

Review Article

Otitis Media in Paediatric Age Group and Homoeopathic Management

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ABSTRACT

Otitis media can be well treated with curable homoeopathic remedies. It is important to remember that there are no homoeopathic specifics for otitis media, only remedies for patients who suffer from it. Because patients can have completely different symptoms of otitis media and their treatment depends upon the particular symptoms that each of them experiences. It is imperative to remember that each patient must be treated as a unique individual. Depending upon susceptibility, the dosage and repetition differ from each person.

Keywords: Otitis media, Homoeopathy, treatment, paediatric



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INTRODUCTION:

Otitis media is a common early childhood infection. The peak incidence and prevalence of OM is during the 1st 2 yr of life. OM is characterized by the presence of middle ear effusion together with an acute onset of signs and symptoms caused by middle ear inflammation. Studies around the world have reported that the prevalence of AOM varies from 2.3% to 20%, CSOM 4% to 33%. The prevalence rate of AOM in India is around 17 to 20%, and CSOM1 is 7 to 8%. Otitis media is highly prevalent worldwide and is the main cause of hearing impairment in developing countries.

Anatomic features that make young children particularly, susceptible to ear infections include shorter, more horizontal and compliant eustachian tubes and bacterial carriage in the adenoids. Other risk factors of include exposure to cigarette smoke and draft air, overcrowding, feeding, cleft-palate, Down syndrome, allergy and immune dysfunction. These risk factors contribute to the pathophysiology of the two common

varieties of otitis media, acute otitis media and otitis media with effusion. Accurate diagnosis of AOM in infants and young children may be difficult to diagnose. Symptoms may not be varied, especially in early infancy and in chronic stages of the disease.

Otitis media (OM) has 2 main categories: 1. acute infection, which is termed suppurative or acute otitis media (AOM), and 2. inflammation accompanied by middle-ear effusion (MEE), termed non-suppurative, or otitis media with effusion (OME). Acute Otitis Media Severity of Symptoms (AOM-SOS) scale is used for tracking the severity of symptoms of children with AOM. The current version of the scale consists of 7 discrete items: tugging of ears, crying, irritability, difficulty sleeping, diminished activity, diminished appetite, and fever.

Etiology

The common etiologic organisms in order of frequency are *S. pneumoniae*, *H. influenzae* and *Moraxella catarrhalis* (these three are

responsible for 75% of the cases).

Clinical Features

Manifestations include pain, restlessness, discharge and fever. Eardrum appears lustreless, rough and red initially. Later, collection of pus causes loss of its landmarks and its bulges outwardly. Perforation may occur, resulting in accumulation of pus in the canal. All infants with unexplained pyrexia and/or screaming should have AOM excluded.

Subjects with the presenting complaints of

1. Otalgia.
2. Fever.
3. Irritability.
4. Associated with decreased sleep and feeding habits.

In infants who can't express the pain will be presenting with unusual crying, fussiness, irritability especially during night.

The signs of acute inflammation in acute otitis media can be demonstrated by otoscope, the findings will be.

1. Bulging of tympanic membrane
2. Whitish or reddish or yellowish appearance of the tympanic membrane.

Prognosis

Most Of the cases recovered completely. These children often carry a collection of sterile secretions in middle ear between acute attacks and are noted to constantly rub their ears.

Diagnosis

Diagnosis can be established by inspecting the eardrum with an otoscope. The following can be seen according to stages.

1. Loss of light reflex
2. As the exudate accumulates in the middle ear, the drum bulges outwards. So the landmarks are first obscured and then
3. Dusky red (angry) colour of the drum, if accumulation still
4. Yellow grey appearance prior to the rupture /

The bulge of the drum is generally in the upper and posterior portion. When the short process of the malleus is no longer seen, the drum is said to be fully bulged.

Complications

Complications include, recurrent infection of ear, discharges of the drum, acute mastoiditis with or without chronic otitis

media, meningitis and cerebral abscess. The term otitis media with effusion refers to the middle ear effusion lacking the clinical manifestations of acute infection like earache and pyrexia. The effusion may be serous, purulent.

No treatment is usually indicated as in 90% of cases it clears by 3 months after the first episode of otitis media. If the effusion persists beyond 3 months (chronic OME). Chronic otitis media is characterized by perforation of the tympanic membrane with otorrhea and hearing loss (active COM) or only hearing loss (inactive COM).

Prevention

1. Keep the sick child away from the other
2. Do not expose the child to a secondhand
3. Always hold an infant in an upright, seated position during bottle
4. Breastfeeding for at least 6 months can make a child less prone to ear
5. Do not use artificial ear birds
6. Encourage children to wash their hand repetadly.

8.Miasmatic Analysis:-

- PSORIC MIASAM: Otitis with dryness of the meatus; Constant itching and tingling sensation, a sensation of crawling, dryness and throbbing type of pulsation in the ears. Cannot tolerate noise, due to oversensitivity and much sound cause pain in the ears ,Nervous restlessness and anxiety.

- PSYCHOTIC MIASAM: Profuse exudation; Stitching,pulsating,wandering pains. Aggravation during day ,midnight and by changes in the weather; Physical restlessness.

- SYPHILITIC MIASAM: With ulceration, Burning , bursting, and tearing ear pains. Offensive discharges of pus is aggravated at night and from the warmth. unbearable pain with mental restlessness.

- TUBERCULAR MIASAM: With exudation mixed with blood, cheesy or curdled; Sensation of Flushing about the ears; Aggravation at night and ameliorated during the daytime. Peculiar carrion like odour and discharges are often cheesy and curdled.The ear may look flushed and red .even when there are foetid and copious discharges from the ears, the tubercular child feels alright.

Scope & line of treatment

- Acute case: The line of treatment regarding an acute stage is a symptomatic one, mostly an indicated Dosage and repetition of medicine depends on the susceptibility of the case.

- In acute diseases, case taking will be easier because the symptoms will be fresh in the patients memory and still new and striking. Often you will not have a “never well since” or mental/emotional symptoms in the acute cases. However, if present remember that they marks higher than the physical symptoms. Finding the acute totality which should include complete symptom with its characteristic location, peculiar sensation and modalities. Concomitants, if present is invaluable gift for a homoeopathic physician to find the correct prescription. These differentiating factors are referred to, as singular, uncommon, striking, any peculiar features of the case, by Dr Hahnemann.

Chronic case: A detailed case history is necessary as it should individualize the patient. So, according to that basis correct remedy should be selected. And have seen in most of the cases an intercurrent remedy is necessary to arrest the recurrence, along with the perfect constitutional Each case differs, so the duration of treatment differs in each individual case of the patient. The main thing to be observed in each follow up is the frequency and intensity of the symptoms. As it lessens this means the way of treatment is in a correct path.

10. Auxiliary measures

Along with the Homoeopathic remedy, some measures are needed for faster recovery.

It includes:

1. Keeping the child well.
2. To promote drainage prop the child at a 300 angle, this will reduce.
3. Apply cold compression, if your child feels comfortable with.
4. Never use an instrument or cotton-tipped applicator to clean the ear.
5. Lastly, a good nutritional program including proper supplementation is imperative to enhance immune system functioning.

Homoeopathic Therapeutics

1. Belladonna:

Throbbing and beating pain in ear, child cries out in sleep. Sudden and violent attack of pain with redness, over sensitiveness to slightest draft of air/touch, rush of blood to head and face. Pain causes delirium. Burning heat, bright redness and dryness are very marked. The pain comes and goes in repeated attacks. Aggravation: touch, noise, jar, draught.

2. Chamomilla:

Earache with soreness; swelling and heat driving patient frantic. Stitching pain and ears feel stopped. Sensitive to cold wind about ears, or noise. Earache amelioration from warmth. Roaring in the ears as of rushing water.

3. Dulcamara:

Ear ache, buzzing and stitches. Ache with nausea; whole night, preventing sleep. Ailments from exposure to cold and damp weather.

4. Ferrum-phos:

Noises and throbbing. First stage of otitis. Membrana tympani red and bulging. Acute otitis when belladonna fails prevents suppuration. Deafness from colds. Tinnitus aggravated on lying.

5. Hepar Sulphur:

Whizzing and throbbing in the ears, with hardness of hearing. Discharge of fetid pus from the ears. Chilliness, hyper sensitiveness, craving for cold and strong things are very characteristic. Slightest pain causes fainting. All the discharges are profuse; foul; like old cheese, sour. Sweats profusely, easily without any relief.

6. Pulsatilla:

Otorrhoea is thick, bland, yellowish green and offensive. Otalgia is worse at night, diminishes acuteness of hearing. Thirst less, peevish and chilly. Hearing difficulty, as if the ear were stuffed.

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