

Understanding Tonsillitis and its Management

Acute and chronic tonsillitis both fall under the scope of Homeopathy For acute attacks are various remedies which can be prescribed based on symptoms of the case.

ACUTE TONSILLITIS

Acute Tonsillitis is one of the most common infections encountered in everyday practice.

AETIOLOGY

- **AGE:** Acute tonsillitis occurs frequently up to the age of 15 years but no age is a bar to it.
- **SEX:** Both sexes are affected equally.

PREDISPOSING FACTORS

1. **ENDOGENOUS**
 - Pre-existing upper respiratory tract infection
 - Pre-existing chronic tonsillitis
 - Postnasal discharge due to sinusitis
 - Residual tonsillar tissue after tonsillectomy
 - General lowering of the resistance
 - Exanthemata
 - Blood dyscrasias - very low resistance due to diseases like agranulocytosis, leukemia's or Hodgkin's disease may cause gangrenous tonsillitis

2. EXOGENOUS

- Ingestion of cold drinks or cold foods may directly cause infection or lower the resistance by vasoconstriction
- Contagion - The infection may be contacted from other individuals having infection
- Pollution and crowded ill-ventilated environment
- Imbedded foreign body
- **CAUSATIVE ORGANISMS:** Usual respiratory gram positive cocci like streptococcus, staphylococcus, pneumococcus and diphtheroid organisms are responsible. Of these, Haemolytic streptococcus has a special predilection for the tonsils. It may be a viral infection.

PATHOLOGY TYPES

- **ACUTE PARENCHYMATOUS TONSILLITIS:** The tonsils are enlarged and congested.
- **ACUTE FOLLICULAR TONSILLITIS:** The crypts are studded with pus and stand out as multiple yellow spots on the red congested tonsils.

SYMPTOMS

- Raw sensation in the throat is often the first symptom
- Pain in the throat occurs which is aggravated by swallowing. It may be referred to the ears
- Refusal to eat – Children may not complain about pain in throat, but may refuse to eat because of odynophagia
- Voice may be thick and muffled due to thick secretions and impeded movements of the palate
- Jugulodigastric Nodes may be enlarged and painful
- Generalized Symptoms like malaise, fever, headache and tachycardia may be present
- Duration of acute tonsillitis is usually 4 to 6 days

SIGNS

- The tonsils become congested and swollen
- Secretions increase and become tenacious
- Movements of the palate become impeded due to pain
- Halitosis: Foul breath may be present
- Jugulodigastric Nodes get enlarged and tender
- **Vincent's Angina**

DIFFERENTIAL DIAGNOSIS

| • Diphtheria | Acute ulcerative Tonsillitis | Diphtheria |
|-------------------|------------------------------|---|
| 1. History | Recurrent tonsillitis | May have been exposed to a case of diphtheria |
| 2. Temperature | High | Low or Normal |
| 3. Tachycardia | In proportion to fever | Out of proportion to fever, weak pulse |
| 4. Toxaemia | Absent | May be present |
| 5. Pain | Severe | Mild or Absent |
| 6. Membrane | Can be easily removed | Separates with difficulty and leaves a raw bleeding Surface |
| | Limited to the tonsil | May extend beyond the tonsils |
| 7. Lymph nodes | Enlarged | May be markedly enlarged (bull neck) |
| 8. C. diphtheriae | Absent | Present |
| 9. Albuminuria | absent | Often Present |

There may be unilateral or bilateral ulceration. The fever is high initially. The causative organisms are Spirochaete and Bacillus Fusiformis, which can be easily demonstrable in wet hanging-drop preparation. This condition responds to penicillin and its derivatives.

- **Quinsy (peritonsillar abscess)**
The pain is severe, unilateral and accompanied by swelling of the anterior pillar and oedema of the uvula
- **Thrush** is a fungal infection caused by candida albicans. It usually affects infants and debilitated adults. The lesions appear as white curd-like patches.
- **Herpes** produces painful single or multiple ulcers, which are often in a row.
- **Infectious Mononucleosis** is differentiated by the high monocyte count. It is seen usually in young adults. Lymph nodes may be involved in other parts of the body. The diagnosis is made by Paul-Bunnell test, which detects the specific antibodies in the blood.
- **Scarlet Fever** may resemble acute tonsillitis. It is a streptococcal infection and may cause punctate erythematous

rash. The patient may have strawberry tongue.

- **Blood Dyscrasias** may result in gangrenous tonsillitis.
- **Tonsillar keratosis**

COMPLICATIONS

- Quinsy: Tonsillar or peritonsillar abscess may occur in adults
- Laryngeal Oedema is a possibility in small children
- Para pharyngeal or Retropharyngeal Abscess develop occasionally
- Acute Otitis Media is a frequent complication
- Septic Focus: It may aggravate rheumatism, sub acute bacterial endocarditis and acute nephritis
- Septicaemia has become rare
- Chronic Tonsillitis may occur following repeated attacks

TREATMENT

- Bed rest and soft diet are advised
 - Conventional treatment involves using of Antibiotics in severe cases.
 - Analgesics are advised to reduce pain and pyrexia
 - Warm Saline Gargles are soothing to the patient
 - Lozenges with local anesthetic action may be comforting
- Homeopathic Management: There

are very effective remedies for acute management of Tonsillitis and are prescribed based on patients symptoms and characteristic presentation/ concomitants. Remedies should be taken on advice of a registered homeopathic practitioner only.

CHRONIC TONSILLITIS

Chronic Tonsillitis is one of the commonest chronic infections, characterized by recurrent acute attacks.

SYMPTOMS

- Recurrent Pain in throat may occur due to attacks of acute tonsillitis. The interval between the two attacks can vary.
- Cough is often present
- Halitosis may be present due to the cheesy material in the tonsillar crypts.
- Quiescent Phase: The patient may have vague discomfort in the throat with irritation and pain. Often the patient is completely asymptomatic in the phase.

SIGNS

- **APPEARANCE:**
 - Chronic parenchymatous tonsillitis usually occurs in children and is characterized by hypertrophied tonsils which are congested, particularly along the

anterior pillars.

- ii. Chronic follicular tonsillitis often occurs in adults and the tonsils appear to be normal or are small and fibrotic. There may be yellowish cheesy debris in the crypts of the tonsils.
- **SQUEEZING:**
On squeezing the tonsils, pus may ooze out. It should be distinguished from the lymphatic fluid, which may come out from a normal tonsil.
- **RETENSION CYSTS** may be occasionally seen on the surface of the tonsils. They appear as cystic yellowish swellings containing yellow liquid and debris.
- **NODES:**
Presence of persistent enlarged jugulodigastric nodes is a significant sign.

SEPTIC FOCUS

Chronic tonsillitis may produce effects on distant organs of the body by acting as a septic focus, due to bacteraemia or because of allergic reaction to bacteria and products of inflammation.

TREATMENT

- Nutritious Diet and vitamins may help the resolution of mild cases of tonsillitis
- Tonsillectomy is advised for patients having stubborn chronic tonsillitis

FOOD SUGGESTED

- Ginger with honey helps in getting instant relief & to cure tonsils.
- Boiled vegetables like spinach, mashed potatoes helps in relieving throat inflammation.
- Drink plenty of water, keep yourself hydrated.

- Intake of healthy fluids like lukewarm water, lemon and honey juice.
- Soft foods which are easy to swallow and provide relief should be consumed.
- Tulsi leaves, lemongrass and Mint leaves can be used in water for reducing inflammation.

FOODS TO BE AVOIDED

- Cold Drinks, Ice Cream and Other cold foods.
- Curd, Vinegar, Pickle, Ketchup
- Fried foods e. g. foods prepared in oil, butter, ghee

Some drugs which are helpful for treating tonsillitis are as follows-

ACONITE



Red, dry, constricted, numb, pricking, burning and stinging pain. Tonsils swollen And dry.

AILANTHUS GLANDULOSA



Inflamed, oedematous, dusky red. Much swelling external and internal. Dry, rough, scraping, choking feeling. Neck tender and swollen. Hoarse croupy voice and pain in swallowing extending to ears.

AMMONIUM MUR



Throbbing pain in tonsils, can scarcely swallow. Sore spot behind uvula. Feels relieved by eating. Internal and external swelling with phlegm which is so tough that it cannot be hawked up.

HOMEOPATHIC MANAGEMENT

Acute and chronic tonsillitis both fall under the scope of Homeopathy. For acute attacks are various remedies which can be prescribed based on symptoms of the case. Some examples are given below. For complete treatment of chronic or recurrent sinusitis one must see a homeopathic practitioner. A homeopath in such a case will prescribe a holistic remedy covering the totality based remedy which will boost immunity and reduce or remove the tendency to tonsillitis.

APIS



Constricted stinging pain, uvula swollen, sac like puffy, fiery red, ulcers on tonsils with fiery red margins around leathery membrane. Sensation of fish bone in throat.

BAPTISIA



Dark redness of tonsils causing difficulty in swallowing solid food. Painless sore throat and offensive discharge.

BARYTA CARB



Sub maxillary gland and tonsils swollen. Takes cold easily with stitching and smarting pain. Acts best on quinsy from cold. Tonsils inflamed with swollen veins which cause pain aggravation by empty swallowing. Can swallow liquid.

BARYTA MUR



Difficulty in swallowing. Tonsils enlarged paresis of pharynx and Eustachian tube with sneezing and noises.

BELLADONNA



Dry as if glazed, angry looking congestion aggravating right side, constricted feeling with difficult deglutition which is aggravated with liquid. Sensation of lump.

CAPSICUM



Pain and dryness in throat extending to ears. Sore throat of smokers and drinkers. Burning constriction worse between acts of deglutition.

DULCAMARA



Acts on mucous membrane of glands. Causative factors are dampness and cold.

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EUCALYPTUS



Relaxed and aphthous condition of throat with increase d salivation, burning and feeling of fullness. Constant sensation of phlegm in throat. Enlarged, ulcerated

tonsils and inflamed throat use tincture locally.

FERRUM PHOS



Mouth hot with red fauces with inflammation. Ulcerated sore throat with red and swollen and red tonsils. Sore throats of singers. After operations on throat to control

bleeding and relieve soreness.

GELSIMUM



Difficult swallowing especially of warm food. Throat feels rough and burning. Remedy for post diphtheritic paralysis. Shooting pain into ears. Feeling of lump in throat which cannot be swallowed. Swallowing causes pain in the ear, difficulty in swallowing. Pain from throat to ear.

GUAICUM



Throat dry, burns, swollen, stitches towards ear. Remedy for acute tonsillitis and syphilitic throat.

HEPARSULPH



Quinsy with impending suppuration. Stitches in throat extending to the ears when swallowing. Hawking up of mucus.

KALI BICHROME



Fauces red and inflamed, dry and rough. Pseudo membranous deposits on tonsils. Discharge from mouth is stingy and tough.

KALIMUR



Remedy for follicular tonsillitis. Tonsils inflamed enlarged so much so that can hardly breathe. Greyish patches on tonsils. Remedy for hospital sore throat.

LACHESIS



Remedy for quinsy. Dry intensely swollen internally and externally with sore throat which gets worse left side, swallowing liquids, hot drinks. Chronic sore throat with much hawking which cannot be forced up and down. Very painful this is worse with slightest pressure, touch.

LYCOPodium



Dryness of throat without thirst food and drink regurgitates through nose feels better by warm drinks. Swelling and suppuration of tonsils. Ulceration of tonsils beginning on right side.

Diphtheria deposits spread from right to left which get worse from cold drinks.

MERCURIUS



Remedy for quinsy with difficulty swallowing after pus has formed. Sore, raw, smarting, burning of throat. Bluish red swelling with constant desire to

swallow. Pain worse right side.

MERCURIUS IODATUS FLAVUS- Lacunar tonsillitis when only superficial part is involved. Cheesy exudates with offensive breath. Swelling begins on right side with tenacious mucus. Sensation of lump with constant inclination to swallow.

MERCURIUS IODATUS RUBER- Painful swallowing with stiffness of muscles of throat and neck. Diphtheria and ulcerated sore throat especially on left side.

NATRUM SULPH



Complaints due to living in basements, damp houses and cellars which get worse in rainy weather or water in any form. Thick yellow mucus drops from posterior nares.

PHYTOLACCA



Tonsils swollen especially right side with sensation of lump in throat. Throat feels rough, narrow and hot. Shooting pain into ears on swallowing. Greyish white thick tenacious mucus discharge. Cannot

swallow anything hot. Cannot swallow even water.

RHUSTOX



Left side complains with sore and sticking pain during swallowing. Ailments from getting wet while perspiring.

SABADILLA



Soreness which begins on left side with tough mucus. Warm food and drinks give relief. Empty swallowing is most painful. Complains worse from cold air.

SANGUINARIA



Complains worse on right side with dry and constricted feeling. Tongue white as if scalded.

SILICEA



Periodical quinsy. Pricking as of a pin in tonsils. Cold settles in throat. Stinging pain while

swallowing.
SULPHUR



Pressure as from a lump, as from a splinter, as of a hair. Burning redness and

dryness.

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DESCRIPTION

Tonsillitis is one of the most common infections encountered in everyday practice. It occurs frequently up to the age of 15 years but no age is a bar to it. Raw sensation in the throat is often the first symptom. Pain in the throat occurs which is aggravated by swallowing. Acute and chronic tonsillitis both fall under the scope of Homeopathy For acute attacks are various remedies which can be prescribed based on symptoms of the case.

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