

REMARKABLE CLINICAL IMPROVEMENT IN UNILATERAL SEVERE-TO-PROFOUND SENSORINEURAL HEARING LOSS FOLLOWING INDIVIDUALIZED HOMEOPATHIC TREATMENT: A CASE REPORT**Dr. A. K. Dwivedi***

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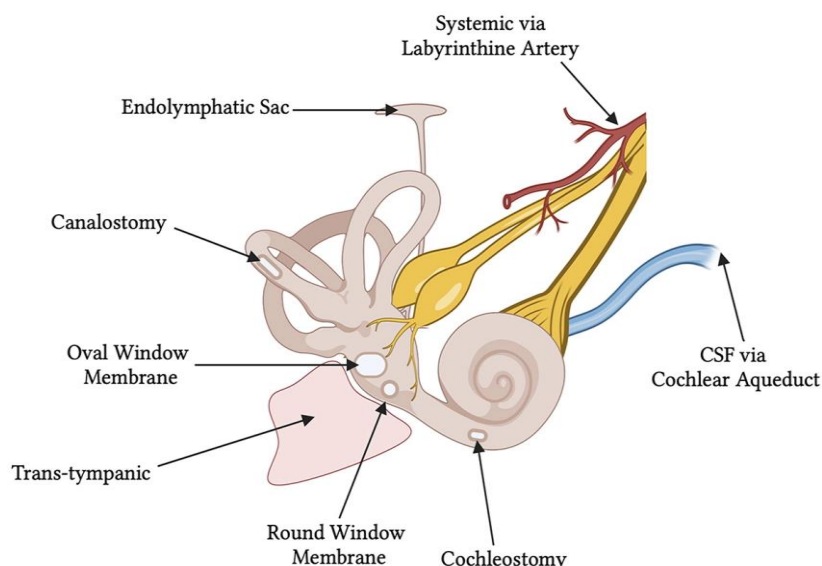
ABSTRACT

Background: Sudden or chronic unilateral sensorineural hearing loss (SNHL) is a challenging clinical condition. Recovery depends on etiology, severity, timing of treatment, and associated neurological or cochlear pathology. Despite available medical and rehabilitative options, some patients continue to experience disabling hearing impairment. Individualized homeopathic treatment has occasionally been reported in case literature, although high-quality evidence remains limited. Unilateral profound sensorineural hearing loss (SNHL) in children may adversely affect speech perception, sound localization, communication, and educational performance. Chronic cases often have limited medical treatment options, making long-term rehabilitation essential. **Objective:** To present a case of unilateral severe-to-profound sensorineural hearing loss showing documented audiological improvement following individualized homeopathic treatment. **Case Presentation:** A patient presented with unilateral right-sided severe-to-profound sensorineural hearing loss confirmed by pure tone audiometry and Auditory Brainstem Response (ABR). Baseline ABR demonstrated Wave V detectable only at 90 dBnHL in the right ear with prolonged wave III and V latencies and poor waveform reproducibility. The left ear demonstrated normal auditory thresholds. Following individualized homeopathic management with serial clinical follow-up, repeat audiological assessment demonstrated substantial improvement in hearing thresholds together with subjective improvement in speech perception and tinnitus. **Conclusion:** This case documents clinical and audiological improvement after individualized homeopathic treatment. Although causality cannot be established from a single case, the findings warrant further prospective controlled studies evaluating individualized homeopathy as an adjunctive therapeutic approach in selected patients with sensorineural hearing loss.

KEYWORDS: Sensorineural Hearing Loss, Homeopathy, ABR, Pure Tone Audiometry, Tinnitus, Case Report.**INTRODUCTION**

Sensorineural hearing loss (SNHL) results from pathology involving the cochlea, auditory nerve, or

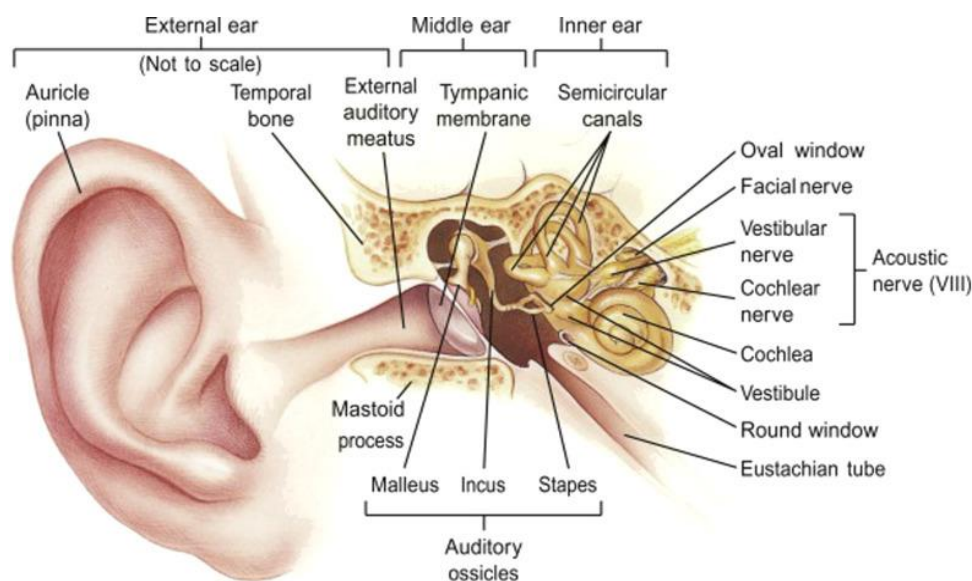
central auditory pathways. Severe and profound SNHL significantly impair communication, quality of life, and psychosocial functioning.



Representative Image

Hearing loss is the third leading cause of disability globally, with approximately 466 million people living with disabling hearing loss around the world. Hearing loss is associated with increased mortality and has widespread effects on overall health, including links to cognitive decline, cardiovascular disease, depression, sleep disorders and impaired socialization.

According to the global epidemiological data from the Global Burden of Disease Study in 2021, mild and moderate hearing loss were the main contributors to the total number of hearing loss cases in children and adolescents under the age of 20 globally, accounting for more than 80% of the approximately 97.83 million cases.



Representative Images

Conventional management includes

- * Corticosteroids
- * Hearing aids
- * Cochlear implantation
- * Auditory rehabilitation

However, recovery remains incomplete in many patients, particularly when treatment is delayed or cochlear damage is extensive.

Homeopathy employs individualized prescribing based upon the totality of symptoms. Published evidence

regarding homeopathy in SNHL remains limited and consists mainly of observational studies and isolated case reports.

CASE PRESENTATION

A child presented with longstanding right-sided profound sensorineural hearing loss. Serial audiological assessments performed over three years consistently confirmed unilateral profound SNHL of the right ear, while hearing in the left ear remained within normal limits.

Patient Information

Age: Not disclosed

Sex: Not disclosed

Symptoms as informed by Patient

- * Reduced hearing in right ear
- * Difficulty understanding speech
- * Functional hearing impairment

Baseline Audiological Findings**Pure Tone Audiometry****Right Ear**

- * Severe-to-profound sensorineural hearing loss

Left Ear

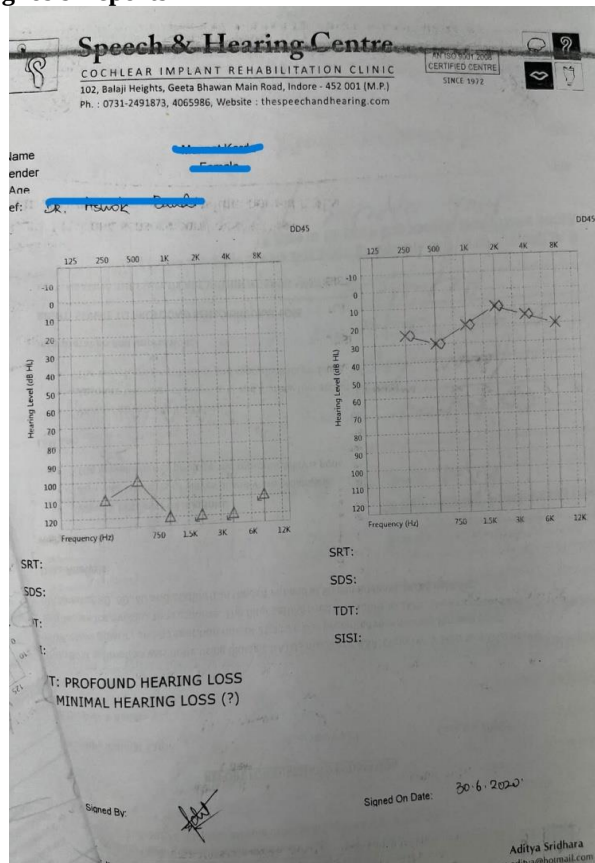
- * Normal hearing

Auditory Brainstem Response (ABR)**Right Ear**

- Wave V obtained only up to 90 dBnHL
- Prolonged
- Wave III latency
- Wave V latency
- Poor waveform reproducibility

Left Ear

- Wave V obtained at 20 dBnHL
- Normal wave latencies
- Normal waveform morphology

Diagnosis Reports**Diagnosis**

- Right-sided Severe-to-Profound Sensorineural Hearing Loss

Intervention

The patient received individualized homeopathic treatment based on

- Complete case history
- Constitutional characteristics
- Mental symptoms
- General symptoms
- Particular symptoms

Follow-up response

Medicine selection and potency were individualized according to classical homeopathic principles.

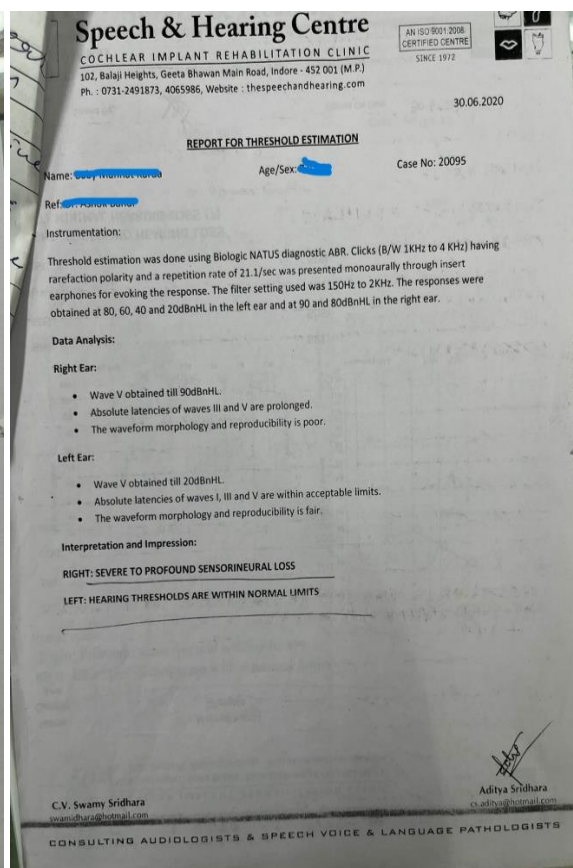
Outcome

Following treatment,
The patient reported

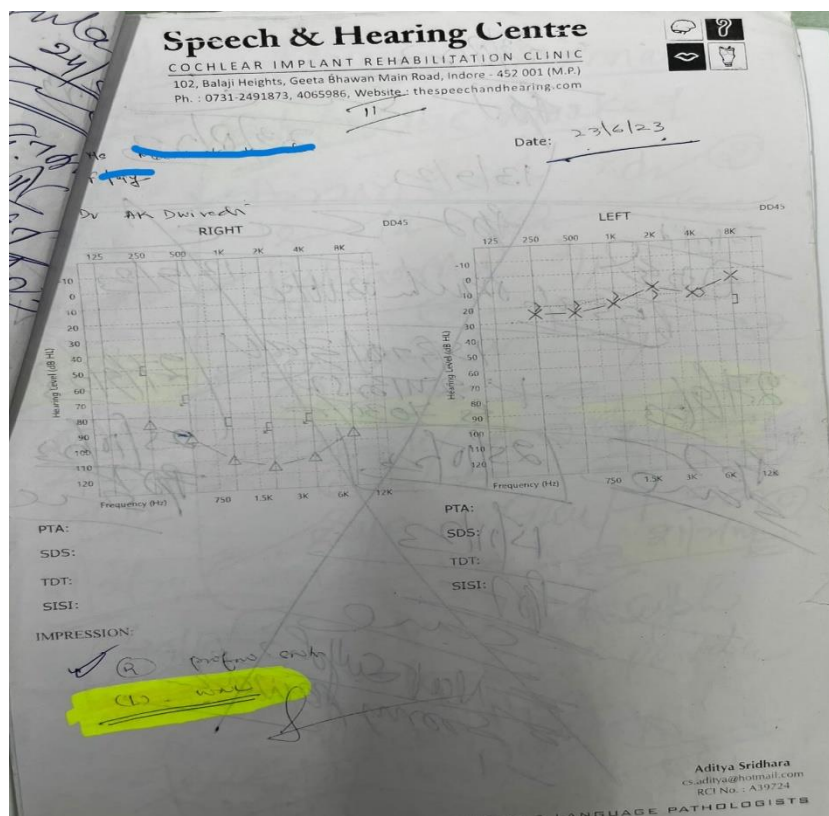
- Improvement in hearing
- Better speech discrimination
- Reduced communication difficulty
- Improvement in tinnitus (if applicable)

Repeat audiological evaluation demonstrated improvement in hearing thresholds compared with baseline.

No adverse effects were observed during follow-up.



Before Treatment



After Treatment

Homeopathic Medicines

Homeopathic Medicine	Traditional Indications (Homeopathic Materia Medica)
CHENOPODIUM ANTHELMINTICUM	Marked sensorineural deafness, especially where perception of high-pitched sounds is reduced; unilateral deafness in some cases.
PHOSPHORUS	Progressive nerve deafness, tinnitus, hypersensitivity to sounds, auditory nerve weakness.
GRAPHITES	Deafness is associated with chronic eczema of the external ear, recurrent otitis, thick discharges.
LYCOPodium CLAVATUM	Chronic catarrhal deafness, Eustachian tube dysfunction, hearing worse on the right side.
KALI MURIATICUM	Deafness following middle ear catarrh or Eustachian tube blockage, chronic otitis media with effusion.
SILICEA TERRA	Chronic suppurative otitis media, recurrent ear infections with gradual hearing impairment.
MERCURIUS SOLUBILIS	Hearing loss associated with chronic ear infection, offensive discharge, inflamed middle ear.
NITRIC ACID	Deafness following chronic suppurative ear disease with perforation and offensive discharge.
SALICYLIC ACID	Tinnitus with diminished hearing, especially after noise exposure (traditional use).
CHININUM SULPHURICUM	Tinnitus, vertigo, diminished hearing, symptoms following quinine toxicity or noise exposure.
THERIDION CURASSAVICUM	Hypersensitivity to sound with vertigo and tinnitus.
CAUSTICUM	Progressive nerve weakness, tinnitus with gradual hearing decline.
PETROLEUM	Hearing complaints associated with chronic eczema of the ear canal and recurrent infections.
CALCAREA CARBONICA	Recurrent ear infections in children with delayed development and conductive hearing loss tendencies.
TELLURIUM	Chronic otorrhea with offensive discharge and associated hearing impairment.

DISCUSSION

Severe-to-profound SNHL usually has a guarded prognosis depending on

- Cause
- Duration
- Cochlear damage
- Timing of intervention

This patient demonstrated objective improvement documented through repeat audiological testing.

Possible explanations include

- Recovery of cochlear hair cell function
- Neural adaptation
- Resolution of reversible pathology
- Natural recovery
- Measurement variability
- Effect of individualized treatment

Because this is a single observational case, no causal relationship between the intervention and outcome can be established. Nevertheless, the documented audiological changes justify further investigation.

Future studies should include

- Prospective multicenter trials
- Larger sample sizes
- Standardized audiological assessment
- Quality-of-life evaluation
- Long-term follow-up

Strengths

- Objective ABR findings
- Pure Tone Audiometry
- Clinical follow-up
- Functional improvement

Limitations

- Single patient
- No control group
- Cannot exclude spontaneous recovery
- Limited follow-up
- No statistical analysis possible

CONCLUSION

This case illustrates long-term serial audiological documentation of unilateral profound sensorineural hearing loss before and after individualized Advanced Homeopathic treatment. Carefully documented prospective studies with larger patient populations and standardized outcome measures are required to evaluate the potential role of homeopathy in pediatric sensorineural hearing loss.

This case documents audiological improvement in unilateral severe-to-profound sensorineural hearing loss following individualized homeopathic treatment. Although the improvement is clinically encouraging, controlled clinical studies are required before conclusions regarding efficacy can be drawn.

Patient Consent

Written informed consent for publication of clinical details and audiological reports was obtained from the patient.

Conflict of Interest

The author declares no conflict of interest.

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BIOGRAPHY

Dr. A. K. Dwivedi, BHMS (Gold Medallist), MD, MBA, Ph.D. has been a Registered Homeopaths for over 30 years. He is a Professor & HOD: Department of Physiology S.K.R.P. Gujarati Homoeopathic Medical College, Indore. He is a Member of Executive Council, Devi Ahilya Vishwavidyalaya Indore, MP, INDIA, he is also a Member Scientific Advisory Board (CCRH) Ministry of Ayush, Govt of India. Member, Scientific Advisory Committee (NEAH) Shilong Meghalaya, Ministry of Ayush, Govt. of India, Member Academic Board Madhya Pradesh Medical Science University, Jabalpur MP (India). DIRECTOR, & CEO Advanced Homeo Health Centre & Homeopathic Medical Research Pvt.Ltd. Indore, Madhya Pradesh, India, EDITOR, "SEHAT EVAM SURAT" (Hindi Monthly Medical Magazine).

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