



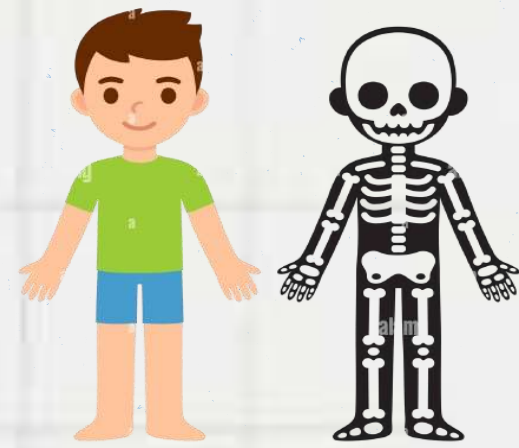
Swasthya Kalyan
Homoeopathic Medical College
& Research Centre

Newsletter

SEPTEMBER 2024



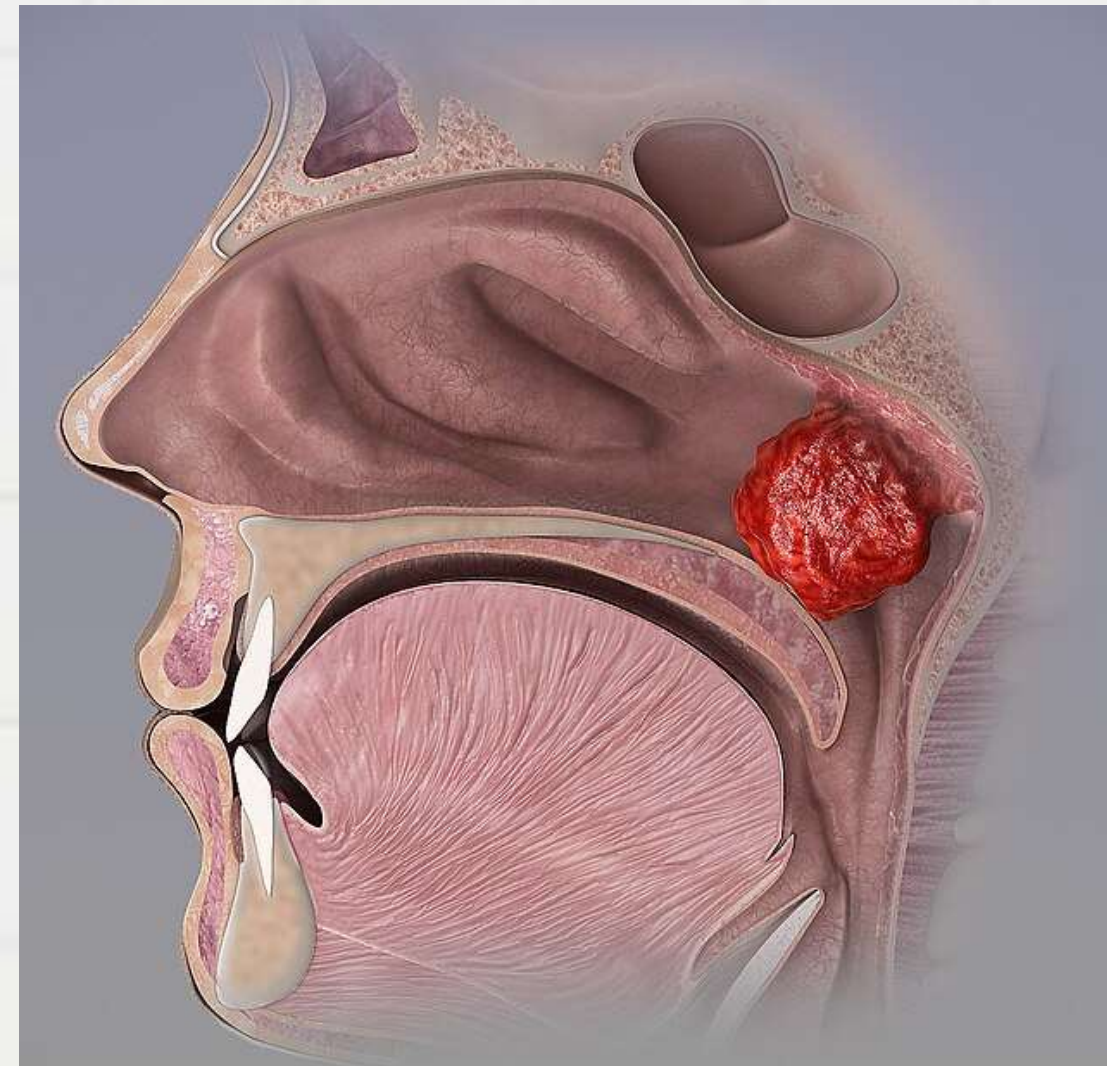
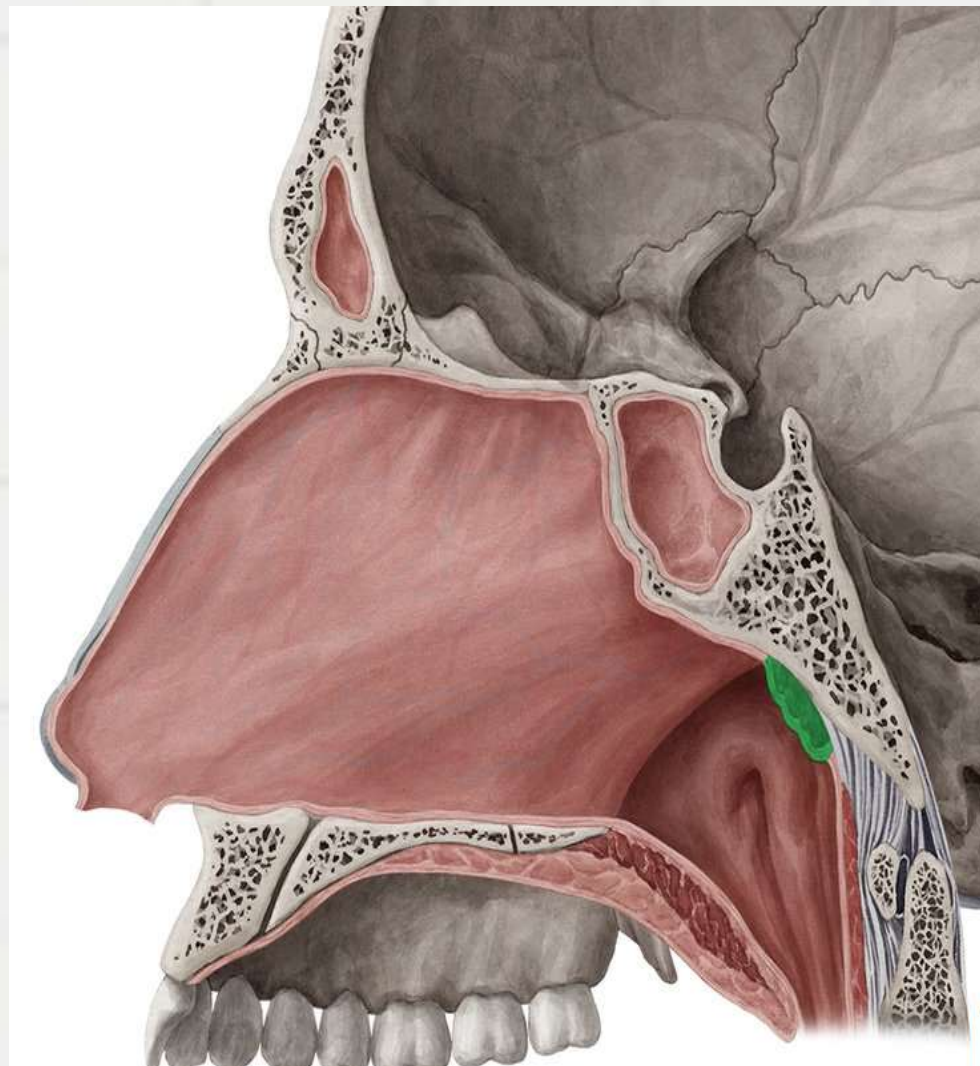
ANATOMY OF NASOPHARYNGEAL TONSILS AND HOMOEOPATHIC MANAGEMENT OF ADENOIDITIS IN PAEDIATRIC AGE GROUP – A CASE REPORT



Dr. Pranjli Agarwal¹, Dr. Varsha Sharma²

¹Associate Professor, Department of Paediatrics, Swasthya Kalyan Homoeopathic Medical College & Research Centre, Jaipur, Rajasthan

²Associate Professor, Department of Anatomy, Swasthya Kalyan Homoeopathic Medical College & Research Centre, Jaipur, Rajasthan

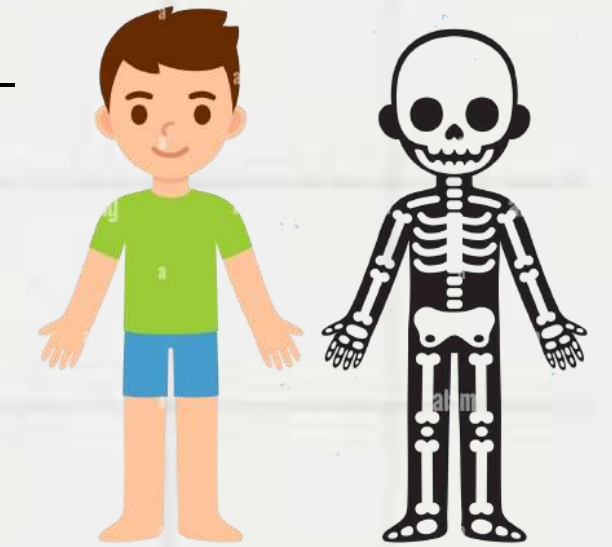


Adenoids Facies

- Sunken eyes
- Narrow pinched nostrils
- Open mouth
- High-arched palate
- Crowded teeth
- Dull mask-like face
- Protruding teeth
- Drooling saliva
- Everted upper lip
- Rhinorrhoea
- Loss of nasolabial fold



Anatomy of nasopharyngeal tonsils and homoeopathic management of adenoiditis in paediatric age group – A case report



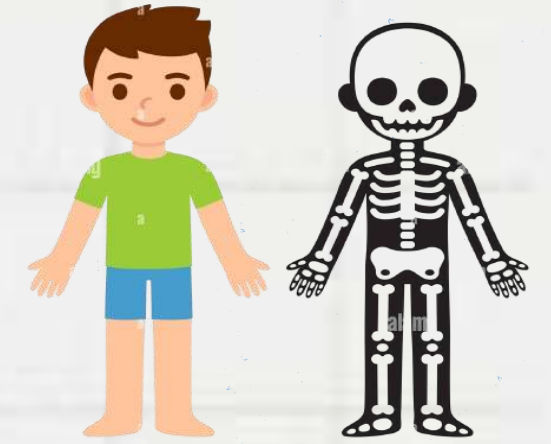
ANATOMY OF ADENOIDS

The prenatal development of the head during embryogenesis consists of the neurocranium and the viscerocranium. The human face develops as part of the viscerocranium throughout the fourth to tenth weeks of fetal life. The fusion of two lateral primordia forms the adenoids during embryological development.

The adenoids exist as a rectangular mass of lymphatic tissue in the nasopharynx. They are midline structures situated on the roof and posterior wall of the nasopharynx. They form part of the Waldeyer ring, whose components include the adenoids, the palatine tonsils, and the lingual tonsils. They are present from the seventh month of gestation and typically grow until age 5. Adenoid tissue can be found extending to the eustachian tube opening and the fossa of Rosenmuller.

The fossa of Rosenmuller is on the lateral wall of the nasopharynx, just behind the cartilage of the eustachian tube. They are pyramidal in shape, with the apex of the pyramid directed towards the nasal septum, and the base of the pyramid present between the roof and the posterior wall of the nasopharynx. Adenoid tissue may separate into two parts in some individuals. This variant can occur through two means: by a fissure extending from the pharyngeal bursa or by a median fold passing towards the nasal septum from the pharyngeal bursa. Histologically, the lymphoid tissue of the adenoids divides into four lobes with seromucous glands interposed throughout the substance of the tissue. Their composition is of respiratory epithelium.

Anatomy of nasopharyngeal tonsils and homoeopathic management of adenoiditis in paediatric age group – A case report



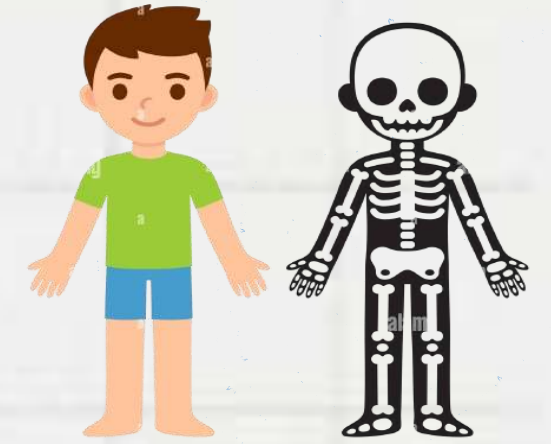
The arterial supply of the adenoids is from the basisphenoid artery, the ascending pharyngeal artery, the ascending palatine artery, the pharyngeal branch of the maxillary artery, the tonsillar branch of the facial artery, and the artery of the pterygoid canal.

The venous drainage of the adenoids is through the pharyngeal plexus. The innervation of the adenoids originates from the vagus (X) and the glossopharyngeal nerves (IX). As a portion of the Waldeyer ring, adenoids compose the lymphoid tissue that serves as a defense against potential pathogens in the pharynx. Adenoids, in conjunction with the lingual and palatine tonsils, are involved in the development of T cells and B cells.

On the surface, adenoid tissue has specialized antigen-capture cells (ACC), M cells, which uptake the pathogenic antigens and then alert the underlying B cells. Activation of B cells leads their proliferation in areas called germinal centers, this helps in producing IgA immunoglobulins.

Through this mechanism, the adenoids aid in the development of immunologic memory throughout childhood. Adenoids with other lymphatic tissue in the nasopharynx are the first line of defense against ingested or inhaled pathogens

Anatomy of nasopharyngeal tonsils and homoeopathic management of adenoiditis in paediatric age group – A case report



INTRODUCTION

In adenoid hyperplasia, tissue enlarges like ping pong ball and blocks airflow through nasal passages. Enlarged adenoids commonly accompany tonsillitis. Adenoids are largest in 2 to 4 years children. Enlargement usually results because of bacterial or viral infections.

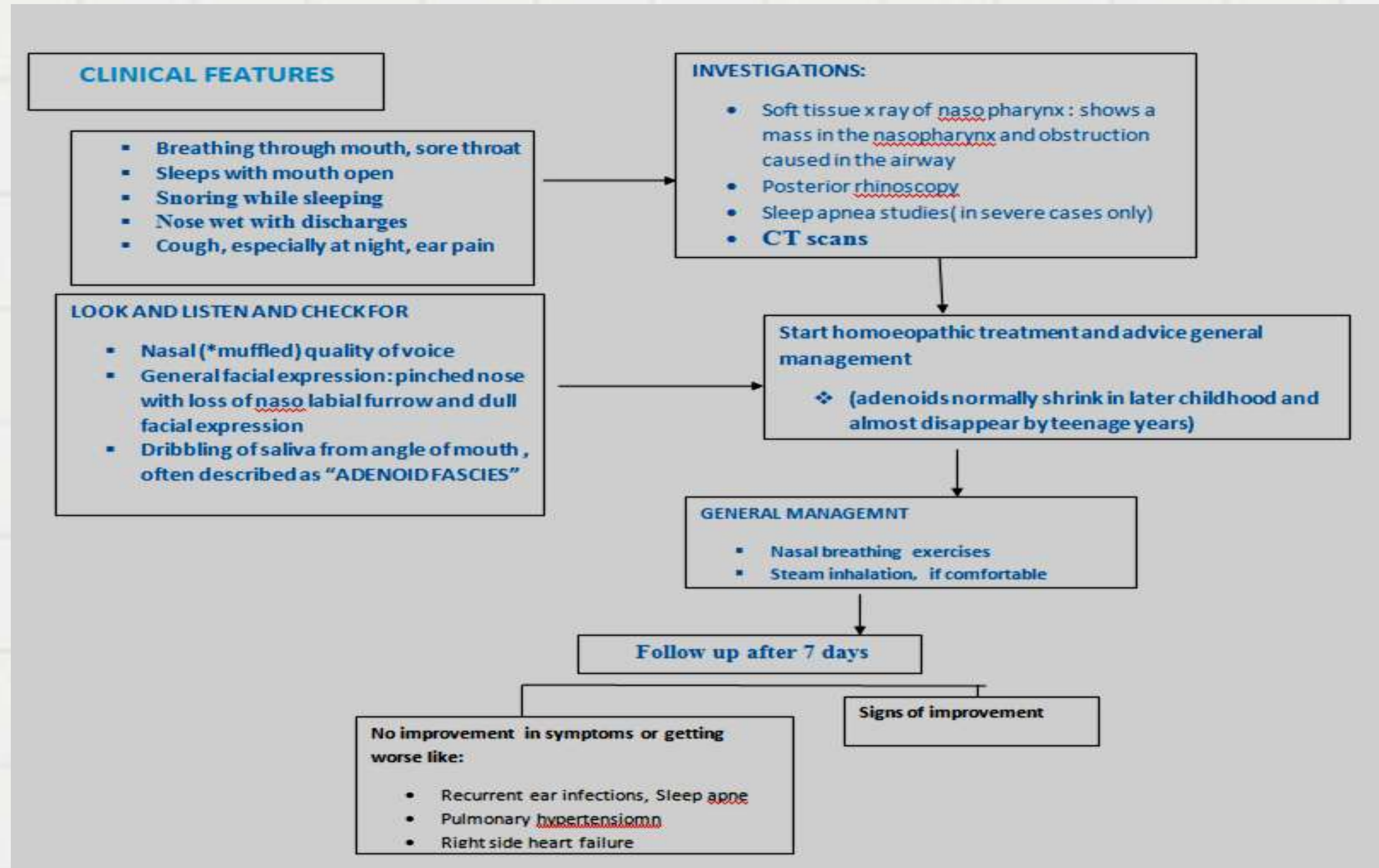
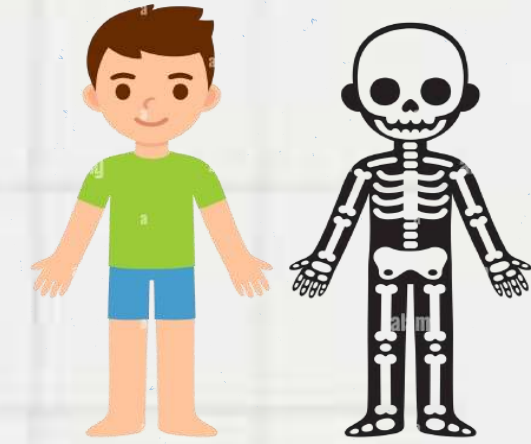
In some cases, allergens, irritants, and acid reflux can also lead to adenoid hypertrophy. Most of the time adenoid hypertrophy is asymptomatic, but symptoms and signs can include mouth breathing, middle ear infections, bad breath, nasal obstruction, and sleep obstruction.

ETIOLOGY

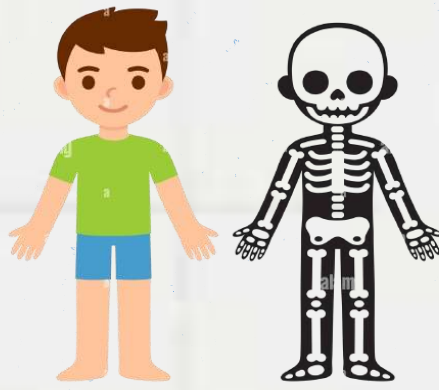
Adenoid hypertrophy can occur because of infectious and non-infectious etiologies. Infectious causes of adenoid hypertrophy include both viral and bacterial pathogens.

Viral pathogens associated with adenoid hypertrophy include adenovirus, coronavirus, coxsackievirus, cytomegalovirus (CMV), Epstein-Barr virus (EBV), herpes simplex virus, parainfluenza virus, and rhinovirus. Multiple non-infectious causes of adenoid hypertrophy have also been suggested including gastroesophageal reflux allergies, and exposure to cigarette smoke. In adults, adenoid hypertrophy can also be a sign of a more serious condition such as HIV infection, lymphoma, or sino-nasal malignancy.

Anatomy of nasopharyngeal tonsils and homoeopathic management of adenoiditis in paediatric age group – A case report



Anatomy of nasopharyngeal tonsils and homoeopathic management of adenoiditis in paediatric age group – A case report

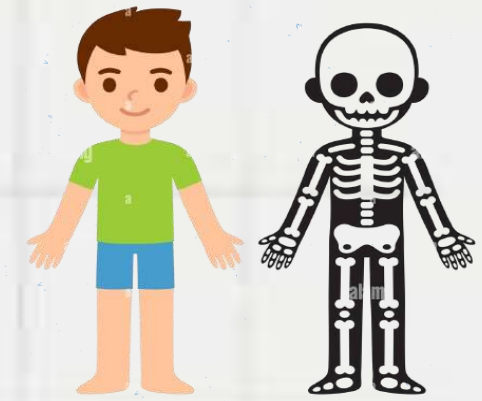


HOMOEOPATHIC MANAGEMENT

Common homeopathic medicines used with their symptomatic indications

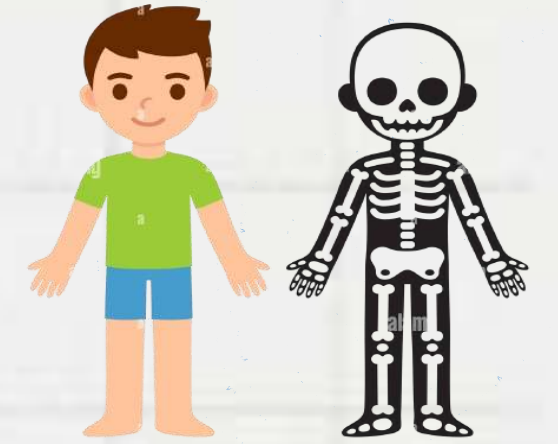
MEDICINE	GENERAL INDICATIONS	PARTICULAR SYMPTOMS
Belladonna	Sudden, violent effects, dryness; bright redness, burning heat; throbbing pains appear and disappear suddenly, wildly delirious restless, sensitive nervous; child jovial and entertaining when well but violent when sick.	<ul style="list-style-type: none"> • Ailments from exposure to cold wind • Glands red, swollen, hot, sensitive to pressure • Right-sided complaints • Throat feels constricted, difficulty in swallowing; • worse liquids with constant inclination to swallow
Hepar sulphur	Extremely chilly patient hypersensitive (to cold, pain), faints easily; scrawny, glandular constitution, sweats easily. slow to act, irritable, difficult to please	<ul style="list-style-type: none"> • Quinsy with Impending suppuration • Throat extremely sensitive to touch and to cold air • Sensation of a splinter, fish bone or plug in the throat. • Stitches in throat extending to the ear when swallowing. • Chronic hypertrophy of tonsils with hardness of hearing
Mercurius sol.	Sensitive to changes of temperature, lax musculature; profuse offensive perspiration: tongue flabby with imprint of teeth, increased salivation, increased thirst for large quantity of water, worse at night, in wet damp weather. fearful shy, hurried, violent, impulsive, weak memory, nervous.	<ul style="list-style-type: none"> • Suited to <u>parenchymatous</u> tonsillitis (after Belladonna). • Used in advanced state when pus has been formed • Constant desire to swallow.

Anatomy of nasopharyngeal tonsils and homoeopathic management of adenoiditis in paediatric age group – A case report



<p><u>Baryta carbonica</u></p>	<p>Chilly patient physically and mentally dwarfish, marasmic, old looking, sick, takes cold easily; aversion to sweets, hates especially plums, banana, too tired, wants to lie down: shy of strangers, hiding</p>	<ul style="list-style-type: none"> • Chronic cough of children • Inability to swallow anything but liquids. • Throat feels worse on empty swallowing. Enlargement of lymph glands in neck.
<p><u>Lycopodium clavatum</u></p>	<p>Intellectually keen but physically weak, upper part of body emaciated, lower part semi dropsical; complexion pale, dirty, sallow with deep furrows; looks prematurely old recurrent respiratory and gastro-intestinal affections: worse from 4 to 8 pm, right sided complaints or symptoms shift from right to left; desires warm foods and drinks, sweets, tendency for flatulent dyspepsia, dominating cranky, lack of self confidence, precocious</p>	<ul style="list-style-type: none"> • Tonsillitis begins on right side and spreads to the left. Pain worse from cold drinks, better by swallowing warm drinks.
<p><u>Agraphis nutans</u></p>	<p>Prone to frequent colds</p>	<ul style="list-style-type: none"> • Obstruction of nose due to enlarged adenoids • Throat and ear problems with tendency to free discharge from mucous membranes • Child breaths through mouth • Diminished hearing • Aggravation from cold wind

Anatomy of nasopharyngeal tonsils and homoeopathic management of adenoiditis in paediatric age group – A case report



CASE REPORT

A male child, X aged 7 years visited SKHMC OPD No. 89103 on 25/3/23 with complain 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 night, snoring, and mouth breathing with salivation on the pillow. All his complaints were worse for 2 months. The fever recurred every month, with cough and coryza.

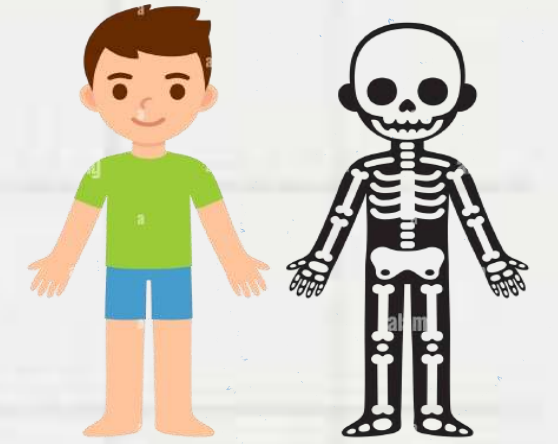
On systemic examination, there was no pallor, clubbing, cyanosis, or icterus except for an enlarged palpable lymph node in the posterior triangle of the neck. His milestones were proper. His immunization status was as per schedule. General built up of patient was lean thin. The patient did not respond to conventional treatment and other homoeopathic medicines and thus came to SKHMC OPD for treatment.

HISTORY OF PRESENT COMPLAINS

Gradual onset Breathing difficulty, accompanied by nasal obstruction.

Attendant of the Patient reported snoring while sleeping and difficulty in swallowing and drooling of saliva on pillow

**Anatomy of nasopharyngeal tonsils and homoeopathic management of adenoiditis in paediatric age group –
A case report**



PHYSICAL GENERALS

Child Had Desire For Oily Spicy Food And Hot Food

Aversion To Sweets

Profuse Perspiration, Especially On The Face. No Offensive Odor

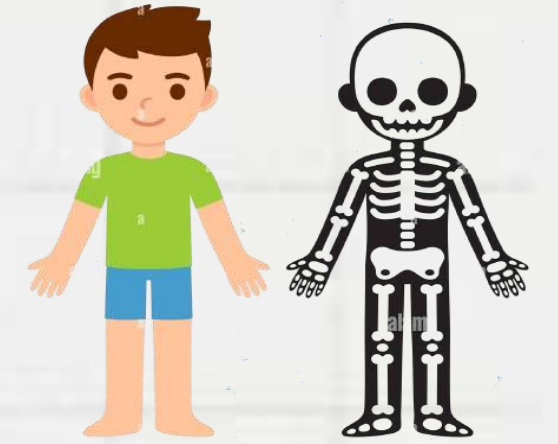
Thirst: Drinks 3 To 4 lt. of Water In A Day

Thermal: Hot Patient

MENTAL GENERALS

Irritable, desire to be alone, fear of dark and consolation aggravation

Anatomy of nasopharyngeal tonsils and homoeopathic management of adenoiditis in paediatric age group – A case report



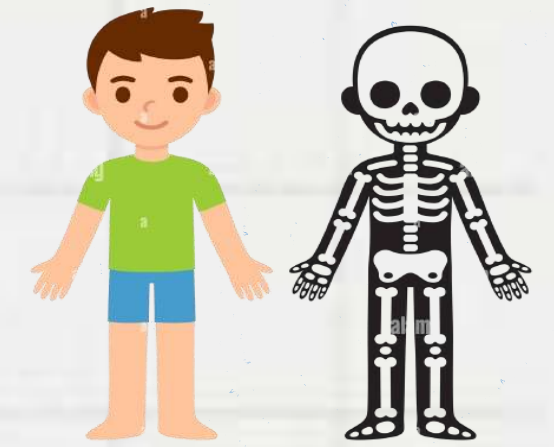
ANALYSIS OF THE CASE

After Analyzing Symptoms Of The Case The Characteristic Mental And Physical Generals And Particular Symptoms Were Considered For Framing The Totality Of The Case. Irritability, desire to be alone, fear of dark and consolation aggravation desire for oily spicy food and hot food Aversion to sweets Profuse perspiration, especially on the face. No offensive odor thick white discharge from the nose with nasal obstruction especially at night, cough during night, snoring, and mouth breathing with salivation on the pillow Were The Particulars Included In Totality. Considering The Above symptomatology, Complete Repertory was preferred and using RADAR software, systemic repertorization was done [Refer Table I] and Lycopodium 30/1 Dose/ was Prescribed On First Visit followed by phytum 30 three times a day for 1 month.

REPERTORIAL ANALYSIS

The Repertorization chart is given in Table I

Anatomy of nasopharyngeal tonsils and homoeopathic management of adenoiditis in paediatric age group – A case report



Investigation window for remedies

125% Millennium view (progressive)

J.Sherr Display Strategy Restrict to

1. Clipboard 1

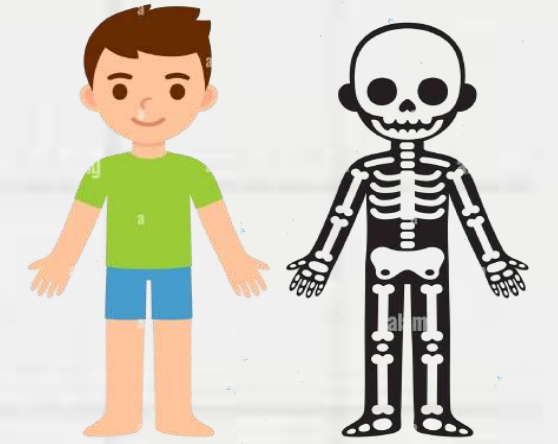
1. MIND - COMPANY - aversion to (241) 1
2. MIND - FEAR - dark; of - children; in (14) 1
3. MIND - CONSOLATION - agg. (48) 1
4. GENERALS - FOOD and DRINKS - sweets - desire (198) 1
5. GENERALS - FOOD and DRINKS - warm food - desire (31) 1
6. GENERALS - WARM - agg. (181) 1
7. FACE - PERSPIRATION (166) 1
8. COUGH - NIGHT (200) 1
9. MOUTH - SALIVATION - profuse - night (2) 1
10. NOSE - DISCHARGE - white (72) 1
11. NOSE - OBSTRUCTION - night (53) 1

	lyc	nux-v.	sil.	puls.	sep.	arg-n.	calc.	bell.	bry.	nat-m.	sulph.	ars.	carb-v.	merc.	chin.	agar.	cupr.	phos.	sabad.	ferr.	kali-bi.	kali-p.	carb-c.	med.	ign.	am-c.	kali-s.	lach.	graph.	acon.	kali-c.	nat-c.	nat-s.	rhus-t.	staph.	thuj.	ambr.	aur.	calc-s.	bamb-a.	cassia-s.	hyos.	cham.	ip.	plat.	sec.	syph.	aur-s.	cine
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49
	9	9	9	8	8	8	8	8	8	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	5	5	5	5	5	5	5	
	20	15	15	18	18	16	15	14	13	19	17	14	13	13	12	11	11	11	11	9	9	9	8	8	13	11	11	11	10	9	9	9	9	9	9	8	8	8	8	6	6	10	9	9	9	9	9	8	8
1.	2	3	-	2	3	2	1	2	2	4	2	1	2	-	2	1	2	1	-	2	1	1	1	-	3	-	1	2	1	1	2	1	2	3	2	2	2	1	1	1	2	3	-	2	1	2	2	-	
2.	-	1	1	1	-	-	-	1	-	-	-	-	1	-	-	-	-	-	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	1	-	-	-	-	-	-	-	
3.	1	1	3	-	4	1	1	2	-	4	1	2	-	1	1	-	1	-	1	-	2	2	-	3	-	1	-	1	1	-	-	-	1	1	-	1	-	-	-	-	1	-	2	-	3	-	-	-	
4.	3	1	1	2	2	3	2	1	2	1	3	1	2	2	3	1	-	2	2	1	2	1	1	2	1	2	2	1	2	-	2	2	1	2	2	1	-	1	2	1	1	-	2	1	2	-	3	2	
5.	2	-	1	-	-	-	1	-	2	-	-	3	-	-	-	-	1	-	2	2	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	
6.	2	1	1	3	1	3	2	1	2	3	3	-	1	2	1	2	2	2	2	1	1	1	-	1	1	1	3	2	2	1	1	1	3	1	1	2	1	1	2	-	1	2	1	2	3	3	-	1	1

512 remedies / 11 symptoms Sum of symptoms, sort: degree No restriction All remedies considered

TABLE I: CASE ANALYSIS : REPERTORIAL ANALYSIS

Anatomy of nasopharyngeal tonsils and homoeopathic management of adenoiditis in paediatric age group – A case report

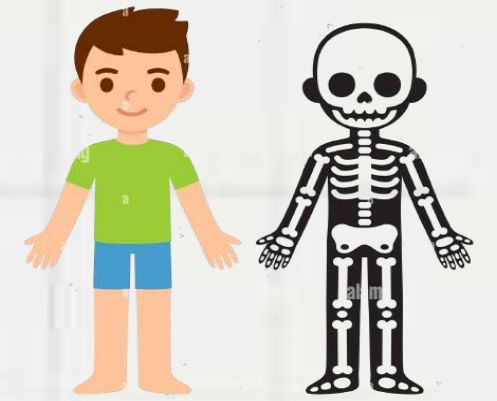


DISCUSSION AND CONCLUSION

In This Case, Important Mental, Physical Generals And Particulars, i.e., Irritability, desire to be alone, fear of dark and consolation aggravation desire for oily spicy food and hot food Aversion to sweets Profuse perspiration, especially on the face. No offensive odor thick white discharge from the nose with nasal obstruction especially at night, cough during night, snoring, and mouth breathing with salivation on the pillow Were Included For Repertorization Purpose.

After Repertorization, Many Medicines Were Competing With Each Other, Namely, Calcarea Carb, Silicea, pulsatilla, Nux vomica, Lycopodium, Sepia Etc. After Consultation With Materia Medica, Lycopodium 30/1 dose was Prescribed Which Remained Unchanged In The Subsequent Follow-Ups As The Patient Was Responding Well To The Medicine. Lycopodium 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.

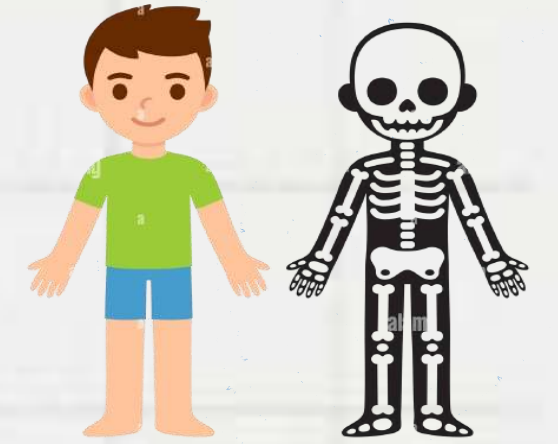
Anatomy of nasopharyngeal tonsils and homoeopathic management of adenoiditis in paediatric age group – A case report



PROGRESS AND FOLLOW-UP

DATE	SYMPTOMS	PRESCRIPTION
19/5/23	He had a thick white discharge from the nose with nasal obstruction especially at night, cough Better no snoring present, slight relief in breathing salivation on the pillow still present	<u>Lycopodium</u> 200, 1 dose <u>Phytum</u> 30 TDS. 30 Days
24/7/23	He had a thick white discharge from the nose. no nasal obstruction present and no difficulty in breathing, better in all other previous complains.	<u>Lycopodium</u> 200, 1 dose <u>Phytum</u> 30 TDS. 30 Days
12/9/23	Relief in all the complains. Patient is doing well now.	<u>Phytum</u> 30 TDS. 30 Days
24/11.23	Relief in all the complains. Patient is doing well now.	<u>Phytum</u> 30 TDS. 30 Days

Anatomy of nasopharyngeal tonsils and homoeopathic management of adenoiditis in paediatric age group – A case report



REFERENCES

1. Ralston, S. H., Penman, I. D., Strachan, M. W. J., & Hobson, R. (Eds.).(2018).
2. Hutchison. Hutchison's Clinical Methods. 22nd ed. China: Elsevier India (p) Ltd; 2007.
3. Ghai .O.P. Ghai Essential Pediatrics. Delhi: CBS publisher and Distributors Pvt Ltd. 8th Edition.p 517
4. Nelson Textbook of Paediatrics, Volume 2, Part XVIII- XXXIII. 18 th Edition, Saunders Elsevier India Private Limited Sri Pratap Udyog, 274, Capt. Gaur Marg Srinivaspuri, New Delhi- 110065Harrison. Principles of Internal Medicine. 16th Ed. Singapore. Library of Congress Cataloging-In-Publication Data; 2005. Chap 581, p 11400
5. Boericke W. Pocket Manual of Homoeopathic Materia Medica. 9th Ed. New Delhi: B Jain Publishers(P) Ltd;
6. Clark JH. A Dictionary Of Practical Materia Medica Reprint Ed. New Delhi: B Jain Publishers (P) Ltd; 2003.
7. Hutchison. Hutchison's Clinical Methods. 22nd ed. China: Elsevier India (p) Ltd; 2007.
8. Hahnemanns organon of medicine by B.K.Sarkar, Birla publications Pvt. Ltd.
9. Murphy Robin, ND, Lotus materia medica, ND, 2nd revised edition
10. Repertory Of The Homoeopathic Materia Medica By J.T.Kent, A.M., M.D. Enriched Indian Edition Reprinted From Sixth American Edition, Edited And Revised By Clara Louise Kent, M.D., B.Jain Publishers (P) L.T.D. USA-Europe- India
11. Synthesis Repertorium Homoeopathicum Syntheticum, Edited By Dr Fredrik Syhroyens In Collaboration With Leading Homepaths Throughout The World. Foreword By Jermy Sherr. 1998 Homoeopathic Book Publishers London. B.Jain Publishers, New Delhi, India. Synthesis Edition 9.1

THANK YOU VERY MUCH



 www.swasthyakalyan.org
 info@swasthyakalyan.org
homeopathy@swasthyakalyan.org

