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International Journal of Recent Innovations in Medicine and Clinical Research

Journal homepage: <https://www.ijrimcr.com/>

Review Article

Anosmia and homoeopathy

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ARTICLE INFO

Article history:

Received 13-08-2024

Accepted 21-09-2024

Available online 11-11-2024

Keywords:

Olfaction

Anosmia

Hyposmia

Materia Medica

Miasm

ABSTRACT

Anosmia is a commonly reported symptom in COVID-19 patients that frequently occurs early in the course of the disease & may persist as a long term symptom. SARS-COV2 infection has been suggested to cause the death of support cells in the olfactory epithelium with consequences for neuronal function.

The article focuses on the age old concept of Ayurveda where it is advised to start feeling the senses as the day starts & be aware of any changes with the comeback of Communicable Diseases (CD) such as the COVID 19 pandemic.

As the CDs surged, the concept of eating while smelling the food emerged since the process of anosmia led to definitive changes in the nasal cavity that are definitive signs of COVID 19 infection. The current article sees the role of Homoeopathy of the AYUSH system in the process of anosmia due to COVID 19. Those adopting the process of healthy nasal health may use the therapeutic system of homeopathy to optimize the benefits of a healthy olfaction.

After discussing the various modalities of anosmia, a homoeopathic treatment protocol is suggested on the lines of the markers mentioned above. The article aspires that this integration will help the nation to deal with the current & future menace of CDs.

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1. Introduction

Large body of studies has revealed that even mild COVID-19 impacts the brains of people. The affected brain is linked to one of the most common symptoms that people encountered during the pandemic is anosmia or loss of smell. Most of the people recovered their sense of smell after a few weeks to months.¹

Further studies have also found that month after recovery from COVID 19, some people continued to experience neurological & cognitive effects. Studies also elicited that persistent cognitive symptoms have been linked to brain alterations. Patients recovering from mild COVID-

19 without cognitive symptoms presented with cortical thickness alterations & changes in white matter integrity.¹

In Chile, a study recruited 73 adults with mild to moderate COVID 19 without signs of respiratory failure and 27 people without any history of COVID 19. The 73 participants who had COVID 19 had an average of 9 months after diagnosis. Participants with COVID 19 & the control group were subjected to cognitive screening, a decision making task & MRI evaluations. The team used the loss of smell & the need for hospitalization as proxies for potential markers of neurologic involvement & disease severity respectively. The study also found that people who suffered from loss of smell had behavioral, functional & structural brain changes.¹

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Of the 73 participants with COVID 19, 22 (30.1%) individuals reported experiencing varying degrees of attention & memory issues that persisted at the time of the cognitive test administered as part of the study. Relatively minor indications were headache in seven participants, fatigue in six people & four with a persistently impaired sense of smell lasting on average 1.3 months. Of these patients, a complete loss of smell was experienced by 68% (29 participants) while 32% (14 participants) experienced differing degrees of changes in their sense of smell which was either hyposmia or microsmia. Both these were brought under as patients with anosmia.¹

The study observed no significant differences in cognitive performance between groups based on COVID 19 diagnosis, anosmia or hospitalization requirements. Instead, there were intriguing patterns that emerged in behavioral task performance. It was also seen that participants with a loss of smell displayed a distinct decision making strategy characterized by more impulsive behavior & were more likely to make a different choice, when the earlier result was negative when performing a behavioral task. The participants who were hospitalized displayed less strategic thinking & unlike those who were not hospitalized repeatedly made the same wrong choice.¹

Loss of smell was positively associated with decreased functional activity, during the decision making task, thinning of cortical thickness & loss of white matter integrity. Therefore, the study concluded that anosmia could be a factor to be considered when identifying at risk populations for follow up.¹

The study also noted that only 6 patients present indicators of persistent olfactory deficit & thus the authors noted that the study results are not due to actual deficit. Hence, the study inferred that anosmia could serve as both a potential marker of virus induced damage to neuronal tissues & a marker for individuals susceptible to brain damage.¹

1.1. Studies on anosmia & COVID 19

A study done in year 2022 developed a behavioral test of anosmia in SARS –CoV 2 infected hamsters. The study found a moderately strong co-relation between the development of anosmia & the score of histological damage within the olfactory epithelium. There was a strong correlation between the level of anosmia & the thickness of the olfactory epithelium that was previously demonstrated to be severely damaged upon infection. The study mentions that the food searching behavioral test can act as a simple & effective screening method in a hamster model for various therapeutics for COVID 19 related anosmia.²

Another study mentions a novel hypothesis regarding anosmia & COVID 19. The major novel hypothesis that the study mentions is that genetic differences in the prevalence of chemosensory defects may be caused by variations in

the in the binding affinity of the Angiotensin Converting Enzyme (ACE) receptor for the virus & therefore may dictate infectivity & spreading of the virus.³

A study was done in Poland to assess smell disturbances 6 months after COVID 19 & the study found that patients had the greatest problem in assessing the smell of lemon. Patients with platelets count below 150,000/ μ l had greater olfactory disorders than those with platelet count over 150,000/ μ l. the study found that there were smell differences between post COVID 19 patients & healthy population. There were statistically significant differences between Delta & Wild Type waves in post COVID 19 group in score of the Sniffin Sticks test. The study also elicited that smell differences depended on the age, cognitive impairments, clinical characteristics of the COVID 19 disease & sex of the patient.⁴

Another study mentions that an association of long term self reported smelling dysfunction & olfactory bulb integrity in a sample of individuals recovered from mainly mild to moderate COVID 19. The study results highlighted olfactory bulb volume as a surrogate marker that may inform diagnosis & guide rehabilitation strategies in COVID 19.⁵

Another study found that anosmia & dysgeusia are prevalent in COVID 19 patients compared to those with the other non COVID 19 respiratory infections. The study & earlier studies developed hypothesis on these two variables & suggests future studies to elucidate the definitive mechanisms of anosmia & dysgeusia in COVID 19.⁶

A study mentions that Olfactory Dysfunction (OD) is a characteristic sign of COVID 19 patient which can occur independently or with other symptoms but its pathogenesis is not well understood. The study cites that otolaryngologists need to be aware of anosmia to avoid delay in the diagnosis of COVID 19 7 contribute to an epidemic.⁷

A 2021 study mentions that SARS CoV 2 infection is strongly associated with the development of anosmia or hyposmia especially in females with fever. Then study also mentions that patients should be informed about the transient nature of the condition. From the pathophysiological perspective, the affinity of the virus for the ACE-2 receptors that are present in large quantities in nasal cavity & olfactory bulb has been considered.⁸

A study done in India in 2022 mentions that mostly subjective evaluation of COVID 19 induced anosmia is carried out resulting in under reporting of incidence rates. Hence an objective evaluation is essential. The study mentions that the average incidence of anosmia in Indian population is 13.9% while in European population it is 86%.⁹

1.2. Homoeopathic angle

As per the homoeopathic therapeutics, anosmia or hyposmia is under the domain of Syphilitic miasm. It is under this

miasm because the nasal epithelium gets destroyed in the process because of COVID 19 infection. Homoeopathy has multiple drugs for this affected nasal epithelium. As there are multiple drugs, the homoeopath has to evaluate the case homeopathically & select the appropriate drug.^{10,11}

The drugs for anosmia or hyposmia are *Anacardium*, *Belladonna*, *Calcarea Carb*, *Calcarea Sulph*, *Cyclamen*, *Hepar Sulph*, *Hyoscyamus*, *Mar V*, *Merc sol*, *Natrum Mur*, *Plumbum*, *Phosphorus*, *Pulsatilla*, *Sanguinaria*, *Sepia*, *Silicea*.¹²

In case a person has epilepsy as a disease before & suffers from COVID 19 related anosmia or has fits during anosmia, the drug is 'Plumbum Met'.¹²

Another author mentions a set of drugs for diminished smell. The leading drugs are *Anacardium*, *Belladonna*, *Calcarea Carb*, *Hyoscyamus*, *Natrum Mur*, *Pulsatilla*, *Sepia*, *Silicea*, *Zincum Met*.^{13,14}

Similarly, for loss of smell or anosmia, the leading drugs are *Belladonna*, *Calcarea carb*, *Calcarea Sulph*, *Hepar Sulph*, *Merc Sol*, *Natrum Mur*, *Phosphorus*, *Plumbum Met*, *Pulsatilla*, *Sepia*, *Silicea*, *Zincum Met*.^{13,14}

Dr. H.C. Allen in his key notes mentions the drug 'Aurum Met' under caries of nasal palate.¹⁵

Dr. Boericke in his repertory mentions the following drugs under diminished smell. These are *Alumina*, *Cyclamen*, *Helleborus*, *Hepar Sulph*, *Kali Carb*, *Menthol*, *Mezereum*, *Rhododendron*, *Silicea*, *Tabacum*.¹⁶

Under anosmia, the drugs mentioned are *Alumina*, *Ammon Mur*, *Amygdalus Persica*, *Anacardium*, *Apocyanum A*, *Aurum*, *Bell*, *Calc*, *Hepar*, *Ignatia*, *Iodum*, *Justicia*, *Kali Bi*, *Lemna Minor*, *Mag Mur*, *Natrum Mur*, *Nitric Acid*, *Pulsatilla*, *Sanguinaria*, *Sepia*, *Silicea*, *Sulphur*, *Teucrium*, *Zincum Met*.¹⁶

From the list of bowel nosodes, the drug 'Flavus' can be prescribed since it covers the affections of the nose.¹⁷

From the list of Bach Flower remedies, the drug *Vervain* can be prescribed as it addresses 'Tenseness or Hyper anxiety'. All the anosmia cases tend to become anxious because of the COVID 19 infection related issues.¹⁸

As per the repertory of Bio Chemic medicines, for diminished smell or hyposmia, the drugs are *Calcarea Sulph*, *Natrum Mur*, *Silicea*.¹⁹

The drugs mentioned under anosmia are *Calcarea Sulph*, *Kali Phos*, *Kali Sulph*, *Mag Phos*, *Natrum Mur* & *Silicea*.¹⁹

Homoeopathy is popular in India & the Government of India has an AYUSH policy in place also. Further, its property to scale up its use easily is mentioned as it fulfills the criteria of Essential Medicines (EM). Using all these modalities, homoeopathy can be integrated into the domain of sensory health under Communicable Diseases (CD).^{20–22}

Homoeopathy has already proved itself during the COVID 19 pandemic while saving lives & reducing morbidities as well. Anosmia is related to COVID 19. Here, homoeopathy can not only deal with long term issues of

anosmia related to COVID 19 but also all types of anosmia like auto immune related anosmia.^{23–27}

Above all, all the anosmia cases need to be dealt on a long term basis. In order to do that, the three types of diet have to be an integral part of the diet. These are the Satwik, Rajasik & Tamasik diets. In every one's life style, one should aim to have very few Tamasik diet, moderately Rajasik diet & often the Satwik diet. These efforts will have a balanced body that will be able to fight with current & future CDs.

2. Discussion

Anosmia is a definitive sign of COVID 19 infection & it has been established through studies across the globe as evident from the review of the studies mentioned above in the article. Whether it is anosmia or hyposmia, the modern medicine could not provide a solution & the disease progressed 7 the world encountered mortalities during the pandemic. The long term effects are evolving day to day through manifestations in the Cardio Vascular System (CVS), Nervous System (NS) & through metabolic disorders.^{1–9}

It is in this context that the article suggests the integration of homoeopathy of AYUSH in India so that the long term effects & emerging cases can be dealt with. Here, the high risk category of patients with co-morbidities can be largely benefited. To sum up, the extremes of life like the children in the U5 year group & the 65+ category who have sub optimal immunity can be benefited optimally. Homoeopathic medicines are effective against viral infections as detailed above.^{11–13}

The most significant benefit will be to reduce the cognitive issues in the patients who suffered from COVID 19 induced anosmia or hyposmia. Hence, along with the nasal cavity issues, larger issues related to the brain can be addressed through homoeopathic integration.^{11–13}

3. Conclusion

With the resurgence of CDs like M pox, taking medicines that only help the patient on a 24 hour cycle, it is Homoeopathy which can offer a better alternative for people who practice to retain healthier senses. The therapeutic system can provide help effectively as these medicines are deep acting & they help the body to restore the normal functioning.

The system also can help people as these medicines can reduce inflammations; create an enabling environment inside the body so that they can optimize the benefits to have a healthy nasal cavity. The properties of Homoeopathy like cost effectiveness, therapeutic effectiveness and no side effects will only be a bonus for the people. It is to be noted that the concept of healthy senses only reiterates the age old concept of Ayurveda.

4. Declaration

The authors declares that the homoeopathic protocol given here is only suggestive in nature.

5. Conflict of Interest

None.


6. Source of Funding

None.

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Cite this article: Tripathy T, Das S, DP Singh, Dwivedi R, Gautam M. Anosmia and homoeopathy. *Int J Recent Innov Med Clin Res* 2024;6(4):112-115.