



PNDS (Post Nasal Dripping Syndrome) and Homoeopathy

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Definition

Postnasal dripping syndrome (PNDS) is defined as the chronic condition of the drainage of secretions from the nose or paranasal sinuses into the pharynx, associated with repeated episodes of cold and flu, along with accumulation of mucus in the postnasal space due to abnormality in the muco-ciliary clearance called as catarrh. (Psora/ Sycosis)

It is recognized as one of the pathogenic triads of chronic cough, along with asthma and gastroesophageal reflux disease and is the cause of chronic cough in up to 87% of patients.

Etymology

- American College of Chest Physicians (ACCP) guidelines recommends the term- upper airway cough syndrome (UACS) in place of PNDS.
- In UK both chest physician and otolaryngologists recommend the term- rhinosinusitis for PNDS.

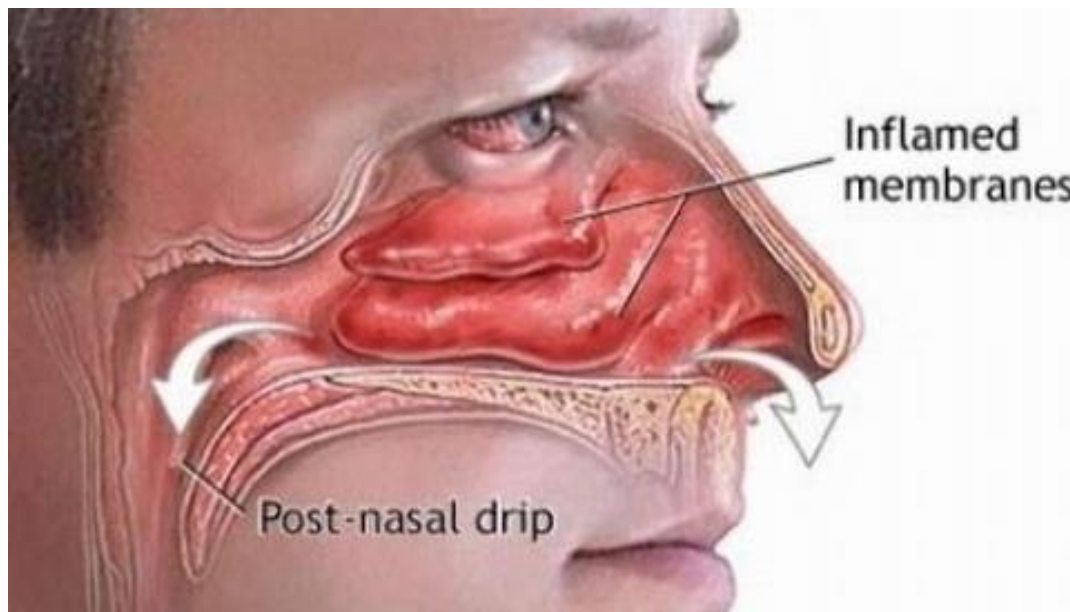
Etiology

PNDS can be caused by several factors which disrupt the normal production of mucus from the nasal and sinus cavities. These include-

- Allergic rhinitis (Psora)
- Anatomical anomalies (Psora)
- Cystic fibrosis (Psora/ Sycosis/ Syphilis)
- Disorder of swallowing such as an esophageal motility disorder (Psora)
- Enlarged adenoids (Psora/ Sycosis)
- Gastroesophageal reflux (Psora)
- Muco-ciliary dysfunction (Psora)
- Nasal or sinus polyps (Sycosis)
- Sinusitis (Psora/ Syphilis)
- Smoking and exposure to toxins (Causa occasionalis)

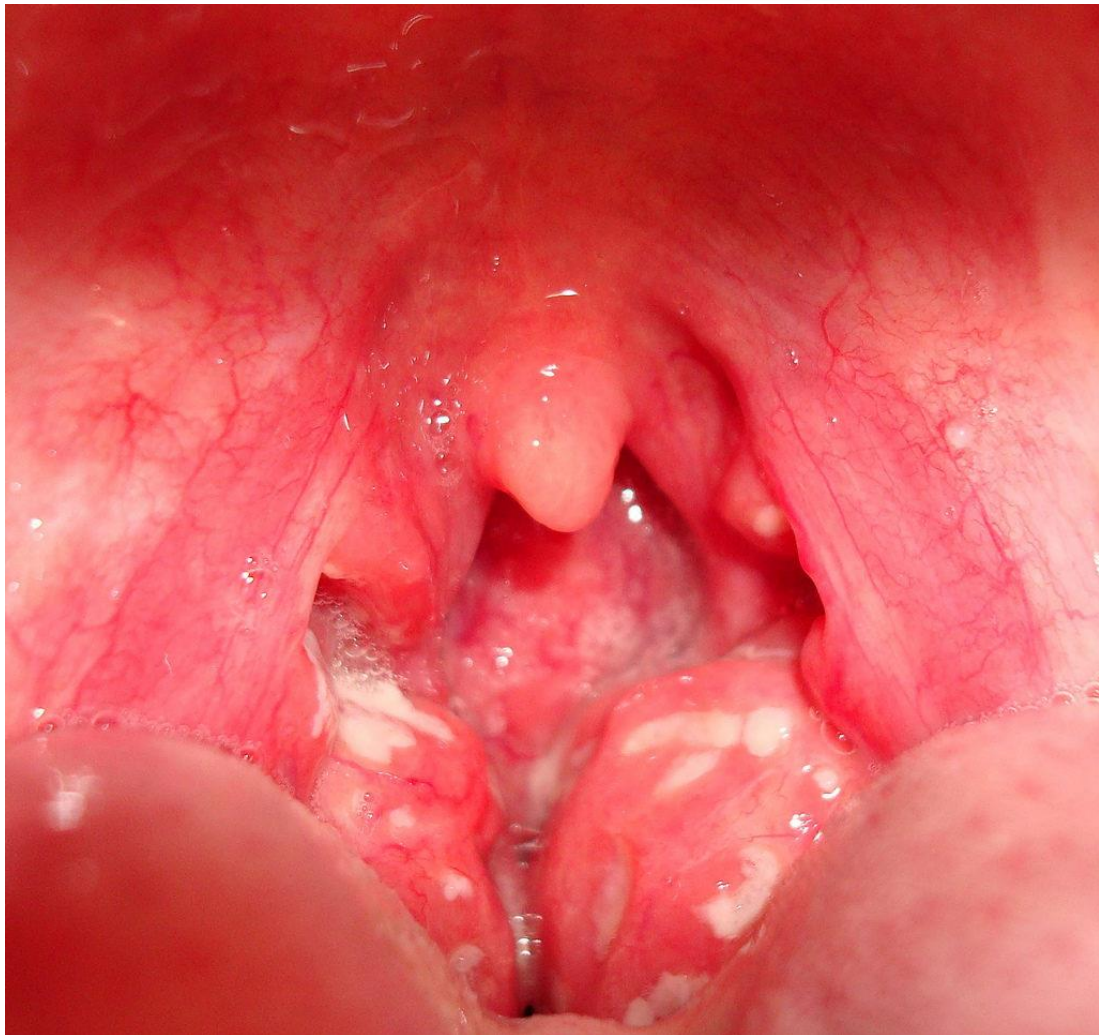
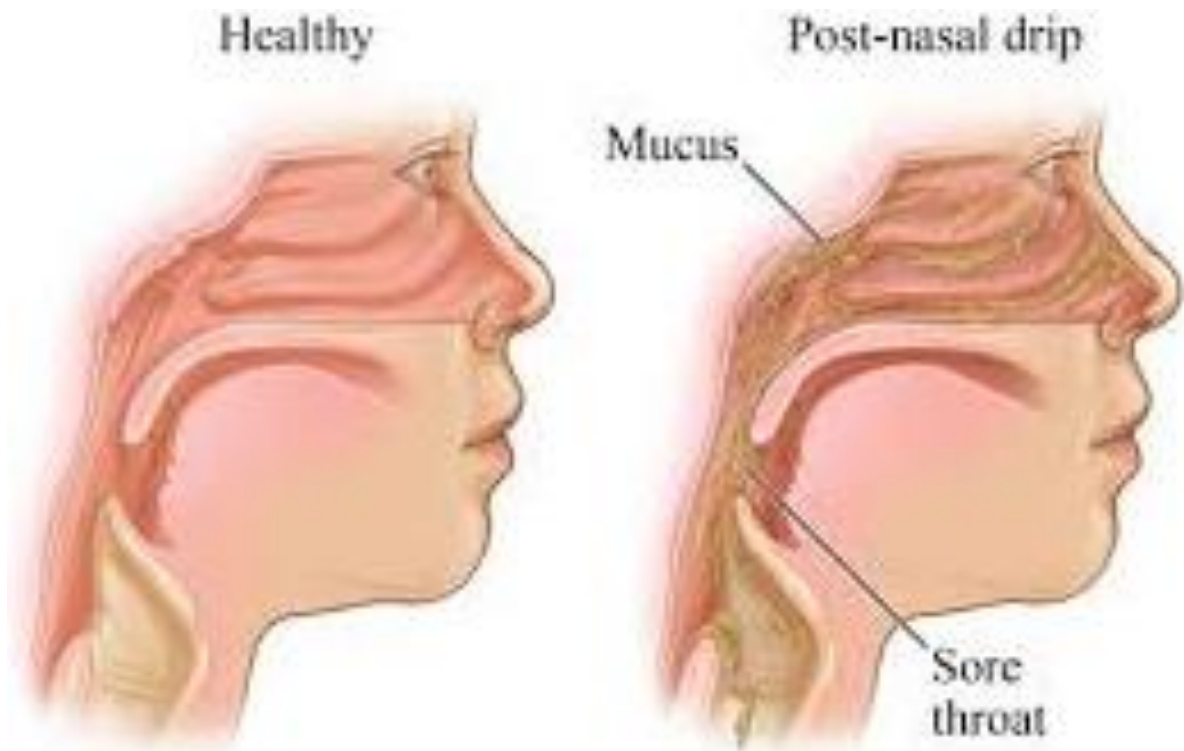
Pathophysiology

The flow of mucus down the back of the throat from the nasal cavity is a normal physiologic process that occurs in all healthy individuals (Psora). PNDS is caused by excessive mucus produced by the nasal mucosa (Psora/ Sycosis). The excess mucus accumulates in the back of the nose and eventually the throat once it drips down the back of the throat. Post-nasal drip can be a cause of laryngeal inflammation and hyperresponsiveness, leading to symptoms of vocal cord dysfunction (VCD).



Signs and symptoms

- Spasmodic Cough (Psora)
- Sensation of something draining into the throat (Psora)
- Need to clear the throat (Psora)
- Tickling in the throat (Psora)
- Nasal congestion, or nasal discharge (Psora)
- Hoarseness (Psora)
- History of an upper respiratory illness like cold or wheeze (Psora)



Chronic PNDS

Differential diagnosis

- Allergic fungal sinusitis
- Allergic rhinitis
- Bacterial sinusitis
- Gastroesophageal reflux disease
- Occupational rhinitis
- Perennial nonallergic rhinitis
- Postinfectious rhinitis
- Rhinitis due to anatomic abnormalities
- Rhinitis due to physical or chemical irritants
- Rhinitis medicamentosa
- Rhinitis of pregnancy

Diagnosis

A definitive diagnosis cannot be made from the medical history and physical examination alone as symptoms and signs in PNDS are nonspecific. The main symptoms include a sensation of having something drip down into the throat, nasal discharge, or frequent throat clearing.

On examination the presence of mucoid or mucopurulent secretions, or cobblestoning of the mucosa in the nasopharynx or oropharynx is suggestive of the diagnosis.

Treatment

Main treatment of PNDS is the management.

Management

The main phase in management is to fix the cause of post nasal drip and then to initiate treatment or removal of the underlying disorder. Treatment options include-

- Avoidance of the offending antigens
- Washing with mild alkaline solutions containing borate such as Dobell's solution

Homoeopathic treatment

Homoeopathy is the science of individualization. It treats the person, not the disease. The whole constitution, including mental and physical components is entirely restored to health if Homoeopathic treatment is given to the sick individual.

Most common remedies for PNDS

acon. aesc. **All-c.** alum-sil. **Alum.** **Alumn.** am-br. am-c. ammc. anac. **Ant-c.** ant-s-aur. ap-g. **Arg-n.** arn. ars-i. ars. arum-t. aur-m. **Aur.** **Bar-c.** bar-i. bar-m. bell. bry. bufo calc-ar. calc-f. calc-i. **Calc-s.** calc-sil. **Calc.** **Canth.** **CAPS.** carb-ac. **Carb-an.** carb-v. caust. chin-b. chin. cinnb. cist. coc-c. colch. cop. **COR-R.** culx. dios. dulc. echi. elaps euph. euphr. fago. ferr-i. **FERR-P.** **Ferr.** glyc. gran. graph. **HEP.** **Hydr.** **Iod.** irid-met. **KALI-BI.** **Kali-c.** **Kali-chl.** **Kali-i.** kali-m. kali-sil. kreos. lac-ac. lach. **Lem-m.** lith-c. lob-s. **Lyc.** mag-c. mag-s. **Manc.** **Mang.** med. merc-c. **Merc-i-f.** **Merc-i-r.** **Merc.** **Merl.** **Mez.** **Nat-ar.** **NAT-C.** **NAT-M.** **Nat-p.** nat-s. **Nit-ac.** nux-v. osm. ovi-p. paeon. par. **Pen.** **Petr.** ph-ac. **Phos.** **Phyt.** **Plb.** psil. **PSOR.** ran-b. ran-s. **Rhus-t.** rumx. ruta sabad. sang. sangin-n. **Sel.** **SEP.** **Sil.** sin-n. **Spig.** squil. staph. **Stict.** sulph. syph. tell. teucr. **Ther.** thuj. **Tub.** ven-m. wye. yuc. zinc-p. **Zinc.** zing.

Short repertory of PNDS

NOSE - CATARRH - Postnasal - accompanied by – epistaxis [bar-c.](#)

NOSE - CATARRH - Postnasal – chronic [pen.](#)

NOSE - CATARRH - Postnasal - evening - amel. [ven-m.](#)

NOSE - CATARRH - Postnasal – forenoon [ven-m.](#)

NOSE - CATARRH - Postnasal – green [ven-m.](#)

NOSE - CATARRH - Postnasal – heat [ven-m.](#)

NOSE - CATARRH - Postnasal – night [cop.](#)

NOSE - CATARRH - Postnasal - temperature; change of [ven-m.](#)

NOSE - CATARRH – Postnasal [acon.](#) [aesc.](#) [alum-sil.](#) [Alum.](#) [alumn.](#) [ant-s-aur.](#) [ap-g.](#) [Arg-n.](#) [aur-m.](#) [Aur.](#) [bar-c.](#) [bar-m.](#) [bry.](#) [calc-f.](#) [calc-i.](#) [Calc-s.](#) [calc-sil.](#) [Calc.](#) [Canth.](#) [caust.](#) [chin-b.](#) [cinnb.](#) [Cor-r.](#) [dulc.](#) [euphr.](#) [fago.](#) [FERR-P.](#) [Ferr.](#) [graph.](#) [HEP.](#) [Hydr.](#) [Iod.](#) [KALI-BI.](#) [Kali-c.](#) [Kali-chl.](#) [Kali-i.](#) [kali-sil.](#) [kreos.](#) [lith-c.](#) [lob-s.](#) [Lyc.](#) [mag-s.](#) [Manc.](#) [Mang.](#) [med.](#) [Merc-i-f.](#) [Merc-i-r.](#) [Merl.](#) [Mez.](#) [nat-ar.](#) [NAT-C.](#) [NAT-M.](#) [nat-p.](#) [nat-s.](#) [Nit-ac.](#) [ovi-p.](#) [pen.](#) [petr.](#) [phos.](#) [Phyt.](#) [Plb.](#) [PSOR.](#) [Rhus-t.](#) [sang.](#) [sanguin-n.](#) [Sel.](#) [SEP.](#) [Sil.](#) [sin-n.](#) [spig.](#) [staph.](#) [stict.](#) [syph.](#) [tell.](#) [Ther.](#) [thuj.](#) [ven-m.](#) [we.](#) [yuc.](#) [zinc.](#) [zing.](#)

NOSE - CATARRH - Sinus; from frontal [ammc.](#) [dulc.](#) [Kali-i.](#) [nat-m.](#) [thuj.](#)

NOSE - DISCHARGE - Posterior nares – bitter [ph-ac.](#)

NOSE - DISCHARGE - Posterior nares – chronic [Alum.](#) [am-br.](#) [ant-c.](#) [ars-i.](#) [aur.](#) [calc-sil.](#) [cist.](#) [Cor-r.](#) [echi.](#) [glyc.](#) [Hydr.](#) [irid-met.](#) [Kali-bi.](#) [kali-m.](#) [Lem-m.](#) [med.](#) [merc-i-r.](#) [nat-c.](#) [nat-s.](#) [Pen.](#) [Phyt.](#) [Sanguin-n.](#) [sin-n.](#) [spig.](#) [stict.](#) [syph.](#) [teucr.](#) [ther.](#) [we.](#)

NOSE - DISCHARGE - Posterior nares - coryza; without [par.](#) [ran-b.](#) [ran-s.](#) [rhus-t.](#) [sabad.](#) [sel.](#) [spig.](#) [squil.](#)

NOSE - DISCHARGE - Posterior nares – crusty [alum.](#) [alumn.](#) [Bar-c.](#) [bufo](#) [calc-ar.](#) [caust.](#) [culx.](#) [elaps](#) [fago.](#) [hydr.](#) [kali-c.](#) [Sep.](#) [syph.](#)

NOSE - DISCHARGE - Posterior nares – dripping [all-c.](#) [cor-r.](#) [hydr.](#) [merc-c.](#) [nat-c.](#) [spig.](#)

NOSE - DISCHARGE - Posterior nares – forenoon [Arg-n.](#)

NOSE - DISCHARGE - Posterior nares – involuntary [Rhus-t.](#)

NOSE - DISCHARGE - Posterior nares – morning [aur.](#) [Mang.](#) [Nat-m.](#) [petr.](#) [tell.](#)

NOSE - DISCHARGE - Posterior nares – night [cop.](#) [nat-p.](#)

NOSE - DISCHARGE - Posterior nares – plugs [kali-bi.](#) [psor.](#) [ruta](#) [sep.](#) [sil.](#)

NOSE - DISCHARGE - Posterior nares – salty [nat-s.](#)

NOSE - DISCHARGE - Posterior nares – sweetish [kali-bi.](#)

NOSE - DISCHARGE - Posterior nares - waking; on [hydr.](#)

NOSE - DISCHARGE - Posterior nares [All-c.](#) [alum.](#) [Alumn.](#) [am-c.](#) [anac.](#) [Ant-c.](#) [Arg-n.](#) [arn.](#) [ars.](#) [arum-t.](#) [bar-c.](#) [bar-i.](#) [bell.](#) [bry.](#) [bufo](#) [calc-f.](#) [Calc-s.](#) [Calc.](#) [Canth.](#) [CAPS.](#) [carb-ac.](#) [Carb-an.](#) [carb-v.](#) [caust.](#) [chin.](#) [cinnb.](#) [coc-c.](#) [colch.](#) [cop.](#) [COR-R.](#) [dios.](#) [dulc.](#) [elaps](#) [euphr.](#) [euphr.](#) [ferr-i.](#) [ferr-p.](#) [Ferr.](#) [gran.](#) [hep.](#) [hydr.](#) [iod.](#) [KALI-BI.](#) [Kali-](#)

chl. kali-m. lac-ac. lach. lem-m. mag-c. Mang. med. merc-c. merc-i-f. Merc-i-r. Merc. mez. Nat-ar. NAT-C. NAT-M. Nat-p. Nat-s. Nit-ac. nux-v. osm. paeon. Petr. ph-ac. Phos. Phyt. Plb. psil. Psor. rhus-t. rumx. sabad. Sel. sep. sin-n. Spig. staph. Stict. sulph. syph. tell. ther. thuj. Tub. zinc-p. Zinc. zing.

Bibliography



Chapter 24. Cough > Case Scenario | Resolution The Patient History: An Evidence-Based Approach to Differential Diagnosis... A 36-year-old man comes to your office because of a persistent cough that has been bothering him for the past 3 months. His cough is dry and is more frequent during the evenings. He also notes frequent nasal congestion, especially when he is exposed to dusts and cold weather. He reports...



Chapter 35. Craniocerebral Trauma > Pneumocephalus, Aerocele, and Rhinorrhea (Cerebrospinal Fluid Leak) Adams & Victor's Principles of Neurology, 10e... and the underlying meninges are torn, or if the fracture passes through the inner wall of a paranasal sinus, bacteria may enter the cranial cavity, with resulting meningitis or abscess formation. CSF that leaks into the sinus presents as a watery discharge from the nose (CSF rhinorrhea). The nasal discharge can...



Common Symptoms > A. Acute Cough Current Medical Diagnosis & Treatment 2019... reduces severity and duration of cough. In patients with acute cough, treating the accompanying postnasal drip (with antihistamines, decongestants, or nasal corticosteroids) can be helpful. Vitamin C and echinacea are not effective in reducing the severity of acute cough after it develops; however...



Cough > Symptoms and Signs Quick Medical Diagnosis & Treatment 2019... to viral respiratory tract infections Presence of post-tussive emesis or inspiratory whoop in adults modestly increases the likelihood of pertussis, and absence of paroxysmal cough and the presence of fever decreases its likelihood Less common causes include heart failure (HF), hay fever (allergic...



Encyclopedia Homoeopathica



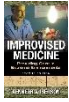
Physical Therapy > EARLY MOBILIZATION Principles of Critical Care, 4e... once they responded to verbal stimulation and were stable from both a respiratory and cardiovascular standpoint (defined as $FiO_2 \leq 0.6$, $PEEP \leq 10$ cm H₂O, absence of orthostatic hypotension and catecholamine drips). The exercise team, including physical therapist, respiratory...



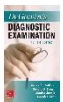
Radar 10



Respiratory Distress > SUBACUTE AND CHRONIC COUGH Tintinalli's Emergency Medicine: A Comprehensive Study Guide, 8e... 41 Reduce exposure to lung irritants (e.g., smoking) and discontinue ACE inhibitors, ARBs, and β -blockers. Treat for postnasal discharge with an oral first-generation antihistamine/decongestant with or without an inhaled nasal steroid. If the cough improves, continue treatment...



Sedation and General Anesthesia > Medications Improvised Medicine: Providing Care in Extreme Environments, 2e... PO/PR 25-100 mg/kg; may repeat 25-50 mg/kg after 30 min 15-30 min 1-2 hr Ketamine Post-emergence delirium IV 0.5-2 mg/kg 1 min 15 min IM 4 mg/kg 3-5 min 15-30 min PO 5-10 mg/kg 30-40 min 2-4 hr PR 5-10 mg/kg 5-10 min 15-30 min Nasal...



The Chest: Chest Wall, Pulmonary, and Cardiovascular Systems; The Breasts > Cough DeGowin's Diagnostic Examination, 10e... tree, irritation of foreign bodies, and inflammation. Coughing may be voluntary or involuntary, single or paroxysmal. A productive cough raises sputum. Chronic unexplained coughs are most commonly caused by chronic post-nasal drip, gastroesophageal reflux, or cough-variant asthma [Irwin RS, Madison...



Radar Opus 2.1.11