



A QUESTIONNAIRE BASED SURVEY OF ENT DISEASES OF CHILDREN BETWEEN 8- 10 YEARS OF AGE

Dr. Dharmendra B. Sharma	Dr. D Y Patil Homoeopathic Medical College and RC, Pimpri, Pune
Dr. Asmita P. Alekar	Dr. D Y Patil Homoeopathic Medical College and RC, Pimpri, Pune
Dr. Chaudhari G. D.	Dr. D Y Patil Homoeopathic Medical College and RC, Pimpri, Pune

Abstract

The conditions like otitis media, tonsillitis hearing defects, recurrent URTI, earache are the most common medical problems for children in age group from 8- 10 years and frequent ENT infections predisposes a child to complications and further contribute to morbidity. As the immunity in children is low and the susceptibility in children is higher, hence children are more frequently attacked by frequent acute illness like frequent ENT disorders. Besides these conditions wax in ear, otorrhoea, tinnitus and vertigo, hearing loss because of acute infections in ear, nasal polyps are cases which are typically evident in pediatric age group. For anyone dealing with health problems in children, homoeopathy offers some excellent benefits.

Keywords: *Otitis media, tonsillitis, hearing loss, otorrhoea, Tinnitus, vertigo, nasal polyps, Homoeopathy, constitutional medicines.*

Introduction

Acute otitis media (AOM) is an infectious disease typical of children. Such patients are most frequently seen by ear-nose-throat (ENT) surgeons and pediatricians. Epidemiology studies of otitis media in India have focused mainly on suppurative otitis media, its prevalence, risk factors and hearing impairment resulting from it (1–3). Health is vital for over all development of a child and determines his or her ability to acquire knowledge and skill. Both constitutional and environmental factors contribute to its pathogenesis and multitude of symptoms expressed by the patients. Although it is not a life threatening disease but it has profound effect on the quality of life and development of a child in early and late childhood. The basic aim of this survey was to assess the prevalence of various ENT diseases in the school through screening programme. This will help us to formulate a concrete measure among population about these diseases and method of prevention and management. The other objective of this survey was to educate people regarding ENT diseases and refer them for Homoeopathic treatment to prevent complications. Homoeopathy has an immense scope in treating the acute as well as chronic disease conditions. A correct constitutional remedy is the best preventive against all infections. It

removes the disease or disease tendency from the root. They can be prescribed after complete case taking. It is the perfect similitum when it covers the totality of symptoms and other individualizing factors such as past and family history of the patient (5). Homoeopathy deals with the individual not the class. It treats the patient not the fictitious entity called disease. Its prescription or selection of medicines is based solely upon individual similarity of symptoms, drug symptoms to disease symptoms, determined by actual comparison in each case. (6) Children are prone to recurrent infections where their immunity is still not developed and making them more susceptible to infections. Homoeopathy is a good alternative which provides quick and effective relief, without harming the child in any way by improving the immune systems and reducing their susceptibility to infections.

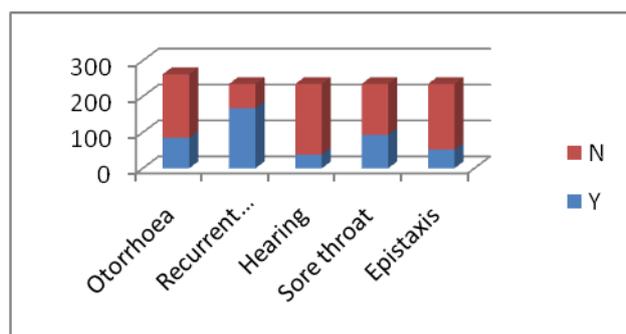
Materials and Methods

Two hundred and thirty five male and female children under age group between 8-10 years were screened as per detailed proforma of Ear, nose, throat examination. All children between 8-10 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.

Results & Discussion

A standardized printed examination proforma was prepared so that ear nose throat examination of all children is done as a standardized protocol. Recurrent Ear nose throat disorders are 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 less than 10 years from the school. It also assessed the age incidence, relation to area of residence, causative factors, and predominating symptoms by observing the various parameters.

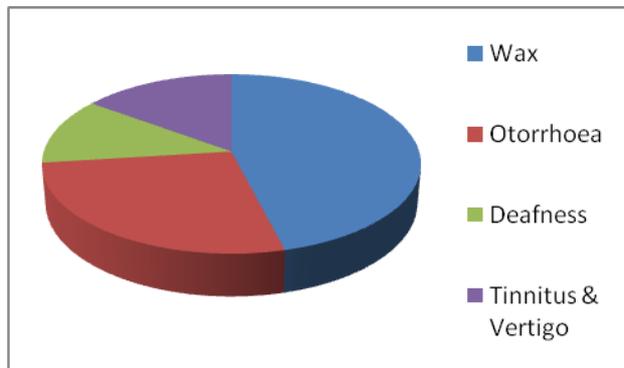
Table 1- Incidence of ENT disorders after thorough examination of 235 children



Diseases	Present	Absent
Otorrhoea	85	177
Recurrent URTI	167	68
Hearing impaired	38	197
Sore throat	93	142
Epistaxis	52	183

Table no 1- It is observed that higher incidence of ENT disorders was found in 8-10 years, Recurrent URTI was found to be more common than others conditions like otorrhoea, sore throat, epistaxis, hearing impairment.

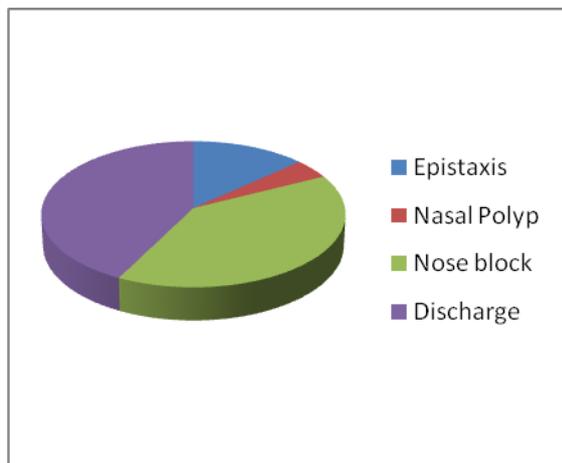
Table 2- Evaluation of ear complaints –Distribution of ear patients according to provisional diagnosis



Ear complaints	Present	Absent
Wax	145	90
Otorrhoea	85	177
Deafness	38	197
Tinnitus & Vertigo	47	188

It was observed that wax in the ear is a major problem in many children (61%), other complaints being otorrhoea (36%), deafness (16%) and tinnitus & vertigo (20%)

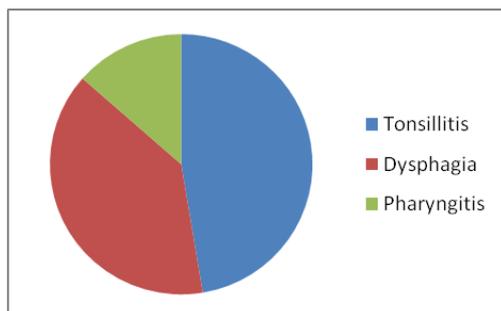
Table no 3- Evaluation of nose complaints. - Distribution of nasal symptoms according to diagnosis.



Nose Examination	Present	Absent
Epistaxis	52	183
Nasal Polyp	17	218
Nose block	157	78
Nasal Discharge	167	68

From Table no 3-It was observed that majority of the children suffered from nasal discharge (71%) and nose block (66%) suggesting that they were more prone to recurrent cold, keeping in mind the seasonal variations. Some cases were found to suffer from nasal polyp (5%) which suggests chronicity of complaints, also allergy and low immunity might be responsible for recurrent infections. Also some children suffered from epistaxis (22%).

Table no 4- Evaluation of throat complaints- Distribution of patients according to throat complaints.



Throat Examination	Present	Absent
Tonsillitis	63	172
Dysphagia	52	183
Pharyngitis	18	217

It was observed that majority of the children suffered from tonsillitis (26%). Tonsillectomy was recommended in some cases. There were cases of dysphagia (22%), various causes for dysphagia should be investigated. Common causes for dysphagia in children are tonsillitis and adenoids. Some suffered from pharyngitis (7%)

Summary & Conclusion-

Though recurrent ear nose throat disorders appear 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 recurrent ear nose throat problems is a major problem in age group under 10 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. All the children who were found to suffer from above complaints should be 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(2). 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%) (3) In a study by Cherian et al. it was seen that persistent 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(4) 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 the extent of ENT diseases in particular school with acceptance that it might be variable in different parts of India. In this survey prevalence of ENT disorders in a government school nasal diseases were commonest. This was mostly seen in population from low socioeconomic status. There is lack of facility for proper management of such patients and more facility as well as education regarding the diseases and method of prevention is needed. This can be done by combined governmental help and support from NGO's.

Acknowledgement

The authors acknowledge Dean/Director of Dr D Y Patil Homoeopathic Medical College and for their valuable guidance.

References

1. Gell FM, White E, Mcnewell K, Mackenzie I, Smith A, Thompson S, et al. (1992) Practical screening priorities for for hearing impairment among children in developing countries. Bull WHO 70 R5 pp 645–655
2. 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
3. Vikram B.K., Khaja N., Upayashankar S., Ventatesha B.K., Manjunoth D. Clinicoepidemiological study of complicated and uncomplicated chronic supportive otitis media. J Laryngolo Otology. 2008; 122(5):442–446.
4. 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.
5. D’souza R.P, Desai A.S et al.Efficacy of Homoeopathy in Acute Ailments of Under Five children. Asian Journal of Homoeopathy vol.7No.2 (23)14-21
6. Stuart close, The genius of Homoeopathy, lectures &Essays on Homoeopathic Philosophy., (2005) B jain Publishers.26-27.