

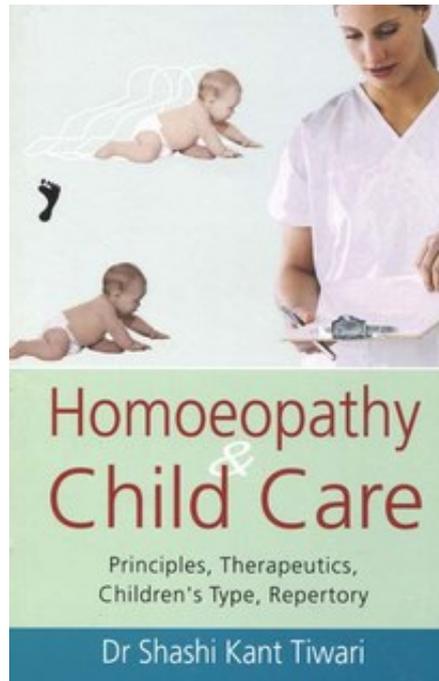
Shashi Kant Tiwari, S. Homeopathy and Child Care

Leseprobe

[Homeopathy and Child Care](#)

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Herausgeber: B. Jain



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CHAPTER 16

COUGH

COUGH IS THE most frequent and common manifestation of respiratory disease. It is an important *defence* mechanism of respiratory tract. Most of the children are brought to the clinic because of this problem which is mostly a self-limiting and could be a minor nuisance. However, it can be an indication of serious underlying disease which needs medical intervention. Cough, if it is severe or continuous or accompanied by haemoptysis, can lead to serious consequences.

In order to investigate a case of cough a complete history should be taken which provides information about the family, environment and exposures. It is not difficult to uncover the specific cause of cough using the information from history, physical examination, the type and characteristic of cough and sputum.

Causes of Cough

The most common cause of cough is the infection which includes infections relating to upper and lower respiratory tracts. Upper respiratory tract infections include pharyngitis, sinusitis, tracheitis, rhinitis, etc. Lower respiratory infections include pneumonia, abscess, empyema, etc. Aspiration, foreign body and gastroesophageal reflux can also produce cough.

Anatomical abnormality, though less common, can also cause cough in children which needs investigation if the cough

persists for more than 2-3 weeks. Chronic cough is also caused by passive smoking which is ignored most of the time. Drugs like Aspirin, Tobacco, Marijuana, Nebulised antibiotics, Bronchodilators, Beta-adrenergic blockers, etc. can cause cough in children.

Causes of Recurrent Cough:

Increased bronchial reactivity including allergic asthma,
Drainage from upper airways,
Aspiration syndromes,
Frequently recurring respiratory tract infection, and
Ideopathic pulmonary haemosiderosis

Causes of Persistent Cough

Post - infection hypersensitivity of cough receptors,
Reactive airway disease (Asthma), Asthmatic
bronchitis, Chronic sinusitis.
Bronchitis, tracheitis owing to chronic infection,
Bronchiectasis, Foreign body aspiration
Recurrent aspiration due to pharyngeal incompetence,
tracheolaryngoesophageal cleft, tracheoesophageal fistula.
Gastroesophageal reflux,
Pertussis syndrome,
Extrinsic compression of the tracheobronchial tract (vascular ring, neoplasm, lymph node, lung cyst),
Tracheomalacia bronchomalacia, Endobronchial or
endotracheal tumours, Endobronchial tuberculosis,
Hypersensitivity pneumonitis. Fungal infections,

Part II — Cough

Inhaled irritants, including tobacco smoke, and
Irritation of external auditory canal.

Character and Type of Cough:

The type and character of cough often suggest the clinical entity of cough. Some of the characters and probable clues are given below:

Type	Probable Cause
Short, painful and half, suppressed	Dry pleurisy accompanies pneumonia.
Productive, loose	Infections, Asthma, Cystic fibrosis other bronchiectasis.
Dry, non productive cough	Inflammatory causes, Irritation.
Paroxysmal followed by whoop	Pertussis, cystic fibrosis, foreign body.
All day, never during sleep	Psychogenic, Habit cough.
Barking, brassy	Croup, psychogenic, tracheomalacia epiglottitis.
Throat clearing	Post nasal drip.
Follows exercise	Reactive airway disease.
Accompanies eating, drinking	Aspiration, gastroesophageal reflux Tracheoesophageal fistula.

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Seasonal	Allergic rhinitis, reactive airway diseases.
Hoarseness Frequent, paroxysmal	Laryngeal involvement.
Week days, and weekend clearing	Asthma, bronchitis associated with rattling and difficult breathing.
Night cough	Occupational exposure.
Talking, laughing and crying	Sinusitis, reactive airway disease. Croup, asthmatic
Paroxysmal, leads to vomiting	Pertusis, bronchial asthma.
Abrupt onset	foreign body, pulmonary embolism.
Nocturnal, awakening in morning	Upper and/or lower respiratory tract allergic reaction, sinusitis, Cystic fibrosis, other bronchiectasis, chronic bronchitis.
Most severe on vigorous exercise	Exercise induced asthma, cystic fibrosis, other bronchiectasis.

Type of Phlegm

Clear mucoid sputum is most often associated with an allergic reaction or asthmatic bronchitis. Cloudy (purulent) sputum suggests a respiratory tract infection, but may also reflect increased cellularity (eosinophilia) due to an asthmatic process. Very purulent sputum is characteristic of bronchiecta-

sis. Malodorous expectoration suggests anaerobic infection of lung. In cystic fibrosis the sputum, even when purulent, is rarely foul smelling.

Blood streaking of sputum is not very uncommon, small volume, less than 20 ml should not cause panic. It can be caused by respiratory infections, foreign body, congenital defect, trauma, tumours, coagulopathy and epistaxis, etc.

Habit cough

It typically begins with upper respiratory tract infection but then lingers. Lung pathology is absent and the body has just got into the habit of coughing even when it is no longer necessary. This is also known as psychogenic cough. The designation 'Habit cough' is preferable to psychogenic cough because it carries no stigma and since most of these children do not have significant emotional problems.

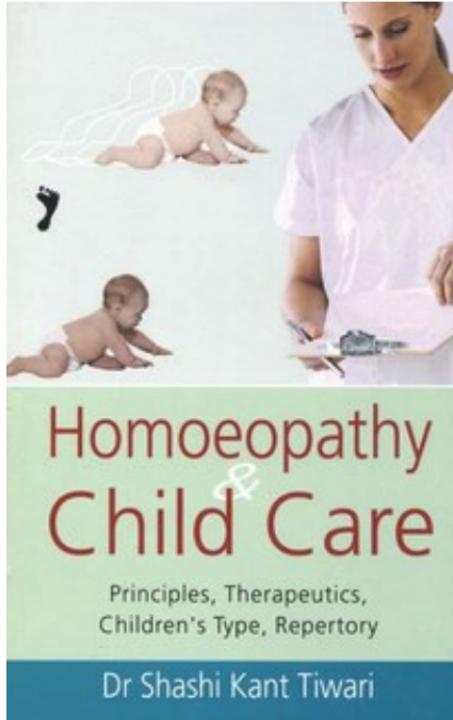
Cystic fibrosis

It is an inherited multi-system disorder which is characterised chiefly by chronic obstruction and infection of airways. A child may present with chronic cough and failure to thrive in a case of cystic fibrosis. It is a rare condition.

Physical examination

The inspection, palpation, percussion and auscultation often yield information which helps to understand the nature and cause of cough.

A child with cough needs careful observation while coughing. The type of cough often reveals the underlying clinical condition. Asking a child to repeatedly take a maximum breath and forcefully exhale usually induces a cough reflex. Some children do sweat, have shallow breathing and may have cyanosis which tells about the respiratory difficulty like asthma

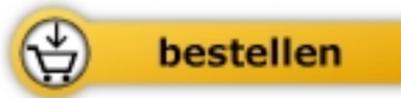


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Principles, Therapeutics, Children's Type and Repertory

336 Seiten, kart.
erschienen 2010



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