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## CASE REPORT

### TREATMENT OF PAROSMIA/PHANTOSMIA- THE POST-COVID COMPLICATIONS WITH HOMOEOPATHY: A CASE REPORT

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#### Abstract

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**Key Word-** Parosmia,  
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Alteration in the sense of smell and taste are the most common preceding symptoms in covid 19 infections but during recovery phase, approx 40-43% of patients can develop Parosmia/Phantosmia eventually. Parosmia is altered or distorted olfactory perception of present stimulant/odorant whereas Phantosmia is altered sense perception in absence of any stimulant/odorant. These symptoms are seen most commonly in patients of younger age group. These are the post covid complications, i.e seen during convalescence time when the damaged olfactory neurons are trying to repair themselves and during regeneration, some miswiring occurs causing signals to be sent in wrong combinations resulting in altered sense perceptions by brain. These symptoms can last from few months upto 1 year. These are not only disorders of olfactory perception but can affect appetite and emotional plane as well. As conventional mode of treatment including nasal steroidal sprays does not have a very good role in postcovid olfactory disorders, here we stressed upon the significance of homoeopathic medicines alleviating these symptoms when based on totality of symptoms. A male child of 4.5 yrs experiencing faecal/ foetid smell throughout the day and from otherwise pleasant smelling substances 2 weeks after covid infection since 1 month. After detailed case taking, homoeopathic medicine Sulphur1M (1dose) was prescribed based on totality of symptoms and patient's symptoms were assessed using Parosmia Questionnaire by Landis.et.al. Both before and after the treatment.

## INTRODUCTION

Loss of smell and taste are one of the earlier, common warning signs of Covid19 disease but some patients experience parosmia or phantosmia after they recovered from covid19. Parosmia or distortion of smell is currently regarded as one of symptom of long COVID-19 syndrome or chronic COVID-19 syndrome. These are rare post-covid complications that has a prevalence of 43.1% as per Hopkins et al. It is more common in females (below 30 yrs) and children esp. below 10 years of age. History of preceding anosmia/hyposmia/dysgeusia during covid infection is another risk factor. The word parosmia is taken from the Greek words: para ( abnormal) and osme (smell) which is defined as dysfunctional smell detection characterized by the inability of the brain to correctly identify an odor's "natural" smell whereas phantosmia is a condition when there is a distortion of smell with the absence of odorant. Anosmia, on the other hand, means complete loss of smell.

They are also known as ODD-olfactory distortion disorder characterized by misperception of existing odors. The magical aroma of coffee will suddenly turned into a nightmare as it began to smell pungent like gasoline and favourite dishes were turning to smell more like rotten food or garbage, which

inadvertently affects taste as food becomes almost unpalatable.

The mechanism by which Covid 19 is believed to cause olfactory dysfunction is by presence of 2 receptors ACE2 and TMPRSS2 proteases in olfactory epithelium which facilitate SARS COV2 binding, multiplication and accumulation leading to its damage esp. supporting cells. And during convalescence period when newly formed stem cells develop into neurons in the nose, they extend their axons through tiny holes in cribriform plate at base of skull and connect to olfactory bulb but during this connection they may connect at some wrong place or miswiring occurs causing erratic smell or parosmia. So, we can say that disorganized regeneration of immature neurons can lead to these symptoms. They are also believed to occur due to effect of infection on olfactory neurons or areas of brain that help in interpreting odors.

As there are approximately 350 types of receptors to detect odours, human brains interpret smell following a combination of different signals. It is noteworthy that olfactory nerve interruption or damage is followed by regeneration of the olfactory receptor bipolar neurons along with central reattachment of their axons.<sup>6</sup> However, part of the axonal regenerations becomes displaced, leading to this 'misguided'

regenerating axons to reach abnormal territories of the brain which leads to parosmia.<sup>1,2</sup>

According to evidence based studies recovery rate in these cases were poor with olfactory training and conventional steroidal sprays, tonics or local/systemic steroids.

Recovery period for parosmia range from few weeks to many months that can even last upto 1 yr or more also. Rarely does it last for few years also.

Measuring parosmia/phantosmia is not possible; its assessment mainly relies on patient's subjective symptoms and physician's experience.

A short questionnaire is used here to screen for parosmia and phantosmia which has been devised by Landis et al. (2010). This questionnaire consists of four items and exhibits good validity for detecting parosmia and phantosmia in a clinical sample of patients with smell disorders. Each of the four questions has to be answered on a four-point scale ranging from 'this is always the case' to 'this is never the case'. ... These responses formed the bases of a numerical parosmia score. Patients with parosmia showed significantly lower parosmia scores ( $P < .001$ ) when compared to either patients with phantosmia or patients without odor distortions. A parosmia score could be

established that distinguishes between patients with or without odor distortions.<sup>3</sup>

### CASE SUMMARY

A male child of 4.5 yrs old started experiencing foetid smell gradually throughout the day not only from pleasant smelling substances but also when there is no stimulant or odorant present since 1 month. Patient complains of constant bad smell like flatulence or feces. H/O of covid infection present in joint family 1.5 months back. Patient had slight symptoms like mild fever and coryza for few days that time but no antigen test was done. He had started wearing face mask throughout the day and started secluding himself in his room, not allowing anyone to come in close contact with him. After keeping strong pleasant smelling substances in his room when there was no improvement and symptoms are aggravating, various investigations were done. On 31st May, his covid antibodies came positive whereas other tests CBC, LFT, WIDAL etc all came negative.

After thorough checkups and examination by ENT Specialist, the diagnosis confirmed was Post-covid Parosmia/Phantosmia.

Parosmia questionnaire was followed for his symptoms.

**Parosmia questionnaire**

How often are you bothered by any of the below?	<b>Always</b> <b>1</b>	<b>Often</b> <b>2</b>	<b>Rarely</b> <b>3</b>	<b>Never</b> <b>4</b>
1. Food tastes different than it should because of a problem with odors.		√		
2. I always have a bad smell in my nose, even if no odor source is present.	√			
3. Odors that are pleasant to others are unpleasant to me.	√			
4. The biggest problem is not that I do not or only weakly perceive odors, but that they smell different than they should.	√			

The scoring according to this scale is 31.25% which implies Parosmia present in high intensity. This is baseline value and this assessment was done after every 15 days.

**Personal History -**

Milestones: Early

Teething: 4 months

Walking without support: 10.5 months

**Past History –**

- H/O Epistaxis present since childhood, profuse, red blood, Occurred 4-5 times
- H/O boil present on abdomen when 2 yrs old
- Measles- when 1.3 yrs old

**Family History -**

- Grandmother- Hypothyroidism
- M. Grandmother- O.A knees, R.A
- M. Grandfather- Diabetes

**Antenatal History-** Hyperemesis in mother during first trimester

**Delivery-** C-section as patient does not came down even after induced labour pains, there were two loops of nuchal cord around neck. Birth weight: 3.4kg

**Physical Generals -**

- Thermal: Hot
- Perspiration: profuse, esp while sleeping
- Thirst: Thirsty (never has to remind to drink water)
- Desire: sweets
- Sleep: restless during sleep. Previously sleeps on abdomen only but now he can sleep on sides also.

**Mental Generals -**

- H/O Stammering present since 1 year.
- Patient is very hyperactive/restless, cannot stay still, remain constantly busy in running, playing etc.

- He is good at playing chess and other games. Good at grasping things.
- He has violent anger, becomes aggressive easily.
- He is inquisitive; ask many questions about various things.

**ANALYSIS AND EVALUATION OF SYMPTOMS**

S.NO.	MENTAL GENERALS	GRADING
1.	Stammering	2+
2.	Mature by age, early milestones, precocious	3+
3.	Inquisitive, ask many questions, curiosity is high	2+
4.	Hyperactive, become angry easily	1+
<b>PHYSICAL GENERALS</b>		
5.	Thermal is Hot	3+
6.	Profuse perspiration esp during sleep	2+
7.	Desire sweets	1+
8.	Thirst increased	3+
<b>PARTICULARS</b>		
9.	Altered sense of smell	3+
10.	Imaginary smell of flatus or feces	3+
11.	History of recurrent epistaxis	3+

**REPERTORISATION- Done from Vision Software**

1 Murphy3; Children; PRECOCITY, mental  
 2 Complete Classic 2014; Speech & Voice; stammering speech:  
 3 Complete Classic 2014; Mind; inquisitive:  
 4 Murphy3; Food; THIRST, general; large, quantities, for  
 5 Boericke; Nose; SENSE, OF SMELL, PAROSMIA (ILLUSIONS)  
 6 Murphy3; Nose; SMELL, general; odors, general, imaginary and real; feces, like  
 7 Combined: Nose: EPISTAXIS: blood: bright

**Prescription** done was SULPHUR 1M (single dose) followed by placebo for 1 week (done on 1<sup>st</sup> June)

**Justification of the Remedy:** Patient is predominantly Hot, precocious with early milestones, thirsty, hyperactive, angry and restless. He is inquisitive and curious about surroundings.

**FOLLOW UP**

DATE	SYMPTOMS	Assessment Tool (Scoring of Parosmia Questionnaire)	PRESCRIPTION
After 1 week	Can remove mask for some time now. But bad smell often present	–	No change of medicine
14 <sup>th</sup> June'21	Starts eating food without problem Can remove mask often now Slight bad smell still present	62.5%	Placebo given
29 <sup>st</sup> June'21	Parosmia better, can perceive pleasant/strong smells like perfumes, soaps, Dettol etc	–	On Placebo
14 <sup>th</sup> July'21	Can remove mask for most of the time Appetite better Can smell fragrances of vanilla, room freshner and food now	75%	On placebo
2nd <sup>th</sup> Aug'21	Parosmia and Phantosmia both are recovered completely	100%	No medication
The patient was monitored for 6 months since then	no recurrence or alteration in sense of smell occurred in that period	–	NO PRESCRIPTION DONE

**RESULT:** Marked improvement was shown after prescribing Sulphur 1 M as constitutional remedy to the patient and the symptoms taper down gradually as assessed by Parosmia Questionnaire.

Patient started removing mask on and off, his appetite improves gradually. He then started smelling pleasant fragrances, initially strong smells and then mild fragrances also. There is complete remission of both Parosmia/phantosmia

symptoms subsequently in around 2 months.

**DISCUSSION:** Parosmia and Phantosmia are common post covid complications which are still unacquainted in the society. The Steroidal sprays, tablets and antibiotic treatment has not seen any efficacy in these cases yet as per evidence based studies.

In this case report, the symptoms of post covid parosmia/phantosmia got recovered gradually when homoeopathic similimum was prescribed by considering the whole totality of case. The patient was prescribed Sulphur in 1 M potency on the basis of totality of its mental, physical and particular symptoms. The patient's symptoms started improving in first week only, 75% improvement in 1.5 months and totally recovered in 2 months. The assessment of symptoms were done using Parosmia questionnaire. The patient was followed upto 6 months but there was no recurrence of symptoms seen during this time period that shows Homoeopathy has an effective role in treating altered olfactory disorders by accelerating the healing phase or regeneration of nasal mucosa.

## CONCLUSION

This case report signifies that Homoeopathic medicines when prescribed on totality of symptoms play a significant role in post-covid olfactory disorders such as parosmia and phantosmia by accelerating the convalescence phase and enhancing the regeneration. This single case report generates awareness and shows effectiveness of homoeopathy in these type of cases where conventional mode of treatment has no proved benefits till date.

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