



ROLE OF HOMOEOPATHY IN ADENOID HYPERTROPHY

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INTRODUCTION:

Adenoid, also known as pharyngeal tonsil / nasopharyngeal tonsil, is the superior majority of tonsils. It is a mass of lymphatic tissue located behind the nasal cavity, in the roof of the nasopharynx, where the nose passes into the throat.

DEVELOPMENT:

They develop from subepithelial infiltration of lymphocytes after the 16th week of embryonic life. After birth, enlargement begins and continues until 5-7 years of age.

FUNCTION:

Adenoid is part of the immune system, it produces T cells and B cells.

Adenoids are part of Waldeyer's circle of lymphoid tissue, which also includes the palatine tonsils, lingual tonsils, and tubal tonsils.

ADENOID HYPERTROPHIA:

Adenoid hypertrophy is an obstructive condition caused by enlarged adenoids.

It is more common in children than in adults.

They naturally atrophy and recede during adolescence.

ETIOLOGY:

Infectious cause:

Viral – Adenovirus, Coronavirus, CMV, EBV, Rhinovirus

Bacterial – species of streptococci, H. influenzae, Staphylococcus aureus, Neisseria gonorrhoea

Non-infectious cause:

Gastroesophageal reflex

Allergy

Exposure to cigarette smoke

In adults, adenoid hypertrophy can also be a sign of more serious diseases, such as HIV infection, lymphoma or sinonasal malignancy.

CLINICAL SIGNS:

Due to nasal obstruction – mouth breathing, nasal discharge and voice becomes nasal.

As a result of Eustachian tube blockage - ear pain, deafness, secretory otitis media, later chronic purulent otitis media.

As a result of mouth breathing - saliva dripping, noisy breathing at night, high arched palate and chronic pharyngitis.

General mental retardation and lethargy.

DIAGNOSIS:

Adenoid facies develops as a result of chronic infection of the adenoids, i.e.

Open your mouth

Pinched nostrils

Nasal discharge

Narrow jaw arch

Crowded protruding teeth

Blank facial expression

Lateral skull radiograph reveals adenoids.

Nasal endoscopy to visualize adenoids.

DIFFERENTIAL DIAGNOSIS:

Choanal atresia

Allergic rhinitis

Acute/chronic sinusitis

Nasal polyposis

Acute otitis media

Cholesteatoma

Nasopharyngeal malignancy

HIV

PROGNOSIS:

Although this is a self-limiting condition that resolves with adenoid atrophy and regression in adolescence, it can cause serious complications and affect patients' quality of life.

COMPLICATION:

Persistent middle ear effusion / respiratory distress.

Children with adenoid hypertrophy are at risk of developing speech, language, or learning disabilities due to conductive hearing loss that can occur with persistent secondary middle ear effusion.

Patients are also at risk for sleep-disordered breathing and sleep apnea, which in children can lead to behavioral disorders, bedwetting, pulmonary hypertension, and are associated with psychiatric disorders such as depression and ADHD.

The risk of adenoid regrowth is particularly high in patients who undergo adenoidectomy at a young age.

HOMOEOPATHIC APPROACH:

Homeopathy has a large scope in the treatment of children's cases. Homeopathic medicines not only remove the disease from its roots, but also increase the patient's quality of life. It also strengthens the patient's immunity. Adenoid hypertrophy is one of the most common manifestations in children's age groups. Homeopathy works wonders in treating adenoid hypertrophy.

Homeopathic medicines:

Bar-c, bar-m, calc, carc, thuj, van, agraphis nutans, iodine,

Agraphis nutans- catarrhal conditions, obstruction of the nostrils. Adenoids, deafness of the throat. Enlarged tonsils. Mucous diarrhea from a cold. Chill from the cold wind.

Baryta carb- Gets a cold easily and then always has swollen tonsils. Submandibular glands and tonsils swollen. Angina. Purulent tonsils from every cold. stabbing pain in the tonsils, pharynx or larynx.

Baryta-mur- Difficulty swallowing. Tonsils enlarged. Offensive otorrhea, swells the middle ear when blowing the nose.

Calcarea carb- Takes cold at every change of weather. swelling of tonsils and submandibular glands, stitches when swallowing. Difficulty swallowing. Offensive odor in the nose. Polyps.

Iodine – acute exacerbation of chronic inflammation. Adenoid vegetation. Pain at the root of the nose and frontal sinus. The nose stopped. Loss of smell. Acute nasal congestion associated with high blood pressure.

Thuja- Polypi, chronic catarrh, thick green mucous membrane, ulceration in the nostrils. Dryness of the nasal passages. Painful pressure at root.

Tuberculinum-Cold is taken from the slightest exposure. Persistent, offensive otorrhea. Perforation in the membrana tympani, with frayed edges. Small sores gradually appear in the nose, intensely painful; green smelling pus.

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