

APITHERAPEUTICAL TREATMENT USED IN THE ACUTE INFLAMMATIONS OF THE PHARYNX AND THE LARYNX

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For almost 14 months, the putting into experiment of this research study was the basic concern of the ORL surgery room of our apitherapy medical clinic from Bucharest.

During this period of time a number of 2,000 afflicted persons, newly taken into evidence, were in for the consultation, being put under apitherapeutical treatment. The control visits of these diseased persons rise up to 589. Among these, 277 – that is 12% suffered from acute pharyngeal and laryngeal diseases, representing our research group. Considering the age and the sex, 49% were women, 39% men and 13% children.

The following diseases were studied:

- Acute pharyngitis: catarrhal, purulent and chronic hypotrophical aggravated;
- Acute tonsillitis: catarrhal, purulent and chronic aggravated;
- Acute laryngitis: catarrhal and chronic aggravated with phonoasthenia;

After being divided on disease' nature the following cases were put under treatment: 148 cases of acute pharyngitis (75 women, 62 men and 11 children), 46 acute tonsillitis (19 women, 6 men and 11 children), 83 acute laryngitis (37 women, 27 men and 19 children).

The adult age (between 20 and 50 years) and the female sex prevailed. The greatest number of patients were registered during the transitional months from hot temperature to cold one and the other way round.

We have used the following method: all the subjective and objective symptoms of the patient as well as each one's anamnesis data, out of which we studied the frequency of the acute attacks of the pharyngeal and laryngeal diseases and their pathological reflex upon other organs or systems, were noted down in the medical card and in the consulting register.

The environmental factors from the work-place and home as well as the irritating ones were also specified: alcohol, tobacco, spice, excess of cold drinks, etc.

Almost all the patients have had their laboratory test done, once the symptom of the disease occurred and after it ceased. It was taken the exude of the pharynx, the tonsil and sometimes lingual – separately – as well as the hemogram, the E.S.R. and the urine test. For those patients who suffered from other diseases too, we made some more other tests (glycemia, urea, ASLO, fibrinogen, etc.) as well as the pulmonary X-ray. Out of the total number of patients, 10% were being kept as witness group, being administered the classical therapy. The patients were supervised through periodical clinical examinations at an interval of several days till their complete cure occurred, and then periodically at an interval of 2 or 3 months in order to verify and note the repetition of the acute attacks.

The pharyngeal tonsil exude was of a great interest to us: at the beginning of the disease the exude showed the pathogenic flora as normal, seldom hemolitical streptococcus, sometimes yeasts. After the clinical cure, the exude showed the disappearance of the pathogenic flora and the presence of scarce saprophyte flora or even completely sterile.

We have used the following treatment:

- For acute pharyngitis and tonsillitis or chronic aggravated we have applied the throat wash with hot horse gowan tea combined with Floral mouth water that contains propolis; afterwards they were given Proposept – tablets with propolis; before going to sleep, all the patients were given paintings on the tonsils and on the oropharynx with Gliceropropol of Propofaringit. At the same time nasal instillations with Propoheliant were administered. When the clinical aspect, which was confirmed by the micobacteriological exam too showed the presence of micellia (*Candida albicans*), paintings with Propostamin were applied after each meal. As general treatment, children were administered alternatively Melcalcin and Energin L., and adults Meltonin, alternatively with Melgar, orally. Cure occurred after 3-8 days and the healing of mycosis lasted sometimes (25% of the cases) for 10 to 15 days.

By supervising in time the patients on their evolution we have noticed a progressive attenuation of the acute attacks. We have succeeded to avoid the operation for 85% of all the children who were to be operated of tonsils and adenoid growths. They did not manifest anymore acute attacks and the laboratory tests became normal.

For the purulent tonsillitis, in 35% of the cases we have combined the treatment with sulphamide too (Biseptol, Sulfametin), after which the patients have had a general state easily alternative with fever of 39 °C for 4 to 5 days.

When the acute attacks have been cured, those patients that suffered from pharyngitis and chronic acute tonsillitis, were applied our treatment with nasal instillations with Propoheliant, paintings with Propofaringit and general treatment with Energin L., Melcalcin, Meltonin, Melpol – administered in series of 3 weeks with pauses of 1 to 2 months between the series – thus obtaining a tonicity of the superior breathing membrane and a growth of the general resistance of the body against inflammations, virosis and infections.

For the acute laryngitis and the acute chronic ones we have applied nasal instillations with Propoheliant, aerosol with Proposept L. for 6-12 meetings. Because the great majority of these cases were associated with acute pharyngitis too, we have applied the treatment with Proposept – tablets – and the painting of the pharynx with solution of Propofaringit in the evening. We have administered the syrup of propolis too, as sedative for hallow cough and disinfecting to the inferior breathing ways. We have also applied the same general treatment as for the pharyngeal diseases. Cure occurred between 6 to 8 days. In the case of the patients who suffered from acute chronic laryngitis complicated with phonoasthenia, we have completed the treatment with Polenolecitin, and tincture of propolis after each meal, when the acute attack passed.

The patients have tolerated very well the local as well as the general treatment. We have noticed 1% minor allergical local reactions (redness of the teguments around nostrils' and mouth's area together with pruritus or easy oedema of these areas) to the application of the drugs that contain propolis. By associating an easy antiallergical drug (Milfan, for 3-4 days) the ceasing of the apitherapeutical treatment was not necessary and the allergical reaction disappeared.

All these patients have had also a more or less pronounced trouble of the general state. After the general medication was administered, the general state quickly improved, thus the patients regained their appetite and tolerated very well the recovery days. The great majority of them did not breack with their daily occupations. For the children, who were almost all weakly or suffered from anorexia, with weakened attention, we have obtained through the general medication a spectacular recover of the general state, namely the increase of the appetite and – in time – an important increase of the efficiency in learning.

At those patients whose focus of infection started from the pharynx and the tonsils, we noticed the dissappearance of the pathological meta-focal and clinical manifestations (65%), by sterilizing the respective focus, and thus the normalization of the laboratory tests (E.S.R., leucogram, ASLO, urine). The patients who suffered from chronic hepatitis, in acute pain of the pharynx and larynx came to us to follow the apitherapeutical treatment, because they could not tolerate the classical treatment with antibiotics, which is toxic if administered in large doses.

Results

1. Compared to the witness' group, to whom we have administered the classical therapy (antiinfluenza, sulphamide, antibiotics, local paintings with methylene blue, nasal instillations with Mentarin or Fedrocain), the cure period was shortened with several days. Thus in the acute catarrhal pharyngitis, the cure occurred in 3 days, in the purulent ones in 6 days and in the chronic aggravated between 4 to 5 days.

The healing occurred in 4 days for the acute catarrhal tonsillitis, in 7 to 8 days for the purulent ones, and in 6 days for the chronic aggravated tonsillitis.

In the acute catarrhal laryngitis, the cure needed 6 days till it supervened, and in the chronic aggravated ones it took 8 to 10 days.

2. The clinical evolution of the patients was in perfect coordonance with the results of the laboratory tests (the dissappearance of the pathogenic flora and the levures from the pharynx and tonsil exude, the normalization of E.S.R., leucogram, ASLO and urine).

3. The employed apitherapeutical treatment has produced besides the clinical local cure an important improvement of the general state, fact which can not be obtained when using classical therapy where on the contrary, after such as acute disease the general state weaknesses.

4. In the cases of acute tonsillitis (30% of the adults) but especially the children (75%) the patients suffered from chronic hypotrophical or atrophical pharynx, with a critical pharyngeal mucous membrane with few glands that secrete mucus (it is known that the mucus is bactericidal), thus having a low resistance against the viral or the mycelian attacks and even against the adjuvant thermal, chemical factors, etc. The operation of the tonsils of these patients would have surely lead to the aggravating of the pharyngitis and would have increased the potential of the infections of the inferior breathing ways (tracheobronchitis, pneumonia, etc). The possibility of avoiding the operation to these patients is a great success for the future of their health. Nevertheless, where the focus of infection shows important meta-focal determinations and where we did not succeed through apitherapy to sterilize them, the above mentioned factor is neglected and we pass on with the operation that suppresses the main virus, and afterwards the patients will undergo a cure with their pharyngeal atrophy. As a matter of fact, many of the chronic pharyngitis that are under our supervision at the apitherapy department have a lack of tonsils syndrom, which aggravated the incipient hypotrophical pharyngitis, after the tonsil's ablation.

Conclusions

1. As for the age, the patients who were under the apitherapeutical treatment were 87% adults (between 20 to 50 years) and 13% children, and as for the sex, the feminine one prevailed (49% women compared to 38% men).
2. As for the number of patients who had different diseases, those with acute pharyngitis prevailed (148 cases) followed by the acute laryngitis (83 cases) and the acute tonsillitis (46 cases).
3. As for the profession, the patients that work in a polluting environment or with high variations of temperature prevailed.
4. Smoking was an aggravating and idiosyncratic factor for the acute inflammations of the pharynx and the larynx.
5. Other factors are the excess of aliments, excessively cold drinks or exposal to cold as well as a critical dentary hygiene.
6. High frequency of cases when changes of season occurred.
7. The superior efficiency of the apitherapeutical treatment compared to the classical one, was demonstrated by the shortening of the cure period, its simplicity and complete lack of toxicity.
8. Among the main apiarian products which have been used, the highest efficiency was offered by the propolis in different medicinal typified drugs. This is explained through its well-known qualities: antibacterial, antivirotoical, antimycotical, anaesthetic, cicatrizing, due to the substances that it contains: balsams, flavoured and mineral substances, ferulic acid, caffeine acid, ethereal oils, etc.
9. The adjuvant role of other apitherapeutical drugs used, containing: honey, pollen, royal jelly, with general and local tonic role.
10. In the cases of phonoaesthesia (especially singers) Polenolecithine combined with the propolis tincture had spectacular results in the fortification to the muscle from the vocal tendon, this treatment being a greater success than the classical therapy (vitamins of B complex, faradical currents, etc).
11. The important scarcity of the acute pharyngealtonsillaryngeal attacks, representing both a great success for these patients' health and an economical efficiency too.
12. The avoidance of the operation for the chronical tonsillitis with the above mentioned consequences.
13. It is absolutely necessary that the apitherapeutical treatment of these diseases is applied correctly, following the expert's prescriptions exactly and under his supervision in due time.
14. At the same time it is very important to use the specific laboratory tests for these diseases in order to obtain a correct appreciation of the results and of the scientifically rigorous therapeutical treatment.