Know Your Throats

By Angela Palmer, Dip Clin Herb Med, MNZAMH

ABOUT THE AUTHOR:

Ange graduated from the Canterbury College of Natural Medicine in 2001 with a Diploma in Clinical Herbal Medicine and is currently in private practice in Nelson.

With a background in conservation work, Ange was led to herbal medicine after creating Moontime in the early 90s, a business offering washable menstrual cloths.

"Through this women-focused enterprise I became aware of how many women had lost touch with the tidal flow of their natural cycles and how many struggled with hormonal imbalance. I work from a strong ecological perspective – a profound sense of being part of the earth, and bring compassion, creativity and intuition into my work as much as I can."

In recent years Ange was based in Australia where she co-produced a feature documentary film about climate justice called 2 Degrees which has just been released. She also teaches Ashtanga yoga. Her interests include tramping, horse riding and sea turtle conservation. www.angepalmer.com

When a patient presents to you with a symptom of a 'sore throat' do you simply jot this down in your case notes or do you take the investigation further? It is important to recognise the red flags in the upper respiratory tract because when things get serious here, they can get really serious.

The Merck Manual explains thus:

> Pharyngitis (sore throat) is pain in the posterior pharynx that occurs with or without swallowing. Pain can be severe; many patients refuse oral intake.
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> Aetiology
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> Sore throat results from infection; the most common cause is tonsillopharyngitis which is predominantly a viral infection; a lesser number of cases are caused by bacteria. Rarely, an abscess or epiglottitis is involved; although uncommon, these are of particular concern because they may compromise the airway.
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> The respiratory viruses (rhinovirus, adenovirus, influenza, coronavirus, respiratory syncytial virus) are the most common viral causes, but occasionally Epstein-Barr virus (the cause of mononucleosis), herpes simplex, cytomegalovirus, or primary HIV infection is involved.
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> The main bacterial cause is group A β-hemolytic streptococci (GABHS), which, although estimates vary, causes perhaps 10% of cases in adults and slightly more in children. GABHS is a concern because of the possibility of the post-streptococcal sequelae of rheumatic fever, glomerulonephritis, and abscess.
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> An abscess in the pharyngeal area (peritonsillar, parapharyngeal, and, in children, retropharyngeal) is uncommon but causes significant throat pain. The usual causative organism is GABHS.

OK, this one I can vouch for. A couple of years ago, mid winter, I had a sore throat so I diligently jumped on it with all the appropriate herbs a sensible herbalist would reach for. I gulped vitamin C, and, when nothing was shifting, went for a homoeopathic remedy as well. It worsened so I spent two days in bed quaffing high dose pain killers but next morning I woke with not just a sore throat, but a *screamingly-agonising-reached my pain threshold-* sore throat. It was alarming to say the least and my partner immediately chauffeured me to hospital.

By the time we faced the doctor a classic symptom had set in - trismus, or lockjaw, classically and readily identified by the giveaway symptom of 'hot potato' voice. Try saying this with a whole piece of fruit in your mouth and you'll get the idea, "Doctor, I have a really, really sore throat". Doctor took one look, proclaimed 'quinsy' and promptly sent me off to a ward where intravenous (IV) antibiotics were administered immediately.

Quinsy, despite its quaint, '*Little House on the Prairie*' tag, is no sweet thing. It is a huge deposit of quickly multiplying pus that gathers in the airway, and can spread further up into the head i.e. brain! (A quirky piece of historical trivia - George Washington and Pope Julian IV died of quinsy.)

Taking the Case

History

Inquire into onset, severity and duration of complaint. Review of systems should include related symptoms, such as cough, runny nose, and difficulty swallowing, speaking, or breathing. The presence and duration of any preceding weakness and malaise (suggesting mononucleosis) are noted.

Past medical history should seek history of previous documented mononucleosis (recurrence is highly unlikely). Social history should inquire about close contact with people with documented GABHS infection, risk factors for gonorrhoea transmission (eg, recent oral-genital sexual contact), and risk factors for Human immunodeficiency virus (HIV) acquisition (e.g., unprotected intercourse, multiple sex partners, IV drug abuse).

Physical Examination

General examination should note fever and signs of respiratory distress, such as tachypnea, dyspnea, stridor, and, in children, the tripod position (sitting upright, leaning forward with neck hyperextended and jaw thrust forward).

Pharyngeal examination should not be done in children if supraglottitis/epiglottitis is suspected, because it may trigger complete airway obstruction. Adults with no respiratory distress may be examined, but with care. Erythema, exudates, and any signs of swelling around the tonsils or retropharyngeal area should be noted. Whether the uvula is in the midline or appears pushed to one side should also be noted.

The neck is examined for presence of enlarged, tender lymph nodes. The abdomen is palpated for presence of splenomegaly.

Red Flags

The following findings are of particular concern:

- Stridor or other sign of respiratory distress
- Drooling
- Muffled, 'hot potato' voice
- Visible bulge in pharynx

Interpretation of findings

Supraglottitis/epiglottitis and pharyngeal abscess pose a threat to the airway and must be differentiated from simple tonsillopharyngitis, which is uncomfortable, but not acutely dangerous. Clinical findings help make this distinction, but if any of these are suspected REFER TO GP.

With supraglottitis/epiglottitis, which is nowadays very rare, there is an abrupt onset of severe throat pain and dysphagia, usually with no preceding symptoms of an upper respiratory tract infection (URTI). Children often display drooling and signs of toxicity. Sometimes (more often in children), there are respiratory manifestations, with tachypnea, dyspnea, stridor, and sitting in the tripod position. If examined, the pharynx almost always appears unremarkable.

Pharyngeal abscess and tonsillopharyngitis both may cause pharyngeal erythema, exudate, or both. However, some findings are more likely in one condition or another:

- Pharyngeal abscess: Muffled, 'hot potato' voice; visible focal swelling in the posterior pharyngeal area (often with deviation of the uvula)
- Tonsillopharyngitis: Accompanied by URI symptoms (eg, runny nose, cough)

Symptomatic treatments such as warm salt water gargles and topical anaesthetics or a gargle utilising herbs such as sage, thyme, myrrh, marshmallow and thuja, may help temporarily relieve pain in tonsillopharyngitis. Patients in severe pain (even from tonsillopharyngitis) may require short-term use of opioids.

Stridor

Stridor is an abnormal, high-pitched, musical breathing sound caused by a blockage in the throat or voice box (larynx). It is usually heard on an inhalation and is both fairly uncommon and very distinctive – I recently heard stridor for the first time in a two year old.

Considerations

Children are at higher risk of airway blockage because they have narrower airways than adults. In young children, stridor is a sign of airway blockage and must be treated immediately to prevent total airway obstruction.

The airway can be blocked by an object, swelling of the tissues of the throat or upper airway, or spasm of the airway muscles or the vocal cords.

Common causes of stridor include:

- Abscess on the tonsils
- Allergic reaction
- Croup
- Epiglottitis, inflammation of the cartilage that covers the trachea (windpipe)
- Inhaling an object such as a peanut or marble (foreign body aspiration)
- Laryngitis
- Secretions such as phlegm (sputum)
- Swollen tonsils or adenoids (such as with tonsillitis)

When to Contact a Medical Professional

Stridor may signal an emergency. Refer to GP if there is unexplained stridor, especially in a child.

Consider the following:

- Is the abnormal breathing a high-pitched sound?
- Did the breathing problem start suddenly?
- Could the child have put something in the mouth?
- Has the child been ill recently?
- Is the child's neck or face swollen?
- Has the child been coughing or complaining of a sore throat?
- What other symptoms does the child have? (For example, nasal flaring or bluish colour to the skin, lips, or nails)
- Is the child using chest muscles to breathe (intercostal retractions)?

Case Study

The child mentioned above was brought to my clinic by his father seeking ongoing support for chronic lowered respiratory function. For the past 10 days child had an alternating wet/dry cough with audible wheeze/stridor which could originate in upper or lower respiratory tract. Two months earlier while travelling overseas, the child was hospitalised with an episode of croup. Coughing fits aggravated by excitement – either positive or negative – with no associated runny nose or eye symptoms. Demeanour generally happy, no dairy, low gluten diet.

Their GP had confirmed that the condition was not asthma and had prescribed a cough syrup which had not relieved the symptoms. On examination the left lung sounds were raspy and laboured.

Formula

Marrubium vulgare	15
Euphorbia hirta	5
Grindelia camporum	10
Trigonella foenum-graecum	20
Inula helenium	20
Althaea officinalis	20
Mediherb flavour mix	15
TOTAL	105 ml

Dose: 20 gtt tds, double dose if symptoms flare up.

Parents reported excellent response to tincture with complete resolution of symptoms within three days. They requested repeat prescriptions to use on a maintenance basis.

Oh, and the end to my story? In hospital they wanted to feed me jelly, ice-cream and biscuits! Are you serious? I'm a sick person, the last thing I want is sugar, artificial colouring and flavouring! It turned out none of the food was even made on site any more - it all came frozen from a factory and got reheated in little plastic trays. Clearly the link between nutrition and health is eluding someone.

My partner duly brought me real food, not that I could get much down my constricted gullet. After a few days the antibiotics had made absolutely no difference and the abscess was growing. I was transferred to another hospital for specialist treatment where they intended to lance the abscess however on the way in the ambulance it spontaneously ruptured and that was the end of that. Well almost. I was sent home with strict instructions to rest for at least a week along with 10 days hardcore antibiotics.

I had a vivid picture of the client who had coughed in front of me about two weeks earlier when in search of help for her tonsillitis. Dangers of the job.

Be well this change of seasons, be strong through winter and know your throats.

References:

http://www.merckmanuals.com/professional/ear_nose_and_throat_disorders/approach_to_the_patient_with_nasal_and_pharyngeal_symptoms/sore_throat.html

Sobol SE, Zapata S. Epiglottitis and croup. Otolaryngol Clin North Am. 2008;41(3);551-566. Update Date: 5/16/2012

Events Calendar

The following is a guide to assist members with continuing education, please note it is by no means exhaustive, we mainly list events relating to herbs and nutrition. Training providers may also have other courses of interest in health related topics. To explore further, visit their websites.

March

Connecting with Roots - A hands on workshop with Isla Burgess.
Fri & Sat 7th - 8th March 9am - 4pm. Phytofarm, 166 Okuti Valley Road, Little River. $280 (includes lunch).
Contact Valmai email Valmai@phytofarm.co.nz or phone 03 325 1314

Holistic Yoga, Bringing Yoga To Life: A Wellpark Short Course with Gabrielle Matches.
Mon 10 March 6:30pm – 7:45pm. (commencing). Wellpark College, Grey Lynn. $145 (6 week seminar).
Register at http://www.wellpark.co.nz/holistic-yoga-bringing-yoga-to-life/

6 Weeks To Optimal Health and Vitality: A Wellpark College Nutrition Short Course with Rosanne Sullivan
Wed 12th March 6.30 – 8.30 pm (commencing). Wellpark College, Grey Lynn. $145 (6 week seminar).
Register at http://www.wellpark.co.nz/6-weeks-to-optimal-health-and-vitality/

Introduction to Aromatherapy offered by Wellpark College North Shore.
Commencing: Fri 14th March for 6 weeks 9.30 – 4.30pm. Kawai Purapura, Albany. $280
Contact studentmanager@wellpark.co.nz or http://www.wellpark.co.nz/courses/aromatherapy/introduction-to-aromatherapy/

Rongoa Maori Workshop - Rongoa 1 with Rob McGowan offered by Titoki Education.
Sat & Sun 15th - 16th March 9am - 5pm. Aongatete Lodge, Tauranga. $150 (incl Sat night accom. but not catering).
Contact Karen Tindall, email titoki.education@gmail.com or phone 027 278 8050 www.titokieducation.co.nz

April

Rongoa Maori Workshop - Rongoa 2 with Rob McGowan offered by Titoki Education.
Sat & Sun 12th - 13th April 9.30am - 4.30pm. Waitaia Lodge, Kaimai, Tauranga. $300 (incl Sat night accom. & catering).
Contact Karen Tindall, email titoki.education@gmail.com or phone 027 278 8050 www.titokieducation.co.nz

May

Introduction to Ayurveda 6 week short course with Lesley Rukki-Willison offered by Wellpark College
Thurs 1st May 6.30pm- 8.30pm. Wellpark College, Grey Lynn. $145 (6 week seminar).
Contact email studentmanager@wellpark.co.nz or http://www.wellpark.co.nz/courses/ayurveda/introduction-to-ayurveda/

Maori Healing Workshop (Romiromi & Mirimiri) with Atarangi Muru offered by Kawai Purapura
Sat & Sun 3rd - 4th & 17th - 18th May 8am - 6pm. Kawai Purapura, Albany. $695 both weekends + $15 booking fee.
Contact Kawaipurapura for more info www.kawaipurapura.co.nz/te-waiwaia-traditional-maori-healing-programs
email communications@kawaipurapura.co.nz
or www.eventbrite.co.nz/e/te-waiwai-traditional-maori-healing-200-hour-course-tickets-8788818593?ref=ebtn# to book

Wellpark College Open Evening.
Tues 13th May 6.30 - 8.30pm. Wellpark College, Grey Lynn. Free entry
Registration email reception receptionr@wellpark.co.nz or phone 09 360 0560 www.wellpark.co.nz

Rongoa Maori Workshop - Rongoa 3 with Rob McGowan offered by Titoki Education.
Sat & Sun 17th - 18th May 9.30am - 4.30pm. Te Kauri Lodge, Kawhia. $350 (incl Sat night accommodation and catering).
Contact Karen Tindall, email titoki.education@gmail.com or phone 027 278 8050 www.titokieducation.co.nz

NZAMH Pre-Conference & AGM
Friday 16th May 9.00 am - 4.45 pm. Kawai Purapura, Albany, Auckland. Free to NZAMH members. Non-NZAMH members - $50.00. Lunch provided to all attendees. Contact Mary Allan avena.editor@gmail.com

NZAMH Annual Conference 2014
Sat & Sun 17th - 18th May. Marine Education and Recreation Centre (MERC), Torbay/Long Bay, North Shore. (Lunch provided). See www.conferencenzamh.wordpress.com for more details.