

Indian Scenario of Tonsillitis & Its Homoeopathic Approach- A Review

Shetalika Singh¹, Ravinder Kochhar², Vinay Kumar³, Rakhi⁴, Vir Abhimanyu Singh⁵

1.*Ph.D. (Hom.) (Scholar), Tania university, Sri Ganganagar (Raj.)

2. M.D. (Hom.), Research supervisor, Tania university, Sri Ganganagar (Raj.)

3. M.D.(HOM), Ph.D.(Homoeopathy), Associate. Prof., Department of Materia Medica, Sri Ganganagar Homoeopathic Medical college, Hospital and Research Institute, Tania University, Sri Ganganagar (Raj.)

4. M.D.(HOM), Ph.D. (Hom.) (Scholar), Tania university, Sri Ganganagar (Raj.)

5. M.D.(HOM), Assistant Prof., Deptt. of Physiology & Biochemistry, GHMCH, Paraspani, Godda, Jharkhand.

***Corresponding Author-** Dr. Shetalika Singh

Ph.D. (Hom.) (Scholar), Tania university, Sri Ganganagar (Raj.)

Abstract

Tonsillitis, an inflammation of the tonsils caused primarily by viral or bacterial infections, is a common ailment that affects individuals of all age groups, particularly in children. In the Indian context, tonsillitis is a frequently encountered condition, with its prevalence influenced by climatic variations, population density, hygiene practices, and socio-economic factors. Acute and chronic forms of tonsillitis can lead to recurrent throat infections, discomfort, and, in severe cases, complications such as peritonsillar abscess and systemic spread. The conventional treatment involves antibiotics and anti-inflammatory medications, but these have limitations, including side effects, antibiotic resistance, and symptom recurrence.

Homoeopathy, with its holistic approach, offers a promising alternative for the treatment and prevention of tonsillitis. This system of medicine emphasizes individualized treatment, targeting the root causes and constitutional imbalances rather than just alleviating symptoms. Several homoeopathic remedies, such as *Belladonna*, *Mercurius solubilis*, *Hepar sulphuris*, and *Lachesis*, have shown efficacy in managing tonsillitis, particularly in reducing inflammation, boosting immunity, and preventing recurrent infections. Homoeopathy also focuses on managing the emotional and physical well-being of the patient, which can aid in faster recovery and better long-term outcomes.

This abstract explores the epidemiology of tonsillitis in India, the challenges associated with conventional treatments, and the potential of homoeopathic remedies in providing a safe, effective, and personalized therapeutic option. The paper aims to present an integrated approach to managing tonsillitis, incorporating both traditional and modern medical perspectives, to improve patient care and reduce the burden of recurrent infections in the Indian population.

Keywords: Tonsillitis, Homoeopathy, India, Recurrent Infections, Holistic Approach, Constitutional Treatment, Immune System, Antibiotic Resistance.

BACKGROUND-

“Health is a state of complete harmony of the body, mind, and spirit. When one is free from physical disabilities and mental distractions, the gates of the soul open”. **B K S Lyengar.**

Acute infections of the upper respiratory tract contribute to over 20% of the morbidity of the population, with the highest incidence in children. Among upper respiratory infections, Tonsillitis is one of the commonest problem in the children that are seen in the OPD of the hospitals.

Children belongs to age group of 1 year to 13 years are very susceptible to respiratory tract infections, of which Tonsillitis is very common. Homoeopathic mode of treatment introduced by Dr. Hahnemann is based on cardinal principles like Law of Similia, Law of Simplex, Law of Minimum etc., is able to cure many diseases. Sore throat is the most common presentation of Tonsillitis due to inflammation of tonsils.

Tonsils are composed of tissue that is similar to the lymph nodes or glands found in the neck, groin, and other places in the body. They are part of ring of glandular tissue encircling the back of the throat. There are four pairs of tonsils namely pharyngeal tonsil (adenoids), tubal tonsil, palatine tonsil, lingual tonsil. These are parts of Waldeyer's ring, whose function is to filter and protect the respiratory and alimentary tracts from invasion by pathogenic organism. They also have a role in antibody formation. Although the size of tonsils varies, children generally have much larger tonsils than the adolescents or adults.

Inflammation of the tonsils is called as tonsillitis. There are of two types mainly- Acute and chronic. Chronic tonsillitis may be a complication of acute tonsillitis. This may be due to incomplete resolution of acute infection.

EPIDEMIOLOGY IN INDIA:

Tonsillitis is a common condition among children worldwide, including in India. While specific statistics for India can vary, studies suggest that **tonsillitis affects about 10-30% of children** at some point in their childhood. The condition is most prevalent in children between the ages of 5 and 15. Studies among children in India show that the prevalence of asymptomatic throat carriage of group-A-streptococci ranges from 3.7% to 20%. Tonsillitis is the second most common presenting condition in general practice for the 5-15 age group and the eighth most common overall in the UK. 'Sore throat' has an annual incidence of 100 in 1,000, with tonsillitis accounting for approximately 32 in 1,000 patients per year.

While there are no specific government schemes in India dedicated solely to the prevention of tonsillitis, several broader public health initiatives and schemes aim to reduce the incidence of infectious diseases, improve sanitation, and promote general healthcare, which can indirectly help in preventing tonsillitis. These schemes focus on improving hygiene, increasing awareness about infections, and reducing the overuse of antibiotics, all of which can play a role in reducing the occurrence of tonsillitis.

According to modern medicine tonsillitis is caused by both virus and bacteria. Most common organism is H. streptococcus, But Homoeopathic philosophy believes that acute illness like Tonsillitis is due to explosion of the latent psora. The organism can invade only when vital force is sufficiently susceptible to their effect.

Clinical features:

Symptoms:

The symptoms vary with severity of infection. The predominant symptoms are :

- Sore throat: the sore throat exacerbated on swallowing becomes more prominent as the disease progresses. There may be referred otalgia.
- Difficulty in swallowing- The child may refuse to eat anything due to local pain.
- Fever- it may vary from 38 to 40⁰ C and may be associated with chill and rigor. In children the fever may be as high as 104⁰ to 105⁰ F, and this may be presenting symptom.
- Constitutional symptoms like headache, general body ache, malaise, constipation.

Signs:

- Often the breath is fetid and the tongue is coated.
- Pillars, soft palate and uvula are red.
- Tonsils are red and swollen with yellowish spot of purulent materials presenting at the opening of crypts (**acute follicular tonsillitis**). Or there may be a whitish membrane on the medial surface of tonsil which can be easily wiped away with a swab. (**acute membranous tonsillitis**). The tonsils may be enlarged and congested so much so that they almost meet in the midline along with some oedema of the uvula and soft palate (**acute parenchymatous tonsillitis**).
- The jugulodigastric lymphnode are enlarged and tender.

Complications:

- Chronic tonsillitis
- Peritonsillar abscess
- Parapharyngeal abscess
- Cervical abscess
- Acute otitis media
- Rheumatic fever
- Acute glomerulonephritis
- Subacute bacterial endocarditis

DIAGNOSIS:

Diagnosis is based mainly on the history of recurrent Tonsillitis, which is associated with the changes in the tonsils described above. Cervical lymph nodes may be enlarged. Unilateral swelling in the tonsillar region in the absence of acute infection indicates a tumor. A benign tumor (from the parapharyngeal space or a deep lobe parotid tumor) may present in the lateral pharyngeal wall or the soft palate. An aneurysm can also present in this area. Pulsations should be carefully looked for. Unilateral enlargement of tonsil can be due to lymphoma or carcinoma.

INVESTIGATIONS:

Apart from the clinical features some investigations are necessary for diagnosis of tonsillitis. Throat swab culture for group A beta haemolytic streptococcus is the definitive test for diagnosis. A rapid antigen detection test (RADT) can be done for identifications of group A beta haemolytic streptococcus- gives result within 10 minutes and it has moderate (80-

90%) sensitivity and high(>95%) specificity. Routine blood test shows leucocytosis specially neutrophilia, sometimes ESR may be raised. Other tests are enzyme immunoassay ASO titre and anti-DNAase B antibodies. But these are not useful.

TREATMENT:

General management: along with medication some general management is very essential for temporary as well as permanent relief of tonsillitis.

- Attention should be given to general health, diet and oral hygiene.
- Warm saline gargles are prescribed for older children, it may give some symptomatic relief. Young children are encouraged to sip warm tea or liquids.
- Soft food such as custard or rice and lentil gruel is given because swallowing is painful⁷.

Medicine is not only a science; it is also an art. It does not consist of compounding pills and plasters; it deals with the very processes of life, which must be understood before they may be guided”.....**Paracelsus**

HOMOEOPATHIC TREATMENT

According to homoeopathic principles after proper individualization any medicine can come but here is the list of few medicines which can be thought of therapeutically.

Apis mel: sensation of a foreign body in the throat, tonsillitis, ulcers, on tonsils and palate. Tonsils Swollen, fiery red, burning, stinging pain, while swallowing > by cold drinks, dryness in throat with heat, without thirst.

Baptisia: throat constricted, causing frequent efforts at deglutition. Painlessness in throat affection. Difficult deglutition, can only swallow water, liquids, least solid food gags. Painless sore throat and offensive discharge.

Baryta carb; person subject to quinsy, take cold easily, with stitches, prone to suppuration. Stinging pain in tonsils. Pharynx and larynx, right side is worse than the left. < empty swallowing. Smarting shooting pain, during deglutition, inability to swallow anything but liquid.

Belladonna; spasmodic constriction, feels like a lump in throat- swollen tonsils, Inflammation and swelling of throat, suppuration of tonsils. Tonsils enlarged, throat feels constricted, stinging in the tonsils < swallowing, talking. Complete inability to swallow even the least liquid. <

Dulcamara; tonsillitis from every cold change when days are hot and nights are cold. Sore throat as after a chill, continual hawking up of very tough saliva with much rawness in the fauces.

Guaiacum off- recurrent tonsillitis then rheumatism. Prevent suppuration in tonsillitis. Acute tonsillitis, right tonsil much swollen, dark red, aching pain, sharp stitches towards ear on swallowing < warm drinks

Iodium: constriction of larynx. tendency to exudation, white greyish exudation with sore throat, all over the mucous membrane of nose and pharynx.

Acute catarrh of mucous membrane specially larynx. Eustachian deafness.

Lac caninum: Tonsillitis and diphtheria, symptoms change repeatedly from side to side. Shining glazed appearance of throat, pearly white, as if varnished, exudations migratory. Sensation of lump in throat, which goes down on swallowing but returns, < right side.

Lachesis: sore throat, < swallowing saliva, after sleep, hot liquids. Sensation of constriction, in throat. liquids are more painful than solids. Cannot tolerate tight clothing on neck. Dark purple appearance of throat.

Lycopodium: chronic enlargement of tonsils. Right sided affections. cold drinks, 4-9 pm > warm drinks. Dryness and burning in throat. Sore throat.

Merc iod flavus: fauces and pharynx red and inflamed. Tonsils swollen, > cold drink. Tonsils and uvula red and congested. < right side, warm drinks. Constant inclination to swallow.

Sabadilla: sensation of a skin hanging loosely in the throat, must swallow over it. < empty swallowing. > warm drinks. < cold air

Silicea: tonsils swollen, suppurating, pricking as of a pin in tonsils, swelling of parotid, tendency of food to ascend, in to the nasal fauces. Accumulation of mucus in throat. < after bath, dreads cold, shivering. > warmth

CONCLUSION:

The Homoeopathic treatment provides a comprehensive and patient-centered approach to tonsillitis care. Further research and clinical studies are necessary to validate the efficacy of homoeopathic treatments in the management of tonsillitis and to establish its role in the modern medical landscape. In conclusion, homoeopathy offers a safe, effective, and holistic alternative to conventional treatments, particularly in a diverse and resource-limited country like India, where access to healthcare is a crucial consideration.

REFERENCES:

- 1) Allen JH. The Chronic Miasms: Psora and Pseudo-Psora. Reprint Edition. New Delhi: B. Jain Publishers (P) Ltd., 2002;
- 2) Allen TF. The Encyclopedia of pure Materia Medica: vol- II., New Delhi: B Jain publishers.
- 3) Article published in The Indian Journal of Pediatrics – Med IND; medind.nic.in/icb/t07/i12/icbt07i12p1105.pd (4/4/16).
- 4) Bailey and Love, Short practice of surgery, vol -1, 28th edition 2023, CRC press.
- 5) Boericke W. Pocket Manual of Homoeopathic Materia Medica& Repertory. Student edition. New Delhi: B Jain publishers (p) Ltd.2005;
- 6) Boericke and dewey. The twelve tissue remedies of schussler. 50th impression, Reprint Edition. New Delhi: B. Jain Publishers (P) Ltd, 2014;
- 7) Burnett JC. Enlarged tonsils cured by homoeopathy. 10th impression, Reprint Edition. New Delhi: B. Jain Publishers (P) Ltd.,2009;
- 8) Clarke JH. A clinical repertory to the dictionary of materia medica. 8th impression, New delhi: B Jain Publishers (P) Ltd.,2011;
- 9) Dayal VS, Clinical Otolaryngology. copyright by Philadelphia: J B Lippincott company, 1981.;
- 10) Dhingra PL. Diseases of Ear, Nose and Throat. 3rd Edition reprinted.; New Delhi: Published by Elsevier, 2005.
- 11) Ghai OP, Gupta P, Paul V. K. Ghai Essential Pediatrics.7th edition. New Delhi: CBS Publishers and distributors Pvt.Ltd.2010.;
- 12) Hahnemann S. Organon of Medicine. Combined 5th and 6th Edition. Dudgeon RE and Boericke W (trans.). Reprint Edition. New Delhi, B. Jain Publishers (P) Ltd., 2008
- 13) Hering C. The Guiding Symptoms of Our Materia Medica. Volume- III. Reprint Edition. New Delhi: B. Jain Publishers (P) Ltd., 2000;
- 14) Hughes Richard, A Manuel of Pharmacodynamics. 5th impression, Reprint Edition. B. Jain Publishers (P) Ltd., New Delhi. 2014;
- 15) Kent JT. Repertory of the Homoeopathic Materia Medica and a Word Index Enriched Indian Edition. Reprinted From Sixth American Edition, Edited and Revised by Clara Louise Kent, Low Priced Edition. New Delhi; B. Jain Publishers Pvt. Ltd.,2005.
- 16) Kent JT. Lectures on Homoeopathic Materia Medica. Reprint Edition. New Delhi: B. Jain Publishers (P) Ltd. 2005
- 17) Kliegman, Behrman, Jenson, editors, Nelson Textbook of Pediatrics. 18th edition, 2 volumes, New Delhi: Elsevier.2008;
- 18) Murphy R. Keynotes of Materia Medica, vol-II. revised edition, New Delhi: B Jain Publishers (P) Ltd - 2004-2005.;
- 19) Patel RP. Chronic miasms in homoeopathy and their cure with classification of their rubrics/symptoms, in dr. kents repertory. Indian edition, Kerala: Hahnemann homoeopthic pharmacy,1996.
- 20) Phatak SR. A concise Repertory of Homoeopathic Medicines, alphabetically arranged. 4th edition. New Delhi; B. Jain Publishers (P) Ltd., 2005
- 21) Taber, Taber's cyclopaedic medical dictionary. 20th edition. Philadelphia:F.A.Davis company 2005.;
- 22) Soni Girish J, Homeopathy in surgical cases, JJ offset printers, Delhi- 2004.