

Rapid Resolution of Acute Otitis Externa in a Young Female Through Individualized Homoeopathic Management: A Case Report with Scientific Correlates

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Abstract: **Background:** Acute otitis externa (AOE) is a prevalent inflammatory condition of the external auditory canal, often resulting from bacterial or fungal infections. Conventional treatments primarily involve antibiotics and corticosteroids. However, the rise in antimicrobial resistance has necessitated the exploration of alternative therapeutic modalities, including individualised Homoeopathic interventions. **Objective:** To document and analyse the clinical outcome of a 25-year-old female patient with AOE managed through individualised Homoeopathic treatment, supplemented by topical care, and to correlate the therapeutic approach with existing scientific literature. **Methods:** The patient presented with symptoms indicative of AOE, including severe otalgia, pruritus, serous discharge, and visible fungal overgrowth in the left ear canal. A comprehensive Homoeopathic case-taking was conducted, leading to the prescription of *Hepar sulphuris calcareum* 200C, followed by *Gunpowder* 6C administered thrice daily for two days. Additionally, the external auditory canal was cleansed with sterilised swabs, and *Calendula officinalis* dusting powder was applied topically to promote healing. Clinical progress was monitored over a 48-hour period. **Results:** Within 24 hours of initiating treatment, the patient reported significant relief from pain and itching. Complete resolution of symptoms and normalisation of the ear canal's appearance were observed within 48 hours. No recurrence was noted during a 10-day follow-up period. **Conclusion:** This case highlights the potential efficacy of individualised homoeopathic treatment in managing acute external ear infections. The integration of internal remedies with topical applications facilitated rapid recovery without the use of conventional antibiotics. Further clinical studies are warranted to substantiate these findings and explore the broader applicability of homoeopathy in treating AOE.

Keywords: Acute otitis externa; Homoeopathy; *Hepar sulphuris calcareum*; *Gunpowder*; *Calendula officinalis*; Case report; Individualised treatment; Antimicrobial resistance

1. Introduction

Acute otitis externa (AOE), often referred to as “swimmer’s ear,” is a diffuse inflammation of the external auditory canal frequently caused by bacterial pathogens, primarily *Pseudomonas aeruginosa* and *Staphylococcus aureus* [1]. Patients typically present with ear pain, otorrhea, and a sense of fullness in the ear [2]. The growing problem of antibiotic resistance [7] and limitations of topical therapy in some populations have prompted increasing interest in complementary and alternative approaches, including homoeopathy [14]. Homoeopathy operates on the principle of “like cures like,” aiming to stimulate the body’s intrinsic healing mechanisms by selecting a remedy most closely matching the patient’s unique symptom presentation [3]. *Hepar sulphuris calcareum* is clinically indicated in conditions marked by extreme sensitivity to touch and pain, suppuration, and offensive discharges [4]. *Gunpowder* (a historical remedy containing potassium nitrate and charcoal) is known for its antiseptic and sepsis-modulating properties and has shown efficacy in infected wounds [5]. *Calendula officinalis* has long been used for wound healing and reducing local inflammation, with both homoeopathic and botanical preparations demonstrating antimicrobial and regenerative activity [6].

This report presents a case of acute otitis externa that responded rapidly to Homoeopathic treatment, with supporting references drawn from modern clinical and classical sources.

2. Case Presentation

History of Chief Complaint

A 25-year-old female presented with severe pain and swelling of the left ear, itching, white fungal-like patches, and serous discharge. She reported difficulty sleeping on the affected side and was highly sensitive to touch. There was no prior history of ear trauma or water exposure.

Clinical Examination:

On inspection, the external auditory canal was inflamed with desquamated skin and apparent fungal overgrowth. Pain was aggravated by touch, and local lymph nodes were slightly tender.

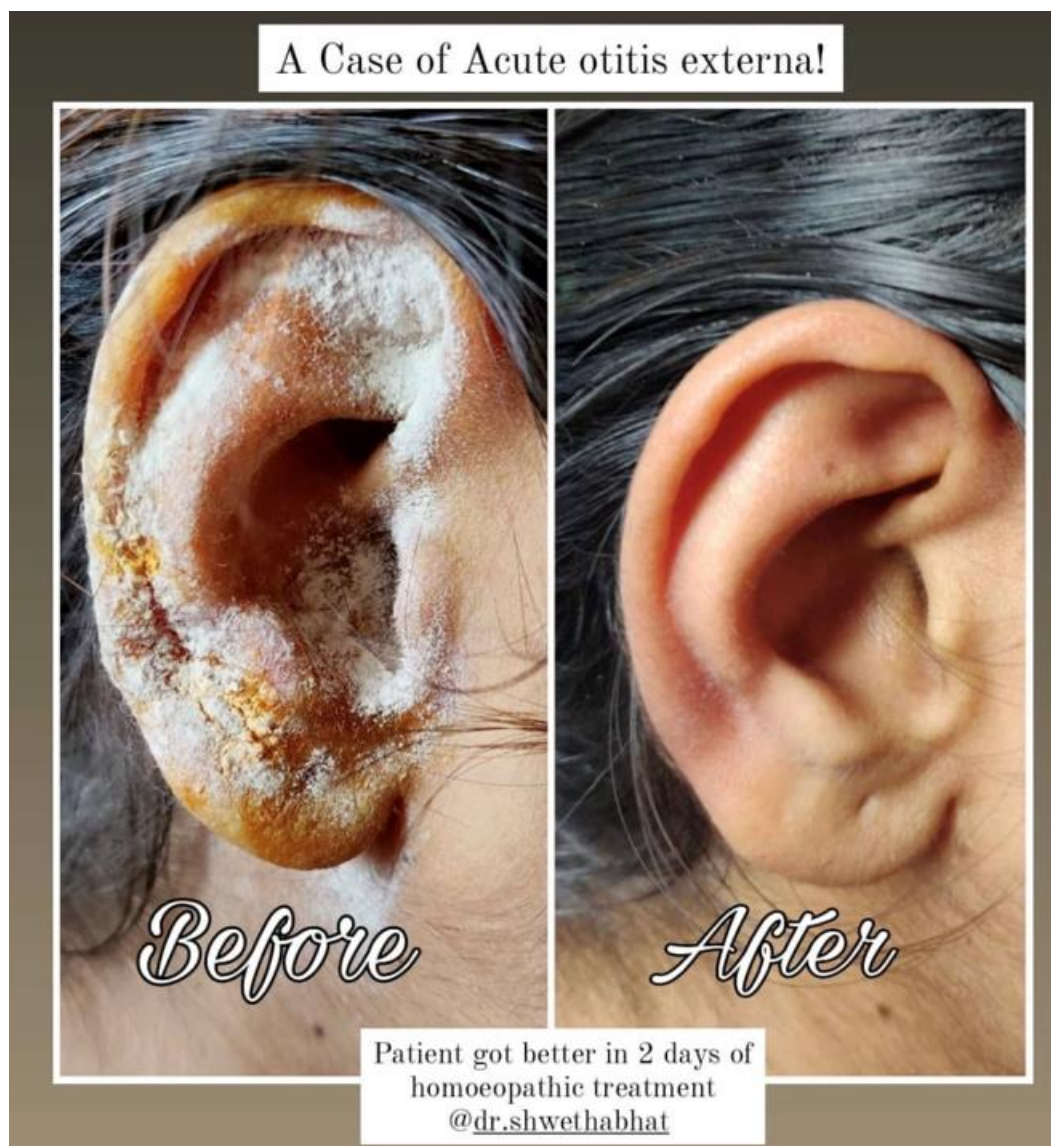
Homeopathic Prescription

- *Hepar sulphuris calcareum* 200C, one dose, was selected on the basis of extreme tenderness, early suppuration, and throbbing pain [4]. The patient’s irritability and chilliness further confirmed the remedy selection.
- After the initial dose and improvement in pain, *Gunpowder* 6C was administered thrice daily for two days as a sepsis-modulating agent to support further resolution of infection and to prevent progression or relapse [5].
- The ear was gently sterilised using boiled water-cooled swabs followed by topical application of *Calendula* dusting powder twice daily for local disinfection and to promote epithelial healing [6].

3. Result

Within 24 hours, the patient experienced marked relief in pain and pruritus. Discharge subsided. By 48 hours, the ear

appeared normal without signs of inflammation or infection (see attached before–after image). The patient was followed up after 10 days, and no recurrence was noted.



4. Discussion

AOE is primarily bacterial in origin, though fungal etiologies are also implicated, especially in humid climates [1,8]. Conventional treatment involves antibiotic-steroid ear drops and analgesics, yet microbial resistance and potential for adverse effects can complicate management [7]. Homeopathic remedies selected on the principle of similitude can stimulate individualised immune responses, with low-dose nanoparticle-based actions documented in the literature [3]. Hepar sulph, a classical remedy, is well-known for resolving infections marked by suppuration, with reliable references across Homoeopathic texts [4,5]. Gunpowder, historically used in war-time wound management, has shown antibacterial and detoxifying properties [11]. Its application in homoeopathy for septic wounds, abscesses, and systemic infections has been reported anecdotally and in materia medica [5]. It acts by supporting the body's attempt to limit systemic spread of infection through immune modulation. Calendula's wound healing properties are well documented in

pharmacological and clinical studies [6], with its extract aiding in granulation tissue formation and reducing microbial load. This case also affirms the relevance of classical prescribing in acute conditions, supported by modern understanding of immune pathways and homeopathic remedy actions [13,14]. Patients under homeopathic care often report rapid relief in inflammatory and infectious conditions when the prescription is individualised and supported with hygienic care [12]. Further randomised controlled studies are needed to evaluate homeopathy's clinical efficacy in AOE. However, such case reports serve as valuable contributions bridging empirical practice with scientific evidence [13,14,15].

5. Conclusion

This case illustrates the rapid and complete resolution of acute otitis externa using individualised Homoeopathic remedies, supported by local hygienic measures. Hepar sulphuris and Gunpowder 6C were pivotal in modulating the immune response and resolving infection. Calendula application aided

local recovery. Homoeopathy may provide a safe and effective alternative or adjunct in the management of otitis externa, especially in antibiotic-resistant or recurrent cases.

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