## THE EFFECT OF HALOTHERAPY IN CHILDREN- OUR EXPERIENCE

G Gunek¹, A Cvitković Roić², N Pustisek³, A Čipak Gasparović⁴, L Kotrulja⁵, I Babić⁵, M Sunić Omejc⁶, I Majicaˀ, M Simunčić²

1/

<sup>2</sup>Children clinic Helena, Zagreb;

<sup>3</sup>Klinika za dječje bolesti, Zagreb;

<sup>4</sup>Institut Ruđer Bosković;

<sup>5</sup>Klinika za kozne i spolne bolesti, KBC, Zagreb;

<sup>6</sup>Poliklinika za zastitu djece grada Zagreba, Zagreb;

<sup>7</sup>Natalis Samobor

## **Abstract**

Halotherapy is a therapy method based on beneficial effects of dry salt aerosol that achieves positive effects on numerous body organs, especially on the respiratory system by inhaling the same. The goal of this research is to monitor the influence of halotherapy on children with asthma, pollinosis, recurrent obstructive bronchitis, atopic dermatitis, secretion otitis, recurrent laryngitis and chronic rhinitis. The two year study included 73 children (5 months -- 18 years) suffering from the mentioned diseases. Along with the research conducted on children, the influence of halotherapy was investigated on human lung fibroblast cell cultures. Halotherapy was done in the salt chambers and salt cabins where the dry salt aerosol generated by salt generator, was inhaled by the subjects. The halotherapy showed positive effects in patients with pulmonology and allergy diseases seen by reduced symptoms of the disease and drug prophylaxis. Within the group of children, suffering from asthma and recurrent obstructive bronchitis 7 out of 24 patients stopped the drug prophylaxis after the halotherapy and the symptoms haven't returned in the next year. In 9 out of 24patients, halotherapy reduced the drug prophylaxis and the symptoms haven't returned in the next year. Out of total 12 pollinosis patients, 3 of them were without any symptoms and drug prophylaxis during the pollination. Two out of these 12 were without the usual recurrent respiratory obstruction during the pollination with the drug prophylaxis. Six out of 12 patients had minimum symptoms with the occasional drug therapy. One out of 12 patients did not manage to control the disease with the drugs and halotherapy. At the children with atopic dermatitis SCORAD index varied from 20 to 61.8 (average of 36.74) before the halotherapy and after the therapy it was from 3to 50 (average 21.85) which was the evidence of the clinical improvement of the patients. A part of the respiratory patients noticed the improvements of symptoms and local test results. The best results (strengthened by in vitro results of slight stimulation of human fibroblast proliferation) have been noticed on the salt concentration applied at the children suffering from asthma. All the stated results are encouraging and demand more clinical studies as well as mechanistic molecular studies in order to understand mechanisms by which these positive effects are achieved, as well as all the possibilities of the halotherapy applications.

## Reference:

- 1. Cherynskava A.V.(2003), Halotherapy of Respiratory Diseases, Phisiotherapy, Balneology and Rehabilitation., N6.-P. 8-15.
- 2. Chervinskaya A.V., Zilber N.A(1995)., Halotherapy for tretment of respiratory diseses, J. Aerosol Med. Volume 8, Number 3, Fall;8(3):221-32.

ance.

sis,

naren

the nty,

rom

% of vere ties.

nool

epers ey on

nent.

- 3. Elkins M. R., Robinson M., Rose B. R. and al. A Controlled Trial of Long-Term In haled Hypertonic Salinein Patiens with Cystic Fibrosis; N Engl J Med 2006; 354:229-240.
- 4. Garavello W., Romagnoli M., Sordo L., at al;(2003) Hypersaline n asalirrigation in children with symptomatic season al in children with symptomatic seasonal allergic rhinitis: A randomized study; Pediatr Allergy Immunol. 2003:14:140-143
- 5. Gelardi M., Lannuzzi L., Greco Miani A., Cazzanigac S., Naldi L., De Lucaa C., Quaranta N. (2013), Double-blind placebo-controlled randomized clinical trial on the efficacy of Aerosal® in the treatment of subobstructive adenotonsillarly pertrophy and related.
- 6. Gunek Mačukat G., Majica I., Bencek N.(2011) Haloterapija u bolestima disnog sustava djece nasi rezultati.; Zdravstveni turizam: Zdravlje, voda, kultura, Knjiga izlaganja na znanstvenom skupu, Klanjec.
- 7. Hedman J., Hugg T., Sandell J.(2006), The effect of saltchamber treatment on bronchialhyperresponsiveness in asthmatics; Allergy 61: 605-610.
- 8. Kunz B., Oranje A.P., Labrèze L., Stalder J.F., Ring J., Taieb A., (1997) Clinical validation and guidelines for the SCORAD index: consensus report of the European Task Force on Atopic Dermatitis. Dermatology;195: 10-19.
- 9. Mark J. D., Pediatric asthma an integrative approach to care Nutr., Clin. Pract.2009 Oct-Nov;24(5):578-88.
- 10. Nurov I.,(2010) Immunologic features of speleotherapy in patients with chronic obstrctive pulmonary didease; Medical and health Science Journal, MHSJ, Volume 2, pp.44-47.
- 11. European Task Force on Atopic Dermatitis, (1993) Severity scoring of atopic dermatitis: the SCORAD index. Dermatology; 186: 23-31.12. Global Initiative for Asthma (2014) A Pocket Guide for Physicians.