>
- Thirst- Increased<sup>+</sup>
- Appetite- Increased<sup>+</sup>
- Continuous sneezing<sup>++</sup>
- Watery discharge from nose (excoriating)<sup>++</sup>
- Sensation of a lump inside left nostril<sup>++</sup>

**REPERTORY USED-** Kents repertory

**REPERTORIAL TOTALITY-**

Stomach- appetite- increased	Stomach
Nose- sneezing- constant	Nose
Nose- discharge- watery	Nose
Nose- discharge- excoriating	Nose
Nose- swelling- inside	Nose

**REPERTORIZATION SHEET-**



SYMPTOMS	PSORA	PSEUDO-PSORA	SYCOSIS	SYPHILIS
<b>MIND</b>	-Irritability -Gets angry easily		-Doesn't like being contradicted	
<b>PHYSICAL GENERAL</b>	-Thirst-Increased -Appetite-Increased		-Thermals- Hot	
<b>PHYSICAL PARTICULAR</b>	-Recurrent cold -Continuous sneezing -Watery discharge from nose (excoriating)		-Sensation of a lump inside left nostril <warm room	

- Steam inhalation  
- Avoid allergens like smoke, dust, and other environmental factors etc.

**MIASMATIC ANALYSIS-** Psora  
**REMEDY SELECTED-** Ars- alb  
**POTENCY SELECTED-** Ars-alb 30 bd  
**FIRST PRESCRIPTION-**  
Ars- alb 30 bd x 3 days  
SL 30 tds x 10 days  
**GENERAL MANAGEMENT**

**INCLUDING AUXILIARY MEASURES- FOLLOW UP-**

DATE	SYMPTOMS	PRESCRIPTION
20-04-23	Complaint of continuous sneezing, watery discharge from nose, sensation of a lump	Ars- alb 30 bd x 2 days f/b- SL 30, 4 globules tds x

	inside left nostril. Polyp grade II	10 days follow up after 15 days.
05-05-23	Complaint of continuous sneezing better, watery discharge from nose better, sensation of a lump inside left nostril persistent. Polyp grade II	Ars- alb 30 bd x 2 days f/b- SL 30, 4 globules tds x 10 days follow up after 15 days.
22-05-23	Sneezing better, watery discharge from the nose still persistent, sensation of a lump present. Polyp grade II	Ars- alb 200 bd x 2 days f/b- SL 30, 4 globules tds x 10 days follow up after 15 days.
06-06-23	No improvement observed, polyp grade II hence re-evaluation of the case done.	Allium cepa 200 bd x 3 days f/b- SL 200, 4 globules bd x 10 days follow up after 15 days.

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