



Role of Silicea in Management of Adenoiditis in Paediatric Age Group – A Case Report

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ABSTRACT

Adenoids are rectangular mass of lymphatic tissue present in the nasopharynx. These midline structures are situated on the roof and posterior wall of the nasopharynx. They are part of the Waldeyer ring, which includes the adenoids, the palatine tonsils, and the lingual tonsils. In adenoid hyperplasia, tissue enlarges like swelled mass and blocks airflow through nasal passages. Such condition in children can lead to great discomfort in breathing and make the patient liable to recurrent upper respiratory infections. In allied sciences surgical removal of the adenoids is the treatment of choice as medication fails to provide relief in majority of the cases. Homoeopathy, however, is better treatment modality in such conditions; one such case report is presented below. Patient attended Out Patient Department (OPD) chiefly for complaints of recurrent upper respiratory tract infection and fever. He had a thick white discharge from the nose with nasal obstruction especially at night, cough during daytime, snoring, and mouth breathing with salivation while asleep. He was suffering from adenoiditis for past 2-3 years. After detailed case-taking and repertorization, Silicea 30 was given and the medicine was repeated as per the response upon patient. The patient started improving during the treatment and remained free from his complains at the time of last follow-up visit in OPD.

KEYWORDS: Adenoids, Homoeopathy, Silicea, Nasopharyngeal Tonsils, Paediatric Age, Adenoiditis

INTRODUCTION

As per embryology, prenatal development of the head consists of the neurocranium and viscerocranium. During fetal life human face develops as part of the viscerocranium between the fourth to tenth weeks. Formation of adenoids is by fusion of two lateral primordia during development. Adenoids are seen to be formed from the seventh month of intrauterine life and undergo continuous growth until age 5⁽¹⁾. Adenoid tissue is found extending to the auditory tube opening and the fossa of Rosenmuller. throughout the substance of the tissue seromucous glands are placed and as per histology, the lymphoid tissue of the adenoids divides into four distinct lobes. Their composition is of respiratory epithelium. In adenoid hyperplasia, tissue enlarges like swelled mass and tends to blocks airflow through nasal passages.⁽²⁾ Enlarged adenoids are commonly accompanied by tonsillitis. In 2 to 4 years children Adenoids are the largest. Enlargement of Adenoids is because of both infectious and non-infectious agents i.e., both viral and bacterial agents and gastroesophageal reflux disease, and exposure to tobacco smoke. Viral agents causing enlargement of adenoids include adenovirus, coronavirus, coxsackievirus, cytomegalovirus (CMV), Epstein-Barr virus (EBV), herpes simplex virus, parainfluenza virus, and rhinovirus. In adults, it may indicate a more serious condition such as HIV infection, lymphoma, or sino-nasal malignancy.⁽³⁾

CLINICAL PRESENTATION

- Nasal discharge – Increased Mucus discharge from both anterior and posterior nares. Persistent nasal discharge and infection can lead to chronic maxillary sinusitis.
- Nasal obstruction – Causes mouth breathing and tends to interfere with feeding or suckling in a child. Chronic nasal obstruction and mouth breathing causes characteristic facial appearance, adenoid facies. Voice becomes toneless and loses nasal quality. Prolonged nasal obstruction can cause much serious conditions such as pulmonary hypertension and cor pulmonale.⁽⁴⁾
- Eustachian tube obstruction - Adenoid mass leads to retracted tympanic membrane and conductive hearing loss due to blocking of Eustachian Tube
- Acute otitis media - Recurrent attacks may occur due to spread of infection via the eustachian tube.

- During acute phase, epistaxis can occur along with blowing of nose.

DIAGNOSIS

- Detailed nasal examination should always be done in order to exclude other causes of nasal obstruction such as deviated nasal septum, nasal polyp, swollen nasal turbinates.
- Examination of postnasal region is possible in few young children and an adenoid mass is seen with help of mirror.
- A rigid or a flexible nasopharyngoscope can be used to see details of the nasopharynx in a cooperative child.
- Soft tissue lateral radiograph of nasopharynx will reveal the size of adenoids and also the extent to which nasopharyngeal air space has been compromised.⁽⁴⁾

CASE REPORT

HISTORY OF PRESENT COMPLAINS

A male child, X aged 7 years visited on 19/2/24 with chief complain of recurrent infection of the upper respiratory tract and rise in temperature. His nasal discharge was thick & white with nasal obstruction especially at night, cough during daytime, snoring, and mouth breathing with salivation while asleep. All his complaints were worse for last 1 month. The fever recurred periodically with cough and coryza and nasal obstruction. Gradual rise of body temperature, accompanied by nasal obstruction and breathing difficulty. Attendant of the Patient reported snoring while sleeping and drooling of saliva.

On systemic examination, it was observed that there was slight pallor, absence of clubbing and cyanosis, or icterus and enlarged lymph nodes were not found. His developmental milestones were not on proper time although immunization schedule was properly followed. Patient's general built up of was lean thin. The patient did not respond to conventional treatment and other homoeopathic medicines and thus came for treatment.

PHYSICAL GENERALS

Child has desire for cold food and aversion to green vegetables

Profuse perspiration, especially felt on the back of scalp having offensive odour

Thirst: Drinks 1 to 2 litres water in a day especially cold water

Thermal: Chilly patient

MENTAL GENERALS

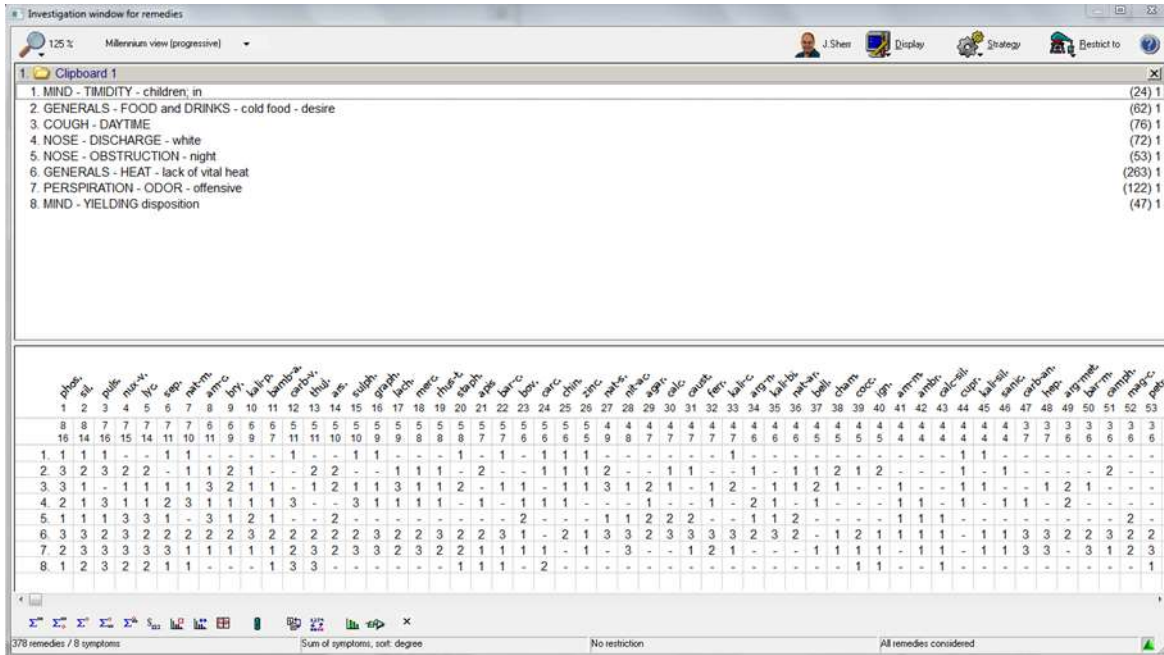
Timid, weeping disposition and yielding nature.

ANALYSIS OF THE CASE

After Thorough Analysis of the Symptoms Of The Case The Characteristic Mental And Physical Generals And Particular Symptoms Were taken for constructing The Totality Of The Case. Timid, weeping disposition and yielding nature, desire for cold food, profuse perspiration with offensive odour, thick white discharge from the nose with nasal obstruction especially at night, cough during day, snoring, and mouth breathing with salivation during sleep were included in framing the totality. Considering the above presentation of case, Synthesis Repertory was preferred and using RADAR software, systemic repertorization was done [Refer Figure 1] and Silicea 30/1 Dose was Prescribed On First Visit followed by Phytum 30 three times a day for 1 month. The symptoms that pointed towards selecting Silicea 30 were general appearance of the patient was lean thin, profuse perspiration having marked odour was his chief physical general and his extreme sensitivity for cold weather and desire to cover head and face.

REPERTORIAL ANALYSIS

Case Analysis: Repertorial Totality - Figure 1



PROGRESS AND FOLLOW-UP

DATE	PROGRESS AND STATUS	PRESCRIPTION
19/2/24	Recurrent infection of upper respiratory tract with fever. Nasal discharge was thick & white with nasal obstruction especially at night, cough during daytime, snoring, and mouth breathing with salivation while asleep.	Silicea 30/1 dose Phytum 30 TDS (30 Days)
12/4/24	Fever didn't occur for 1 month duration Nasal obstruction better, nasal discharge present with snoring and salivation from mouth	Silicea 30/1 dose Phytum 30 TDS (30 Days)
3/6/24	Most complaints better only nasal obstruction during night was present but intensity was much reduced	Phytum 30 TDS (30 Days)
15/7/24	Relief in all the complains. Patient is doing well now.	Phytum 30 TDS (30 Days)

DISCUSSION AND CONCLUSION

In above case, striking mental generals, physical generals and particulars, i.e., timid, weeping disposition and yielding nature, desire for cold food, profuse perspiration with offensive odour, thick white discharge from the nose with nasal obstruction especially at night, cough during day, snoring, and mouth breathing with salivation during sleep were chosen for the purpose of repertorization. After repertorization multiple medicines were competing with each other, namely, phosphorus, silicea, pulsatilla, nux vomica, lycopodium, sepia etc. After consultation with materia medica, silicea 30/1 dose was prescribed which remained unchanged as the case was responding well to the medicine in the subsequent follow-ups. Silicea was found to be most specific for this case. As homoeopathy is the science which gives importance to individualistic approach for the treatment of a particular case of disease, hence the most characteristic symptom was given importance and the prescription was based on the same. One such study to evaluate the role of homoeopathic medicines in cases of adenoids in paediatric age group showed significant improvement with homoeopathic medicine Calcarea Carb 200 C. The incidence of allergic rhinitis was also found to decline in due course of treatment.⁽⁵⁾ Another study showed that homeopathic treatment plays major role in reducing the requirement for adenotomy in children and the importance of Miasmatic and Constitutional treatment in the selection of similimum was highlighted.⁽⁶⁾

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