

A Brief Study of Efficacy of Homoeopathic Medicines in Controlling Tonsillitis in Paediatric Age Group

Dr. Siva Rami Reddy. E

BHMS, MD, Ph.D Scholar

Sri Ganganagar Homoeopathic Medical College, Hospital and Research Center,
Sri Ganganagar, Rajasthan, India

Abstract: A Brief study of efficacy of homoeopathic medicines in controlling tonsillitis in paediatric age group, Sri Ganganagar, (Raj) India.

Background: Tonsillitis is one of the most common conditions in childhood with recurrent attacks which will result in sever complication. Homoeopathy is giving better result in treating tonsillitis both in acute and chronic recurrent episodes. The objective were to evaluate the constitutional remedial action in case of Tonsillitis and to analyze group of constitutional remedies effective in the treatment of tonsillitis in Paediatric age group.

Methodology: A hospital based observational study was carried out on Sriganganagar Homoeopathic Medical College, Hospital and Research Center, Sri Ganganagar, Raj. The study group of 30 was selected based on purposive sampling method. This is before and after without control type of experimental study. 30 diagnosed cases were considered. Data collected were analysed and inferred with T test used to calculate.

Result: The overall response of the treatment with the help of 10 Homoeopathic medicines. It was observed that out of 30 patients, 18 (60%) patient were cured, 10 (33%) patients improved, 2 (7%) patients showed no response. This study reflects the predominance of Psoric Miasm in the cases of Tonsillitis. Out of 30 cases, 14 (46.67%) cases were purely Psoric, 13 (43.33%) cases were Sycosis, 1 (3.33%) cases were Tubercular, 2 (6.67%) cases were Syphilis.

Conclusion: Homoeopathic constitutional remedies are very effective in treating tonsillitis in paediatric age group. There were no side effects during the treatment.

Keywords: Tonsillitis, Constitutional Homoeopathic Medicine, Miasm, Outcome.

I. Introduction

Tonsillitis is the inflammation of the pharyngeal tonsils. Along with the pharyngeal tonsils, the adenoids and the lingual tonsils may also get inflamed involve other areas of back of throat including the adenoids and the lingual tonsils. Tonsillitis may be caused due to any viral or bacterial infections or any other immunological factor¹. It is very common in India. Children are more commonly affected² Tonsillitis signifies an acute inflammation of the mucous membrane covering the tonsils; or the inflammation may involve the whole gland and the surrounding tissue³. The palatine tonsils consists of paired aggregates of lymphoid tissue. They are located in the pocket formed between the palatoglossus and palatopharyngeus muscles and the overlying folds of mucosa, which make up the anterior and posterior tonsillar pillars. With the lingual tonsils, the adenoids and the diffuse aggregates of pharyngeal submucosal lymphoid tissue they make up Waldeyer's ring, a complete circle of lymphoid tissue surrounding the entrance to the gastrointestinal and respiratory tracts.

Historically they consist of lymphoid tissue with aggregates of lymphocytes arranged in a follicular manner and embedded in a stroma of connective tissue. The stratified squamous mucosal covering of the tonsils extends irregular convoluted investigations in to the parenchyma forming pits or crypts⁴. Lymphoid tissue of Waldeyer ring is most immunologically active between 4 – 10 years of age with a decrease after puberty⁵.

Types of Tonsillitis: Acute Tonsillitis: It is the acute inflammation and infection of the faucal tonsil (Palatine tonsils)⁶. Patient presents with sore throat, dysphagia (difficulty swallowing), odynophagia (painful swallowing), foul breath, fever and tender cervical lymph nodes. Swelling may cause mouth breathing, snoring, sleep apnoea. Malaise feeling and letharginess⁷.

Recurrent tonsillitis: In this type of tonsillitis there are multiple episodes of acute tonsillitis in a year⁷.

Chronic tonsillitis: chronic tonsillitis may be caused by repeated attacks of acute tonsillitis in which permanent damage has been done to the tonsil, or it can occur when resolution has been incomplete⁸. A history of at least 3 to 4 attacks of acute tonsillitis in a year should be present to label it as chronic⁹. Patient presents with chronic sore throat, halitosis, tonsillitis, and cervical nodes are persistently tender⁷.

Chronic Follicular Tonsillitis: usually follows acute or sub acute attacks, and is more common in children between 4 and 15 years¹⁰. Here tonsillar crypts are full of infected cheesy material which shows on the surface as yellowish spots⁶.

Complications: Complications are uncommon, but some of the problems that can occur are: i. Peritonsillar abscess: Sometimes the abscess formation occurs with severe throat pain, drooling and fever. The abscesses can spread to the surrounding areas, such as the roof of mouth, neck, chest and lungs. ii. Swelling of the face and neck: Usually occurs in cases of Chronic tonsillitis and leads to airway obstruction and causes difficulty in breathing and may lead to disturbed sleeping patterns. iii. Otitis media (Middle ear infection): can also occur in severe cases. iv. Septicemia/ Blood poisoning:

May also occur in severe cases if bacteria get into bloodstream and multiply. v. Lemierre's syndrome: It is very rare and fatal complication in which bacteria from throat enters into the major veins in neck and travel through bloodstream to lungs, joints and bones. vi. Glomerulonephritis: It is a very rare complication

Treatment: Tonsillitis can be cured with the help of homoeopathic medicines with permanent restoration of health. Even in many severe cases of Recurrent Tonsillitis where tonsillectomy is advised homoeopathic medicines play a great role and surgical intervention can be avoided¹¹. Similia similibus Curentur – let likes be treated with likes, as a system of drug – therapeutics based on the law of similar¹². Homoeopathy has no side-effects. In homoeopathy, medicines enhances our resistance to fight and give no chance for recurrence due to re-infection of same bacteria or virus. Herbert Spencer says, "Life is a continuous adjustment of internal relations to external"¹³.

The earlier the treatment started the speedier and more complete is the cure. In this, the immune power is increased against disease, so that recurrence can surely be avoided. In homoeopathy, medicines are usually selected with mode of onset and character of disease, exciting cause, thirst, sweat, shivering, mental restlessness appetite etc. A well selected remedy quickly supports the body mechanism and clears the complaints at the earliest¹⁴. This study was conducted with aims to find the efficacy of homoeopathic medicine in controlling tonsillitis in paediatric age group and to assess the influence of Miasm in the cases of tonsillitis.

II. Materials and Methodology

This study was conducted on the patients who attended the Out Patient department of Sri ganganagar Homoeopathic Medical College, Hospital and Research Center, Sri ganganagar and the study was undertaken for a period of six months. Detailed case was taken, analysis and evaluation following Homoeopathic principles was done¹⁴. The potency was selected on the basis of individual susceptibility. The outcomes were an improvement of symptoms recorded in monthly basis individual symptoms which includes any appropriate measures of Coughing, chronic sore throat, halitosis, tonsillitis, and cervical nodes are persistently tender, Swelling may cause mouth breathing, snoring, sleep apnoea. Malaise feeling and lethargies. A number of subgroups, homoeopathic potency, age group, and types of tonsillitis (Acute and Chronic) were analyzed.

Statistical Analysis: Data were presented as proportion and percentage and difference in proportion were analyzed by using T test.

III. Result

Among 30 tonsillitis patients with mean \pm SD, maximum cases were observed in age group of 0 – 5 years in 6 (20%) cases, 5 – 10 years in 16 (53.33%) cases, 10 – 15 years of age group had 8 (26.66%) cases. Patients were in the male 13 (43.33%) and 17 (56.66%) patients were females. Out of 30 cases 17 (56.66%) were females and 13 (43.33%) were males. In the age group 0 – 5 years 2 cases (6.66%) males, and 4 cases (13.33%) females. In the group 5 – 10 years, 8 cases (26.66%) males, 8 cases (26.66%) females and in the age group 10 – 15 there were 3 cases (10%) males, and cases (16.66%). Out of randomly selected cases 14 (46.66%) cases suffering for 0 to 1 year, 6 (20%) cases suffering for 1 to 2 years. 7 (23.33%) cases were suffering for 2 to 3 years, 3 (10%) cases suffering for 3 to 4 years.

Associated symptoms were the symptoms that had no direct relation with the disease but were present in the patients of tonsillitis. It was observed that 9 patients (30%) of a tonsillitis had coryza. 9 patients (30%) reported of having cough along with the symptoms of tonsillitis. It was also observed that 3 patients (10%) of tonsillitis had a problem of ear ache. Only 3 patients (10%) reported to have headache. 6 patients (20%) reported generalized weakness. This study reflects the predominance of Psoric Miasm in the cases of Tonsillitis. Out of 30 cases as a Fundamental miasms Psoric expression was seen in 14 (46.67%) cases, Sycotic expression was seen in 13 (43.33%) cases, Tubercular expression was seen in 1 case (3.33%), and syphilitic expression was seen in 2 (6.67%) cases. Out of 30 cases Dominant Miasm Psoric expression was seen in 10 (33.33%) cases, Sycotic expression was seen in 13 (43.33%) cases, and Tubercular expression was seen in 7 (23.33%) cases.

In the research of Homoeopathic medicines in the treatment of tonsillitis paediatric age group 10 medicines were prescribed to the patients according to the symptoms similarity and the following observations were made. Silicea is the most effective medicine out of the total ten Homoeopathic medicines chosen for the study. Silicea cured 3 patients and 3 got improvement hence it can be concluded that Silicea is more effective. During the study it was found that the next effective medicine for the treatment of tonsillitis is clacarea phosphorica. 1 cases got cured, 3 cases got improved, 1 patients not improved. Phosphorus 1 case got cured, 3

cases improved, Baryta carbonica 2 cases cured, 1 case improved. Pulsatilla Pratensis 1 case cured, 1 case improved and 1 case not improved. Calcarea Carbonica 1 case cured, 2 cases improved. Sulphur 2 cases improved. Lycopodium Clavatum 1 case cured and 1 case improved. Baryta Iodata 1 case cured. Natrium Muriaticum 1 case cured. The overall response of the treatment with the help of 10 homoeopathic medicines. It was observed that out of 30 patients, 18 (60%) patients were cured, 10 (33%) patients had improvement, 2 (7%) patients showed no response, 30 patients, 18 (60%) patients were cured, 10 (33%) patients improved, 2 (7%) patients showed no response.

IV. Discussion

Tonsillitis is the most commonly seen infection among below 15 years of age children. It is one of the most important inflammatory diseases of paediatric age group. A repeated attack leads to chronicity and other systematic complications. The presenting complaints may vary from systemic symptoms like fever, malaise, with intolerable throat pain, dysphasia and sore throat. As the age progresses the symptoms and severity decrease. The study was conducted on the patients who attended the Out Patient department at Sriganaganagar Homoeopathic Medical college, Hospital and Research Center, Sri Ganganagar. The patients, children of age 1 – 13 years were selected for the study. Both sexes were included and who belong to different socio economic group were taken as per inclusion criteria. A total of 30 cases were selected. Minimum duration of study was 6 months. The statistical analysis made here is based on the data obtained from 30 cases. This study was conducted to prove the efficiency of the treatment for successful management of tonsillitis and arrive at a constitutional Homoeopathic remedies frequently indicated in such a condition.

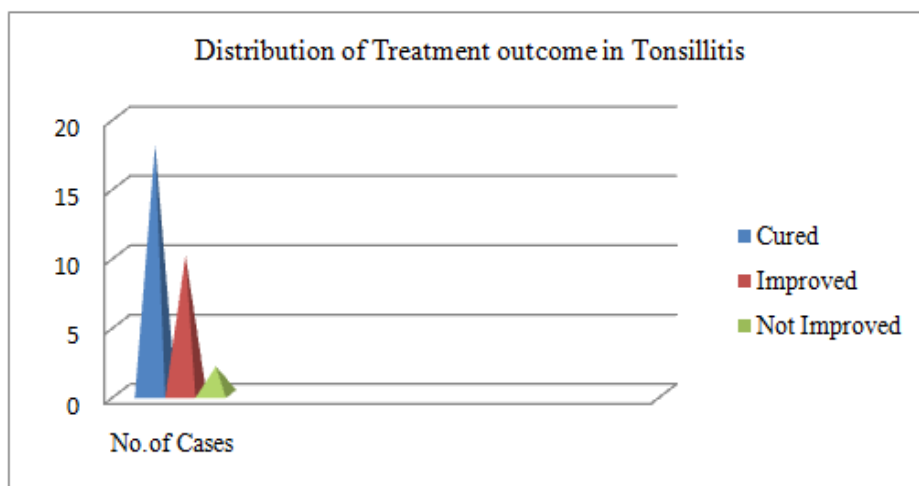
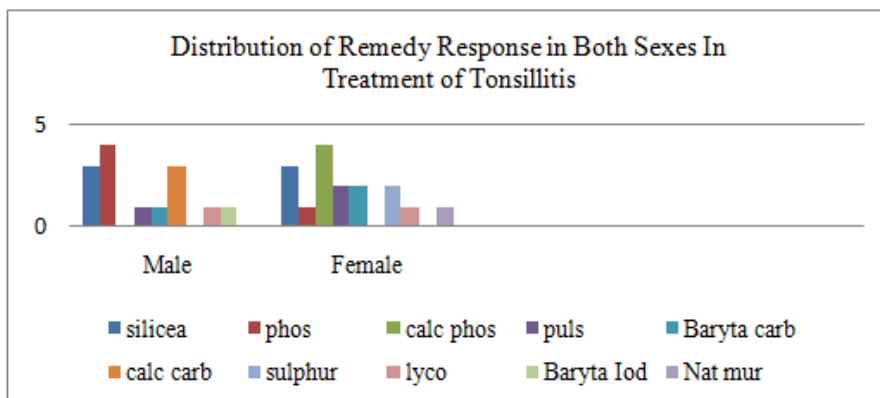
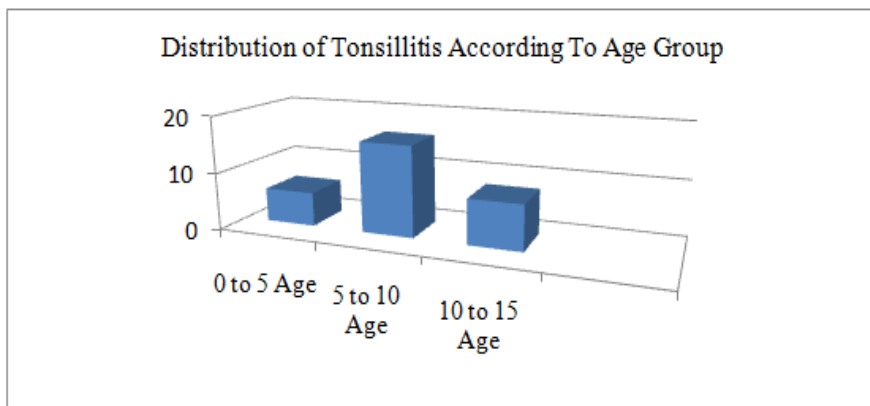
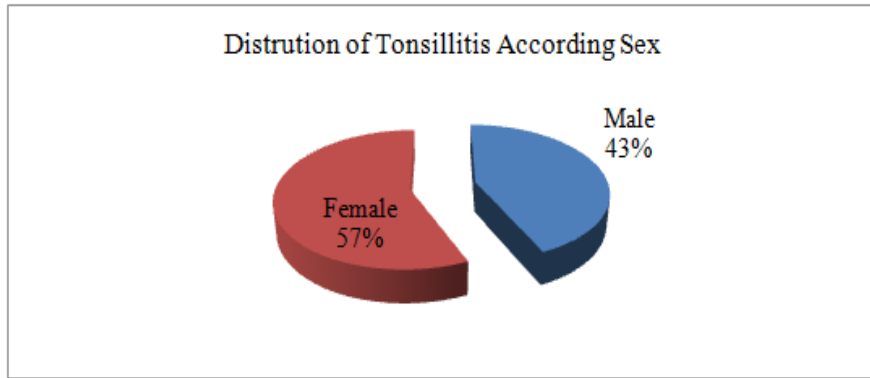
Out of 30 cases silicea was indicated in 6 cases (20%), phosphorus in 5 cases (16.66%), calcarea phosphorica in 4 cases (13.33%), Baryta carbonica in 3 cases (10%), Pulsatilla Pratensis in 3 cases (10%), calcarea carbonica in 3 cases (10%), Sulphur in 2 cases (6.66%) and Lycopodium Clavatum in cases 2 cases (6.66%). Other remedies like Baryta Iodata in 1 case (3.33%) and Natrium Muriaticum in 1 case (3.33%). Therefore, the final outcome after the treatment was 18 (60%) cases showed improved, 10 (33.33%) cases cured, and 2 (6.66%) cases were not improved. From the analysis of the results obtained it is obvious that the constitutional Homoeopathic drugs are very effective in the treatment of Tonsillitis of Paediatric age Group.

V. Conclusion

The research shows that Homoeopathic medicine play an important role in the treatment of tonsillitis in paediatric age group. The study depicts that 60% of patients got relief from the Homoeopathy medicines and this is not a small number. The most effective remedies during the study were silicea, Calcarea Phosphorica, Phosphorus, Baryta Carbonica, Pulsatilla Pratensis, Calcarea Carbonica, Lycopodium Clavatum, Baryta Iodata, Natrium Muriaticum. There were no side effects during the treatment and it can be concluded that homoeopathic medicines can help the patient to take a new lease on life. During the study it was observed that in almost all the cases the homoeopathic medicines responded well and the patient not only got rid of the main complaints of Tonsillitis but also got rid of the associated complaints with restoration of health. With the help of use of homoeopathic medicines even surgical intervention was avoided. Thus we can conclude that Homoeopathic medicines used with holistic approach are very effective in treating the cases of recurrent tonsillitis.

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Distribution of Tonsillitis According to Sex

Sex	No. Of Cases	Percentage (%)
Male	13	43.33%
Female	17	56.66%
Total	30	100%

Distribution of Tonsillitis According to Age Group

Age Group	No. Of Cases	Percentage (%)
0 – 5	6	20.00%
5 – 10	16	53.33%
10 – 15	8	26.66%
Total	30	100%

Distribution of Treatment Out Come in Tonsillitis

Out come to Treatment	No. Of Cases	Percentage (%)
Cured	18	60%
Improved	10	33%
Not improved	2	7%
Total	30	100%

Distribution of Drugs used in Treatment of Tonsillitis

Drugs	No. Of Cases	Percentage%
Silicea	6	20.00%
Phosphorus	5	16.66%
Calcarea Phosphorica	4	13.33%
Baryta Carbonica	3	10.00%
Pulsatilla Pratensis	3	10.00%
Calcarea Carbonica	3	10.00%
Sulphur	2	6.66%
Lycopodium Clavatum	2	6.66%
Baryta Iodata	1	3.33%
Natrium Muriaticum	1	3.33%
Total	30	100%