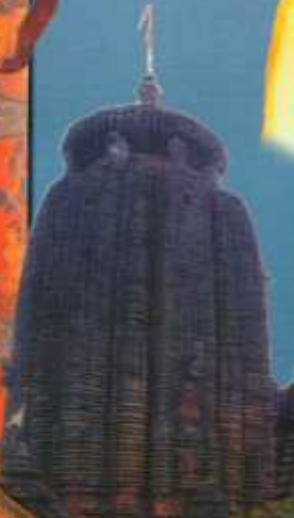
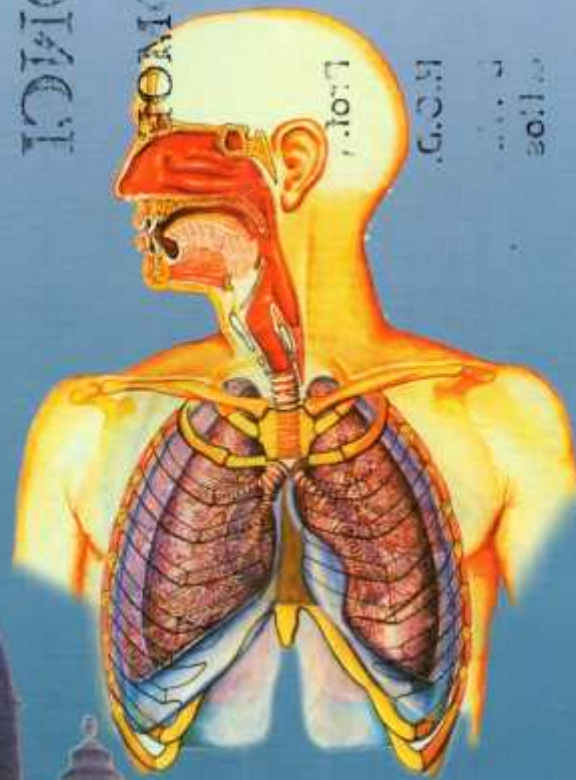




# Souvenir

**NATIONAL HOMOEOPATHIC SEMINAR**  
ON  
**ACUTE RESPIRATORY TRACT INFECTION**  
22nd - 23rd February 2005



*Organised By*  
**Dr. Abhin Chandra Homoeopathic Medical College & Hospital**  
**Unit-III, Bhubaneswar-751001 (ORISSA)**  
*Venue :* Rabindra Mandap, Bhubaneswar



## Homoeopathic management in Acute Tonsillitis

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### Introduction :

Respiratory tract infection includes inflammation of the respiratory tract of any where from nose to alveoli. Depending on site of infection it is classified as

- (a) Upper Respiratory Infection (it includes lesion from nose to larynx)
- (b) Lower Respiratory Infection (it includes lesion from trachea to alveoli)

According to the duration of the illness it is classified into (a) Acute & (b) Chronic infections

Therefore all infections under Respiratory tract are classified into following categories.

- (i) Acute upper respiratory infection
- (ii) Chronic upper respiratory infection
- (iii) Acute lower respiratory infection
- (iv) Chronic lower respiratory infection

Particular seminar is focused on Acute Respiratory Tract Infection (includes Acute upper respiratory infection & Acute lower respiratory infection)

The diseases fall under acute URTI are as follows:

- 1) Common cold (Acute coryza)
- 2) Acute pharyngitis
- 3) Acute laryngitis
- 4) Acute sinusitis
- 5) Acute nasopharyngitis
- 6) Acute laryngitis
- 7) Acute otitis media
- 8) Acute epiglottitis
- 9) Influenza
- 10) Sore throat
- 11) Feverish cold (1)

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### Acute LRTI includes :

- 1) Acute laryngotracheitis
- 2) Acute Bronchitis
- 3) Pneumonia

### Incidence:

- 4.1-million death worldwide is due to respiratory tract infection.
- 40% of global mortality is in India & its surrounding countries.
- The incidence of pneumonia in developed countries is 3 to 4%
- In developing countries 20 to 30% (due to high prevalence of malnutrition, low birth weight indoor air pollution.
- Incidence of A.R.I. is same in both developed & developing countries.

For infant and child mortality rates, the major cause of death is A.R.I. It is seen up to 13% of in-patient deaths in pediatric wards are due to A.R.I. It is also much higher in community, as many die at home. The reason for high case fatality that children are either not brought to hospitals or brought too late.

However with above scenario the author has tried to unfurl about acute tonsillitis, which is most common among all with Homoeopathic management.

Homoeopathic subtle philosophy and our experience say Homoeopathic medicine can easily tackled this particular state. Hence a systematic study is required to document and to convince the scientific world about the efficacy of Homoeopathy. (2)

### Literature review :

**Anatomy-** The tonsil is a large body of lymphoid tissue only a part of which is visible on inspection. It consists of an upper pole, a body and a lower pole. The upper pole is usually buried in the muscle of the soft palate.



The fold of mucous membrane, which conceals the upper pole of the tonsil, is known as the plica semilunaris.

The tonsil is enclosed on its deeper aspects by a dense fibrous capsule. Outside this is a loose layer of areolar tissue separating the capsule from the pharyngobasilar fascia covering the muscles of the tonsil bed. The palatopharyngeal muscle, separating it in the upper part from the superior constrictor muscle, while the lower part of the tonsil is separated by the stylopharyngeal and the styloglossus muscle from the same muscle, forms the bed of the tonsil.

**Physiology-**There is considerable controversy regarding the importance of the role of the tonsil in the body's defence against disease. It is probable that upper respiratory organisms multiply in the tonsillar crypt and that the surrounding lymphoid tissue manufactures antibodies against these organisms. This might explain the physiological enlargement of the tonsils that takes place in the 3 to 6-year age group when a child is exposed to frequent upper respiratory infection against which he gradually builds up some immunity.

**Definition-**In tonsillitis there is generalized inflammation of the masses of the tonsil and usually accompanied by a degree of inflammation of the fauces and pharynx.

**Causative organism-**It is caused by invasion of the mucous membrane by micro-organisms. Usually haemolytic streptococci, staphylococci and *H. influenzae* are the most common organisms.

**Age group-**It can be found at any age but most common among children.

**Clinical features :**

It appears suddenly with high-rise of temperature to 40-degree c. with sore throat. The tongue is furred and breath is offensive. Dysphagia is considerable and pain radiates up to the ears. Constipation is common and urine is scanty and highly coloured. There are often abdominal pains due to mesenteric adenitis.

In early stages the tonsil is enlarged, red and swollen, while later the infection involves the crypts, which fill with fibrin. This turns purulent within the follicles and necrotic area appears.

In this stage tonsils are congested, swollen and studded with yellow beads of pus, which at first appear in the mouths of the crypts but later

coalesce. The cervical glands are enlarged and tender. Throat swab is usually done to isolate the organism. The infection lasts for 5 days.

It may be confused with glandular fever if there is confluence of the infected material for which blood film and serological tests may be done.

Scarlet fever presents with similar thirst appearance but there is strawberry tongue in most cases. It can be diagnosed by typical rash, which appears on 2<sup>nd</sup> day of fever. Vincent's Angina, especially in acute form Pneumococcal pharyngitis and granulocytic angina must be considered. In countries where it is still encountered diphtheria must be kept in mind.

**Complication :** The complications of acute streptococcal tonsillitis are proportional to the severity of the infection. The infection may extend upward into the nose, sinuses, and ears or downward into the larynx, trachea, and bronchi. Locally, virulent bacteria may spread from the infected tonsil to the adjoining tissues, resulting in a peritonsillar abscess. More serious are two distant complications—acute nephritis (kidney inflammation) and acute rheumatic fever, with or without heart involvement. Repeated acute infections may cause chronic inflammation of the tonsils, evidenced by tonsillar enlargement, repeated or persistent sore throat, and swollen lymph nodes in the neck. Scarlet fever, diphtheria and trench mouth may also produce acute tonsillitis.(3)

Let us discuss the therapeutics of the Acute tonsillitis from material medica.

**Aconite nap:**

- Redness
- Dryness
- Constricted feeling
- Numbness
- Pricking / burning / stinging
- Swelling

**Allanthus glandulosa:**

- Inflammation
- Oedematous swelling
- Dusky red
- Dryness, tonsil and tongue
- Choking feeling
- Tenderness of neck



- Hoarseness of voice
- Pain extends to ear

**Ammon carb:**

- Enlarge tonsils
- Burning pain
- Tendency to gangrenous
- Nasal obstruction

**Apis mel:**

- Tonsil swollen
- Constricted feeling
- Fiery red
- Septic tonsils
- Fish bone sensation in throat
- Stinging pain
- Right sided

**Arsenic alb.:**

- Tonsil swollen / oedematous
- Constricted feeling
- Burning > by warm
- Tenderness
- Chilliness

**Baptisia :**

- Dark red tonsil
- Constricted feeling
- Swallowing solid is difficult
- Pain less sore throat
- Offensive discharge

**Baryta carb :**

- Takes cold easily
- Septic tonsil < cold
- Smarting / stitching pain
- Empty swallowing aggravates
- Quinsy

**Belladonna :**

- Throat dry
- Angry looking
- Congestion (red ness)
- Right sided
- Tonsils enlarge
- Liquid food swallowing difficult
- Spasm in throat

- Sensitive
- Hypertrophy of mucous membrane

**Cantharis:**

- Burning
- Constricted sensation
- Inflammation of tonsils
- Spasm in throat

**Gelsemium:**

- Swallowing warm food is difficult
- Tonsils swollen
- Throat feels rough / burning
- Pain extend to ear
- Pain in sterno - cleido mastoid muscle

**Guaicum :**

- Rheumatic sore throat
- Burning
- Stitching pain extend to ear
- Foul secretion
- Sensitiveness < from heat
- Dryness

**Hepar sulph :**

- Sensation of plug and of a splinter in throat
- Suppurative
- Tenderness
- Dry cold < and damp cold / warm >
- Stitching pain extend to ear

**Lac caninum:**

- Erratic pain
- Alternates sides
- Pain extends to ear
- Sensitive to touch
- Shining glazed appearance

**Lachesis :**

- Tonsils enlarged
- Left sided
- Liquid swallowing is difficult than solid
- Pain < by hot drinks / during sleep
- Tonsils purplish
- Pain in to ear

- Tonsils enlarged
- Bluish red colour
- Putrid smell
- Right sided
- Stitching pain to ear
- Quinsy
- Aphasia
- Burning in throat
- Night <
- Salivation with increase thirst

**Nitric acid :**

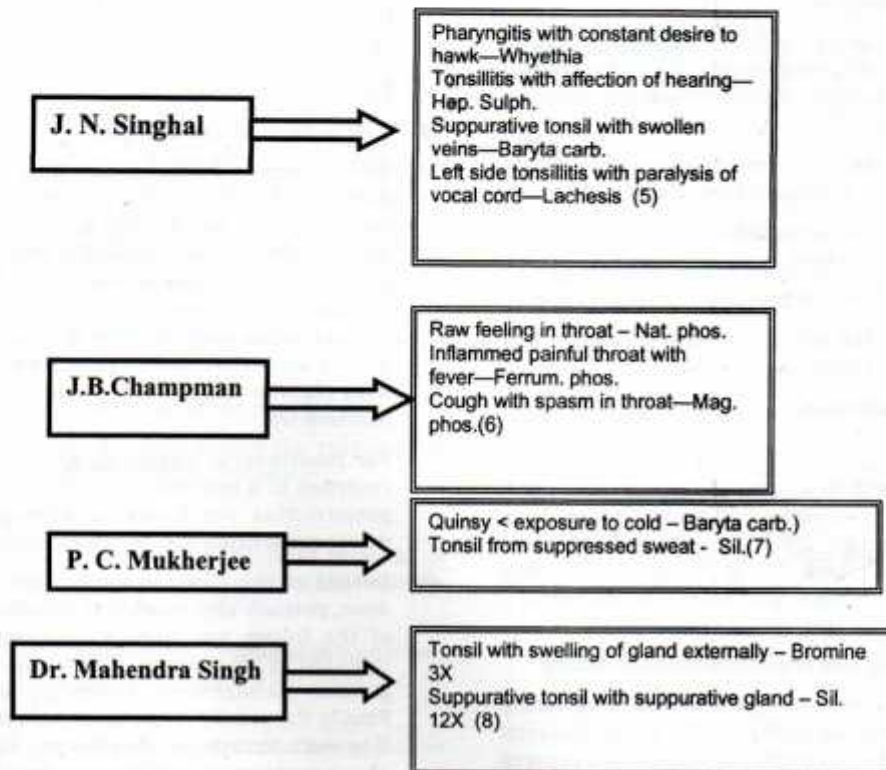
- Dryness
- Pain extend to ear

- Splinter like pain
- Salivation
- Bloody saliva
- Night <

**Silica :**

- Tonsils enlarge
- Quinsy ( periodical)
- Swelling of parotid gland
- Hard swelling
- Cold swelling of cervical gland
- Damp weather / cold <
- Warmth >
- Chillness (4)

Let us see the opinion of different stalwarts for the treatment of Acute Tonsillitis.





Let us look to the Rubrics on Acute tonsillitis in the Reperory.

#### Throat

- Inflammation, tonsils
- Irritation
- Pain, swallowing on, empty agg. liquid agg.
- Catarrhal, tonsil
- Discoloration, tonsil (9)

From above exposition, it is understood that homoeopathy has ample scope in the management of Acute Tonsillitis. Therefore, it is felt necessitated to carry on a systematic study to document the effect of Homoeopathic medicine in the treatment of acute tonsillitis. Hence a study was undertaken with following objectives;

#### AIM

1. To find out the efficacy of indicated homoeopathic medicine prescribed on this basis of acute totality in the treatment of acute tonsillitis.
2. To find out the efficacy of constitutional medicine prescribed on the basis of acute and chronic totality in the treatment of acute tonsillitis.
3. To ascertain the prevalence of ' Acute tonsillitis ' in different sex groups.
4. To ascertain the prevalence in different socio-economic groups
5. To ascertain the prevalence in age groups
6. Compare the efficacy of centesimal and fifty millesimal potency.

#### Materials & Methods

##### Set Up

A prospective study was conducted for a period of about two and a half years between June , 2001 to November 2004. The study was carried out at the OPDs and IPD of Dr. Abhin Chandra Homoeopathic Medical College & Hospital , Bhubaneswar, Orissa.

##### A. Definition of the Population Under Study :

Patients presenting the features of Acute Tonsillitis attending OPDs & IPD of the Hospital ,were screened out for the purpose of this present study. Patients of both the sexes, different age

groups, different socio-economic status , different nativity (rural/urban) and of different occupation were selected .

#### Diagnosis

##### Inclusion criteria

- For tonsillitis
  - Rawness at the back of the throat
  - Swelling of tonsils with redness
  - Pain in throat on swallowing and pain radiates to ear
  - Cervical glands are tender
  - Fever

##### Exclusion criteria

- Glandular fever
- Vincent's angina
- Pneumococcal pharyngitis
- Agranulocytic angina
- Diphtheria
- Peritonsillar abscess
- Laryngeal oedema

##### B. Selection of the Sample

- (a) Sample size - To avoid any kind of sample defect or errors of bias a sufficiently large sample has taken for the study. In total 92 patients were chosen randomly from the O.P.D and I.P.D for the present study. Out of these 92 patients 46 were treated by indicated homoeopathic medicines on the basis of acute totality while the other 46 patients were treated with placebo. All the cases were studied and followed up.

For maintaining clinical profiles, cases were recorded in a standard case recording format prepared as per homoeopathic guidelines where presenting features were reflected.

- (b) Details of the treatment schedule including, dose, potency and repetition as well as details of the follow up visits with analysis were reflected in that format. This format included general management / dietary advise etc. Finally the results of the treatment or remarks if any were recorded in this format. Besides the above mentioned information the bio-data of the patients including age , sex, residence,



occupation, and their presenting complaints were incorporated into that standard case taking format .

**(C) Categorization of the Patients**

All 92 patients were categorized according to the following age groups -

**Age groups:**

- 2 years to 12 years
- 13 years to 18 years
- 19 years to 50 years
- 51 years and above .

**Potency-** Patients were prescribed with two types of potencies such as Centesimal and Fifty millesimal.

**Repetition schedule: -**

Following schedules were observed

1. Single dose. One dose was prescribed and waited for sufficient period of time .
2. Repeated dose. Patients were prescribed daily regularly.

**Types of totality for the basis of Prescription -**

Two types of totality were adopted such as

- (a) Acute totality - Presenting complaints with location / sensation / modalities / concomitant / causation / extension / unexpected features / sides / onset were taken into acute totality.
- (b) Chronic totality - where acute totality along with physical generals, mental generals, and pathological generals were taken into chronic totality.

**Parameters for assessment of cases:-**

Parameters fixed to assess the response of prescribed medicine were as follows :-

**Positive response**

- a. Marked improvement - complete removal of subjective symptoms and objective symptoms for more than 1 year.
- b. Moderate improvement - removal of subjective or objective symptoms with relapse of complaints .
- c. Mild improvement - partial relief in subjective or objective symptoms .

**Negative response**

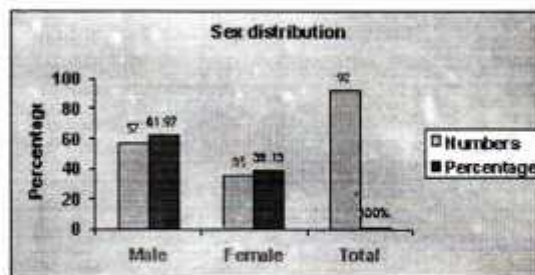
- a. No improvement - No relief in subjective & objective symptoms
- b. Dropped out- patient did not stick to the treatment for sufficient period of time.

**Observations**

With above protocol the results were documented, which are presented below

**Table-1  
Sex distribution**

Sex group	Numbers	Percentage
Male	57	61.97
Female	35	38.13
<b>Total</b>	<b>92</b>	<b>100%</b>

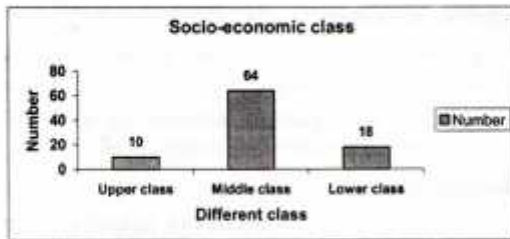


**Table-2  
Age distribution**

Age group	Number	Percentage
2-12	42	45.65
13-18	24	26.09
19-30	15	16.30
31-50	9	9.7
51-above	2	2.17

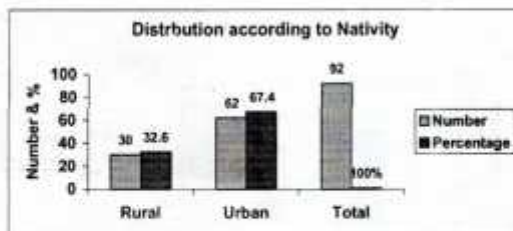
**Table -3  
Socio-economic status distribution**

Socio-economic class	Number	Percentage
Upper class	10	10.87
Middle class	64	69.57
Lower class	18	19.56
<b>Total</b>	<b>92</b>	<b>100%</b>



**Table 4**  
Distribution according to Nativity

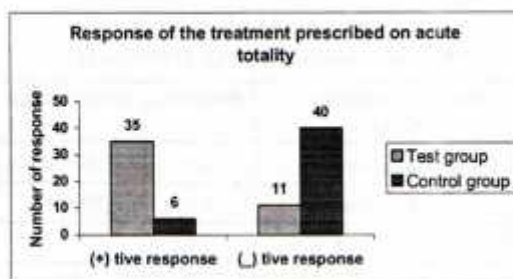
Nativity	Number	Percentage
Rural	30	32.60
Urban	62	67.40
Total	92	100%



**Table-5**

**Response of the treatment prescribed on acute totality (presenting symptoms)**

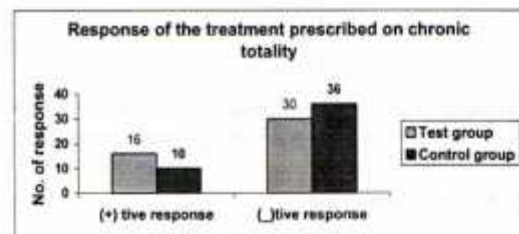
Groups	(+) tive response	(-) tive response	Totality
Test group	35	11	46
Control group	6	40	46
Total	41	51	92



**Table -6**

**Response of the treatment prescribed on chronic totality**

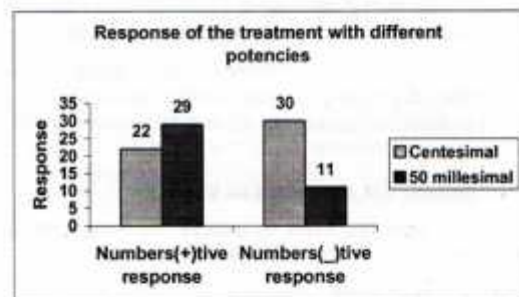
Groups	(+) tive response	(-) tive response	Totality
Test group	16	30	46
Control group	10	36	46
Total	26	36	92



**Table-7**

**Response of the treatment with different potencies**

Response	Numbers(+)tive response	Numbers(-)tive response
Centesimal	22	30
50 millesimal	29	11
Total	51	41

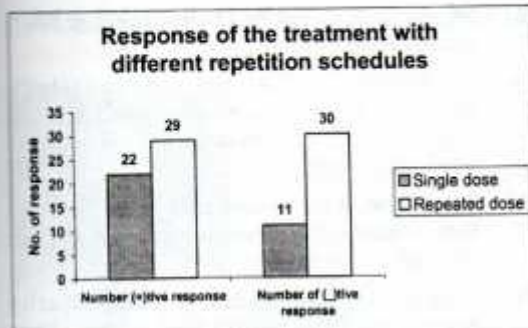


**Table-8**

**Response of the treatment with different repetition schedules**

Response	Numbers(+)tive response	Numbers(-)tive response
Single dose	22	11
Repeated dose	29	30
Total	51	41





#### Discussion:

From sex distributions table (table- 1) it is understood that male affected 61.97 % and female affected 38.13 % male sex is more affected perhaps more care is given to male child than female in the present day society and for which more male cases have been reported to the physician.

From age distribution table (table-2) it is marked that children are more vulnerable than other age groups. It can be attributed to low immunity among these age groups, this observation validates to the observation of Simson Hall and B.H.Colman .

From socio economic status distributions table (table- 3) it is observed that the middle socio economic group of people are more affected than others. Higher socio economic status people are under better hygienic living status. Low socio economic group of people are having resistance to infection as they are exposed to infection repeatedly and also another reason is that they are not able to afford medical care. Middle age group are neither having proper resistance nor having better hygienic state of living, for which it has been resulted.

From distribution table on nativity (table - 4), it is seen that urban people are more affected than rural people. The reason may be due to modern / urbanized living style, tacking freezed products and preserved food are the responsible factors for it.

The result of the response of treatment when prescribed on acute totality (table -5) were put into Chi-Square test to see the superiority of value between test group and control group . The calculated value is 3.84, where the tabulated value is 37.07. Hence it is interpreted that the result is significant and the Null Hypothesis is rejected, and there is difference between two results and test

group result is superior and Homoeopathic medicine do act curatively in treatment of Acute Tonsillitis when prescribed on acute totality.

The results of the response of treatment, when prescribed on totality (acute symptom / physical / mental symptom) of symptoms (table-6) were put to Chi-Square test. It has seen the calculated value 17.41, which is more than tabulated value 3.84. Hence it is concluded that test group result is superior than control group. Hence Homoeopathic Medicines do act curatively in treatment of acute tonsillitis, when prescribed on totality of symptoms ( acute symptom + physical general / mental general ) .

Result of acute totality and totality of symptoms were compared and it is found when the medicines were prescribed on acute totality, the cure rate is more in Acute Tonsillitis .

Result of the treatment with different potencies (table- 7) were put to statistical test it was found to be non significant. Hence it was concluded that there is no difference in the result of 50 millesimal and centesimal and both are efficacious.

The result of the treatment with different repetition schedules (table -8) were similarly put to statistical test and it was found to be non significant.

#### Conclusion :

1. Homoeopathic Medicines do act curatively in acute tonsillitis.
2. Homoeopathic Medicines, prescribed on the basis of acute totality are better for acute tonsillitis than prescribed on totality of symptoms. This validates to the observation of Dr.Hahnemann, that in acute disease the recent changes are to be taken in to account and along with the most probable exciting cause of acute disease. But when disease is chronic his moral, and intellectual character, his occupation, mode of living and habit, social and domestic relations, age , sexual functions, are to be taken in to consideration(10).
3. Both types of potencies act effectively in the treatment of " ACUTE TONSILLITIS" and equally.
4. Acute tonsillitis is more common among children & younger age group.



5. Middle socio-economic group and urban population are more affected.

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*The common thread is all art seems to be separating the meaningful, the harmonious, the true from all the chaos that surrounds them. The artist has the gift of separating; his audience needs to appreciate that separation.*

— Don Blegen