



## **HYPERTROPHIED ADENOIDS IMPROVED WITH INDIVIDUALISED HOMOEOPATHIC TREATMENT – A CASE STUDY**

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### **Abstract**

Adenoids are nasopharyngeal tonsils located in the posterior wall of nasopharynx. It grows in size up till 5 years of age then after 8 years it starts regressing and disappears in adolescence. Recurrent infection may lead to hyperplasia of adenoids in children which may lead to nasal obstruction. In so called modern medicine steroids or adenoidectomy is the only mode of treatment which may further leads to complications and injury. In such cases Homoeopathy plays an important role. By proper individualisation we can cure such cases.

**Key Word-** Hypertrophied, Adenoids, Individualised, Homoeopathy, Case study

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### **INTRODUCTION**

In Greek adeno means gland, eidos means like. Word Adenoids means gland like. Nasopharyngeal tonsil is a median mass of lymphoid tissue located in the roof and posterior wall of the nasopharynx. Since it is associated with the mucosa, it forms part of such lymphoid tissue collectively called MALT {Mucosa associated lymphoid tissue}. The nasopharyngeal tonsil forms the part of Waldeyer's ring which surrounds openings of aerodigestive tract and so, contributes to the defence mechanism of the upper

aerodigestive tract. It grows larger soon after birth and reaches its maximum size by five years of age. After 8-10 years it starts involuting. It almost completely disappears by age of twenty. Other names for nasopharyngeal tonsil:- Pharyngeal tonsil, Luschka's tonsil, Luschka's gland.

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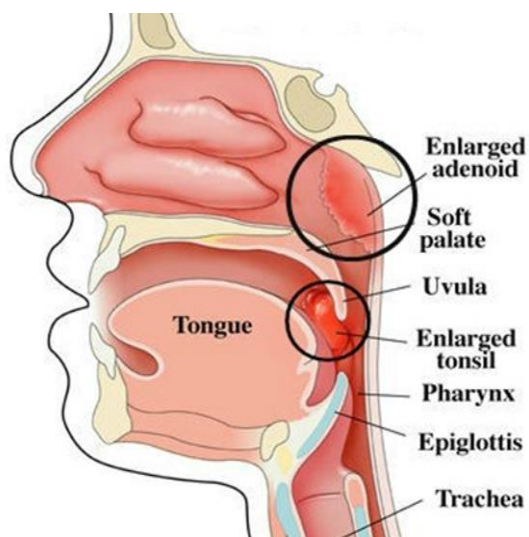


Fig 1 Adenoid

### Blood Supply

The nasopharyngeal tonsil is supplied by the ascending pharyngeal and ascending palatine arteries, Pharyngeal branch of maxillary artery, tonsillar branches of the facial artery and the artery of the pterygoid canal. Nerve supply is through CN IX and X. They carry sensation. Referred pain to ear due to adenoiditis is also mediated through them.

### Adenotonsillar Hypertrophy

**Aetiology:** Adenoid hypertrophy can occur because of infectious and non-infectious aetiologies. Infectious causes of adenoid hypertrophy include both viral and bacterial pathogens. 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. Recurrent attacks of rhinitis, sinusitis or chronic tonsillitis may cause chronic adenoid infection and hyperplasia.

### Signs and Symptoms:

1. Enlarged adenoids cause blockage of the posterior choanae which leads to wet bubbly nose.
2. Breathing through mouth
3. Tooth and palate deformities due to breathing through mouth.
4. Difficulty in suckling in a child
5. Due to improper respiration and feeding child may fails to thrive.
6. Chronic maxillary sinusitis is commonly associated with adenoids due to persistence of nasal discharge and infection.
7. Epistaxis can occur with nose blowing if adenoids are acutely inflamed.
8. Voice loses nasal quality due to nasal obstruction.
9. Infection from the Adenoids may spread to tubal tonsil which may further lead to tubal block and subsequent middle ear infection in chronic cases.

### Complications:

- Adenoid Facies: Chronic nasal obstruction and mouth breathing lead to characteristic facial appearance called adenoid facies.

- Long – standing nasal obstruction due to adenoid hypertrophy can cause pulmonary hypertension, cor pulmonale and lack of concentration.
- Paediatric OSA [ Obstructive Sleep Apnoea]

## CASE STUDY

### Presenting Complaints:

A child name AB of 9 years came to opd on 17/07/2021 complaining of difficulty in breathing from nose. This usually comes when she sleeps and there is nasal obstruction during sleep and crowded upper teeth.

### History of Present Complaints:

- Duration- from 3 years.
- Causation- cannot elicit
- Treatment- nasal drops and antibiotics taken.
- Result- temporary relief

### Past History:

Mild Fever at 2 yrs of age.

### Personal History:

- Birth: by C section
- Birth weight: 3 kg, cried on time
- Milestones: dentition delayed. Rest are normal.
- Immunisation- Done
- Hobbies- watching mobile and tv
- Habits: putting fingers in mouth and occasional bedwetting

### Family History:

Paternal side	Maternal side	Own side
Father-indigestion, hearing problem	Mother-hypothyroidism	Nothing specific
GF-died of peptic ulcer	GM- diabetes	
	GF- diabetes	

### Generalities:

#### A) Physical General

- Appearance: Chubby, dark complexion
- Appetite: Good, cannot endure hunger. Eats little whole day.
- Thirst: 2 lts daily, prefers cold water in short intervals.
- Desire: Sweets, chips, cold milk, junk food
- Aversion: Brinjal
- Stool: Hard stool, painful urging, occasional constipation,
- Urine: Clear and offensive.
- Perspiration: Profuse, on scalp, forehead, and neck.
- Sleep and dreams: Good, changes position. Sometimes disturbed due to blocked nose.
- Thermal reaction: Chilly.

#### B) Mind

- Fearful, fear of dark, Very talkative. Lazy, don't like to play

outside, sits at home. Anger- don't share her things

**Laboratory Diagnosis:**

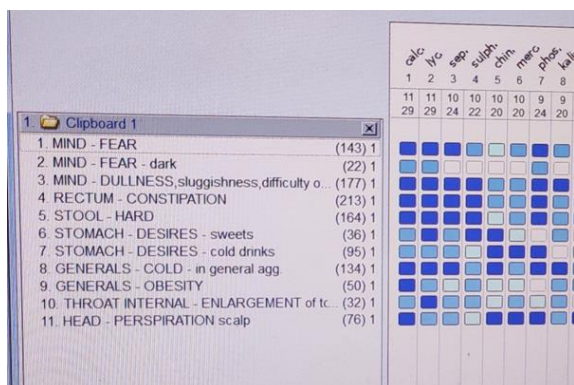
- Haemogram: - Normal study.
- X Ray- Grade II adenoid hypertrophy.

**Provisional Diagnosis: Adenoiditis**

**Totality Of Symptoms:**

1. Fearful, fear of dark
2. Lazy, don't like to play outside, sits at home
3. Desire- sweets, chips
4. Thirst- medium desire cold water
5. Stool: hard stool, painful urging, occasional constipation
6. Sleep- profound
7. Perspiration: profuse, on scalp, forehead, and neck.
8. Thermal reaction: chilly.
9. Chubby.
10. Glandular hypertrophy.

**Repertorial Analysis:**



**Final Selection Of Remedy:**

Rx  
 Calcarea Carb 200 – 3 doses X OD  
 Placebo OD X 15 days

**Follow Up -**

	Da te	Remarks	Prescription
1 <sup>st</sup>	30/7 /21	Swelling reduced little bit	Sac lac X od 15 days
2 <sup>nd</sup>	13/8 /21	Can breathe through nose	Sac lac X 7 days
3 <sup>rd</sup>	20/8 /21	Can sleep well, adenoids size reduced. Overall better	Sac lac X 30 days

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**Conflict of Interest: None**

**Source of Support: Nil**