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## Effectiveness of individualised Homoeopathy in hypertrophied adenoids in pediatric population: A single-arm, prospective pilot study

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# Effectiveness of individualised Homoeopathy in hypertrophied adenoids in pediatric population: A single-arm, prospective pilot study

## Abstract

**Background:** Adenoid hypertrophy is the most common cause of upper airway obstruction in children.

**Objective:** The primary objective was to determine the reduction in hypertrophied adenoids in children after homoeopathic treatment, using nasal endoscopic assessment. The secondary objectives were to identify the changes in symptoms of hypertrophied adenoids in children after administration of homoeopathic medicines using “Four-point clinical rating scale for adenoidal symptoms (FPCR)” and to find out the utility of homoeopathic medicines in reducing the frequency of upper respiratory tract

infections (URTI) in children with hypertrophied adenoids. **Materials and methods:** Thirty children between 3–14 years of age, with signs and symptoms of hypertrophied adenoid were screened from the outpatient department of National Homoeopathy Research Institute in Mental Health, Kerala, India, in 2019. It was a single-arm-prospective study. The treatment effect was analysed by evaluating the endoscopic grading of hypertrophied adenoids, reducing the frequency of URTI, and the FPCR scale for adenoidal symptoms.

**Results:** Nasal endoscopy at the end of one year of homoeopathic treatment revealed no further increase in size of the adenoids in 19 cases, whereas in 11 cases the size increased. There was a statistically significant reduction in the FPCR scale ( $z = 4.724$ ,  $p < 0.001$ ). The frequency of URTI reduced from six episodes in six months to less than four episodes in twelve months.

**Conclusion:** The study shows a probable role of homoeopathic medicines in reducing the size of adenoid hypertrophy and reducing the frequency of upper respiratory tract infections in children.

## Acknowledgments and Source of Funding

The authors express their sincere gratitude to Late Dr Sudheer Kamath, Retired Professor, Consultant Radiologist for his expert opinion and diagnosis of the cases. We thank Dr Vinod Kakkanadan, ENT Surgeon, for performing the endoscopic grading of hypertrophied adenoid. We also thank Smt. Resmy R, Statistical assistant and Dr Twinkle Mathew, SRF for their support for manuscript preparation. We express our heartfelt gratitude for the parents of the children who gave consent to participate in the study. We sincerely acknowledge Kerala University of Health Sciences (KUHS) for providing us the opportunity to undertake and complete this dissertation as a part of the requirement for the Degree of Medicine in Homoeopathy.



## ORIGINAL ARTICLE

# Effectiveness of individualised Homoeopathy in hypertrophied adenoids in pediatric population: A single-arm, prospective pilot study

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**ABSTRACT**

**Background:** Adenoid hypertrophy is the most common cause of upper airway obstruction in children. **Objective:** The primary objective was to determine the reduction in hypertrophied adenoids in children after homoeopathic treatment, using nasal endoscopic assessment. The secondary objectives were to identify the changes in symptoms of hypertrophied adenoids in children after administration of homoeopathic medicines using “Four-point clinical rating scale for adenoidal symptoms (FPCR)” and to find out the utility of homoeopathic medicines in reducing the frequency of upper respiratory tract infections (URTI) in children with hypertrophied adenoids. **Materials and methods:** Thirty children between 3–14 years of age, with signs and symptoms of hypertrophied adenoid were screened from the outpatient department of National Homoeopathy Research Institute in Mental Health, Kerala, India, in 2019. It was a single-arm-prospective study. The treatment effect was analysed by evaluating the endoscopic grading of hypertrophied adenoids, reducing the frequency of URTI, and the FPCR scale for adenoidal symptoms. **Results:** Nasal endoscopy at the end of one year of homoeopathic treatment revealed no further increase in size of the adenoids in 19 cases, whereas in 11 cases the size increased. There was a statistically significant reduction in the FPCR scale ( $z = 4.724, p < 0.001$ ). The frequency of URTI reduced from six episodes in six months to less than four episodes in twelve months. **Conclusion:** The study shows a probable role of homoeopathic medicines in reducing the size of adenoid hypertrophy and reducing the frequency of upper respiratory tract infections in children.

**Keywords:** Adenoid hypertrophy, FPCR, Individualised Homoeopathy, Nasal endoscopy, Paediatrics, URTI**Introduction**

The adenoid is a mucosa-associated lymphoid tissue situated at the junction of the roof and posterior wall of the nasopharynx. It is occupied at the entry to the air and food passages and is constantly exposed to new inspired or ingested antigenic stimuli, thereby facilitating a first-line immune response mechanism.<sup>1</sup> The adenoid size increases up to the age of 6 years, then slowly atrophies as the age advances and disappears at the age of 16.<sup>2</sup> However, due to the symptoms distress it causes, its treatment is essentially required.

The prevalence of adenoid hypertrophy [ICD 11-CAOF.1] among children is 37.7% globally.<sup>3,4</sup> Adenoid hypertrophy shows a male predominance, and the majority of the children are from a low social status.<sup>5</sup>

The symptoms may be nasal or aural. The nasal symptoms are frequent attacks of cold, persistent nasal discharge, nasal obstruction, and snoring. The aural symptoms are recurrent attacks of earache, deafness, and ear discharge. Hypertrophied adenoids are usually the seat of infection in children between

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E-mail address: [vinitha\\_sajeev@yahoo.co.in](mailto:vinitha_sajeev@yahoo.co.in) (V. Edavattath Ramanan).<https://doi.org/10.53945/2320-7094.2009>2320-7094/© 2025 Published by Central Council for Research in Homoeopathy (CCRH). This is an open access article under the CC BY-NC-ND 4.0 Licence (<https://creativecommons.org/licenses/by-nc-nd/4.0/>).

3 and 6 years of age. In long-standing cases of hypertrophied adenoid, the child presents with a typical appearance called “adenoid facies” in which the child has a dull look, pinched nostrils, open mouth, narrow maxillary arch, retracted upper lip, and protruding teeth.<sup>6</sup> The adenoid can progressively enlarge with infection or inflammation.<sup>7</sup>

The most common cause of upper airway obstruction in children is adenoid hypertrophy. The upper airway obstruction may lead to more severe conditions like sleep apnoea, altered craniofacial growth, and cognitive impairment.<sup>1</sup> Risk of obstructive sleep apnoea is more in children with hypertrophied adenoids.<sup>8</sup>

The complications of hypertrophied adenoid are recurrent attacks of otitis media, secretory otitis media, maxillary sinusitis, orthodontic disturbances, and speech problems, like rhinolalia clausa (closed nose voice). The conventional treatment for adenoid hypertrophy includes intranasal decongestants, systemic antibiotics to control infection, topical and antihistaminic preparations, and adenotomy.<sup>6</sup>

A clinical study by Ponnampalil *et al* suggested a statistically significant reduction for the obstructive symptoms of adenoid, tonsillar size, sleep quality and adenoid nasopharynx ratio over a period of 12 months.<sup>9</sup> Another evidence-based case report emphasises the role of watchful waiting approach combined with homoeopathic medicine as a possible option for treatment of adenoid hypertrophy.<sup>10</sup> Homoeopathic medicines can effectively control recurrent upper respiratory tract infections that cause adenoid hypertrophy.<sup>11</sup> Tayade *et al* described a case of adenoid hypertrophy in an eight-year-old male child treated with *Calcarea carbonica* 200C.<sup>12</sup> An open randomised controlled trial in 111 children under 6 years of age selected for adenoidectomy, revealed that immediate surgery has no beneficial effects over watchful waiting.<sup>13</sup>

The present study aims to find out the effectiveness of homoeopathic medicines in reducing the size of hypertrophied adenoids in children using nasal endoscopy grades before and after treatment, along with a reduction in the frequency of upper respiratory tract infections (URTI).

## Material and methods

### Study design

This was a single-arm, prospective, pilot study.

### Study setting

The study was conducted at the ENT outpatient department (OPD) of National Homoeopathy

Research Institute in Mental Health (NHRIMH), Kerala, India.

### Study duration

The study was conducted from December 2019 to June 2021. The total duration of the study was 18 months (6 months for enrollment and 12 months of follow-up period).

### Study participants

Children between 3–14 years of age, who presented with obstructive symptoms indicative of hypertrophied adenoid-like snoring, mouth breathing and recurrent respiratory tract infections, were assessed for the inclusion criteria.

### Inclusion criteria

Patients aged 3 to 14 years, regardless of gender, who exhibited symptoms of adenoid hypertrophy and showed positive adenoid features on nasal endoscopy were included in the study.

### Exclusion criteria

Patients with underlying immune deficiencies, neoplasia, congenital malformation, bleeding disorders, and past history of adenoid surgery were not considered for the study.

### Method of study

Written assent was obtained from the parents of children above seven years of age. The nasal endoscopy was done by an ENT surgeon under aseptic precautions, and the grade at baseline documented in the case recording format [CRF]. A detailed case taking was done in the pre-structured CRF. Four Point Clinical Rating Scale [FPCR]<sup>14</sup> score and oral examination findings were documented at baseline and monthly for 12 months during the monthly review in the ENT OPD. The endoscopic grading of the hypertrophied adenoid was done in the twelfth month after completing the treatment period, and the pre-post grades were statistically analysed.

### Study objectives

#### Primary objective

1. To find out the reduction in adenoid size after homoeopathic intervention in children with hypertrophied adenoid using nasal endoscopic assessment.

### Secondary objectives

1. To determine the changes in the symptoms of hypertrophied adenoid in children after administration of homoeopathic medicines using “Four-point clinical rating (FPCR) scale for adenoidal symptoms”.
2. To ascertain the utility of homoeopathic medicines in reducing the frequency of upper respiratory tract infections in children with hypertrophied adenoid.

### Variables

The pre and post endoscopic grading and FPCR scale<sup>14</sup> score for adenoidal symptoms were analysed for improvement using the IBM SPSS statistic subscription version.

### Measurement

The endoscopic grading of adenoid hypertrophy was done at baseline and after 12 months of treatment. The adenoid hypertrophy is graded as Grades 1,2,3 and 4, based on the percentage of choanal obstruction <25%, 25–50%, 50–75%, and >75% respectively.

The symptom severity was assessed using the FPCR scale for adenoidal symptoms at baseline and during the follow-up visit once a month for twelve months. Scoring of patients ranges from 01 to 09 depending on the symptoms presented in Table 1.

### Study size

A short sample of 30 was targeted for this study.

Fifty-eight children were screened for this study, out of which 36 enrolled after fulfilling the inclusion criteria. Thirty-four children completed one year of homoeopathic treatment, and two dropped out. The parents of four children were not willing to undergo the final endoscopy. Thus, 30 children were considered for the final analysis of endoscopic grading and assessment through (FPCR) scale [Fig. 1]. The children were followed up for one year.

### Statistical analysis

The IBM SPSS Statistics subscription version was used to determine whether there was a significant difference in hypertrophied adenoid after taking homoeopathic medicines. The change in endoscopic grading of hypertrophied adenoid and FPCR scale was assessed using Shapiro-Wilk tests which showed a

**Table 1.** Four-Point clinical rating scale for adenoidal symptoms

Symptom and grade	Severity
Snoring	
0	Absent
1	Present on a few occasions during sleep
2	Present whenever sleep
3	Always present, both asleep and awake
Mouth breathing	
0	Absent
1	Present on a few occasions during sleep
2	Present whenever sleep
3	Always present, both asleep and awake
Obstructive breathing during sleep	
0	Absent
1	Present on a few occasions during sleep
2	Present whenever sleep
3	Always present, both asleep and awake

Scores: 1–3 = Mild; 4–6 = Moderate; 7–9 = Severe.

non-normality distribution. Hence, Wilcoxon Signed Rank test was applied for the pre-post analysis of both outcome variables, endoscopic grading of hypertrophied adenoid and FPCR scale.

### Treatment

After detailed case taking and symptom evaluation using Kentian method, the case was repertorised using the Radar 10 Synthesis repertory.<sup>15</sup> Final medicine selection was done after referring to different homoeopathic materia medicas. Individualised homoeopathic medicines of potencies ranging from 30C to 1M potencies, were used for the study.

All the children were followed up monthly for twelve months to assess the changes in obstructive symptoms of adenoid after the treatment using the FPCR scale. A higher potency or an intercurrent remedy was prescribed if the improvement came to a standstill. Children who had no improvement during the follow-up visit according to the FPCR scale were retaken, and medicines changed after repertorisation. Children who still had recurrent episodes of fever were prescribed *Tuberculinum* 200C weekly once until the fever episodes resolved. ENT endoscopic surgeon evaluated the grading of adenoid hypertrophy before and after the treatment.

This endoscopy was performed under aseptic precautions in an operation theatre. All 30 cases were closely monitored and followed up regularly. General measures like avoidance of cold food and drinks, sour curd, passive cigarette smoke, and the importance of frequent hand washing were advised. The treatment outcome was analysed after calculating the changes in the values of endoscopic grade and clinical score.

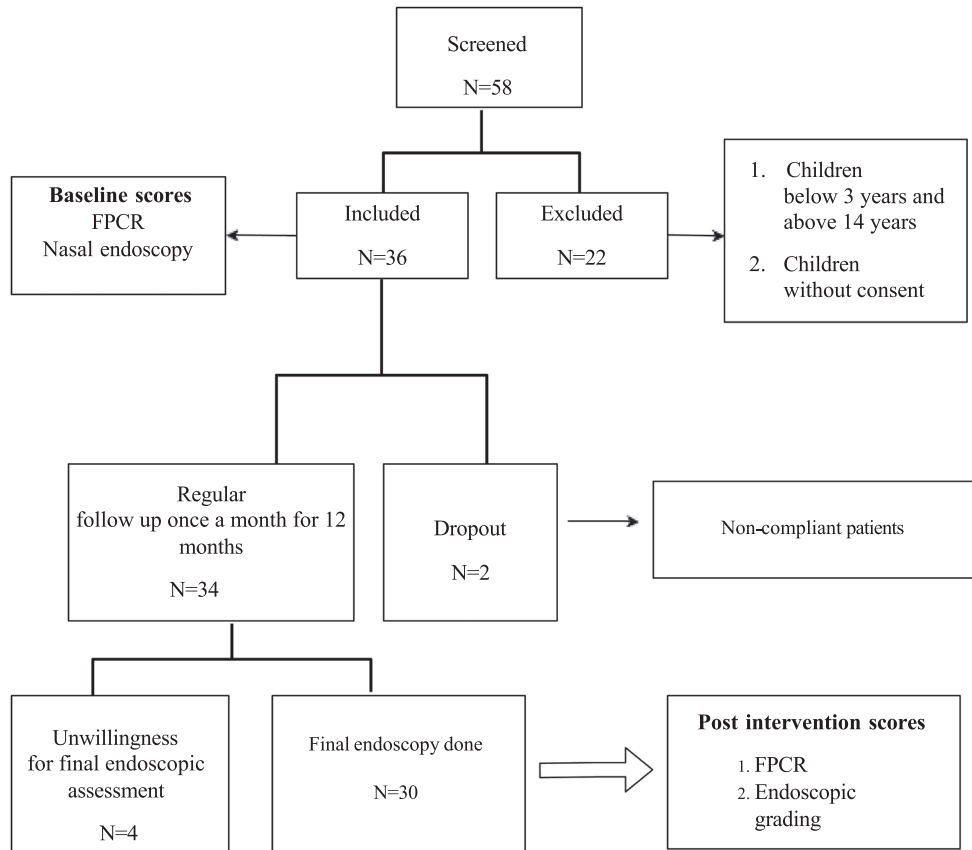


Fig. 1. Flow chart depicting the inflow of participants

## Results

The mean age of 30 children who completed the study was  $7.66 \pm 3.22$  years, out of which 14 were males and 16 were females. All the children presented with mouth breathing, snoring, or obstructive breathing during sleep. On nasal endoscopic examination at baseline, two children belonged to grade 4; thirteen children to grade 3; ten children to grade 2, and five children to grade 1. In nineteen children there was no further increase in size of the adenoid tissue by the end of the treatment. However, in eleven children, there was increase in endoscopic grading where the median value increased from 2.5 to 3 [Fig. 2].

As per the FPCR scale, four children belonged to the severe category, twenty four children to moderate category, and two children to mild category before the treatment. After homoeopathic treatment, all the thirty children came under mild category, and no children under moderate and severe category [Fig. 3].

All the children presented with mouth breathing (100%), 28 (93.33%) snoring and 11 (36.67%) had an obstructive breathing pattern during sleep before treatment. After one year of the homoeopathic treatment, 28 children (93.33%) reported no snoring,

ten children (33.33%) stopped breathing with mouth open, and none complained of obstructive breathing during sleep. There was a statistically significant reduction in the FPCR scale from the median value of 5 to 1 ( $z = 4.724, p < 0.001$ ) [Table 2].

The analysis showed statistically significant improvement in the FPCR clinical rating scale after one year of homoeopathic treatment. All the children showed symptomatic improvement, and in 19 children, no further hypertrophy of the adenoid was reported. However, 11 children, although symptomatically better, showed an increase in the adenoid size as per the endoscopic assessment done by the ENT endoscopic surgeon [Fig. 3].

The most commonly prescribed medicines were *Tuberculinum bovinum* (Tub.), *Sulphur* (Sulph.) *Carcinosinum* (Carc.), *Natrum muriaticum* (Nat-m.), and *Lachesis mutans* (Lach.). Other medicines prescribed in single children were *Arsenicum album* (Ars.), *Calcarea carbonica-ostrearum* (Calc.), *Kalium sulphuricum* (Kali-s.), *Calcarea sulphurica* (Calc-s.), *Baryta carbonica* (Bar-c.), *Phosphorus* (Phos.), *Silicea terra* (Sil.), and *Lycopodium clavatum* (Lyc.) [Table 3].

Out of 30 children, 24 had tonsillar hypertrophy along with adenoid hypertrophy in the present study.

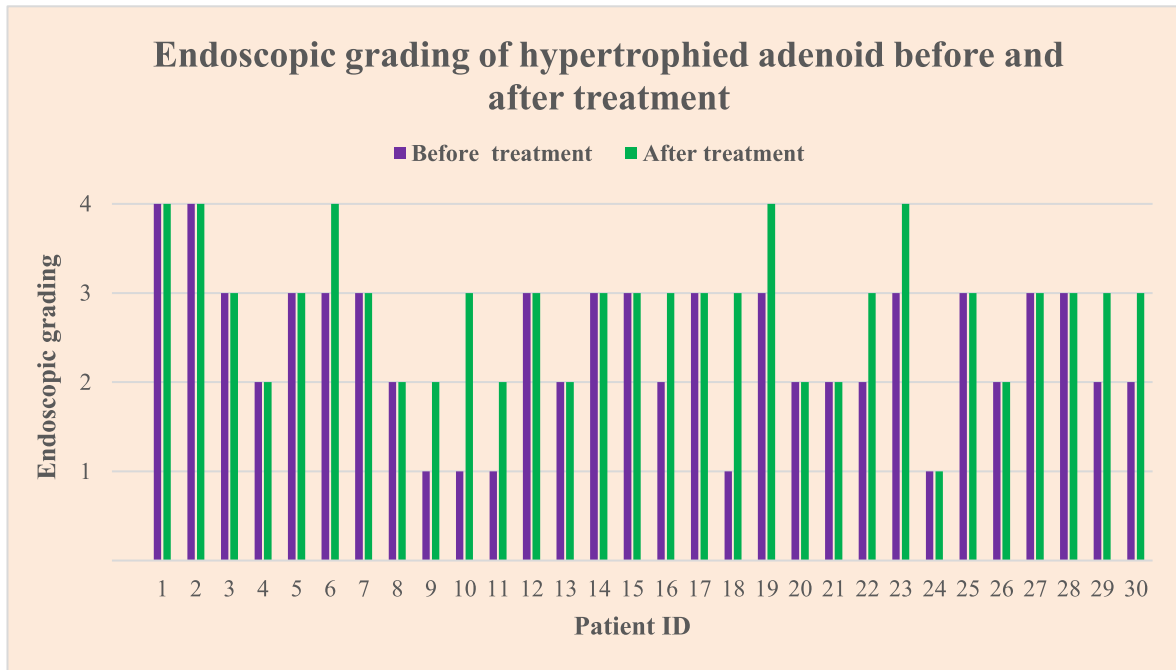


Fig. 2. Distribution of data based on endoscopic grading of adenoid before and after treatment

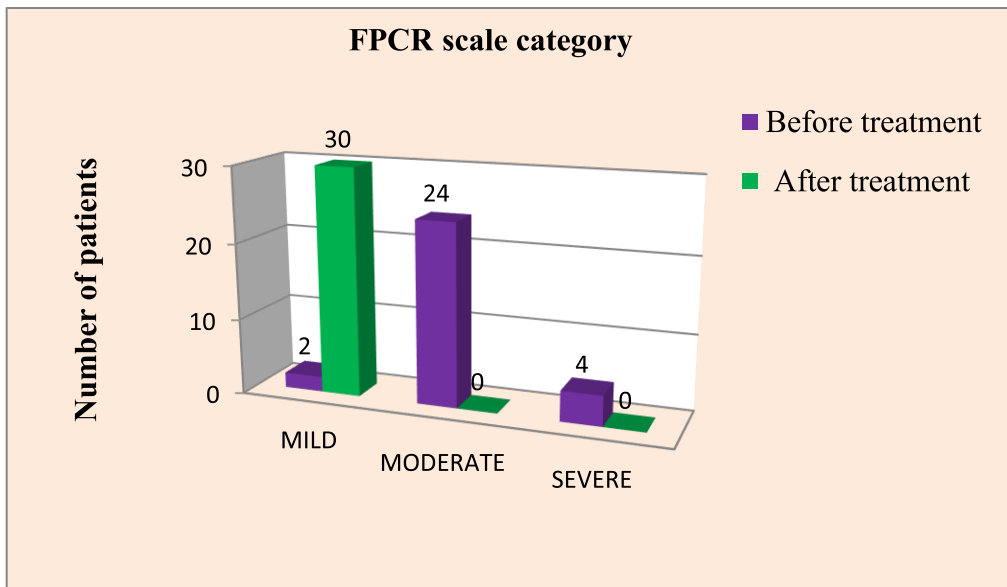


Fig. 3. Distribution of data based on FPCR Scale category before and after treatment

Table 2. Statistical analysis of before and after values of FPCR score

Variable	Baseline Median (IQR) Median (25 <sup>th</sup> , 75 <sup>th</sup> )	12 <sup>th</sup> month Median (IQR) Median (25 <sup>th</sup> , 75 <sup>th</sup> )	Z, test statistic	p value
FPCR Scale	5.00 (4.00,6.00)	1.00 (0.00,3.00)	-4.724	< 0.001

All the children showed improvement in tonsillar hypertrophy by the end of the study. Twenty-five children had at least six attacks of upper respiratory tract infection in the past six months. After one year

of homoeopathic treatment, the frequency of URTI reduced to less than four a year. Five children had a history of aural symptoms that normalised with homoeopathic treatment.

**Table 3.** Frequency of distribution of indicated medicines

S. No.	Medicine	No. of children
1	<i>Tuberculinum bovinum</i>	11
2	<i>Sulphur</i>	4
3	<i>Carcinosinum</i>	3
4	<i>Natrum muriaticum</i>	2
5	<i>Lachesis mutans</i>	2
6	<i>Arsenicum album</i>	1
7	<i>Calcarea carb.</i>	1
8	<i>Kalium sulphuricum</i>	1
9	<i>Calcarea sulphurica</i>	1
10	<i>Baryta carbonica</i>	1
11	<i>Phosphorus</i>	1
12	<i>Silicea terra</i>	1
13	<i>Lycopodium clavatum</i>	1

## Discussion

This prospective clinical study on 30 children was a preliminary attempt to assess the effectiveness of individualised homoeopathic medicines in reducing the size of hypertrophied adenoids, based on the pre-post nasal endoscopic grading by an ENT surgeon. The study included 30 children aged 3–14 years, with 14 (47%) males and 16 (53%) females. However, many studies showed a male predominance.<sup>16,17</sup>

After one year of homoeopathic treatment there was no further increase in the adenoid size as assessed by the nasal endoscopy in 19 children. But 11 children showed an increase in adenoid size, contrary to the symptomatic improvement in the FPCR scale. This questions the reliability of using nasal endoscopy as one of the outcome measures for the study.

Although nasal endoscopy is a reliable, safe and gold standard diagnostic method,<sup>18</sup> it also has disadvantages. The procedure requires the child's cooperation and is difficult to perform in young children. Furthermore, assessment of the size of the adenoid tissue and choanal obstruction during endoscopy is generally determined based on the subjective analysis of the clinicians and can have discrepancies.<sup>19</sup> Nasal endoscopy is prone to overestimating adenoid size, especially for small adenoids. Inter-rater reliability of nasal endoscopy is generally poor.<sup>20</sup> Objective methods for diagnosing adenoid hypertrophy are relevant in providing information about the requirement for surgery and for assessing the outcome of patients after treatment. Calculating the adenoid-to-choanal ratio using digital images like lateral soft tissue radiography of the neck, acoustic rhinomanometry, and MRI can provide more objective results.<sup>21–23</sup>

A multicentric clinical study by Ponnampalani *et al* on 202 children highlights the effectiveness of individualised homoeopathic medicines in the treatment of adenoid hypertrophy by comparing the pre-post A/N ratio in lateral soft tissue radiography of nasopharynx. The same was observed in the present study, as there was

a statistically significant reduction in the obstructive symptoms due to the hypertrophied adenoid.<sup>9</sup> Similar to the present study *Calc.*, *Phos.*, *Sulph.*, *Lyc.*, *Tub.* gave symptomatic improvement. Other publications also reported *Calc.* and *Phos.* as effective in the treatment of adenoid hypertrophy.<sup>10,11</sup>

In the present study, *Tub.* was prescribed as an intercurrent remedy considering the tubercular diathesis, when six children failed to improve further. The symptoms, such as obstinate, difficulty in concentrating, worms in stool, involuntary urination at night, enlarged cervical lymph nodes, recurrent episodes of fever and cough, indicated towards its prescription.<sup>24,25</sup>

Children are known to have an increased susceptibility to infections, so the treatment was started with medium and higher potencies of 30C and 200C.<sup>26</sup> According to Kent's doctrine of series in degrees, higher potencies of the indicated remedies were prescribed in subsequent visits to obtain the complete effect of the medicine.<sup>27</sup> *Tub.* in increasing potencies up to 1M, prescribed to eleven children, did seem to have caused a positive effect, as did *Carc.* in three patients. The patients who showed no improvement after increasing the medicinal potency up to 10M were reanalysed. *Tub.* was found to be effective when a well-selected remedy failed to improve and reduced the tendency for respiratory infection.<sup>28</sup> The dosage and repetition of the medicines were prescribed according to Hahnemann's 5th edition of the Organon of medicine.<sup>29</sup>

## Conclusion

The study showed a partial positive role of homoeopathic medicines in reducing the size of adenoid hypertrophy and reducing the frequency of URTI in children. Studies based on randomised controlled trial design, with a longer follow-up period, will further validate the findings.

## Declaration of patient consent

The parents had given their informed written assent for the images and other clinical information to be reported in the journal. They understood that their child's name and initials would not be published, and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

## Ethical approval

The study was conducted according to the guidelines of the Declaration of Helsinki, and approved by the Ethics Committee of National Homoeopathy

Research Institute in Mental Health (protocol code 4-59/2019-20/NHRIMH/Ktm/IEC). dated 18/11/2019. The study was registered under the Clinical Trial Registry of India (CTRI) under CTRI/2019/11/022163.

## Acknowledgement

The authors express their sincere gratitude to Late Dr Sudheer Kamath, Retired Professor, Consultant Radiologist for his expert opinion and diagnosis of the cases. We thank Dr Vinod Kakkanadan, ENT Surgeon, for performing the endoscopic grading of hypertrophied adenoid. We also thank Smt. Resmy R, Statistical assistant and Dr Twinkle Mathew, SRF for their support for manuscript preparation. We express our heartfelt gratitude for the parents of the children who gave consent to participate in the study. We sincerely acknowledge Kerala University of Health Sciences (KUHS) for providing us the opportunity to undertake and complete this dissertation as a part of the requirement for the Degree of Medicine in Homoeopathy.

## Funding

Nil.

## Conflict of interest

None.

## Author contribution

**Shereena:** Literature search, data acquisition & analysis, manuscript preparation.

**Vinitha ER:** Concept, design, data acquisition, manuscript preparation & editing.

## Data availability

The data that support the findings of this study are available on request from the corresponding author.

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### **Efficacité de l'homéopathie individualisée sur les végétations adénoïdes hypertrophiées chez l'enfant : étude pilote prospective à un seul bras**

**Contexte :** L'hypertrophie adénoïde est la cause la plus fréquente d'obstruction des voies aériennes supérieures chez l'enfant. **Objectif :** L'objectif principal était de déterminer la réduction des végétations adénoïdes hypertrophiées chez l'enfant après un traitement homéopathique, par évaluation endoscopique nasale. Les objectifs secondaires étaient d'identifier l'évolution des symptômes des végétations adénoïdes hypertrophiées chez l'enfant après l'administration de médicaments homéopathiques à l'aide de l'échelle d'évaluation clinique en quatre points des symptômes adénoïdes (FPCR) et d'évaluer l'utilité des médicaments homéopathiques pour réduire la fréquence des infections des voies respiratoires supérieures (IVRS) chez les enfants présentant des végétations adénoïdes hypertrophiées. **Français : Matériel et méthodes :** Trente enfants âgés de 3 à 14 ans, présentant des signes et symptômes d'adénoïdes hypertrophiés, ont été examinés dans le service de consultation externe de l'Institut national de recherche en homéopathie en santé mentale, au Kerala, en Inde, en 2019. Il s'agissait d'une étude prospective à un seul bras. L'effet du traitement a été analysé en évaluant le classement endoscopique des adénoïdes hypertrophiés, la réduction de la fréquence des infections des voies respiratoires supérieures (URTI) et l'échelle FPCR pour les symptômes adénoïdes. **Résultats :** L'endoscopie nasale au bout d'un an de traitement homéopathique n'a révélé aucune augmentation supplémentaire de la taille des adénoïdes dans 19 cas, alors que dans 11 cas, la taille a augmenté. Il y a eu une réduction statistiquement significative de l'échelle FPCR ( $z = 4,724$ ,  $p < 0,001$ ). La fréquence des infections des voies respiratoires supérieures (URTI) est passée de six épisodes en six mois à moins de quatre épisodes en douze mois. **Conclusion :** L'étude démontre un rôle probable des médicaments homéopathiques dans la réduction de l'hypertrophie adénoïde et la diminution de la fréquence des infections des voies respiratoires supérieures chez l'enfant.

### **Wirksamkeit individualisierter Homöopathie bei hypertrophen Adenoiden im Kindesalter: Eine einarmige, prospektive Pilotstudie**

**Hintergrund:** Die Adenoidhypertrophie ist die häufigste Ursache für eine Obstruktion der oberen Atemwege bei Kindern. **Ziel:** Primäres Ziel war die Bestimmung der Reduktion hypertropher Adenoide bei Kindern nach homöopathischer Behandlung mittels nasaler endoskopischer Untersuchung. Sekundäre Ziele waren die Identifizierung der Veränderungen der Symptome hypertropher Adenoide bei Kindern nach der Gabe homöopathischer Arzneimittel anhand der „Vierstufigen klinischen Bewertungsskala für adenoidale Symptome (FPCR)“ sowie die Untersuchung des Nutzens homöopathischer Arzneimittel zur Reduktion der Häufigkeit von Infektionen der oberen Atemwege (URTI) bei Kindern mit hypertrophen Adenoiden. **Materialien und Methoden:** Dreißig Kinder im Alter von 3 bis 14 Jahren mit Anzeichen und Symptomen einer Hypertrophie der Rachenmandeln wurden 2019 in der Ambulanz des National Homoeopathy Research Institute in Mental Health, Kerala, Indien, untersucht. Es handelte sich um eine einarmige, prospektive Studie. Der Behandlungseffekt wurde anhand der endoskopischen Einstufung der Hypertrophie der Rachenmandeln, der Verringerung der Häufigkeit von Infektionen der oberen Atemwege und der FPCR-Skala für Symptome von Rachenmandeln analysiert. **Ergebnisse:** Eine Nasenendoskopie nach einem Jahr homöopathischer Behandlung ergab in 19 Fällen keine weitere Vergrößerung der Rachenmandeln, während sie in 11 Fällen zunahm. Es gab eine statistisch signifikante Verringerung der FPCR-Skala ( $z = 4,724$ ,  $p <$

0,001). Die Häufigkeit von Infektionen der oberen Atemwege verringerte sich von sechs Episoden in sechs Monaten auf weniger als vier Episoden in zwölf Monaten. **Schlussfolgerung:** Die Studie zeigt, dass homöopathische Arzneimittel wahrscheinlich die Größe von Rachenmandeln verringern und die Häufigkeit von Infektionen der oberen Atemwege bei Kindern reduzieren.

### बाल चिकित्सा वर्ग में हाइपरट्रॉफाइड एडेनोइड्स में व्यक्तिगत होम्योपैथी की प्रभावशीलता: एक एकल-आर्म, संभावित पायलट अध्ययन

**पृष्ठभूमि:** एडेनोइड हाइपरट्रॉफी बच्चों में ऊपरी वायुमार्ग अवरोध का सबसे सामान्य कारण है। **उद्देश्य:** इस अध्ययन का प्राथमिक उद्देश्य नाक की एंडोस्कोपी के माध्यम से होम्योपैथिक उपचार के पश्चात बच्चों में हाइपरट्रॉफाइड एडेनोइड्स में कमी का मूल्यांकन करना था। द्वितीयक उद्देश्य "चार-बिंदु नैदानिक रेटिंग स्केल (एफपीसीआर)" के माध्यम से होम्योपैथिक दवाओं के प्रशासन के पश्चात बच्चों में हाइपरट्रॉफाइड एडेनोइड्स से सम्बंधित लक्षणों में परिवर्तन का मूल्यांकन करना तथा ऐसे बच्चों में ऊपरी श्वसन पथ संक्रमण (यूआरटीआई) की आवृत्ति को कम करने में होम्योपैथिक दवाओं की उपयोगिता का आकलन करना था। **सामग्री और विधियाँ:** वर्ष 2019 में भारत के केरल स्थित नेशनल होम्योपैथिक रिसर्च इंस्टिट्यूट इन मेंटल हेल्थ के बाह्य रोगी विभाग में हाइपरट्रॉफाइड एडेनोइड के लक्षण और संकेतों वाले 3-14 वर्ष की आयु वर्ग के तीस बच्चों का चयन किया गया। यह एकल-आर्म, संभावित अध्ययन था। उपचार के प्रभाव का विश्लेषण हाइपरट्रॉफाइड एडेनोइड्स की एंडोस्कोपिक ग्रेडिंग, ऊपरी श्वसन पथ संक्रमण (यूआरटीआई) की आवृत्ति तथा एडेनोइडल लक्षणों के लिए एफपीसीआर के मूल्यांकन के आधार पर किया गया। **परिणाम:** एक वर्ष के होम्योपैथिक उपचार के पश्चात नाक की एंडोस्कोपी से 19 मामलों में एडेनोइड्स के आकार में कोई अतिरिक्त वृद्धि नहीं हुई, जबकि 11 मामलों में आकार में वृद्धि दर्ज की गई। एफपीसीआर के स्कोर में सांख्यिकीय रूप से महत्वपूर्ण कमी देखी गई ( $z = 4.724, p < 0.001$ )। **निष्कर्ष:** यह अध्ययन बच्चों में एडेनोइड हाइपरट्रॉफी के आकार को कम करने और ऊपरी श्वसन पथ के संक्रमण की आवृत्ति को कम करने में होम्योपैथिक दवाओं की संभावित भूमिका को दर्शाता है।

### Efectividad de la homeopatía individualizada en la hipertrofia adenoidea en la población pediátrica: Estudio piloto prospectivo de un solo brazo

**Antecedentes:** La hipertrofia adenoidea es la causa más común de obstrucción de las vías respiratorias superiores en niños. **Objetivo:** El objetivo principal fue determinar la reducción de la hipertrofia adenoidea en niños tras el tratamiento homeopático, mediante evaluación endoscópica nasal. Los objetivos secundarios fueron identificar los cambios en los síntomas de la hipertrofia adenoidea en niños tras la administración de medicamentos homeopáticos mediante la "Escala de calificación clínica de cuatro puntos para síntomas adenoideos (FPCR)" y determinar la utilidad de los medicamentos homeopáticos para reducir la frecuencia de infecciones de las vías respiratorias superiores (IVRS) en niños con hipertrofia adenoidea. **Materiales y métodos:** Treinta niños de entre 3 y 14 años de edad, con signos y síntomas de adenoides

hipertrofiados fueron examinados en el departamento de pacientes ambulatorios del Instituto Nacional de Investigación de Homeopatía en Salud Mental, Kerala, India, en 2019. Fue un estudio prospectivo de un solo brazo. El efecto del tratamiento se analizó evaluando la clasificación endoscópica de adenoides hipertrofiadas, reduciendo la frecuencia de URTI y la escala FPCR para síntomas adenoideos. **Resultados:** La endoscopia nasal al final de un año de tratamiento homeopático no reveló un aumento adicional en el tamaño de las adenoides en 19 casos, mientras que en 11 casos el tamaño aumentó. Hubo una reducción estadísticamente significativa en la escala FPCR ( $z = 4,724, p < 0,001$ ). La frecuencia de URTI se redujo de seis episodios en seis meses a menos de cuatro episodios en doce meses. **Conclusión:** El estudio muestra un posible papel de los medicamentos homeopáticos en la reducción del tamaño de la hipertrofia adenoidea y la frecuencia de infecciones del tracto respiratorio superior en niños.

### 个体化顺势疗法治疗儿童腺样体肥大的效果：一项单组前瞻性先导研究

**背景：**腺样体肥大是儿童上呼吸道阻塞的最常见原因。**目的：**本研究的主要目的是通过鼻内镜评估，确定顺势疗法治疗后儿童腺样体肥大程度的减轻情况。次要目的是使用“腺样体症状四点临床评定量表 (FPCR)”评估儿童使用顺势疗法药物后腺样体肥大症状的变化，并探究顺势疗法药物在降低腺样体肥大儿童上呼吸道感染 (URTI) 频率方面的效用。**材料和方法：**2019 年，从印度喀拉拉邦精神卫生国家顺势疗法研究所门诊部筛选了 30 名年龄在 3-14 岁之间、有腺样体肥大体征和症状的儿童。这是一项单组前瞻性研究。通过评估肥大的腺样体的内镜分级、URTI 频率的降低以及腺样体症状的 FPCR 量表来分析治疗效果。**结果：**顺势疗法治疗一年后，鼻内镜检查显示 19 例腺样体没有进一步增大，而 11 例腺样体增大。FPCR 量表显著降低 ( $z = 4.724, p < 0.001$ )。URTI 的发作频率从六个月内的六次减少到十二个月内的四次以下。**结论：**本研究表明顺势疗法药物可能有助于缩小儿童腺样体肥大，并降低上呼吸道感染的发生率。