



## Study on Role of Homoeopathic Remedies in Adenoids with Clinical Cases

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### Abstract

The adenoids are a mass of lymphoid tissue located behind the nasal passages, it may become infected and remain enlarged or chronically infected, and subsequently lead to obstructed breathing, snoring/sleep apnea, sinus or ear infections, or other problems. Adenoidectomy is a surgical procedure performed to remove the adenoids. Surgery may involve risks of unsuccessful results, complications, or injury from both known and unforeseen causes. Because individuals differ in their response to surgery, their anesthetic reactions, and their healing outcomes. However the Homoeopathic literatures have a different viewpoint. Homoeopathy considers the appearance of these causative organisms as an end product of the disease process. In the 30 trials that yielded sufficient data, homeopathy was significantly more effective than placebo. As a possible alternative to surgery a classical homeopathic treatment can be considered. The treatment depends on the patient's symptoms, his or her constitution, and on possible accompanying diseases. Thus the topic was taken, to work, to see the role of homoeopathic remedies in treatment of adenoids with clinical cases.

**Key Word-** Adenoid vegetations, homeopathy, Environment, Tropical, adenotomy, Statistical, Constitutional, Similimum.

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### INTRODUCTION

The adenoid, also known as a pharyngeal tonsil or nasopharyngeal tonsil, is the superior-most of the tonsils. It is a mass of lymphatic tissue situated posterior to the nasal cavity, in the roof of the

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nasopharynx, where the nose blends into the throat. Like lymph nodes, adenoids are part of the immune system and are made of the same type of tissue (lymphoid tissue). White blood cells circulate through the adenoids and other lymphoid tissue, reacting to foreign invaders in the body.

Several years ago, operations to remove tonsils and adenoids were very common. Also, as with all operations, there is a risk involved with surgery, after adenoids are removed, the speech may become nasal. In a number of cases speech therapy is needed, or even a second operation to narrow the gap between the soft palate and the roof of the mouth. George Catlin, in his book *Breath of Life*, published in 1861, illustrates adenoid faces in many engravings, and advocates nose-breathing, Ear infections (otitis).

Homeopathy is a type of natural medicine used to treat various symptoms. It follows nature's rule, so it never admits removal as a cure. It means healing as making healthy, not removing. Homeopathic philosophy has always stood by the view that whenever possible the adenoids should be saved as they are an important defence tissue of our body and provide the children with the much required immunity. There is no. of homoeopath remedies which give great

relief. However, the correct choice and the resulting relief is a matter of experience and right judgment on the part of the physician. The treatment is decided after thorough case taking of the patient.

The duration of treatment depends on the size of the adenoids and also the duration of the problem plus most importantly the susceptibility of the patient to the remedies

### **Aims and Objectives-**

- To study on the adenoids through literature search and find out the specific presentation of symptoms required for Homoeopathic selection of remedy in the patient suffering from such cases.
- To study the clinical presentation of adenoids.
- Study of the adenoids symptoms in the patient belonging to children between 2 to 10 years age and make observation for effect of medicines selected based on the totality presentation prepared by using symptoms so observed.
- To study the secondary effects of persistent adenoids like Eustachian tube dysfunction, otitis media with effusion, chronic suppurative otitis media, and sinusitis.

### **Etiology**

At birth, the nasopharynx and, thus, the adenoids, are accessible to many

organisms. The establishment of the upper respiratory tract is initiated at birth. By the time children are aged 6 months, lactobacilli, anaerobic streptococci, actinomyces, Fusobacterium species, and Nocardia species are present. Normal flora found in the adenoid consists of alpha hemolytic streptococci and enterococci, Corynebacterium species, coagulase negative staphylococci, Neisseria species, Haemophilus species, Micrococcus species, and Stomatococcus species. The adenoids can become infected and harbor pathogenic bacteria, which may lead to the development of disease of the ears, nose, and sinuses.

- Physiological
- Adenoidal inflammation
  - Viral or bacterial infections
  - Allergy
- Mechanical congestion of the choanae
  - Mouth breathing
  - Hyponasal speech
- Adenoid facies
  - Elongated, open-mouthed face, short upper lip, thin nostrils. Mal position and prominent upper teeth, hypoplastic upper jaw, high-arched palate

- Chronic or recurrent rhinosinusitis, nasopharyngitis, and/or epistaxis
- Halitosis
- Obstructive sleep apnea (OSA)

### **Mechanical Congestion of The Eustachian Tubes**

1. Recurrent chronic otitis media
2. Tympanic effusion
3. Conductive hearing loss can lead to developmental disorders.

### **Predisposing factors are:-**

**Endogenous:-** Pre-existing upper respiratory tract infection, Pre-existing chronic tonsillitis, Post nasal discharge due to sinusitis, Residual tonsillar tissue after tonsillectomy, General lowering of the resistance and Exanthemata.

**Exogenous:-** Ingestion of cold drinks or cold foods may directly cause infection or lower the resistance by vaso constriction, Pollution and crowded ill ventilated environment and Imbedded foreign body.

**The incubation period** - 2-4 days.

### **Type**

- 1- Acute Infection
- 2- Chronic Infection

### **Clinical Manifestation**

Symptoms and signs depend not only on the size of the adenoid mass but are relative to the available space in the nasopharynx. Enlarged adenoids can cause nasal, oral, generalized symptoms. Long

standing nasal obstruction due to adenoid hypertrophy can cause pulmonary hypertension and corpulmonale. Enlarge & infected adenoids may cause nasal, aural or general symptoms.

A study of the secondary effects that can arise due to adenoids like

1. Enlargement [Adenoid hypertrophy (AH)]
2. Adenoiditis
3. Obstructive sleep apnea
4. Ear infections (Otitis media) –
  - a. Otitis media with effusion (OME).
  - b. ASOM/CSOM
5. Eustachian tube dysfunction.
6. Rhinosinusitis is also taken up.

## PATIENTS AND METHODS

**Study Design:** The experimental study will be made as per the “single blind (placebo) controlled clinical trial” method.

**Study Site:** G.D. Memorial Homoeopathic Medical College & Hospital, Patna.

### Study Setting:

- Indoor Patient Department (I.P.D.)
- Outdoor Patient Department (O.P.D.)
- Other sources if possible

### Ethical Clearance

It will be obtained from Ethical committee of the G. D. Memorial Homoeopathic Medical College & Hospital, Patna.

## Inclusion Criteria

1. Patient suffering from adenoids classified as ICD 10 J35.3 version: 2015/16. With 75% of symptoms at least, will be selected for the study.
2. Patient between the age group of 2 to 10 years, both sexes and all religions.
3. History of recurrent infection, allergy in disease of ENT.

## Exclusion Criteria

All such cases where the symptoms are complicated with other disease will not be studied.

## Sample Size Calculation

Minimum 30 patients would be selected between 2 to 10 years of age group. Considering the inclusion criteria mentioned above. (25 cases will be experimental. 5 cases will be control.)

## Procedure:

**STEP I:** Extensive search & study of different books and journals with special reference to Synthesis Repertory.

**STEP II:** Gather exhaustive information from the Internet according to availability

**STEP III:** Selection of 30 patients suffering from adenoids. (25 cases will be experimental. 5 cases will be control.)

**STEP IV:** Proper case taking will be done according to the standard case-taking Performa.

**STEP V:** Relevant investigation will be done as per need.

**STEP VI:** Inclusion and Exclusion Criteria will be fulfilled.

**STEP VII:** Analysis, Evaluation and Repertorisation of the Totality of Symptoms

Using Synthesis Repertory will be done taking help of Computer-aided (Digital) Repertory.

**STEP VIII:** Medicine will be selected on the basis of nearest similitum and Consultation of materia medica and senior teachers.

**STEP IX:** Potency, dose and repetition will be strictly arranged following strict Homoeopathic Principle.

**STEP X:** Follow up of the case at regular interval.

**STEP XI:** Statistical analysis of the result by using different standard statistical methods (if possible).

## OBSERVATION

Total number of patients included during “Study on Role of Homoeopathic Remedies in Adenoids with Clinical Cases”. My observation was based on the 30 patients including male and females of age group 02 to 10yrs. Out of 30 cases about 5 case did not turn back for the next visit and of the remaining 24, 6 had not shown any sign of improvement while the

remaining 19 patient had shown mild to moderate to marked improvement. These details of the following data are expressed on the basis of charts, graphs, and different diagrams.

### Age Group of the Patient

So, out of the 30 cases, maximum cases belong to the age group 07 to 10 years i.e.17 cases and 13 cases belong to 02 to 06 year’s age group

Table No 1 Age distribution

Age Group	No Of Patient	Percentage
2 – 6 yr	13	43.33%
07 – 10 yr	17	56.67%
TOTAL	30	100%

### Miasmatic Analysis

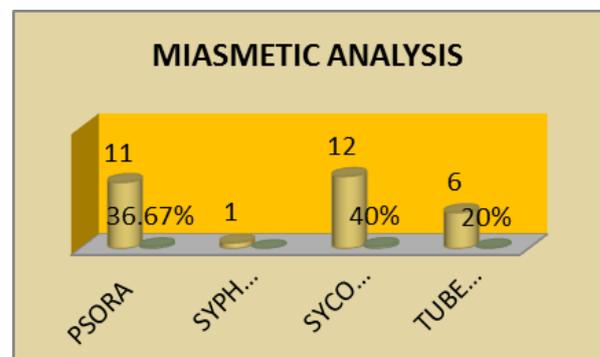


Fig 1 Miasmatic analysis

Out of the total 30 cases, maximum i.e. 11 cases belong to Psoric miasm while 12 cases to Sycotic miasm, 06 tubercular (pseudo psora) and only 01 were syphilitic miasm.

**S-E Status-****Table 2 S E status**

Socio Economic Status		
Socio Economic	No of Cases	Percentage
High Class	6	20%
Lower Class	13	43.33%
Middle Class	11	36.67%
Total	30	100%

Maximum socio-economic group belong to lower class family i.e. 43.33%, and 36.67 %, belonged to middle and 20% belong to higher class society.

**Medicine indicated –**

The indicated medicines in my study were selected on the basis of totality of symptom with the help of synthesis repertory in which causative factor and mental symptoms are given much importance. So the frequently selected medicines are follows.

**Table 3 Medicines Used**

Name of Medicine	No.of Cases	%
Silicea	1	3.33%
Calcarea Carb	1	3.33%
Calcarea Iodum	1	3.33%
Heper Sulph	3	10%
Pulsatila	1	3.33%
Tubercullinum	3	10%
Baryta Carb	3	10%
Agraphins	1	3.33%

Nutans		
Placebo	5	16.67%
Ammonium Carb	1	3.33%
Belladonna	5	16.67%
Merc Sol	1	3.33%
Spongia	1	3.33%
Psorinum	3	10%
Total	30	100%

**Improvement Status-**

**Mild Improvement** – Means the improvement in patient complaint, general symptoms also improved but there is no change in test reports.

**Moderate Improvement** – Means the improvement in patient's complaints as well as in generalities. Slight changes occurred in reports also, but not permanent.

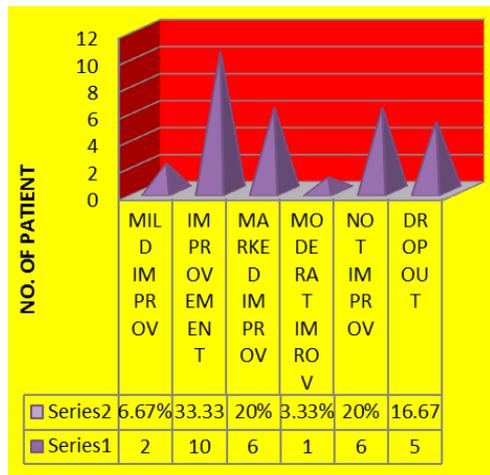
**Marked Improvement** – means the improvement in patient complaint and generalities with the feeling of well being. Reports shows very marked changes in reports from abnormal to normal.

Out of 30 cases about 5 case did not turn back for the next visit and of the remaining 25, 6 had not shown any sign of improvement while the remaining 19 patient had shown mild to moderate to marked improvement. (Fig 2)

**DISCUSSION**

The study under discussion was undertaken to show homoeopathic

treatment for adenoid infection of children is found to be more useful.



**Fig 2 Improvement Status**

Homeopathic treatment seems to play a major role in reducing the need for adenotomy in children. The dissertation work is entitled -“Study On Role Of Homoeopathic Remedies In Adenoids With Clinical Cases”, which was in accordance with the objectives of the study. The study encompassed patients from different age groups and socio-economic status. Single blind controlled study design was adopted to show the treatment of Adenoids vegetation in children. I intend to work with cases of adenoids of children with history of recurrent allergy and chronic infection, to establish the efficacy of homoeopathic medicines in such cases and thereby establish the role of medicine in enhancement of immunity of children.

In this study I have see the 30 cases and by my treatment i have seen a very good result.

The main object of this is to emerge the totality of symptoms in each and every case. The totality in homoeopathy is possible by a logical relationship between uncommon, peculiar and characteristic symptoms. For making a homoeopathic totality of symptoms the observation all symptoms are very important. In emergency the totality depends upon observation, finding and causation.

Among the 30 cases that were given homoeopathic medicines, from the Total 30 (100%) cases, 10 (33.33%) cases were improvement, 6 (20%) cases were marked improved, 1 (3.33%) cases were moderate improved, 2 (6.67%) cases were mild improved, 6 (20%) cases were no improved and 5 (16.67%) cases were dropped out.

**CONCLUSION**

In this present study homoeopathic treatment for adenoid infection of children is found to be more useful. Homeopathic treatment seems to play a major role in reducing the need for adenotomy in children. Miasmatic and Constitutional treatment is a key to the selection of similimum. In my clinical study, it has been observed that the efficacy of homoeopathic medicines in those cases in

children is very good, out of 30 cases cure rate could be achieved in 19 cases. Hence 63.33% cure effectiveness was achieved with homoeopathic medicines. 6 cases were not improved and 5 cases were dropped out. So I considered 36.67% cases as failure. This study has shown that the efficacy of homoeopathic medicine in the cases of adenoid vegetation in children is very effective. At the end of the study, an adenotomy could be avoided in 36.67% of the placebo-treated and in 63.33% of the homeopathically treated in children.

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