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## Mouth breathing in children

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### Abstract

Nose is considered as a natural pathway for breathing whereas Mouth breathing is an acquired act. It could be habitual or maybe due to some obstruction inside the nose. This article deals with the causes, symptoms and consequences of mouth breathing in children along with its Homoeopathic management.

**Keywords:** Mouth breathing, homoeopathy

### Introduction

Mouth breathing is also known as chronic oral ventilation. It could persist for several weeks or months depending on the cause and can develop as a habit adversely affecting the health of a child if left unresolved.

Around 10% to 25% of children are mouth breathers. A study was published in journal de pediatric 84, 2008 which stated that prevalence of mouth breathing was found to be 55% among children of age 3 to 9 years. Mouth breathing is a matter of concern as it indicates an underlying health condition that can negatively impact the quality of life along with social and academic performance of the child.

### Causes of mouth breathing in children

- Common cold
- Hypertrophy of Adenoids
- Tonsillitis
- Obstructive sleep apnea
- Nasal obstruction like nasal polyp, rhinolith, tumor, etc.
- Rhinitis
- Deviated nasal septum
- Diphtheria
- Foreign body in air passages
- Habitual: Children who continuously breathe through the mouth out of habit, even though there is no obstruction.

### Difference between breathing through nose and mouth

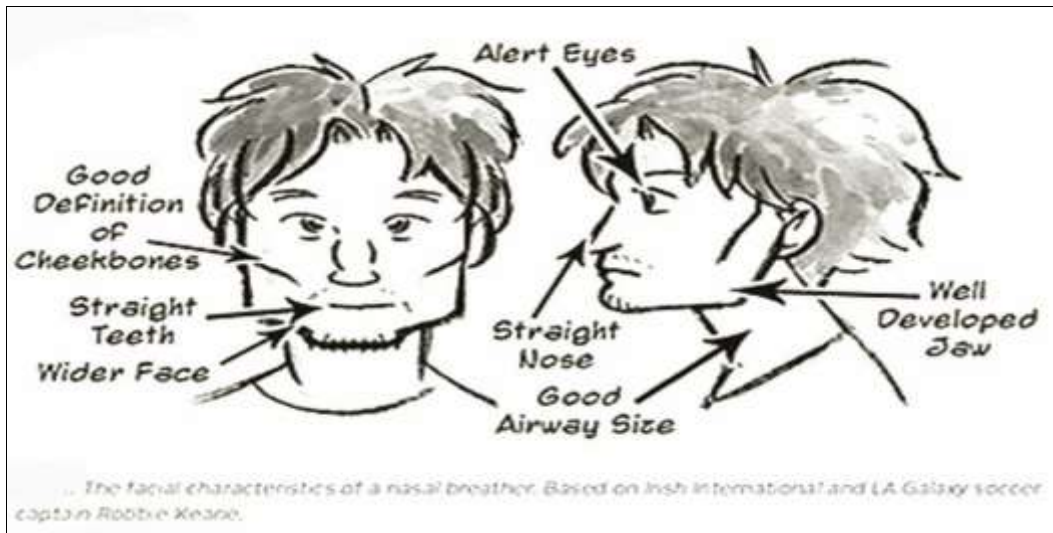
Nose breathing purifies the inspired air before it passes into the lungs with the help of tiny hair called cilia that helps in filtering out finer particles like pollen, dust and bacteria unlike mouth which do not protect from debris entering the respiratory tract. The Nose has an ability to filter particles upto 3um. It controls the temperature of inspired air and humidifies it naturally making it moist which is beneficial for lungs unlike mouth breathing which allows dry air to enter the respiratory tract. Moreover, Breathing through nostrils expands exhalation which is important for absorption of oxygen.

### Symptoms and consequences of Mouth Breathers

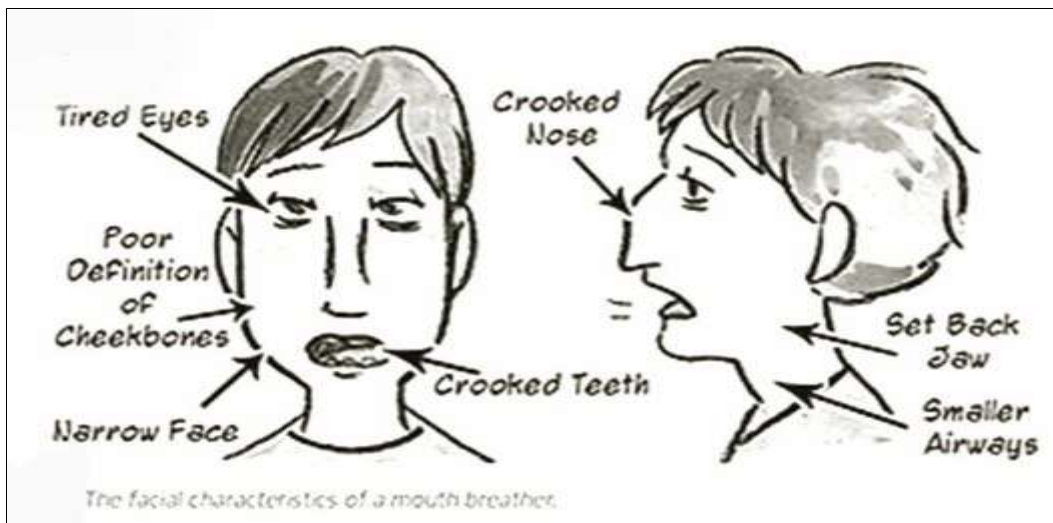
- Snoring during sleep
- Noisy eating
- Difficulty speaking
- Bad breath or strong mouth odor
- Frequent cavities and higher chances of tooth decay
- A dry mouth and/or dry, cracked lips.
- A persistent slightly open-mouthed look

- Crying or problems with sleeping at night resulting in daytime sleepiness.
- Trouble concentrating at school or complaints about

- “brain fog.”
- Drool on the pillow after the child wakes up.



**Fig:** Facial characteristics of a nasal breather



**Fig 2:** Depicting the Look of Mouth breather child

If a child breathes through mouth, he must keep its mouth open and must habitually position the tongue in a lower and forward position to help him breathe better and this abnormal positioning of the tongue can cause 'long face syndrome.'

Tongue posture can lead to a tongue thrust habit causing an abnormal swallow pattern further causing teeth to get flared with unsightly gaps between them. The child gets an improper supply of oxygen when they breathe through their mouth, making them feel tired and lethargic even when they're getting plenty of rest. These children are found to be less alert and attentive as compared to other children and are more likely to suffer from ADHD (attention deficit hyperactivity disorder).

Mouth breathing could further develop sleep disorders in children. Also, making them more prone towards learning difficulties and behavioral problems.

**Diagnosis and treatment**

Assessment of the cause of mouth breathing is the initial step which can be done by physical examination and some

lab investigations like X ray PNS view which is most advised.

Others being -nasal endoscopy, nasopharyngoscopy for detection of adenoids, CT scan of paranasal sinuses to rule out any bony erosion, MRI, nasal smear, etc.

The treatment is given accordingly based on the detection of cause.

In conventional mode of treatment, administration of antihistamines, corticosteroids, antibiotics and analgesics is usually undertaken.

In case of nasal obstruction, nasal decongestant drops are advised for the child which temporarily provides him some relief. In severe cases surgical intervention might be needed, like the child with deviated nasal septum requires septoplasty which is usually performed after the age of 17 so that there is no interference with the growth of nasal skeleton. Adenoids not responding to the medication might require adenoidectomy later.

If a child has a foreign body impacted in trachea or pharynx then the Removal of foreign body becomes mandatory which is performed under general anesthesia using forceps.

Child who mouth breathe due to rhinoliths that are hard and irregular require lateral rhinotomy.

Homoeopathy offers safe and gentle healing for a mouth breathing child. Not only it relieves the symptoms associated with mouth breathing but also prevents the recurrent tendency of its causes like adenoids which are labelled as the most common cause for mouth breathing in children.

Homoeopathy has a holistic approach rather than symptomatic based treatment. It focuses on treating the child itself but not only their physical complaints by providing appropriate constitutional and anti-miasmatic treatment. It individualizes every child and could be of great help if the remedy is carefully selected.

Moreover, it also deals with the behavioral issues associated with mouth breathing.

And besides that, it deals with the acute crisis that arises during the treatment of child. There are many good medicines that can work efficiently in a very short period in acute condition.

Hence, Homoeopathy promises to remove the problem from roots.

#### Listed below are some common Homoeopathic remedies which are useful for mouth breathing children

**Ammonium carb:** There is stoppage of nose mostly at night. Child cannot breathe through nose and must keep his mouth open to breathe. Nose is stuffed up and complaints of epistaxis after washing and after eating. It is better suited to children who are fat, always tired and takes cold easily. child is worse in evenings, from cold wet weather, between 3 to 4 am and is better in dry weather.

**Calcarea carb:** Scrofulous children who catch cold easily and grow fat, large bellied with large head having leucophlegmatic temperament. Nasal polypi. Dry nostrils which are sore, ulcerated and stoppage of nose, with fetid yellow discharge due to which child has to breathe through mouth. The calcarea carb child perspires heavily and wets the pillow. He has craving for eggs, eats dirt and indigestible things. He is worse from both mental and physical exertion, cold, washing, moist air and feels better in dry climate.

**Kali carb:** Child cannot breathe through nostrils in a warm room and is better in open air. Nostrils are raw, bleeding and there is yellow-green discharge from them. It is well suited to anemic children of cachectic appearance with puffy swelling over upper eyelids which is especially seen in morning.

**Kali bichrom:** Child has inability to breathe through the nose. Septum of nose is ulcerated with pain and pressure at the root of the nose. There is thick, ropy and greenish yellow discharge from the nostrils. Violent sneezing with coryza. Fat, chubby child who is worse in morning and in hot weather and is better from heat.

**Arum triphyllum:** Nose is completely obstructed and child has to breathe through mouth. Nostrils of the child becomes raw and sore and he constantly picks up the nose until it bleeds. There are large scabs seen high up mostly in the right nostril.

**Mag mur:** It is best adapted to children who cannot digest milk. Mag mur child cannot lie down especially on the right side which worsens his symptoms and must breathe through mouth. Nose is stopped and ulcerated. Catarrh along with loss of taste and smell. Child feels better from motion and in open air.

**Melilotus officinalis:** Child breathes through mouth as nose is dry and stopped up. There are hard clinkers in the nose of child. Profuse epistaxis from the nose. Child wants to run away and hide itself. His complaints are aggravated in rainy, changeable weather and approach of storm especially at 4 pm.

#### Conflict of Interest

Not available

#### Financial Support

Not available

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