

THE  
*beginner's guide*  
TO  
*homeopathy*

*continuing our major partwork*



***CHRONIC ENT  
PROBLEMS IN CHILDREN***

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**Children's ear, nose and throat problems are extremely common. The majority of babies and young children catch infections which spread easily to the tonsils and the ears. The age of maximum infection depends largely on the social situation of the child. Thus babies who come into contact early with large numbers of children either through childminders or friends of older siblings tend to suffer from more infections at a younger age. Only children who stay at home until starting school or nursery often miss part of their first year at school because of repeated infections.**

**This is all part of the natural process of building up the body's immunity to common infections. In general, if treated properly these infections are short-lived. In some children, however, there is a tendency to develop recurrent infections and complications. The most common complications are a persistent discharging and blocked nose, recurrent tonsillitis with chronic enlargement of the tonsils and adenoids and recurrent middle ear infection (otitis media) which can lead to glue ear and hearing problems.**

## **Persistent nasal discharge**

It is common with most colds to develop a runny nose which, fortunately, doesn't usually last long. Sometimes, however, this discharge continues long after the acute cold has settled. Conventional medical treatment involves the use of steroid and anti-histamine nasal sprays and the use of antibiotics if the condition does not settle. This treatment is not always successful and some children are left with constant blocked and runny noses leading to breathing problems, sniffing, sore noses—and teasing from their peers. Homoeopathic treatment can be very useful and some of the more commonly used remedies are listed below.

**Calc. carb.:** Blocked nose and thick, offensive yellow discharge with swollen nose and upper lip in a typical *Calc.* child—pale, plump, cold and clammy with a large, sweaty head, tendency to catch cold with every change in the weather and generally slow, sluggish and stubborn.

**Pulsatilla:** Yellowy green, bland (non-irritating) discharge; more watery in the fresh air with the typical *Pulsatilla* symptoms of changeability, weepiness, need for affection and lack of thirst. They are generally better for fresh air and gentle motion and worse for hot, stuff rooms.

**Sulphur:** Dirty yellow catarrh with a dry, scabby nose in a *Sulphur* child who is warm blooded, untidy, averse to washing and generally lazy and disorganised. They have dry, red skin with a tendency to eczema and have a sweet tooth and great thirst.

**Ars. Alb.:** Profuse, watery, burning discharge

## **Case study**

A pale, plump three-year-old child with recurrent upper respiratory tract infections. He received the same remedy for each attack. The attacks recur. His mother started to notice the attacks on extremely suddenly, with a sharp, throbbing pain, high fever and chills. The infections as effectively as possible were sought from a homoeopathic remedy between attacks. The child had no further attacks in almost a year.

that makes the upper lip red and sore in a child who is thin, chilly, anxious and restless and possibly unusually tidy, with obsessional features. They are generally better for warmth, fresh air and company.

## The ear

The ear is a delicate sense organ concerned with hearing and balance and it is important that infections of the ear are treated correctly in order to preserve these functions. Sound waves are picked up by the ear and travel through the outer ear canal, causing the ear drum to vibrate. This in turn causes three small bones in the middle ear to vibrate. These vibrations then pass through to the inner ear, which is rich in nerve endings, and information about the sounds received are sent to the brain. The middle ear is drained by the Eustachian tube that opens into the back of the naso-pharynx.

**Acute middle ear infection (otitis media)** is a common infection in children. It is usually associated with a cold and presents as a sudden illness with a high fever, general malaise and severe pain in the ear. The symptoms are caused by a build-up of catarrh leading to pressure and pain in the middle ear, which occasionally causes the eardrum to burst. It is treated medically with antibiotics or homoeopathically with remedies such as *Belladonna*, *Chamomilla*, *Aconite* and *Pulsatilla*. It is common to have reduction of hearing during an acute episode and it is important to check that hearing has returned to normal afterwards. There are two common complications of an acute ear infection, chronic otitis media and otitis media with effusion, commonly known as glue ear.

If the perforation of an acute attack fails to heal then discharge can continue and the middle ear bones can become damaged and lead to deafness. Conventional

treatment of chronic otitis media consists of taking swabs to find the appropriate antibiotics and medically supervised cleansing of the ear.

**Glue ear** is caused by a chronic accumulation of fluid in the middle ear causing deafness and, in the long term, permanent damage to the hearing. It is a modern epidemic and it is estimated that a third of all children are affected at some stage. Although many cases will resolve spontaneously it is important to monitor hearing in children where glue ear is suspected. A main predisposing factor is thought to be antibiotic treatment for an acute ear infection, which prevents the natural perforation of the eardrum and drainage of the ear, but does not completely clear the middle ear infection. Other predisposing factors include large adenoids that block the Eustachian tube and prevent drainage of the middle ear, allergic rhinitis and parents who smoke.

Glue ear is most common in young and primary school age children, and often the only symptom is deafness. This often goes undetected as a failure to respond is often ascribed to the child's tendency to ignore what their parents are saying. A useful test of hearing in young children is to observe whether they need to turn the television up.

Conventional treatment initially consists simply of observation as many cases resolve spontaneously. Antibiotics and antihistamines are sometimes prescribed but are of no proven value. Surgery is considered if hearing loss continues for longer than three months. This consists of making a small incision in the eardrum and inserting a small tube or "grommet" that can drain the fluid from the middle ear. A grommet stays in place for an average of six months which is usually adequate to clear the problem.

While acute ear problems can be treated successfully at home using homoeopathic remedies, so long as the child responds to them, it is advisable to seek professional homoeopathic advice for chronic problems, as constitutional prescribing is usually required. Common remedies are as follows.

**Lycopodium:** Thick, yellow, offensive discharge, especially from the right side associated with eczema of the ear, reduced hearing and roaring in the ears. In general they are anxious children who lack self confidence, have a sweet tooth, are generally worse in the late afternoon and may also suffer from abdominal problems.

**Psorinum:** Offensive brownish discharge from

old boy presented with a history of repeated middle ear infections. He had three courses of antibiotics but the infections continued to recur. To treat the acute infections with *Belladonna* as they came on. The infections were mainly right sided and were associated with severe pain, fever, and a bright red hot face. *Belladonna* dealt with these acute infections, but they continued to recur. Advice was given with *Calc carb.* was prescribed constitutionally. The child is developing extremely well and there have been no further infections in a year.

the ear in a thin and chilly child, who always looks dirty, has a ravenous appetite and is worse for the cold.

**Merc. Dulc.:** A useful remedy for glue ear in a child who is pale and flabby with a tendency to diarrhoea and a taste for cold drinks.

**Kali Mur.:** Another useful remedy for middle ear catarrh, especially with snapping noises in the ear, thick milky white discharges, and swollen glands.

Other constitutional remedies may be required, including *Pulsatilla* and *Calc. carb.* as described earlier.

## Tonsils and adenoids

These are masses of lymph tissue forming a small part of the body's lymphatic system, which fights infection. The adenoids lie on the back wall of the naso-pharynx close to the opening of the Eustachian tube and the tonsils are on either side of the throat at the base of the tongue. Their role is to protect the body from germs that are breathed in. They are always larger in young children whose immune system is still developing—they shrink naturally as the child grows older.

Unusual growth of the adenoids owing to recurrent infections can cause nasal obstruction, leading to further infections, breathing through the mouth and snoring. It can also cause Eustachian tube blockage that causes recurrent acute otitis media and glue ear. Treatment of chronically enlarged adenoids is surgical removal.

**Acute tonsillitis** is not uncommon in children and presents with a high temperature, pain and enlarged tender lymph nodes in the neck. The tonsils are usually larger and redder than usual, and may have spots of pus and membranous deposits on them. Conventional medical treatment includes rest, soluble paracetamol, adequate fluid intake, and antibiotics in severe cases, although it is not always possible to distinguish clinically between viral and bacterial infections.

Some children suffer repeated attacks of tonsillitis, and then surgical removal is usually recommended, although there is a tendency to grow out of the condition. Parents can become concerned about the size of their children's tonsils, but this is only a clinical problem if the size affects breathing or swallowing.

**Acute sore throats** can be treated homoeopathically at home, so long as the child's general condition does not deteriorate, and they respond to

the selected remedy. Remedies that can be useful include *Belladonna*, *Merc Sol.*, *Apis Mel.*, *Hep. Sulph.*, *Lachesis*, and *Lycopodium*.

If tonsillitis is recurrent or tonsils, adenoids or neck glands remain enlarged, constitutional treatment should be considered. Common constitutional types prone to enlarged lymphoid tissue include:

**Baryta Carb:** Useful in heavy, clumsy children, who have slow development, large soft glands, are generally shy and are worse for the cold.

**Silica:** Useful in thin, pale shy children who are sensitive to the cold and catch colds easily. They can have cold, sweaty, offensive feet and are generally better for warmth, especially wanting to cover their head.

**Merc. Sol.:** Weak, cold restless children with bad breath, copious saliva and night sweats. The tonsils and mouth can become ulcerated, and they are generally worse at night.

**Calc Phos.:** Thin restless irritable children who also often complain of headaches and stomach aches. They catch colds easily, are worse for the cold, damp and draughts—it is a wonderful remedy for this type of child who has not recovered from a period of acute infections. They often crave smoked foods.

Other remedies already described, such as *Calc Carb.* and *Pulsatilla*, can also be useful.

While it is reasonably straightforward to treat acute ENT illnesses with homoeopathy at home, the treatment of chronic and recurrent conditions is more complicated and usually requires the help of a homoeopath. While looking after small children one should never delay obtaining medical advice if their general condition deteriorates, even when homoeopathic remedies have been given. Caution also has to be used when treating chronic conditions of the ear in order to ensure that temporary hearing loss does not become permanent due to structural damage. It is usually sensible to seek both homoeopathic and medical advice, hoping that the remedies will have cured the condition before the appointment for surgery is reached.