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## **Homeopathic Management of Adenoid in Children**

***Dr. Mauli Murlidhar Kulat***

P.G. Scholar, M.D. (Hom) Part-II

Department of Paediatrics, Foster Development's Homoeopathic Medical College, N-5, CIDCO, Gulmohar Colony, Chhatrapati Sambhajinagar - 431001 (M.S.) INDIA

E-mail: [mmkulat1396@gmail.com](mailto:mmkulat1396@gmail.com)

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### **Introduction :-**

Adenoids are glands located at the interface of the roof and back wall of the nasopharynx and also function as defense organs. However, if they become large, they can cause severe obstruction of breathing, so much so that a person is forced to breathe through the mouth. When you hold your mouth open, the lower jaw slowly protrudes.

Enlarged adenoids are a problem in young children because they can be a major source of recurrent infections such as sore throat, otitis media and sinusitis, and in daily practice they account for the majority of pediatric cases.

The conventional system of medicine recommends surgery as a solution for enlarged adenoids, but it is not a definitive solution to the problem, as it prevents upper respiratory infections, but paves the way for recurrent lower respiratory infections.

Definition: When hypertrophied nasopharyngeal tonsils begin to produce symptoms, the condition is called adenoids. Normal involution of the nasopharyngeal tonsils starts from the beginning of puberty, but sometimes it can last for a longer period of time.<sup>1</sup>

Anatomy and Physiology of Adenoids:

The nasopharyngeal tonsils, commonly called "adenoids," are located at the junction of the roof and back wall of the nasopharynx. It consists of vertical elevations of lymphoid tissue separated by deep fissures and covered by ciliated columnar epithelium. Adenoids have no crypts or capsule. Adenoid tissue is present at birth, shows physiological enlargement until the age of six, and then tends to atrophy at puberty and almost completely disappears by the age of twenty.

Etiology: adenoids usually appear between the ages of 3 and 10, but may be present earlier. Hypertrophy of the nasopharyngeal tonsils is physiological, but is considered unhealthy if it causes symptoms.

Predisposing factors are:-

Endogenous: - Preexisting upper respiratory tract infection, Preexisting chronic tonsillitis, Postnasal discharge due to sinusitis, Residual tonsillar tissue after tonsillectomy, Overall decreased resistance and exanthems.

Exogenous:- Ingestion of cold drinks or cold foods can directly cause infection or reduce resistance through vasoconstriction, pollution and crowded, poorly ventilated environment and embedded foreign body. The infection can be contacted from other individuals with the infection.<sup>1</sup>

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### **Clinical Features:-**

Symptoms due to hypertrophy are not due to the actual size of the lymphoid mass, but to the relative disproportion of size between the adenoids and the nasopharyngeal cavity. This leads to nasal obstruction [

1. In infants: Interference with feeding, as the baby must intermittently stop sucking to breathe. The infant tires easily, accepts a lack of food and does not thrive, noisy breathing, wet bubbling nose [

2. In older children: Nasal obstruction leads to mouth breathing, Voice loses tone and becomes nasal and lifeless, Nasal discharge partly due to mechanical obstruction at posterior nostrils and partly due to secondary chronic rhinitis, deafness due to adenoid mass which clogs the openings of the auditory tube. This reduces air entering the middle ear

3. Adenoid facies: -Chronic nasal obstruction and mouth breathing lead to a characteristic facial appearance called adenoid facies. The child has an elongated face, a dull expression, an open mouth, a protruding and crowded upper tooth and a raised upper lip. The nose has a pinched appearance due to atrophy of the alae nasi with disuse. The hard palate is highly arched because the shaping action of the tongue on the palate is lost.

#### **Symptoms caused by infection**

1. Purulent discharge from the nose may appear due to rhinitis and sinusitis.
2. Epistaxis due to infection.
3. Throat – Recurrent URTI is common. The patient may have a runny nose, pharyngitis, tonsillitis and cough
4. Ear – recurrent eustachian catarrh, acute otitis media, chronic otitis media may occur.
5. Lymphadenitis – the upper deep cervical node of the posterior triangle of the neck is infected.
6. Bronchial asthma and bronchitis, if present, may worsen.
7. General - Bedwetting and night terrors may occur as a result of suffocation. Mental retardation is not real, but a child may become retarded in studies because of deafness.

#### **Examination marks -**

It presents as a mucoid or purulent nasal discharge, examination of the throat reveals a postnasal discharge, and in a cooperative child, posterior rhinoscopy shows an enlarged adenoid mass on the posterior superior wall of the nasopharynx. Palpation of the nasopharynx although some discomfort may sometimes be needed for diagnosis, the adenoids feel like a bag of worms. In long-standing cases, an "adenoid face" may occur, the child shows a dull look, closed nostrils, open mouth, narrow jaw arch. Pulled upper lip and protruding teeth. Sometimes an x-ray lateral view of the nasopharynx can be taken to visualize the adenoid mass.

#### **Miasmatic splitting of adenoids as –**

- In psoriatic miasm, respiratory infections are generally in the upper respiratory tract. There are repeated colds and a sensitive nose and throat. All psoric respiratory troubles are aggravated during winter and cold, and are generally improved by warmth and the appearance of natural discharges.
- In sycosis, there is an edematous appearance of the nose, uvula and tonsils with hypertrophy of the turbinate. Sycosis has nasal blockages and the patient generally cannot breathe through the nose.
- A flat depressed appearance of the nose may occur in syphilis. Ulcerative sore throat. A syphilitic patient feels worse at night and in the morning. Dyspnoea at bedtime or lying down indicates syphilitic miasms. Tuberculosis patients catch colds easily. There is always swelling of the tonsils and glands around the neck. 5

#### **Synthetic repertoire 14**

HEARING - DISABLED - adenoids; of

NOSE - ADENOIDS

NOSE - ADENOIDS - children; in

NOSE - ADENOIDS - enlarged

NOSE - ADENOIDS - removal; after

NOSE - ADENOIDS - removal; po - children; in

NOSE - ADENOIDS - swelling

NOSE - ADENOIDS - Posterior nose

#### **Homeopathic point of view**

Homeopathic medicines not only cure the infection but also help improve the child's immunity. This helps the baby to fight all kinds of infections and allows the baby to grow properly. Homeopathic remedies attack the problem at the root, provide symptomatic relief and shrink and remove the adenoids in time. A true simillimum is always based on an existing miasma. There is a difference between fighting a disease in the dark and in the bright light when one knows the basic principle behind the phenomena. If one does not know the laws of action and reaction, how can we follow the progress of the case without a definite knowledge of the disease forces (miasmats) with their mysterious and persistent progressions? So if we know nothing about the features and characteristics of our enemy, it is impossible to wage war against disease. In Aphorism 78, Hahnemann said: "True natural chronic diseases are those which arise from a chronic miasma, when left to themselves, by improper treatment, continue to increase, worsen, and afflict the patient until the end of his life." Hahnemann wrote about these things in his Theory of Chronic Disease: A physician skilled in antimiasmatic prescribing will delve

deeper into the case and apply a remedy that has a deeper and closer relationship with the perverted life force. The results are always better. Therefore, it is strongly recommended to leave the adenoids as they provide protection against infection and wash away unwanted particles.

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## **HOMEOPATHIC MANAGEMENT:-**

### **Tuberculinum**

Enlarged tonsils and adenoids. Hawk phlegm after eating. Everyone is hungry. Desire for delicacies, especially meat. smoked meats, refreshing things, salty things. Fear of animals, especially dogs. Irritability upon awakening. He wants to fight, throws anything at someone, doesn't want to stay in one place for long. The desire to break things. Dissatisfied people always want change, they want to travel. Persons with a family history of tuberculosis

### **Agraphis Nutans**

Obstruction of nostrils from adenoids. Deafness in the throat, one of the main remedies in the adenoids accompanying the dentition". Very clear mucus discharge

### **Calcarea carbohydrates**

Swollen tonsils, difficulty swallowing. Nasal congestion in the morning when rising. Offensive smell from the nose like from and eggs. It gets cold every time the weather changes [Stubborn children are stubborn. Dull lethargic children who don't want to play. Complaints of teething, fair chubby babies, big head and big belly. Great desire for boiled eggs, raw potatoes and flour, great aversion to meat, defective teeth in children, very slow teething, scrofulous children constantly subject to acid diarrhoea, profuse perspiration on head, tendency to obesity with belly. Barometer showing scrofulous diathesis. Pt is generally better with constipation.

### **Baryta Carb**

Srofulus condition in children, stunted children, Aversion to strangers, insufficient memory (children cannot remember and learn), drooling, drooling during sleep. The possibility of angina after every mild cold or suppressed sweating of the feet. Disposition to acute tonsillitis with suppuration. Inflammation of the cellular membranes of the pharynx and tonsils with fever, difficulty in swallowing and speaking, the throat is pale, inflamed and enlarged tonsils. Inability to swallow anything but liquids Sulfur Children who are constantly hungry, irritated skin, do not like to wash,

### **Thuja**

Swelling of tonsils and throat. Painful swallowing and swallowing empty or saliva. Blowing large quantities of thick green mucus mixed with blood from the nose; later dry brown scales with mucus that comes from the frontal sinuses and adheres tightly to the swollen upper part of the nostrils. Accumulation of mucus in the posterior nostrils.

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