



## **HOMOEOPATHIC MANAGEMENT OF MUMPS IN CHILDREN**

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### **ABSTRACT:**

Mumps (Kanthamala), also known as epidemic perotitis, is one of the most painful infections affecting children. It also leaves the child suffering from severe fever and discomfort. In addition to regular normal cold and diarrhea. I felt that this is one of the diseases affecting children who need immediate attention and treatment. And thus with the help of homeopathy I will study the management of typical gorge without complications here - fever, headache, vomiting, anorexia, unnatural and unilateral or bilateral parotid growth.

Mumps (Kanthamala) is an important childhood disease that was historically widespread but now it is very often. It is an acute viral infection, which is commonly known as a symbol that is commonly presented, is also known as epidemical perotitis. It is a communicable disease with a predilection for glands and nervous tissue. The infection is easily transmitted and the most frequent in children, both sporadic and epidemic forms.

**KEYWORDS:**Mumps, Ringworm, Kanthamala, Paediatrics, Homeopathy and Homeopathic Medicine.

### **INTRODUCTION:**

Mumps (Kanthamala) is an infectious viral infection characterized by inflammation of the salivary glands, especially parotid glands located near the ears. This is caused by the mumps virus, which is part of the paramyxovirus family. The disease was common among children, but comprehensive vaccination has reduced its prevalence significantly. Despite this, outbreak can still occur, and it is necessary to understand the situation for effective management and prevention.

### **REVIEW OF LITERATURE:**

Mumps virus, the culprit behind mumps, is an RNA virus belonging to the genus paramyxovirus and the family paramyxoviridae.

The study of the distribution and determinants of health and disease in populations.

Mumps is commonly found in unvaccinated communities, the virus is transmitted from person to person through direct contact, airborne droplets, contaminated objects touched by saliva, and possibly through urine. It is prevalent globally and impacts both genders uniformly. Epidemics can happen at any time of the year, but they tend to be more common during late winter and spring.

The virus can be found in the saliva for up to 7 days before the swelling of the parotid gland occurs, and up to 7 days after the swelling has started. The time when a person is most likely to spread the infection is 1-2 days before the swelling in the parotid gland and up to 5 days after it appears. Shedding of the virus before symptoms appear and in individuals who are not showing any signs of illness makes it difficult to control the spread of the infection in populations that are not yet affected.

The initial phase is typically marked by discomfort and inflammation in either one or both parotid glands. The parotid swells typically occur in the area between the back of the jawbone and the mastoid bone, gradually expanding in a sequential manner.

Crescents extend downward and forward, with a maximum height limited by the zygoma. Edema of the skin and soft tissues typically spreads beyond the glandular swelling, making it more visible to the naked eye than the swelling itself.

Palpation: Swelling can occur rapidly, reaching its peak within a few hours, although it typically takes 1–3 days to stabilize. The inflamed tissues cause the earlobe to rise and extend outward, obscuring the angle of the jaw.

Swelling gradually diminishes within 3–7 days, but in some cases, it may persist for a longer duration. Typically, one parotid gland swells a day or two before the other, but in about one quarter of cases, the disease remains confined to a single gland. The inflamed region is painful and swollen.

The sensation of pain is often triggered, particularly when tasting sour liquids like lemon juice or vinegar.

It is common to experience redness and swelling around the opening of the Stensen's duct. Along with the swelling of the parotid gland, there is also swelling of the homolateral pharynx and soft palate. This swelling can cause the tonsil to move to the side and acute swelling of the larynx has also been

reported. Swelling over the manubrium and upper chest wall may happen, likely due to a blockage in the lymphatic system. The swelling in the parotid gland is often accompanied by a mild fever, but it is not always present.

While the parotid glands are primarily affected in most patients, the submandibular glands often swell as well and often occur simultaneously or shortly after the parotid gland swelling. In approximately 10–15% of patients, only the submandibular gland(s) may exhibit swelling. The submandibular infection causes minimal discomfort, but the swelling takes longer to diminish compared to the parotids. Swelling of the gland often goes hand in hand with redness and swelling at the opening of the Wharton duct. Rarely, the sublingual glands can become infected, typically on both sides, with noticeable swelling in the submental area and the floor of the mouth.

#### Treatment:

The identification of mumps parotitis is typically evident based on the clinical signs and physical examination. The common illness of mumps typically begins with a 1-2 day period of fever, headache, vomiting, and body aches. Parotitis first manifests as unilateral inflammation but eventually becomes bilateral in approximately 70% of cases. The parotid gland can be sensitive and parotitis may occur before or alongside ear pain.

**Left side.** Consuming sour or acidic foods or liquids can potentially intensify pain in the parotid area. As the swelling worsens, the angle of the jaw becomes hidden, and the ear lobe may appear to be lifted upwards and outwards. The opening of the Stensen's duct may appear swollen and red. The swelling in the parotid gland typically reaches its peak within 3 days and gradually diminishes over the course of 7 days. The fever typically subsides within 3-5 days, along with the other accompanying symptoms. A miliform rash is seldom encountered. The submandibular salivary gland can also be affected or enlarged, either alone or in conjunction with the parotid gland. Edema can develop over the sternum as a result of lymphatic obstruction.

In cases where the clinical manifestations are less common, the diagnosis may be uncertain but can be considered during an outbreak. Standard laboratory tests are not specific, typically resulting in a decrease in white blood cells with an increase in lymphocytes. A rise in serum amylase levels is often observed, and it typically coincides with the swelling of the parotid gland. Eventually, the levels return to normal within 2 weeks.

The microbiologic diagnosis is by serology or virus culture. The most frequently employed method for diagnosing mumps is through the use of enzyme immunoassay for measuring the levels of mumps immunoglobulin IgG and IgM antibodies. IgM antibodies can be detected within the initial few days of illness and are considered diagnostic. They may stay high for a long time. IgG antibodies are mainly targeted towards the fusion (F) protein, but cross reactions with parainfluenza viruses can also happen. A fourfold increase in the IgG titer is considered diagnostic for seroconversion.

Mumps virus can be grown in various bodily fluids, including saliva, cerebrospinal fluid, blood, urine, brain, and other infected tissues. The primary cultures of human or monkey kidney cells are utilized for the isolation of viruses.

While cytopathic effect can sometimes be seen, hemadsorption is considered the most reliable indicator of infection. The mumps skin test is not a reliable method for diagnosing mumps and determining an individual's susceptibility to the infection.

Alternative names for differential diagnosis are:

Other viral causes of parotitis include HIV infection, influenza, parainfluenza viruses 1 and 3, cytomegalovirus, and coxsackieviruses. Acute suppurative parotitis is a bacterial infection commonly caused by *Staphylococcus aureus*, resulting in the expulsion of pus from the duct. When a salivary calculus blocks either a parotid or submandibular duct, it can lead to periodic swelling. The differentiation between preauricular or anterior cervical lymphadenitis and other conditions can be made by the distinct borders of the lymph node and its position, which is entirely behind the angle of the mandible. Orchitis may also be caused by enteroviruses.

#### Treatment:

There is no specific medication to treat the virus, so the treatment is focused on providing support to the patient's body. Acetaminophen or ibuprofen are recommended for fever. Bed rest should be tailored to the patient's requirements, but there is no scientific evidence to suggest that it prevents complications. The diet should be modified to accommodate the patient's chewing capabilities. Orchitis should be managed with localized care and a period of rest.

#### Complications:

Early in the infection, the presence of viremia likely contributes to the widespread complications. There is currently no conclusive evidence that maternal infection can harm the fetus, although a potential link to endocardial fibroelastosis has not been definitively proven. Mumps during the early stages of pregnancy can potentially lead to the termination of the pregnancy.

#### Outlook:

The outlook for mumps in childhood is very good. Typically, infection provides long-lasting immunity, although there have been cases of reinfections.

#### Avoidance:

The mumps vaccine is made from the Jeryl Lynn strain of the mumps virus, which has been weakened through multiple passages in embryonated hens' eggs and chick embryo cell culture. The vaccine successfully stimulates the production of antibodies in 96% of individuals who were previously not immune, and it provides 97% protection against the disease.

The initial mumps immunization, usually as measles-mumps-rubella (MMR) vaccine, is recommended at 12–15 months of age. A second immunization, also as MMR, is recommended routinely at 4–6 years of age but may be administered at any time during childhood provided at least 4 weeks have elapsed since the first dose. Children who have not previously received the second dose should be immunized by 11–12 years of age. Women should abstain from pregnancy for a period of 30 days.

After monovalent mumps vaccination (3 months if vaccination was performed with rubella vaccine). Other contraindications to vaccination include allergy to a vaccine component (anaphylaxis to neomycin), moderate or severe acute illnesses with or without fever, immunodeficiency (primary immunodeficiencies, cancer and cancer therapy, long-term high-dose corticosteroid therapy, severely immunocompromised, including those with HIV infection), and recent immune globulin administration. Rarely, parotitis and low-grade fever can develop 10–14 days after vaccination.

#### Mumps and Homoeopathy.

Homoeopathy plays a vital role in shortening the days of mumps course while treatment is started in the startup phase itself. It can expedite the reduction of swelling without complications while treatment is delayed somewhat.

It is better to treat the complaints as early as possible to get speedy and complete cure or otherwise complications are inevitable.

Line breaks are very crucial and they are needed in the output and we will not tolerate it no matter what method you use A well selected remedy quickly supports the body mechanism to raise the immune level and clears the complaints at earliest.

Distinctive treatments:

### **KENT'S REPERTORY—**

#### **3 marks-**

Arum triphyllum, Baryta carbonica, Belladonna, Bromium, Chamomilla vulgaris, China officinalis, Mercurius solubilis, Nitricum acidum, Rhus toxicodendron, Silicea

#### **2 marks-**

Ammonium carbonicum, Arnica Montana, Arsenicum album, Aurum metallicum, Aurum muriaticum, Baryta muriatica, Bryonia alba, Calcareo carbonic, Calcareo sulphurica, Carbo animalis, Carbo vegetabilis, Carboneum sulphuratum, Chininum arsenicosum, Cinnabaris, Cistus Canadensis, Cocculus indicus, Conium maculatum, Crotalus horridus, Dulcamara, Ferrum phosphoricum, Graphites, Hepar sulphuris calcareum, Ignatia amara, Iris versicolor, Kali bichromicum, Kali carbonicum, Kali iodatum, Lachesis, Lycopodium clavatum, Mercurius cyanatus, Mercurius iodatus ruber, Muriaticum acidum, Phosphorus, Phytolacca decandra, Psorinum, Sulphuricum acidum

#### **1 mark-**

Ailanthus glandulosa, Anthemis nobilis, Apis mellifica, Bufo rana, Chloralum hydratum, Coccus cacti, Digitalis purpurea, Fagopyrum esculentum, Hippozaeninum, Hyoscyamus niger, Kali arsenicosum, Kali phosphoricum, Lac caninum, Manganum aceticum, Natrum arsenicum, Natrum carbonicum, Nux vomica, Plumbum metallicum, Pulsatilla nigricans, Sarracenia purpurea, Sepia, Staphysagria, Stramonium, Sulphur, Sumbulus ferula, Vipera communis, Vipera berus, Vipera torva

Classification of some medications.

### **Belladonna--:**

It has a significant impact on the circulatory system, skin, and glands. Belladonna always is associated with hot, red skin, flushed face, glaring eyes, throbbing carotids, excited mental state, hyperesthesia of all senses, delirium, restless sleep, convulsive movements, dryness of mouth and throat with aversion to water, neuralgic pains that come and go suddenly. Inflammation, pain, swelling, and aching. Excellent pediatric cure. No desire, worry or dread. Belladonna is a term that refers to the violent and sudden nature of an attack.

Salivary gland enlarged. The glands were inflamed, painful, and crimson.

A high feverish state with a lack of toxins. The smell of the burning wood was pungent and the steam from the heat was visible. The air was frigid. Superficial blood-vessels, distended. Moisture evaporates exclusively from the scalp. No thirst with fever.

Modalities.—worse- touch, jar, noise, draught,.

After midday, reclining.

### **Improved- upright.**

Bromium—:

The majority of noticeable effects are observed in the respiratory system, particularly in the larynx and trachea. It appears to have a greater impact on children with enlarged glands, particularly those who are more prone to being scrofulous. Blonde hair color. Enlarged salivary gland and thyroid gland. Tendency to spasmodic attacks. Left-sided mumps. Feeling suffocated, experiencing harsh coughing fits, excessive sweating, and extreme fatigue. Complaints about being overheated.

Infiltration of glands, hardening, but rarely exuding.

Modalities.—worse from evening, until midnight, and when sitting in a warm room, warm and damp weather when at rest and lying on the left side.

From any movement, activity, or voyage.

### **Chamomilla—:**

The primary symptoms associated with this remedy are related to the mind and emotions, often manifesting in various forms of illness. Especially in the field of pediatric diseases, where irritability, restlessness, and colic are common symptoms, these signs are often indicative of the need for medical attention. A disposition that is mild, calm and gentle, sluggish and constipated bowels indicate chamomilla. Patient is touchy, angry, parched, warm, and aching. Excessive sensitivity to caffeine and drugs. Discomfort excruciating, linked to tingling. Night-sweats:

Throat.--parotid and submaxillary glands swollen. Narrowing and discomfort as from a plug.

Modalities.--worse, by heat, anger, open air, wind, night. The weather was wet and cold, but it was not too bad.

### **Rhus tox—.**

Mouth.--teeth break when biting. Jaw dislocation (ign, petrol). Inflammation of the skin, streptococcal infection. Cheek bones highly responsive to pressure. Parotitis: Facial neuralgia, with coldness, more severe, night. Crusta lacteal.

Fever.--vigorous, agitated, shivering. Typhoid, with a dry and brown tongue, loose bowels, and extreme restlessness. Intermittent chill with dry cough and restlessness. During heat, hives. Cold, as if icy water were poured over him, followed by warmth and a desire to stretch his limbs.

Modalities.—worse- during sleep, cold, wet rainy weather and after rain, at night, during rest, drenching, when lying on back or right side.

Improved, comfortable weather, movement, walking, shifting positions, gentle rubbing, applying warmth, from stretching out limbs.

### **Phytolacca decandra—.**

Aching, soreness, restlessness, and exhaustion are common signs that indicate the presence of phytolacca. Primarily a glandular medication. Inflammatory nodules with warmth and edema. Sore throat, quinsy, and diphtheria. Impaired teeth. Tension and pressure in parotid gland. Mumps:

Fever--high fever, accompanied by periodic bouts of coldness and intense fatigue.

The patient's condition worsened when exposed to electric changes, such as rain, damp weather, cold temperatures, night exposure, and motion.

The better - warmth, dry weather, rest.

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**RESULT:**

Homeopathic treatment of mumps in children was effective.

Studied with reference to 30 cases. All 30 cases were evaluated using a standardized case assessment form, which included a detailed analysis of symptoms and a comparison to the materia medica. This information was then used to select the most appropriate remedy. After thoroughly reviewing the literature from renowned experts, we gained a comprehensive understanding of the disease. This knowledge allowed us to tailor each treatment plan to the specific needs of the patient, resulting in successful outcomes and a cure. In this research, I have observed that homoeopathy is effective in treating acute cases such as mumps, and the use of similimum is crucial in this process.

Homoeopathy is effective in rapidly reducing the severity of mumps symptoms in children.

With the aid of homoeopathic remedies and its laws and principles viz:- individualization, posology, picture of disease, single remedy, on 30 cases of the children suffering from mumps it has been observed that management of these cases was efficiently done and the children were relieved from the sufferings.

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