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HOMOEOPATHIC PERSPECTIVE IN THE TREATMENT OF CHRONIC TONSILITIS

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ABSTRACT

Tonsilitis is a common upper respiratory tract infection, caused by viral or bacterial agents, predominantly Group A β-haemolytic streptococcus, or non-infectious irritants. Recurrent infection led to complications or may need surgical intervention. This case report demonstrates a 8-year-old male child suffering from recurrent tonsillitis, marked by bilateral enlarged tonsils nearly adhering to the uvula, dysphagia and tonsillectomy was advised. He was treated with standalone Homoeopathic medicine that further improved the patient's overall quality of health. Based on Characteristic symptoms, Mercurius solubilis 200 in Centesimal scale weekly was prescribed, followed by general management during follow-ups. Over successive months, tonsillar swelling reduced significantly, dysphagia resolved, and surgery was avoided. This case highlights the potential benefit of individualized homoeopathic treatment in managing recurrent tonsillitis, offering symptomatic relief, prevention of complications, and an holistic alternative treatment for children.

KEYWORDS: *Dysphagia, Group A β-haemolytic streptococcus, Holistic, Homoeopathy, Individualized medicine, Tonsillitis, Tonsillectomy.*

INTRODUCTION

Tonsils are lymphatic tissues located at the mucosa of pharynx.[1] There are usually four groups of tonsils namely pharyngeal tonsils, palatine tonsils, lingual tonsils and tubal tonsils.[2] Among the four tonsils two major tonsils are-the Nasopharyngeal tonsils and the Faucial or Palatine tonsil. The pharyngeal tonsils are located in the nasopharynx, the palatine tonsils at the oropharyngeal opening of the oral cavity, the lingual tonsils on the posterior part of the tongue, and the tubal tonsils around the pharyngeal opening of the Eustachian tube. Among these, only the palatine tonsils are normally visible on examination.[2]

Enlarged nasopharyngeal tonsils are known as ‘Adenoids’ and palatine tonsils are referred to as ‘Tonsils’.[1]

Inflammation of tonsils is referred to as Tonsilitis. It is caused by infection with certain viruses such as Rhinoviruses, Adenovirus, Influenza virus, Epstein-Barr virus etc. and certain bacteria such as Streptococcus pneumoniae, Haemophilus influenza etc.[3]

Tonsils are the nature’s top end outpost of the digestive tube and are constantly at work to do outpost duty. Tonsils if enlarged, are a source of danger, as affording an inlet to germs of disease and many disease germs certainly do impinge upon enlarged tonsils and penetrate into parenchyma, there they thrive and multiply and hence poison the organism.[4]

CLASSIFICATION

- **Acute Tonsillitis**: Cases of acute tonsillitis include where illness lasts for three days to nearly two weeks. Acute tonsillitis may present as **catarrhal (superficial)**, **parenchymatous** (uniformly congested and swollen tonsils), **follicular** (whitish exudates in the tonsillar crypts), or **membranous** (coalescence of follicles forming a white patch over the tonsil).[2]
- **Recurrent tonsillitis**: Tonsillitis more than once a year, referred to as recurrent tonsillitis.[3]
- **Chronic tonsillitis:** The symptoms of chronic tonsillitis last longer than two weeks.[2]
- **Peritonsillar Abscess (Quinsy):** Complication of acute tonsillitis.[2]

Risk factors: Most common in young age group (5–15 years) and may occur in adults and are transmitted through air droplets.[2]

Clinical presentation:[5]

SIGNS	SYMPTOMS
Tender cervical lymph nodes.	Sore throat with earache.
Elevated temperature.	Dysphagia.
Enlarged, red congested tonsils (sometimes with exudate).	Fever and chills.
The surface of the tonsils may have follicles and may appear deeply congested with edema.	Halitosis.
	Malaise, headache.

Diagnosis relies primarily on a thorough medical history and clinical examination. Examination includes inspection of the throat and cervical lymph nodes for enlargement. To identify the causative organism, a throat swab may be taken for a rapid antigen detection test or culture. A positive rapid strep test confirms Group A Streptococcal infection, while a negative result suggests a viral aetiology, although bacterial culture may be required for confirmation.[5]

Blood Investigation reveals elevated total leucocyte count with high level of polymorphs. In viral infection, lymphocyte count is raised.

Complications include Chronic suppurative otitis media, Quinsy, Sinusitis, Septicaemia, Obstruction, Rheumatism in case of infection with haemolytic streptococci bacteria.[1]

In Homoeopathic Literature, different remedies used in the treatment of Tonsilitis are *Aconitum napellus, Argentum nitricum, Baryta carbonicum, Baryta muriaticum, Belladonna, Calcarea carbonicum, Capsicum, Hepar sulphuricum, Lachesis, Lycopodium clavatum, Mercurius solubilis, Phosphorus, Sabadilla, Silicea terra, Thuja occidentalis, Zincum metallicum* etc;[6] In Homoeopathic philosophy, Tonsilitis is classified mainly as *Psora* with recurrent tendency to catch

cold, nose and throat are sensitive; if its recurrent then it is classified under *Tubercular* miasm and *Sycotic* manifestation of tonsilitis is oedematous appearance of the nose, uvula and tonsils with hypertrophy of the nasal turbinate; *Syphiltic* manifestation, there is ulceration in the respiratory tract, nose, tonsils and trachea.[7]

CASE DEPICTION

A 8-year-old, pediatric patient, Hindu of Indian nationality, visited Homoeopathy hospital, NEIAH on 15th Feb 2025 with a chief complaint of difficulty in swallowing and recurrent pain in throat for the past 8 months; and dry cough for 2 weeks. Symptoms get worse from exposure to cold and from cold drinks and better from warmth. Onset was gradual.

History of recurrent fever and upper respiratory tract infection along with generalized weakness. History of taking conventional treatment. Took Paracetamol 250mg for fever. Birth history Full-term, delivered by C-section, Institutional delivery. Mother suffering from Hypothyroidism. Homoeopathic generals include- appetite was diminished, preferred hot food; thirst for large quantity of water; extreme desire for sweets and aversion to sour food; bowel habits normal; urine normal, no discomfort, offensiveness present; perspiration profuse over whole body with mild odor; thermally chilly patient and have general tendency to catch cold easily. On observation patient was cooperative, and confirmed by his attendant that he is of stubborn nature, desire to be with people around.

Clinical finding: On examination, General examination revealed Temperature was 98.5°F; Pulse was 82bpm, regular, rhythmic.

Local examination revealed Tonsils bilaterally enlarged Right >> Left; Throat Inflamed, congested; Uvula adhering to tonsils; Halitosis; Tongue clean, moist, Glossy and profuse salivation; oral hygiene maintained.

DIAGNOSTIC ASSESSMENT: Assessment was made based on clinical finding as well as from previous history of recurrent tonsilitis. So, diagnosed as Chronic Tonsilitis.

INTERVENTION: The patient was managed exclusively with standalone individualized homoeopathic treatment. After thorough case taking using standardized homoeopathic case taking proforma, analysis, and repertorization using the Repertorium Homoeopathicum Syntheticum Repertory[8] in Radar Opus software version 4.1.11,[9] Mercurius solubilis 200C, weekly one dose in sac lac, was prescribed after consulting Homoeopathic materia medica and adhering to principles of homoeopathic philosophy. During subsequent follow-ups, the remedy was repeated based on symptomatic changes and the evolving clinical picture, ensuring individualized and dynamic homoeopathic management throughout the course of treatment.

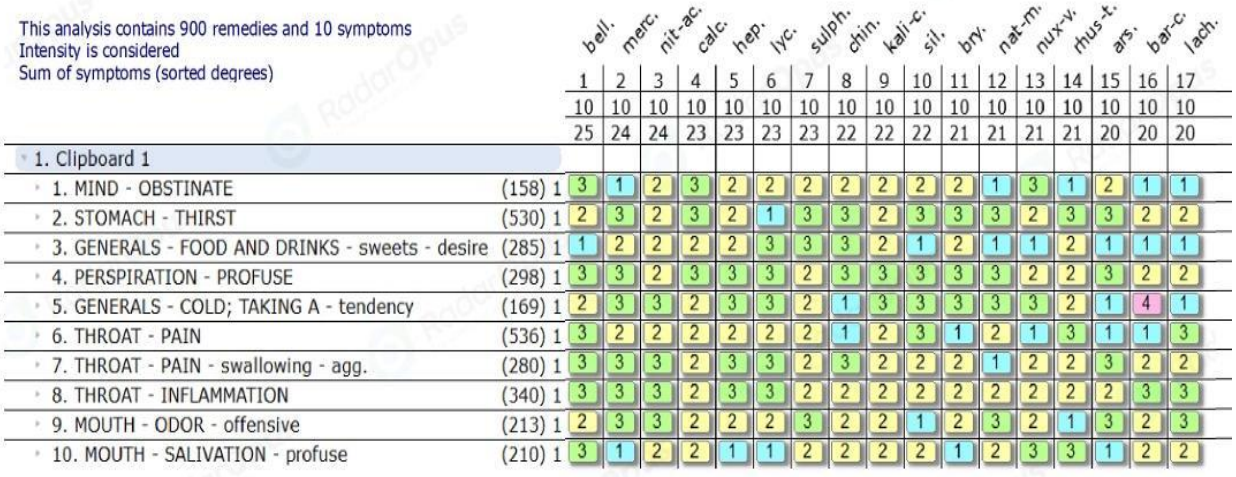


Figure 1: Repertorial analysis chart. [8,9]

Table 1: Timeline including Follow up and outcome.

Date	Symptoms	Prescription
15.02.2025	First consultation. Complaints of recurrent tonsillitis. Severe congestion and redness of both tonsils. Right side more than left side. Tonsils highly hypertrophied and adhering to the uvula. Along with difficulty in swallowing, recurrent throat pain, with dry cough and generalized weakness. < by cold exposure, and cold drinks, at night; > warmth. Gradual onset.	**Mercurius solubilis 200** in saccharum lactis 2 doses. Weekly One dose. Early morning empty stomach. Advice to report after 15 days.
06.03.2025	Throat pain and swallowing difficulty reduced slightly to roughly 30%. Tonsillar congestion persists but showed slight reduction, though adhering to uvula. Dry cough persists mainly at night. No fever since last visit. Weakness persists. Gradual improvement with no signs of aggravation.	**Mercurius solubilis 200** In sac lac, 4 Doses. Weekly one dose. **Placebo** 4 pills twice daily for 15 days. Advised to report after one month.
05.04.2025	Notable improvement. Marked reduction in throat pain. Frequency of recurrent attacks decreased. Dry cough improved. Congestion of Tonsils better and reducing in size, no longer adhering to uvula. General weakness better.	**Mercurius solubilis 200/0** 4 pills twice daily for 15 days. Advice to report after 15 days.
12.05.2025	Mild recurrence of throat irritation after taking cold drinks. Difficulty in swallowing improved. Congestion of Tonsils slightly better and reducing in size. No fever. Halitosis still persists.	**Mercurius solubilis 200** In sac lac, 4 Doses. Weekly one dose. **Mercurius solubilis 200/0** 4 pills twice daily for 15 days. Advice to report after 30 days.
28.06.2025	Considerable improvement. No recurrent infection since previous visit. Occasionally throat dryness. Inflammation of Tonsils slightly better. Halitosis persists. Generalized weakness better.	**Mercurius solubilis 200/0** Twice daily for 15 days.
12.07.2025	Patient stable. No throat pain or cough. Enlarged Tonsils. Congestion improving. Appetite and sleep improved.	**Mercurius solubilis 200** One dose in sac lac. **Mercurius solubilis 200/0** Twice daily for 15 days.
26.07.2025	Slight throat discomfort after exposure to cold weather. Enlarged Tonsils. Congestion improving. Halitosis persists. No fever or cough.	**Mercurius solubilis 200/0** Twice daily for 30 days.
13.09.2025	Enlarged tonsils persist. No difficulty in Swallowing. No Congestion. Halitosis improving. Generalized weakness better.	**Mercurius solubilis 200** One dose in sac lac. Followed by **Mercurius solubilis 200/0** Twice daily for 15 days.

04.10.2025	Asymptomatic. Enlarged Tonsils persists. No upper respiratory tract infection episodes.	**Mercurius solubilis 200** One dose in sac lac. Followed by **Mercurius solubilis 200/0** Twice daily for 30 days.
06.11.2025	Patient maintaining improvement. No throat complaints. Enlarged Tonsils persists but better than before.	**Mercurius solubilis 200** One dose in sac lac.
20.12.2025	No recurrence during winter season. Generalized weakness absent. Right Tonsils enlarged but marked improvement seen.	**Mercurius solubilis 200/0** Twice daily for 30 days.
03.01.2026	Condition stable. Patient maintaining improvement. Enlarged Tonsils decreasing in size. No additional symptoms.	**Mercurius solubilis 200** One dose in sac lac. **Mercurius solubilis 200/0** Twice daily for 30 days.
02.04.2026	General health improved. Tonsils normal in size. No other associated symptoms.	**Mercurius solubilis 200** One dose in sac lac. **Mercurius solubilis 200/0** Twice daily for 30 days.
09.05.2026	Follow-up satisfactory. Tonsilitis subsided completely. No recurrent infections. General health markedly improved. No other associated complaints.	**Mercurius solubilis 200/0** Twice daily for 30 days. Under Observational period. Advice to report when needed.

CLINICAL FINDING

Before Treatment

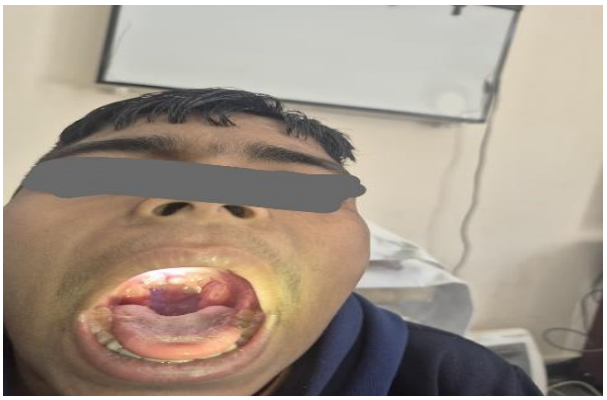


Figure 2: Bilateral Tonsils Inflamed.

Right side>> Left side; adhering to uvula.

During Treatment

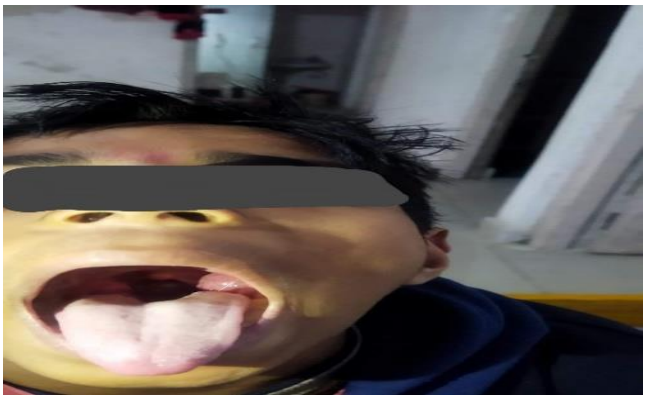
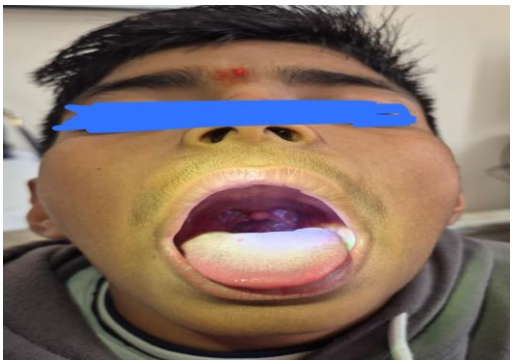


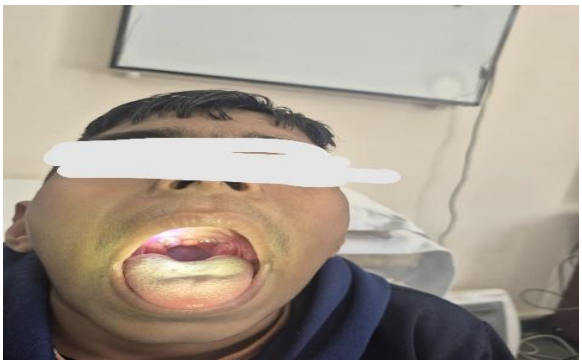
Figure 3: Bilateral Tonsils Inflamed.

Right side>> Left side.



During Treatment

Figure 4: Right Tonsil slightly inflamed.



After Treatment

Figure 5: Bilateral Tonsils Normal. No congestion.

DISCUSSION

This case report presents a 08-year-old male child, diagnosed with Chronic Tonsilitis underwent stand-alone individualized homoeopathic medicine with Mercurius solubilis 200, leading to significant clinical improvement. The patient had been suffering from recurrent episodes of tonsilitis, subsided over a period of twelve months. The frequency of recurrent infection reduced significantly and overall quality of life improved thus indicating a notable therapeutic achievement. Medicines were continued exclusively, with regular follow-up and general necessary management and gradual improvement was observed. No adverse effects were noted during treatment. Therefore, highlighting the importance of individualized homoeopathic prescribing based on characteristic symptoms a well as constitutional symptoms rather than diagnosis alone. The positive response observed in this case suggests that homoeopathic management as an alternative treatment play a supportive role in reducing tendency of recurrent infection and improves quality of life.

However, it is a single case report, definite conclusion regarding efficacy cannot be generalized. Further clinical studies with larger sample sizes and systemic follow up are required to evaluate the role of homoeopathy in cases of Chronic Tonsilitis.

Some Findings of Homoeopathic studies related to chronic Tonsilitis- A case of 8-yr-old paediatric patient suffering from chronic bilateral tonsilitis was successfully treated with Baryta carbonica 200C and 1M constitutionally along with Sulphur 30C to manage acute complaints when they appeared, and Alfalfa Q supported the child's growth and nutrition.[10] Another successfully treated case of chronic tonsillitis using homeopathic and isopathic methods. Autonosode made from tonsil stones combined with the complex homeopathic remedy Phytocyanatus cured chronic tonsillitis completely.[11]

Another research study revealed out of 30 patients, 13 cases had shown marked improvement, 9 moderate and 6 cases showed mild improvement while 2 cases showed no improvement during the study period. Certain medicines (namely Belladonna, Phytolacca, Baryta carbonica, Mercurius solubilis, Hepar sulphur, Ferrum Phosphoricum, Kali muriaticum and Calcarea phosphoricum and Natrum sulphuricum) were found frequently indicated in alleviating the signs and symptoms of tonsillitis, thus validating Homoeopathic approach in the treatment of Tonsilitis.[2]

The outcome of the present case was assessed using the Modified Naranjo Criteria for Homoeopathy (MONARCH inventory), in which the case scored +9, indicating a positive causal relationship between the homoeopathic intervention and the clinical outcome.[12]

Table 2: Follow-up assessment using MONARCH inventory guidelines.

Domain	Question	Answer	Score
1	Was there an improvement in the main symptom or condition for which homoeopathic medicine was prescribed?	Yes	+2
2	Did the clinical improvement occur within a plausible timeframe relative to the medicine intake?	Yes	+1
3	Was there a homoeopathic aggravation of symptoms?	No	0
4	Did the effect encompass more than the main symptom or condition (i.e., were other symptoms not related to the main presenting complaint improved or changed)?	Yes	+1
5	Did overall well-being improve? (Suggest using a validated scale or mention about changes in physical, emotional, and behavioural elements)	Yes	+1

6A	Direction of cure: Did some symptoms improve in the opposite order of the development of symptoms of the disease?	No	0
6B	Direction of cure: Did at least one of the following aspects apply to the order of improvement of symptoms: – From organs of more importance to those of less importance? – From deeper to more superficial aspects of the individual? – From the top downwards?	Yes	+1
7	Did 'old symptoms' (defined as non-seasonal and non-cyclical symptoms that were previously thought to have resolved) reappear temporarily during the course of improvement?	No	0
8	Are there alternative causes (i.e. other than the medicine) that – with a high probability – could have produced the improvement? (consider the known course of disease, other forms of treatment, and other clinically relevant interventions)	No	+1
9	Was the health improvement confirmed by any objective evidence? (e.g., investigations, clinical examination, etc.)	Yes	+2
10	Did repeat dosing, if conducted, create similar clinical improvement?	Not sure	0
	Total score obtained		+9

CONCLUSION

Homoeopathy is a system of medicine based on the principle of ''Similia Similibus Curentur''.[13] It treats patient as a whole. After careful case taking, analysis and systematic repertorization, then the selection of the right medicine with a suitable scale of potency and dosage results in remarkable cures.

Dr J C Burnett has quoted that- *For a chronic ailment to cure, "it is necessary that the duration of the treatment must be proportionate to the time required by the nature to affect her organic processes, the sum of which makes up the cure".*[4]

This case showed a positive role of Individualized Homoeopathic treatment in treating and managing cases of Chronic Tonsilitis.

In this case impaired quality of life proved to be an important observation which helped to relieve the patient's long-term sufferings and continue with the progression.

Conflict of interest: There is no conflict of interest.

Acknowledgement: The author acknowledges the patient's and his family's cooperation to allow us to collect data and allowing us to publish the data.

Informed consent

Written informed consent was obtained from the patient for publication of this case report and any accompanying images, and moreover confidentiality of personal details will be maintained.

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