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REVIEW ARTICLE

MOUTH BREATHING IN PAEDIATRIC AGE GROUP

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Abstract

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Breathing is a fundamental activity of all living being, usually carried out through the nose. Breathing through the mouth instead of through the nose is considered an abnormal breathing habit¹

Under normal circumstances, children will breathe through their nose. However, when the nasal pathway is blocked, or any kind of acute infection like cold, runny nose children are forced to take breath from mouth. Nasal breathing is considered a key factor for normal development of facial skeletal growth. Allergic rhinitis and enlarged adenoids can cause airway obstruction, resulting in mouth breathing

INTRODUCTION

The mouth usually does not contribute to the process of respiration. Mouth breathing is a harmful habit. Bad habits related to the oral cavity are mostly seen or developed during infancy because they are a normal part of development. Usually, this habit disappears with time or as the child grows. If this habit does not disappear, then it is a problem to watch out

for as it can cause serious changes in dentoalveolar development in later life. This bad habit is usually associated with several psychological and physiological, anatomical etiologies that should be of concern.

Mouth Breathing

Mouth breathing is a common issue observed in children that can have significant consequences on their overall

health and development. While breathing through the mouth occasionally is normal, persistent mouth breathing can indicate an underlying problem that requires attention. In this article, we will explore the causes, consequences and Homoeopathic medicines related to it.

Mouth breathing is a respiratory disorder that affects children, adolescents and adults in a higher percentage of the general population and is also responsible for causing both local and systemic pathological effects in the short and long term. Several factors can cause mouth breathing in children such as

- **Nasal Congestion:** Allergies, colds, sinus infections, or enlarged adenoids and tonsils can obstruct the nasal passages, making it difficult for the child to breathe through their nose.

- **Anatomical Issues:** Deviated septum or other structural abnormalities in the nasal cavity can hinder proper airflow, leading to mouth breathing.

- **Chronic Allergies:** Allergic reactions to pollen, dust, pet dander, or other environmental triggers can cause nasal congestion, prompting children to resort to mouth breathing.

- **Habitual Mouth Breathing:** Prolonged mouth breathing can become a habit, especially if a child has experienced recurrent nasal congestion or other respiratory difficulties.

- **Tongue Tie:** A condition where the strip of skin under the tongue (lingual frenulum) is too short, which may restrict the movement of the tongue, affecting nasal breathing.

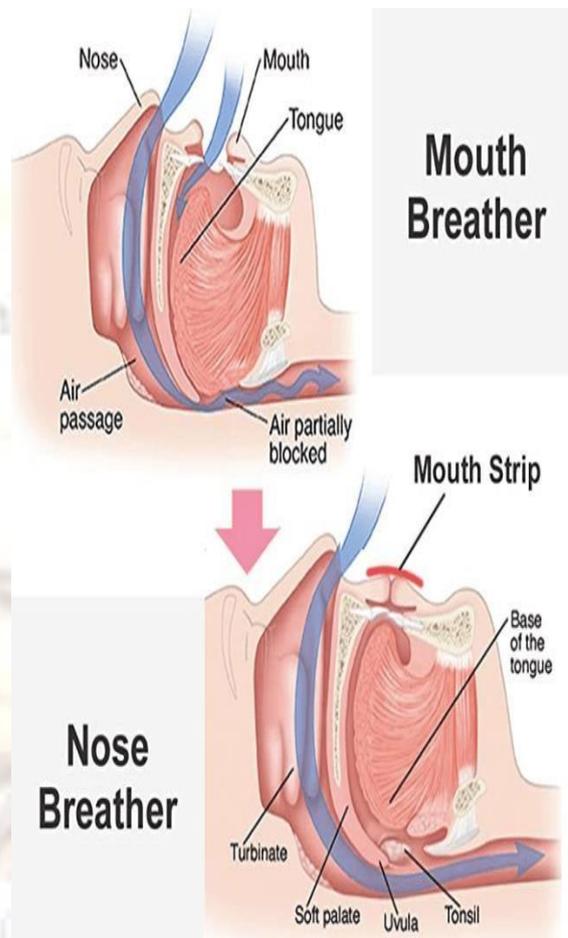


Fig 1 Mouth Breather vs Nose Breather

Mouth breathing in children might be due to many causes like congested nose or allergies, recurrent cold and cough which will quickly clear up, children who are continuous mouth breathers may experience some issues such as:

- It can cause Irritability in children
- Crying Episodes due to discomfort
- Cracked Lips (dryness)

In some cases, mouth breathing in children may result from the overuse of pacifiers or habit of thumb-sucking during childhood.

In other instances, the cause of mouth breathing may be due to a tight frenulum. This is often observed in children who experienced difficulty during breastfeeding because they would not latch on. The tight frenulum interfered with 'normal baby' breathing, forcing children to breathe through their mouth so that they can breathe easily and get relief.¹

Of all the causes listed, one thing is sure., Mouth breathing in children is usually easily correctable, but it is better to catch the condition early. Whenever you observe your child is sleeping with their mouth wide open, you should pay close attention as you might be looking at a 'mouth breathing face'

In some cases, mouth breathing in children might even be a sign of sleep apnea. This is due to the child's need for more oxygen than they can take in by only breathing through their mouth. In such cases, observing this mouth breathing face and catching the condition early is important for early diagnosis

Parents who wish to learn how to stop mouth breathing in children must first identify the issue. Stopping mouth breathing in children depends heavily on how soon the problem of mouth breathing

is identified. In babies, the problem is usually easily treatable as they are too young to have developed a habit. Simply ensuring that the nasal passage is clean is usually enough to get babies back on track.¹

Adjusting breastfeeding postures to ensure that babies breathe more easily through their nose can remove any issue before it has a chance to become a habit.

Teaching older children to go long periods without depending on pacifiers or thumb-sucking for comfort leaves the nasal pathways free and clear, allowing natural respiratory habits to prevail.

Some children may resort to breathing primarily through their mouth due to stress occurring at or around their bedtime. Ensuring that bedtime routines are calming and children are allowed to feel in control of their actions could remove any stressors contributing to the development of this habit.²

Something it can be due to Habit but habits are acquired, represented by an altered pattern of muscle contraction with complex characteristics, which proceed unconsciously and on a regular basis. Repetitive behaviour or habit is usually common in infancy and mostly starts and stops spontaneously. An oral habit in infancy and early childhood is normal, while it is considered abnormal over years of age then it is not considered as normal .

Parafunctional habits are acquired by practising a nonfunctional or unnecessary action, such as thumb or lip sucking, bruxism (grinding of teeth), mouth breathing and tongue thrusting. Inappropriate oral habits can affect the dental and skeletal development in adverse ways. Some factors such as digit sucking which is a habit acquired during early years due to putting thumb in mouth for non-nutritive purpose, often cause maxillary incisors proclination, anterior open bite, posterior crossbite, exaggerated overjet, midline diastema and risk of maxillary incisor trauma.

Sassouni stated that mouth breathing is the habit of breathing through the mouth instead of the nose.

Sometime later, **Merle** suggested the term oronasal breathing to replace oral or mouth breathing because she felt that this term was more correct and exact.

Mouth breathing in children is a result of oral function that is not well developed and has a negative effect not only on the oral cavity and craniofacial morphology, but also on general condition.

Mouth breathing usually affects approximately 10-15% of the paediatric population. Breathing is a vital function of the body, usually carried out through the nose.

Breathing through the mouth instead of through the nose is considered an abnormal

- Mouth breathing refers to inhaling and exhaling through the mouth.
- Mouth breathing can be due to any acute diseases, such as influenza, recurrent cold and cough is not a condition to worry about.
- However, chronic mouth breathing that completely depends on the mouth to breathe or in children with medical conditions such as sleep apnea become the condition that need attention or require consultation with doctors.
- 3 to 6 years of age children generally have a slight lip incompetent.
- Children who are breathing through the mouth should also be suspected of having nasal airway obstruction. If nasal breathing is disturbed by hypertrophy of adenoids and tonsils, rhinitis, deviations of the nasal septum, there is a possibility that the child will experience mouth breathing.

Symptoms of mouth breathing in paediatric age-

- Increased crying episodes during nights
- Difficulty in concentrating at school and studies

- Increased irritability
- Sleepiness during the day
- Dry mouth and cracked lips
- Slower growth rate
- Enlarged tonsils
- Speech problems or difficulty in swallowing

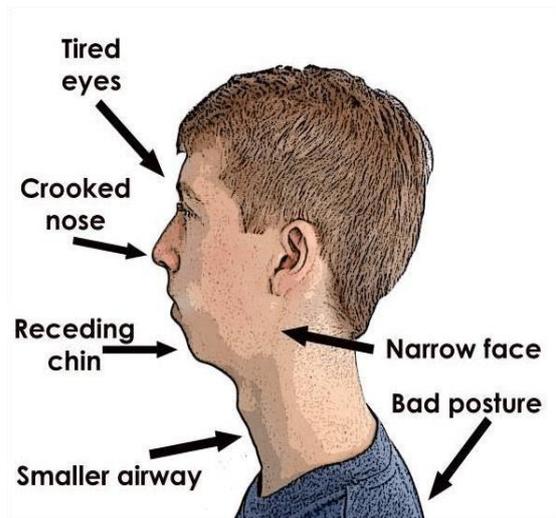


Fig 2

Classification

In 1987 **Sim and Finn**³ classified mouth breathing into three categories based on their aetiology:

1. **Obstructive:** Children with increased resistance or total obstruction of normal airflow through the nasal passages. Seen in ectomorphic individuals with a long and narrow face and nasopharyngeal canal.
2. **Habitual:** Children who continuously breathe through the mouth out of habit, even though the obstruction has been cleared.
3. **Anatomical:** Short upper lip that does not allow complete closure of the mouth without excessive effort.
 - a. **Complete obstruction:** The nasal passages are completely closed
 - b. Partial blockage

ETIOLOGY

Most commonly is due to nasal obstruction; Nasal obstruction can result from either congenital or postnatal causes and may amplify resistance to air-flow and impair sucking-swallowing responses, with increased risks of aspiration or of more severe and threatening respiratory distress conditions. In addition, nasal obstruction alters the "trophic" flow of sensory information towards the olfactory brain.⁴

- **Enlarged Turbinate** -This can be due to allergies, recurrent infections, chronic infections of mucous membrane, atrophic rhinitis, hot and dry climatic conditions, polluted air all these can lead to enlarged turbinate.
- Intranasal defects
- Deviated nasal septum, subluxation of septum, thickness of septum, bony spurs and nasal polyps.
- Hypertrophy of pharyngeal lymphoid tissue (adenoids)
- Repeated infection results in the overgrowth of lymphoid masses

blocking the posterior nares, rendering mouth breathing necessary.

Allergic rhinitis and enlarged adenoids can cause airway obstruction, resulting in mouth breathing. It leads to postural changes such as lip incompetence, low position of the tongue and increased vertical facial height for clockwise rotation of the jaw.

Mouth breathing can cause-

- **Bad Breath** - Mouth breathers have increased chances of bacteria accumulation, which can lead to bad breath.
- **Gum Disease** - Mouth breathers typically have a dry mouth; it can lead to reduced salivary production. This can allow bacterial overproduction. Long term gum disease has been linked to some serious diseases including heart disease, stroke, and even dementia.
- **Dental Misalignment** - Mouth breathing has been shown to significantly change dental alignment. When a person breathes through their mouth, their tongue isn't in the right position at rest, or when they swallow.

Rubrics related to mouth breathing-
[BOENNING][MOUTH AND

THROAT]AGGRAVATION:BREATHING: (4)

1 Arg-m, 1 Chin, 1 Hep, 1 Kali-n,

[MURPHY] [BREATHING] BREATH, COLD, (SEE MOUTH, CHAPTER): (21)

1 Acon, 1 Ant-t, 1 Ars, 3 Camph, 3 Carb-v, 1 Carbon-g, 2 Cedr, 2 Chin, 1 Chin- s. 1 Cist, 1 Colch, 2 Cop, 1 Corr, 2 Helo, 1 Jatr, 1 Merc, 2 Phos, 1 Rhus-t, 2 Tab, 1 Ter, 3 Verat,

[COMPLETE] [MOUTH] BREATHING AGG.:RATTLING, AFTER: (2)

1 Rhus-t, 3 Spig,

[MURPHY] [BREATHING] DIFFICULT, BREATHING: COVERING, NOSE OR MOUTH: (3)

2 Arg-n, 1 Cupr, 2 Lach,

[COMPLETE][MOUTH]BREATHING AGG.: (13)

1 Aphis, 1 Bell, 1 Chin, 1 Hep, 3 Hydr-ac, 2 Kali-n, 1 Lach, 1 Mez, 3 Phos, 2 Rhod, 1 Rhus-t, 1 Spig, 1 Tanac,

[COMPLETE] [MOUTH] BREATHING AGG.:SUFFOCATION: (5)

3 Bell, 3 Hep, 3 Hydr-ac, 4 LACH, 1 Tanac,

[MURPHY] [BREATHING] DIFFICULT, BREATHING: OPEN, MOUTH WITH INSPIRATION:MUST SIT BY THE WINDOW: (2)

2 Cann-s, 2 Chel,

[COMPLETE] [TEETH] BREATHING THROUGH MOUTH AGG.: (3)

3 M-arct, 1 Puls, 1 Sabin,

[MURPHY] [BREATHING] DIFFICULT, BREATHING: HANDKERCHIEF, CANNOT BEAR TO HAVE, APPROACH THE MOUTH AS IT WILL CAUSE DYSPNEA: (4)

1 Am-c, 2 Arg-n, 1 Cupr, 2 Lach,

CONCLUSION

Mouth breathing can be categorised into 3 types based on the aetiology. The aetiology and risk factors for mouth breathing are nasal obstruction, adenoids, and children who are not exclusively breastfed. Mouth breathing is characterised by many symptoms. This habit is diagnosed through a comprehensive history and several tests.

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