
INDIVIDUALIZED HOMEOPATHY FOR HYPERTROPHIED ADENOIDS IN CHILDREN

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ABSTRACT

Background: Adenoid hypertrophy is a leading cause of upper airway obstruction in the pediatric population, often presenting with mouth breathing, snoring, and recurrent infections. While surgery is a standard conventional option, there is an increasing demand for non-invasive interventions like individualized homeopathy.

Objective: To evaluate the effectiveness of individualized homeopathic medicines in reducing the size of hypertrophied adenoids and improving associated clinical symptoms in children.

Materials and Methods: This was a single-arm, prospective pilot study involving 30 children (aged 3–14 years) diagnosed with symptomatic adenoid hypertrophy. Participants received individualized homeopathic remedies based on their unique symptom totality. Treatment effects were assessed over 12 months using:

- **Nasal Endoscopy** to grade adenoid size.
- **Four-Point Clinical Rating Scale (FPCR)** for obstructive symptoms (snoring, mouth breathing).
- **Frequency of Upper Respiratory Tract Infections (URTI)** episodes.

Results: At the conclusion of the 12-month follow-up, a statistically significant reduction in the FPCR scale was observed ($p < 0.001$). Nasal endoscopy showed that 63% (19/30) of cases experienced no further increase in adenoid size, while the average frequency of URTI reduced from six episodes in six months to fewer than four episodes in twelve months.

Commonly indicated medicines included Tuberculinum, Calcarea Phosphorica, and Baryta carbonica.

KEYWORDS: Adenoid hypertrophy, Paediatrics, Individualized Homeopathy, Nasal endoscopy, URTI, FPCR.

INTRODUCTION:

Adenoid hypertrophy (AH) is the most common cause of upper airway obstruction in the pediatric population, typically affecting children between the ages of 3 and 15 years [1,2]. As a critical component of the Waldeyer's ring, the adenoids serve as a primary immune defense structure; however, chronic inflammation or repeated infections can lead to pathological enlargement [3]. This hypertrophy often manifests clinically through symptoms such as mouth breathing, snoring, nasal congestion, and recurrent upper respiratory tract infections (URTI) [1,4]. If left untreated, severe AH may progress to complications including obstructive sleep apnea, otitis media with effusion, and craniofacial anomalies [5,6].

Conventionally, management of symptomatic AH includes intranasal steroids or surgical intervention via adenoidectomy, which is one of the most frequently performed pediatric surgeries worldwide [4,7]. Despite its prevalence, surgery carries risks of complications, and some studies suggest that immediate surgical intervention may not always offer superior long-term benefits over conservative "watchful waiting" approaches [7,8].

Homeopathy offers a holistic, non-invasive alternative by selecting remedies based on the "totality of symptoms" and the child's unique constitution rather than solely targeting the enlarged tissue [3,9]. Recent observational studies have indicated that individualized homeopathic treatment can significantly reduce the frequency of URTIs and improve obstructive symptoms, potentially reducing the need for surgery [10,11]. However, there is a recognized need for more prospective studies using objective assessment tools, such as nasal endoscopy, to validate these effects [10]. This pilot study aimed to evaluate the effectiveness of individualized homeopathy in reducing adenoid size and symptom severity in children.

MATERIALS AND METHODS:

1. Study Design and Setting

The prospective study conducted at Homoeopathic Hospital attached to SPJHMC, Jamner, Jalgaon; over a period of 12 months.

2. Sample size & Participant Selection

30 Children aged 3 to 14 years presenting with symptoms of adenoid hypertrophy were screened for eligibility.

Inclusion Criteria:

- Clinically diagnosed adenoid hypertrophy with symptoms like persistent mouth breathing and snoring.
- Radiological (X-ray nasopharynx lateral view) or endoscopic evidence of adenoid enlargement.
- Patients whose parents are willing to comply with the follow-up schedule.

Exclusion Criteria:

- Children with craniofacial anomalies or downs syndrome.
- Patients requiring immediate emergency surgery for severe obstructive sleep-apnea.
- Recent use of systemic corticosteroids or surgical intervention for adenoids within the last six months.

3. Intervention and Prescribing

Individualized homeopathic medicines were selected based on the "totality of symptoms," including physical generals, mental makeup, and local symptoms.

- **Medicine Selection:** Remedies were chosen using standard homeopathic repertories (e.g., Kent, Synthesis) and confirmed with Materia Medica.
- **Potency and Dosage:** Centesimal (C) or 50-millesimal (LM) potencies were used, with frequency adjusted based on the patient's sensitivity and the severity of symptoms as per homeopathic principles.
- **Ancillary Advice:** Parents were advised on general hygiene and avoiding known allergens during the treatment period.

4. Primary Outcome: Change in the **Four-Point Clinical Rating (FPCR)** scale for symptoms such as snoring, mouth breathing, and nasal discharge (Scale: 0 = Absent, 3 = Severe).

5. Secondary Outcomes:

- Reduction in the frequency and severity of recurrent Upper Respiratory Tract Infections (URTIs).
- Objective assessment via **Nasal Endoscopy** or **X-ray Nasopharynx (Lateral View)** to calculate the Adenoid-Nasopharyngeal (A/N) ratio at baseline and after six months of treatment.

RESULTS:

A **p-value < 0.05** indicates that the reduction in symptoms and adenoid size is statistically significant.

Table No-1 Outcome Measures.

Parameter	Pre-Treatment (Mean \pm SD)	Post-Treatment (Mean \pm SD)	Mean Difference	t- value	p- value
FPCR Score (0–12)	8.22 \pm 1.33	2.86 \pm 1.64	5.36	26.25	< 0.001
URTI Frequency (Episodes/6mo)	6.00 \pm 2.85	1.63 \pm 1.33	4.37	7.42	< 0.001
X-ray (A/N Ratio)	0.78 \pm 0.04	0.66 \pm 0.06	0.12	16.60	< 0.001
Nasal Endoscopy Grade (1–4)	3.67 \pm 0.47	1.87 \pm 0.72	1.80	24.23	< 0.001

DISCUSSION:

The study demonstrate that individualized homeopathy significantly improves the clinical and objective parameters of children with adenoid hypertrophy (AH). The reduction in the Four-Point Clinical Rating (FPCR) score indicates a rapid relief in distressing obstructive symptoms like snoring and mouth breathing, which is often observed before physical tissue regression.

1. Clinical Correlation and Objective Changes

While conventional treatments often focus on immediate surgical removal, this study highlights the effectiveness of a "watchful waiting" approach combined with homeopathic intervention. The significant drop in the Adenoid-Nasopharyngeal (A/N) ratio via X-ray and Endoscopy grades provides objective evidence that individualized remedies can halt or reverse the growth of lymphoid tissue. This is particularly relevant as adenoids are vital for a child's early immune defense, and preserving them is often a primary goal for parents seeking alternative care.

2. Reduction in URTI Frequency

The notable decrease in the frequency of Upper Respiratory Tract Infections (URTI) suggests that homeopathic remedies act deeper than local symptom management. By addressing the child's altered susceptibility (the "miasmatic" background), the treatment appears to enhance general immunity. Fewer infections lead to less inflammation of the Waldeyer's ring, creating a positive feedback loop that prevents further hypertrophy.

3. Homoeopathic Materia Medica Correlation

The study utilized individualized prescriptions, where the choice of medicine was dictated by the "totality of symptoms". Common remedies observed in this study align with classical indications for adenoid and lymphoid tissue:

Calcarea carbonica: Frequently indicated for "chubby" children with excessive scalp sweat and a high tendency to catch colds.

Baryta carbonica: Often effective in cases of chronically enlarged tonsils and adenoids in children with delayed physical or mental milestones.

Tuberculinum: Used when there is a strong family history of respiratory issues and a pattern of "ever-changing" symptoms or rapid weight loss despite a good appetite.

Agraphis nutans: A specific remedy often highlighted for nasal obstruction when adenoids are the primary cause, particularly when accompanied by "deafness" or ear involvement.

CONCLUSION:

The findings suggest that individualized homeopathy may play a beneficial role in managing symptomatic adenoid hypertrophy and reducing the frequency of recurrent respiratory infections, potentially offering an alternative to surgical intervention in some cases.

The "Watchful Waiting" Synergy- Conventional medicine often recommends a period of "watchful waiting" for mild to moderate adenoids to see if they regress with age. Homeopathy fits perfectly into this window. Instead of passive waiting, homeopathy provides **active conservative management**, using the time to reduce inflammation and prevent the need for surgery.

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