

## Mini Review

# Homeopathic Approach in the Treatment of Tinnitus

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## Abstract

Tinnitus, that is the perception of sounds without external stimuli, is a frequent and debilitating disease affecting 10 to 15% of the population. There is no conventional medical treatment and its therapeutic management is multiple: rehabilitation by sound-based and educational therapy, stress management techniques and integrative therapies.

Widely used in Europe, homeopathy uses the principle of treating with similar and not with opposites: like cures like. The doses used are infinitesimal, which avoids any toxicity or significant side effect. There is no "standard homeopathic medicine" to treat tinnitus. The prescription must be individualized for each patient according to the principle of similarity. It depends on the etiological factors of the tinnitus, the particular sensations, the exact nature of the noise perceived, the methods of improvement or aggravation of the symptoms, the concomitant signs (dizziness, anxiety, etc.) and the chronic reaction mode specific to each patient.

Properly chosen, homeopathic medicine, in our experience, has been able to bring about relief of symptoms and in some cases their disappearance. Randomized studies after individualization are now necessary to verify our favorable clinical impression.

## Keywords

- Tinnitus
- Auditory sensation
- Modalities
- Terrain
- Homeopathy

## INTRODUCTION

The theme is difficult to deal with as tinnitus is a subjective symptom. The patient may find it difficult to accurately qualify his auditory "sensation". Many provings present this symptom (intoxication effect?); and the list of sensations in the rubric "noise in the ears" in the repertories is very extensive. It is true that when patients are relieved, they readily talk of miracle, because tinnitus is often so difficult to bear that it has led patients to commit suicide. By reviewing the main physiopathological situations causing tinnitus, we will indicate the homeopathic medicines that correspond to them. We will also say a word about the patient's underlying terrain, to which we personally attach a great importance in the choice of a treatment strategy (see diathesis stage).

## DEFINITION, FREQUENCY AND CAUSES

Etymologically, the French word "acouphène" (tinnitus in English) means "seeming to hear", indeed the sensation is unrelated to the existence of a real sound wave. In India it means "the gods speak to man" which makes it better tolerated. Tinnitus is defined as the perception of sound in the absence of an external stimulus [1]. The incidence of tinnitus in Western countries is estimated at between 10 and 15% [2], with one in ten Americans stating they suffer from tinnitus [3].

A very large number of cases come from auditory trauma (concerts, discotheques, firecrackers, fireworks, etc.).

Other causes are head trauma, very violent physical shocks (car crash, sports or professional accident).

Quite common is a vertebral cause (cervical osteoarthritis, poor posture, lumbago, etc.)

Sometimes tinnitus appears as a result of inflammatory diseases (otitis, laryngitis, meningitis).

It is sometimes iatrogenic (antibiotics, anti-inflammatories, chemotherapy).

It is seen more rarely after food poisoning, or because of the presence of heavy metals (mercury and lead from dental amalgam and composite fillings)

Dental problems can also be a cause (malocclusion, mandibular dysfunction, poorly fitting dentures)

A state of great fatigue, constant stress, repeated worries, and depression can be accompanied by tinnitus.

It can be found after emotional shocks (divorce, bereavement, unemployment)

Electromagnetic hypersensitivity could also trigger it.

**Psychological aspects:** several meanings have been attributed to it, false pride, refusal to listen to one's inner self, to open one's ears, refusal of indoctrination, of feeling of being manipulated... Tinnitus can easily have an obsessive character, feed depression or even lead to suicide.

**The auditory sensation:** bells, bumblebees or ringing, strident whistles, cicadas, butterflies or all kinds of music! Among all the descriptions of the noise heard, it is the continuous hissing that is the most pejorative, because statistically the most difficult to treat successfully.

Buzzing (rather low - pitched sounds) represents the most banal sensation, the tinkling which is often associated with it, being second in rank in the homeopathic *Materia Medica*.

**Imagined or auditory hallucination:** the perceived noise can be similar to a familiar sound, a human voice, a door slamming, a motor, instrument or telephone ringing. These isolated sensations are more like an illusion than real tinnitus. Not all of the pathophysiological mechanisms have yet been clearly established. The different theories agree on a triple origin: the inner ear hair cells, the auditory nerve and the central auditory nervous system [1]. In cases of dysfunction of the hair cells, a calcium imbalance, the destruction of the outer hair cells, an increased activity of glutamate in response to stress or an abnormal activation of the cochlear receptors are suggested. In the event of impairment of the auditory nerve, deafferentation disorders, crosstalk which could spontaneously activate the nerve fibres or spontaneous activity of the auditory nerve fibres are incriminated. Finally, in the case of a central origin, we evoke the spontaneous activity of the dorsal cochlear nucleus and the spontaneous neuronal generation of tinnitus [1].

There is no medical treatment for tinnitus [4]. The most often recommended treatment is rehabilitation using sound-based and educational therapy as well as learning stress management techniques [5].

Sound and educational therapy can be applied on its own or coupled with other integrative therapies [6]. There are a wide variety of treatment options available to try to help patients to better manage and control their symptoms [7].

Complementary medicine research is scant and inconclusive. However, it indicates a positive trend with a very acceptable safety profile [8]. Its use combined with the sound-based and educational therapy, in an integrative and personalised care, would be synergistic. Inexpensive and non-iatrogenic, it would give the patient the possibility of exercising a better control over their symptoms [9].

Homeopathy is one of the therapies suggested for tinnitus. This medical therapy is used more in Europe than in the United States. In France, 36% of people questioned declare that they regularly use homeopathy for treating their medical problems [10]. In a survey of 1100 people, 83% considered that it was legitimate to combine homeopathic treatment with conventional treatment when the latter was insufficient [11].

The therapeutic action of homeopathy in acute otitis and upper respiratory tract disorders appears to be equivalent to conventional treatments in comparative efficacy trials [12,13]. As regards tinnitus, there is only one randomised controlled study dating from 1998. It evaluated a homeopathic preparation composed of *Natrum salicylicum D60* / *Chenopodium D60* / *Conium maculatum D60* and *Chininum sulphuricum D60* in a double-blind, placebo-controlled clinical trial. No superiority of homeopathy versus placebo was found. We believe that

this study does not reflect homeopathic prescription as we practise it and as we will present it in this article. The choice of homeopathic treatment follows the principle of similarity (like cures like) and the individualisation of symptoms, each patient is unique [14]. Randomised studies showing the superiority of homeopathy versus placebo have most often been carried out after individualisation of homeopathic treatment before randomisation in order to treat the patient as a whole rather than the symptom [15]. A meta-analysis, published in 2014, focused on keeping only the randomised double-blind studies versus placebo which respected the randomisation after individualisation of homeopathic medicine. The results are in favour of a superiority of homeopathy over placebo with an odds ratio of 1.53. For the three most reliable trials, the odds ratio was even 1.98 (95% CI: 1.16 to 3.38) [16].

## PARTICULARITIES OF THE HOMEOPATHIC CONSULTATION

It must follow several steps to devise a strategy focusing on a holistic picture of the patient.

The etiological stage in the search for “medicines (following a particular disease)” It should be noted during the etiological investigation that the same medicine can be found in different etiologies, so that the latter will not be specific to one medicine.

### 1. Trauma

Traumatic shock: *Arnica*, *Badiaga*, *Hypericum*, *Natrum sulphuricum* [17]

Head trauma: *Arnica*, *Conium maculatum*, *Natrum sulphuricum*

Auditory trauma: *Arnica*, *Hypericum*, *Sepia*: loud sounds repeated like in a disco. Tympanic injury: *Silicea*, *Calendula*

### 2. Muscular causes

Tension, stiffness of the cervical paravertebral muscles, especially if the head is steadily bent forward, caused by sewing, knitting, ironing, computer: a very reliable remedy *Actea racemosa*

### 3. States of hypersensitivity

*Chamomilla*: muscular spasms reverberating in the middle ear, *Coffea*: buzzing felt in the occiput *Ignatia* improvement in noisy surroundings, *Nux Vomica*: spasms towards the cervical vertebrae in a drafty conditions.

### 4. Major anxiety states

*Argentum nitricum*: phobic patient with dizziness and tremors, worse when eyes are closed, improved in the open air. *Arsenicum album*: very anxious, tired, chilly, often agitated patient (one daily intake, usually in the evening. *Ignatia*: improved in noisy conditions, distracted by music, with hypersensitivity to smells (tobacco), variable and intermittent. *Lycopodium*: often a migraine sufferer, whose attacks are accompanied by tinnitus. Loss of self-confidence, more frequent laterality in the right ear, buzzing, rustling or ringing. *Thuja*: anxious, phobic patient, very sensitive to humidity, noises of boiling water (kettle). *Staphysagria*: frequent tinnitus in these tormented patients, with partial loss of hearing, often associated

with infection, or eczema of the canal, and or retro auricular, following vexations with rumination. Note that in cases following strong emotional shocks (mourning, great fright, bad news, etc.) it is often very useful to give a dose (10 pellets) of *Hypothalamus 30C* which seems to be able to “disconnect” the patient from the event in question.

## 5. Infections

*Ferrum phosphoricum* : beats sounds. *Causticum*: ringing, buzzing, pulsations, beats, echoing of sounds and voice. *Silicea*, *Calcarea carbonica*, *Thuja*, *Staphysagria*, *Aurum metallicum*, *Petroleum*, *Sulphur* (already mentioned for other etiologies).

Infections with chronic otorrhoea: *Elaps coralinus* : bouts of deafness, violent variable noises, *Lycopodium*: ringing, buzzing, hearing loss.

## 6. Tubal permeability disorders

*Lachesis*: buzzing, feeling of clogged ear, patient constantly puts their finger in their ear. *Calcarea carbonica*: banging or crackling and infections. *Graphites*: crackling, banging, whistling, hears better in noisy conditions (eg. in the car). *Thuja*: squeaking, rumbling, kettle, banging or crackling, *Kalium iodatum*, *Kalium muriaticum*, *Petroleum*: with hearing loss.

## 7. Blood pressure disorders

Tinnitus due to hypotension:

*China*: ringing of bells or buzzing, following fluid losses, haemorrhages (nasal, uterine), profuse sweating, massive diarrhoea. *Ferrum metallicum*: bells or buzzing, habitual anaemia haemorrhages, worse before and during menstruation, dizziness on rising from a sitting or lying position. *Kalium Phosphoricum*: general asthenia, buzzing and roaring and startling at sudden noise. *Phosphoric acidum*: general asthenia, buzzing with hypoacusis and noise intolerance.

Tinnitus due to hypertension:

*Aurum metallicum*: worsening in the morning, chronic otorrhoea, and labyrinthine deafness. *Baryta carbonica*: slowness +, chilliness ++, hearing loss with crackling. *Phosphorus*: often with hearing loss and dizziness, crackling or sound of heavy breathing. *Sulphur*: dizziness on rising – hot and red ears, worse in the evening, throbbing and hissing. *Glonoinum*: feeling congested – throbbing and dizziness, worse during menopause,

## 8. Congestive disorders

*Cupressus lawsonia*: with hypoacusis, cephalic and portal congestion

## 9. Toxic causes

quinine abuse: (lariam in particular) *Cedron*, *Chininum salicylicum*, *Chininum sulphuricum*, *Natrum sulphuricum*,

salicylates abuse: *Natrum salicylicum*, *Silylic acidum*, *Streptomycin*: hypoacusis and auditory hallucinations: hears “call for help”.

Chemotherapy with cisplatin: *Cisplatinum*

## 10. Other less frequent intoxications

*Cannabis indica*: buzzing, boiling water. *Digitalis*, *Thuja* – ringing, *Antipyrine*: (found in ENT solutions) buzzing, ringing – otalgia – auditory and visual hallucinations, vasomotor manifestations, cephalic “constriction”, multiforme erythema – hyperleukocytosis, *Carboneum sulphuratum* drinking – polyneuritis – chemotherapy, hypoacusis, buzzing – “golden” ringing (Aeolian harp), Ménière’s disease. *Cortisone*: ringing, with dizziness in a warm room.

## 11. Middle ear lesions

*Calcarea fluorica*: purring and ringing, *Natrum muriaticum*: throbbing and ringing, *Nitric acidum*: crackles when chewing, *Kalium carbonicum*: ringing, crackles, buzzing, *Silicea*: bangs, ringing, buzzing, otorrhoea, *Sulphur*: hissing, *Chenopodium*: with dizziness and banging noises, hears high-pitched sounds better, *Chininum Salicylicum*: severe ringing, deafness and dizziness, *Natrum salicylicum* and *Salicylic acidum* (id), *Chininum sulphuricum*: rumbling with hypoacusis, *Coccus cacti* worse at night with insomnia, *Graphites* hears better in noisy conditions, *Kalium muriaticum* clicking noise.

## 12. Sclerosis

*Baryta carbonica*: aggravated by damp cold, *Causticum*: aggravated by dry cold, *Iodum*: nervous patient aggravated by heat, *Graphites*: with improved deafness in noisy conditions and jolts, *Kalium iodatum*: aggravated by heat, *Thiosinaminum*: cicatricial thickening of the middle ear, associated or not to arteriosclerosis; early ageing – ringing.

## THE SYMPTOMATIC STAGE

We will specify the exact nature of the perceived noise, in the patient’s words, which we will compare with the list of almost 200 sounds described in the repertory. First of all, one must determine whether it is a high or low sound, which narrows down the search. This is the moment when we will seek through asking questions to establish an overall table of all the symptoms of the patient individualized by the Hering cross (sensation, site, circumstances, modalities, concomitant symptoms). Establishing a complete biopathography will enable us to establish the diathetic stage.

## Some concomitants symptoms encountered

*Vertigo*: especially (electro-nystagmography to be done). *Phosphorus*: hypoacusis, pain, recent discharge, symptoms which may exist to varying degrees in many medicines, *Chininum sulphuricum*: one of the most important, neck pain, supra-orbital neuralgia, vertigo (Mesnière type) and deafness, ringing noise, sudden rumbling, profuse and exhausting sweats (*China*), general malaria type symptoms, periodicity more marked than for *China*.

## Identification of particular modalities

Improved when lying down: *Baryta carbonica* and *Phosphoric acidum*; improved when with fever: *Arsenicum album*; improved when sweating: *Arsenicum album*, improved by chewing: *Nitric acidum*, improved by music: *Aurum muriaticum*, improved by damp cold: *Aurum muriaticum*

## The diathetic stage

The identification of the reaction mode(s) of the patient will lead to the homeo-diathetic medicine(s) and the biotherapeutic best indicated in the strategy that will be followed. For more details on the homeopathic concepts of the reaction modes, we refer you to the seminal work of Samuel Hahnemann, the Organon of medicine [18], as well as to the writings of James Tyler Kent, one of his well-known disciples in the United States [19].

Indicating psora: situations of atopy, periodic disorders, disorders clearly aggravated by cold, and improved by summer and heat [20].

Indicating sycosis: disorders aggravated by damp, disorders following drug poisoning, viral infections, vaccinations. [21].

Indicating tuberculinism: disorders very influenced by viral infections, emotions, addictions [22].

Indicating syphilis: disorders aggravated at night and at sea, improved in altitude, and of course anything which indicates vascular disorders, sclerosis, and any degeneration.

## CONCLUSION AND THERAPEUTIC STRATEGIES

With tinnitus, we have to avoid several pitfalls: accurately identifying the noise the patient says he hears, and finding it in the repertory is difficult. There will always remain a doubt as to their correspondence. It is therefore necessary to endeavour to determine the level of the sound and to confront it with the rubrics of high or low sounds in the repertory. So the concomitant symptoms, the periodicity of the crises, and above all the modalities of the sound symptom are really important. It is also necessary to clearly note the modifications of hearing, hyper or hypoacusis. We insist once again on the absolute need to find out the circumstances of the first appearance of the symptoms. It must always be sought with the greatest care. We should remember that in general terms, for simple buzzing (**Kalium phosphoricum**, **Kalium sulphuricum** or **Kalium muriaticum**) can be recommended and Quinine Salts when dizziness is associated (**Chininum sulphuricum** or **Chininum salicylicum**). For situations where vascular disorders are highlighted, we will rather go towards venoms (**Lachesis mutus**, **Bothrops** or **Theridion**) or metals (**Baryta carbonica**, **Aurum metallicum** or **Aurum muriaticum**) by associating the biotherapeutic **Luesinum**. We recommend using high dilutions 15C to 30C which, in our experience, give better therapeutic results. Randomised studies after individualization are now necessary to verify our favorable clinical impression.

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