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Address

• Vikram Nagar, Boudhi Chouk, Latur.
• Tq. Latur, Dis. Latur 413512 (MS.)
• (+91) 9922455749, (+91) 8999250451

Email

• aiirjpramod@gmail.com
• aayushijournal@gmail.com

Website

• www.aiirjournal.com

CHIEF EDITOR – PRAMOD PRAKASHRAO TANDALE

**A Questionnaire Based Survey of Tonsillitis of Children
Between 10-13 Years of Age.**

Dr. Asmita P. Alekar,

Dr.D.Y. Patil Homoeopathic Medical College & RC,
Pune.
Email: swati20305@yahoo.co.in

Dr. G.D. Chaudhari

Dr.D.Y. Patil Homoeopathic Medical College & RC,
Pune.
Email: giridr08@gmail.com

Abstract-

Tonsillitis is inflammation of tonsils, a common clinical condition caused by either bacteria or viral infection. It affects significant percentage of population more so in children. Tonsillitis is inflammation of tonsils, a common clinical condition caused by either bacteria or viral infection. It affects significant percentage of population more so in children. The condition can occur occasionally or recur frequently. Acute tonsillitis is characterized by visible white streaks of pus on tonsils and the surface of the tonsils may become bright red colour. The bacterial tonsillitis is caused mainly by β -haemolytic Streptococcus and to lesser extent by Staphylococcus aureus and several other bacteria. The more common symptoms of tonsils are sore throat, red swollen tonsils, pain when swallowing, fever, cough, headache, tiredness, chills, swollen lymph nodes in the neck and pain in the ears or neck and the less common symptoms include nausea, stomach ache, vomiting, furry tongue, bad breath, and change in voice and difficulty in opening of mouth. It commonly affects school going children. Hence we have selected this topic for survey since Homoeopathy offers good scope in acute and chronic tonsillitis and even can handle complications of tonsillitis very well.

Keywords- Acute tonsillitis, chronic tonsillitis, otitis media, odynophagia, sore throat

Introduction

Tonsillitis means the inflammation of the pharyngeal tonsils, the small glands at the back of the throat behind the tongue. Bacterial, viral infections and other immunologic factors are responsible for tonsillitis and its complications. Nearly all children experience at least one episode of tonsillitis¹ Tonsillitis is the inflammation of the pharyngeal tonsils. Along with the pharyngeal tonsils, the adenoids and the lingual tonsils may also get inflamed involve other areas of back of throat including the adenoids and the lingual tonsils. Tonsillitis may be caused due to any viral or bacterial infections or any other immunological factor¹. It is very common in India. Children are more commonly affected. It spreads through air borne droplet infection through throat or nasal fluids etc. The incubation period varies from 2-4 days. In severe or recurring cases of tonsillitis removal of tonsils i.e Tonsillectomy is advised.²

Due to advancement in medical sciences the complications are rare. Surgical intervention can also be avoided using homoeopathic medicines. Homoeopathy plays an important role in treating the cases of tonsillitis and preventing their recurrence with permanent restoration of health. Signs and Symptoms: Sore throat is the main symptom, other symptoms include, cough, red and swollen tonsils, pain on swallowing, Fever may be high, headaches, tiredness, pain extending to ears or neck, pus filled spots on tonsils, tender cervical lymph nodes and neck stiffness (often found in acute tonsillitis), signs of dehydration.

Procedure

A standardized printed examination proforma was prepared so that throat examination of all children is done as a standardized protocol. Recurrent tonsillitis is highly prevalent disorders particularly in early and late childhood. The study was carried out keeping in view the incidence, gravity and probable referral services and auxiliary management that can be provided to the children from the school. It also assessed the age incidence, relation to area of residence, causative factors, and predominating symptoms by observing the various parameters.

Materials and Methods

One hundred and sixty five male and female children under age group between 10-13 years were screened as per detailed proforma (includes Brodsky table) of throat examination. All children between 10-13 years of age were examined. All children requiring further assessment and counseling or rehabilitation were guided to referral Homoeopathic hospital for further follow up, investigations and expert guidance.

E. Inclusion criteria

1. Patients age group between 10-13 years of age were examined
2. Both sexes were examined

F.Exclusion criteria

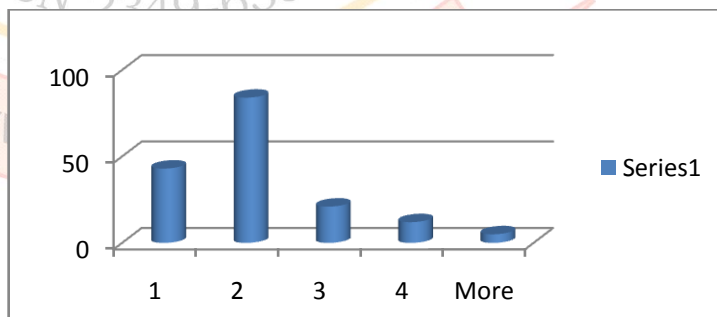
1. Children suffering from metabolic diseases,
2. Children suffering from congenital anomalies
3. Children suffering from HIV, HbsAg will be excluded.
4. Children below 10 years of age will not be included.

Results-

I] Figure-1

This table denotes frequency of attacks of tonsillitis. It is observed that maximum of 84 children from both sexes suffered from 2 attacks per year. (50.9%), approximately 12% suffer from attack of tonsillitis thrice in a year and approximately 12% suffer four times in a year and approximately 3% even more than four times in a year.

Frequency	
1	43
2	84
3	21
4	12
More	5



II] This table denotes the gradation of tonsillitis.

(Degree of Tonsils Blockage)	Ratio of the Tonsil in the Oropharynx
Degree 0	Tonsils in the Fossa
Degree 1	Tonsil occupies less than 25% of the Oropharynx
Degree 2	Tonsil occupies from 25 to 50% of the Oropharynx
Degree 3	Tonsil occupies from 50 to 75% of the Oropharynx
Degree 4	Tonsil occupies more than 75% of the Oropharynx

(Courtesy-www.google.com)

Figure 2

Denotes that 69% of children when examined had A₀-tonsils fit in tonsillar fossa, approximately 14% (24) had B₁- tonsils occupy less than 25 % of oropharynx, approximately 9% (16) have C₂. tonsils occupy from 25-50% of oropharynx , approximately (11) had D₃-tonsils occupy 50-75% of oropharynx, and no students suffered from E₄. tonsils occupy more than 75% of the oropharynx.

Gradation	
A0	114
B1	24
C2	16
D3	11
E4	0

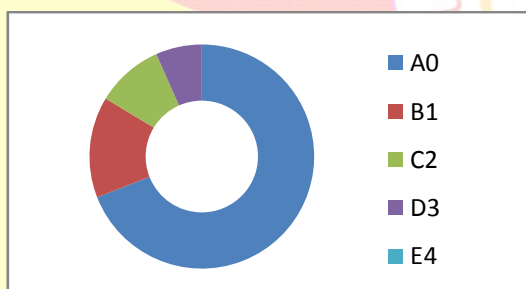


Figure 3 denotes incidence of acute and chronic tonsillitis observed when examining 165 students..Approximately 40 out of 165 students (24%) suffered from chronic tonsillitis and 21 out of 165 children examined suffered from acute tonsillitis (12%).

Chronic	40
Acute	21
Absent	104

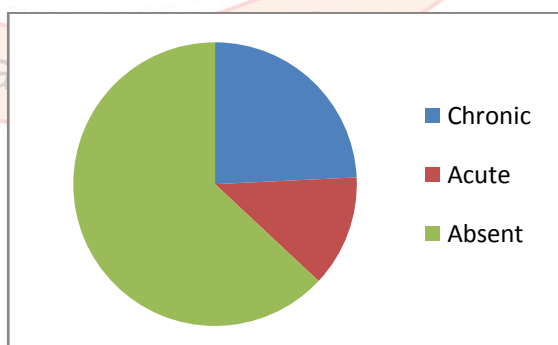


Figure4-

Denotes the types of tonsillitis seen during examination of throat of 165 children. Approximately 23 % (38) suffered form parenchymatous tonsillitis and approximately 11 % (19) suffered from follicular tonsillitis.

Type	
Parenchymatous	38
Follicular	19
Ulcerative	0
Absent	108

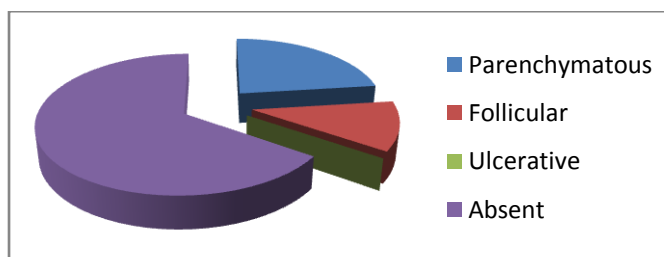
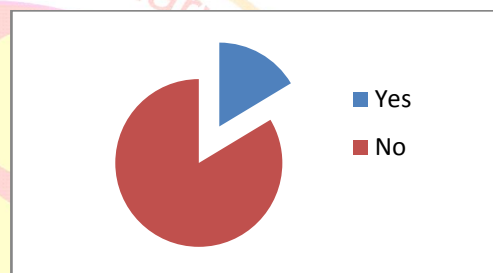


Figure 5 – There were 27(16%) out of 165 examined students who suffered from complications of tonsillitis like recurrent otitis media, deafness,pharyngitis .

Complications	
Yes	27
No	138



Summary And Conclusion-

Though tonsillitis appears as a seemingly trivial disease but it has immense effect on quality of life, physical and mental development of individual as well as health economics. From the above study it is clearly evident that sore throat is a major problem in age group between 10-13 years. Many factors are responsible for chronicity of problems like awareness of complications, affordability of treatment cost and investigations in people belonging to low socioeconomic status apart from factors like personal hygiene, malnutrition,lifestyle disorders.. All the children who were found to suffer from above complaints should be were referred to Homoeopathic hospital for investigations and treatment. Timely administered medicines help to avoid surgery and its further complications. This is comparable to the study by Rao et.al which had reported the incidence of hearing loss in school going children was 11.9%in South India rural population(5). In a recent study by Vikram et al. it was seen that incidence of complicated CSOM is higher in rural area (85%) than urban area (48%) (6)In a study by Cherian et al.it was seen that perisitent rhinorrhoea is a common condition among the rural children (21%) and it was commonly caused by pneumococcal infection and was also associated with otitis media(7)Health indicator of our country can be assessed by health quality of future generation. This was basis of our study so we did screening at grass root level keeping in mind the fact that early diagnosis in childhood has better prognosis. With this survey we like to present incidence of tonsillitis in particular school with acceptance that it might be variable in different parts of India.16% of children suffered from complications like deafness, otitis media and pharyngitis which can be very well managed with Homoeopathic medicines after they are investigated properly.

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Conflicts Of Interests –None.

References-

1. Allen J.H., Reprint Edition, The Chronic Miasm Psora and Psedopsora, B. Jain Publisher (P) Ltd., New Delhi, (1999)
2. Ghai O.P., Essentials Pediatrics, 6th Edition, 16 A, Narainall, New Delhi, (2008)
3. Chamberlain's Symptoms and Signs in clinical medicine, 11th Edition, E.L.B.S., (1992)
4. www.google.com
5. Rao R.S.P., Subramanyam A.M., Nair N.S., Rajashekhar S. Hearing impairment and ear disease among children of school entry age in rural south India. Int J Pediatr Otorhinol. 2002; 64:105–110. doi: 10.1016/S0165-5876(02)00032-0
6. Vikram B.K., Khaja N., Upayashankar S., Ventatesha B.K., Manjunoth D. Clinicoepidemiological study of complicated and uncomplicated chronic supportive otitis media. J Laryngolo Otolgy. 2008; 122(5):442–446.
7. Cherian T., Bhattacharji S., et al. Persistant rhinnoreha in rural Indian children: Prevalance and consequences. J Tropical Pediatr. 2000; 46(6):365–367. doi: 10.1093/tropej/46.6.365.

