



## **HOMOEOPATHIC SOLUTIONS FOR CHRONIC TONSILLITIS: A PILOT STUDY ON THE IMPACT OF CONSTITUTIONAL MEDICINES AND ELEVATED SERUM IgG LEVELS**

**Balan. M.S, Krishna Kumari Amma.C.R.** Department of Materia Medica, Sarada Krishna Homoeopathic Medical College (Affiliated to The Tamil Nadu Dr.M.G.R. Medical University, Chennai), Kulasekharam, Kanniyakumari District, Tamil Nadu, India – 629 161

**Murugan.M** Department of Organon of Medicine, Sarada Krishna Homoeopathic Medical College (Affiliated to The Tamil Nadu Dr.M.G.R. Medical University, Chennai), Kulasekharam, Kanniyakumari District, Tamil Nadu, India – 629 161

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### **ABSTRACT**

People of all ages, from kids to adults, can suffer from chronic tonsillitis. You need a long-term cure for chronic tonsillitis if your blood IgG level is high. If you suffer from recurrent tonsillitis and your IgG level is consistently high, your otolaryngologist may advise you to undergo surgical therapy. Serum IgG levels were shown to be higher in patients with chronic tonsillitis, according to a small number of investigations. The elevated levels could be a result of antigenic stimulation that has been repeated. After tonsillectomy, the serum IgG level did go down. Homoeopathy uses the simplest therapy possible to tackle constitutional difficulties, which means that the tonsils aren't the only thing at problem; the patient's constitution is also a factor. The purpose of this preliminary research was to examine the efficacy of many homoeopathic remedies for the treatment of persistent tonsillitis. The primary objective of the study was to compare the pre- and post-study blood IgG levels of patients with chronic tonsillitis, as well as to determine the age group and gender distribution that was most impacted. Young adults (6–30 years old) are the most frequently impacted. Affected were both males and females, to a ratio of 50%. The most common medications recommended to patients with chronic tonsillitis were Baryta carb (30%), Calcarea carb (20%), Lycopodium (20%), Lachesis, Merc sol, and Silicea (10%). The utilized potency was 200th potency, which equals 100%. In order to manage chronic tonsillitis non-surgically, this study examines the effects of homoeopathic medications on blood IgG levels and offers data on IgG levels in chronic tonsillitis. To confirm and build upon these findings, however, additional study is required, such as prospective studies with bigger sample numbers.

**KEYWORDS:** Chronic Tonsillitis, Homoeopathic Medicines, IgG, Throat, Tonsils.

\*Corresponding Author E-mail: [vinjeevancare@gmail.com](mailto:vinjeevancare@gmail.com)

### **INTRODUCTION**

The tonsils are lymphatic tissues that serve as a natural defense mechanism against infections that may enter the body through the mouth. Tonsils become infected, swollen, and enlarged when this happens because the infection is stopped at the level of the tonsils before it reaches important organs like the lungs. A new theory proposes that the tonsils might induce oral immunological tolerance. Nevertheless, the question of whether human tonsils serve a useful purpose in infection control or are instead irrelevant and pointless immunological structures remains unresolved. With so many tonsillectomy procedures done due to all kinds of infectious problems, this topic is highly relevant from a clinical perspective as well as from a conceptual one. Tonsillectomy ranks high among the most common surgical operations performed globally, according to Shadman Nemati et al., (2020).

Approximately 200,000 tonsillectomies are carried out in India annually, while 7,455,494 instances of tonsillitis are reported annually. Ten patients with chronic tonsillitis had their serum immunoglobulin (IgG, IgA, IgM, and IgD) levels measured, according to S El-Ashmawy et al., Using the radial immuno-diffusion approach, the serum immunoglobulins were calculated both before and two months after tonsillectomy. Serum IgG and IgA levels were significantly higher in these patients. The elevated levels could be a result of antigenic stimulation that has been repeated. The drop in immunoglobulin may be attributable to a decrease in the antigenic load, the removal of immunoglobulin-producing tissue, or to alterations in the oropharyngeal pathogenic bacteria; the other three immunoglobulins showed a decrease, though not a significant one, after tonsillectomy. If the tonsils were the source of the problem, the homoeopath wants to know what comes next because the problems won't go away. From a homoeopathic perspective, the tonsils aren't the only thing at fault; the patient's constitution is also at play. By using the simplest treatment possible to treat the patient's constitutional condition, homoeopathy ensures that patients recover quickly.

## **MATERIALS AND METHODS**

Patients who visited the outpatient department at Sarada Krishna Homoeopathic Medical College Hospital and the peripheral centers were the subjects of this pilot project, which was carried out between July 2023 and November 2023.

### **Patient Selection**

The patients who were selected for this study were those who were between the ages of three and thirty years old. Additionally, patients of both sexes and from a variety of socioeconomic backgrounds were included in the sample. A clinical diagnosis of chronic tonsillitis was made for ten patients, and their clinical presentation was used to confirm the diagnosis.

### **Diagnostic Criteria**

Both the patient's clinical history and their clinical presentation were taken into consideration while making the diagnosis. A measurement of the blood IgG level was taken both at the beginning of the study and after the fourth month of the study had been completed. Data were acquired through the use of purposive sampling, and the processing of the data was carried out in accordance with the criteria for homoeopathic prescription. The research methodology utilized was a randomized uncontrolled prospective trial. The clinical presentation is the primary factor that determines diagnostic criteria.

### **Clinical Presentation and Investigation**

In the case of chronic tonsillitis, symptoms such as a sore throat, difficulty or pain while swallowing, pain in the ear, enlarged tonsils, and persistent hawking are present. Additionally, a history of recurring acute tonsillitis is also present. An examination of the blood was performed, and the serum IgG level was measured both at the beginning of the trial and after the fourth month of the study had been completed. Regarding patients who have enlarged tonsils, the Brodsky grading scale is utilized for the purpose of determining the size of the swollen and congested tonsils.

### **Case Recording**

An established method for chronic case taking was utilized in order to document the pertinent information pertaining to the patient. With the assistance of the Homoeopathic Materia Medica source book, investigation, selection, and cross-checking were performed on the medicine that was identified. The susceptibility and character of the instances will be taken into consideration when selecting the appropriate potency. An absence of malignant disorders of the tonsils was determined.

### **Methodology**

The approach that was utilized for this study was a clinical method, and in order to ensure the validity and credibility of the findings, statistical analysis and evaluation were performed on the data that was collected. Outpatient care was provided for each and every one of the cases, and there were no controls that were preserved for the study. Cases are filed using the chronic case taking format that is suggested, and they are followed up on for a period of four months.

### Homoeopathic Prescription

The data, including etiological variables, mental and physical generals, concomitants, characteristic particulars, and clinical indications from various authorities, were taken into consideration when choosing the appropriate medication in each case. This investigation has employed medium potency. As and when necessary, repetitions are carried out in accordance with homoeopathic principles. During the course of the treatment, no concurrent therapy—allopathic or other systemic therapy—was administered.

### Follow-up and Evaluation

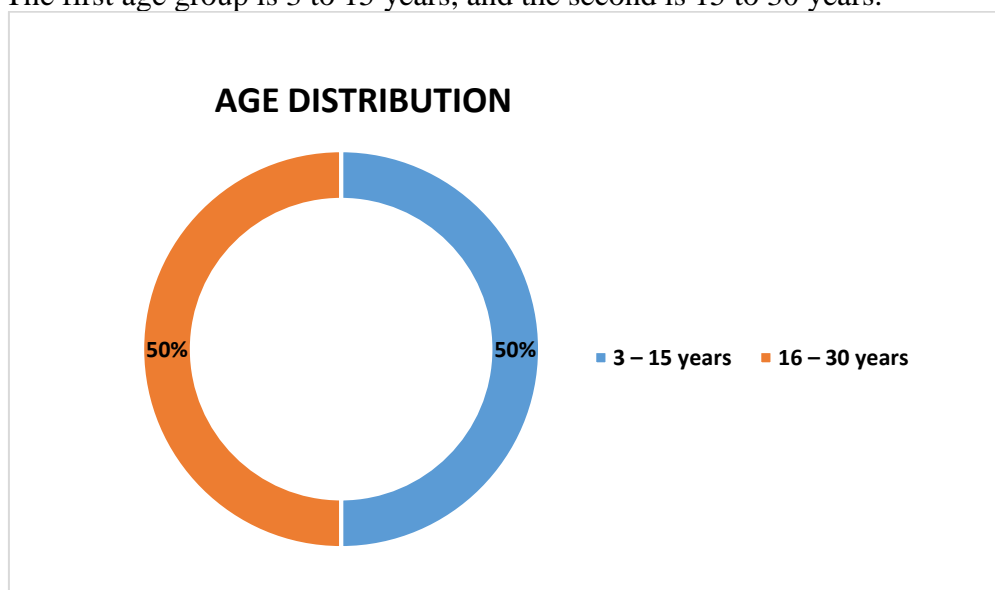
A monthly review was conducted for each patient, during which specific follow-up criteria were determined for each case. These criteria comprised both objective and subjective elements. The efficacy of the treatment was evaluated according to clinical improvement, symptom resolution or cessation, general health improvement, and attack frequency reduction.

### Statistical Analysis

For an effective assessment and evaluation, Serum IgG level before treatment and Serum IgG level after 4th month were recorded and statistically evaluated.

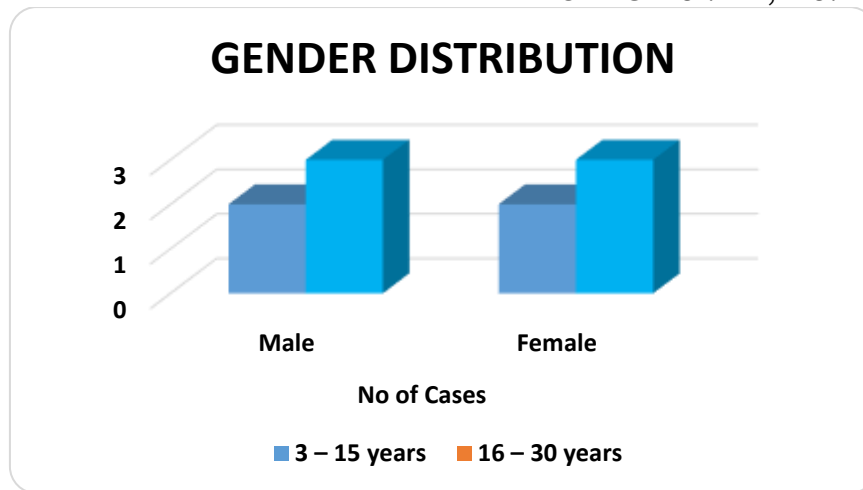
## RESULTS AND DISCUSSION

This study comprised ten patients who had been diagnosed with "Chronic Tonsillitis" and exhibited an elevated serum IgG level. All ten cases, which underwent a four-month follow-up period, were included in the statistical analysis. The present statistical analysis is predicated on the information collected from these ten patients. Patients falling within the age range of 3 to 30 years were included in the sample for this research. For the purpose of analysis, the patients' ages were divided into two categories. The first age group is 3 to 15 years, and the second is 15 to 30 years.



**Figure :1 Age Distribution**

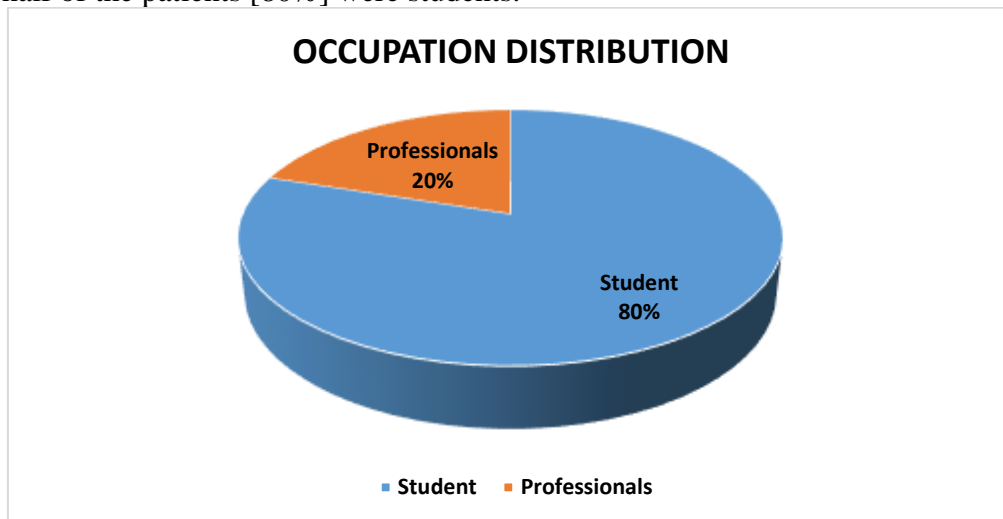
Out of the 10 patients studied 5 [50%] were Males and 5 [50%] were females. In the age group of 3-15 years, 2 were males and 2 were females. In the group of 16-30 years 3 were males and 3 were females.



**Figure 2: Sex Distribution**

#### Occupation distribution

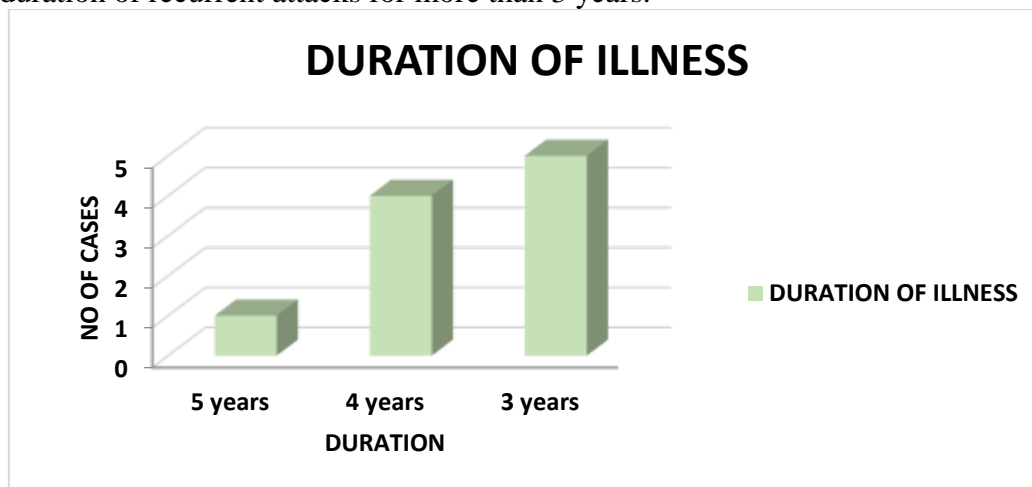
More than half of the patients [80%] were students.



**Figure 3: Occupation Distribution**

#### Duration of the Illness Distribution

Out of the 10 cases studied here, 5 cases show the duration of complaints since 3 years, rest of the cases show the duration of recurrent attacks for more than 3 years.



**Figure :4: Duration of Illness Distribution**

### Clinical Features of Tonsillitis

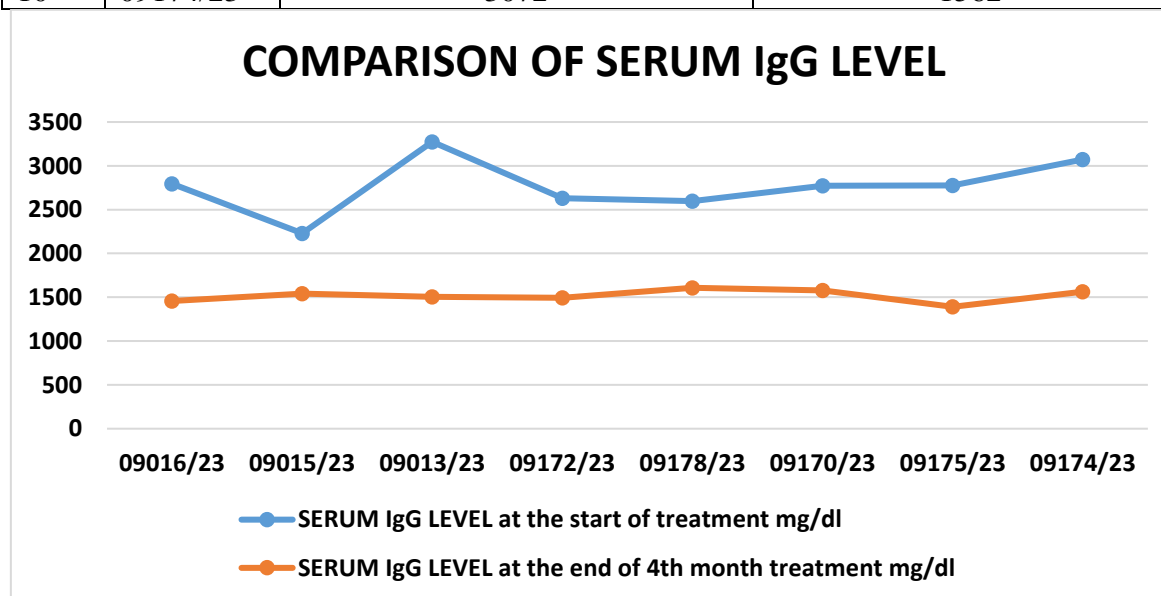
In all the 10 cases the throat pain and enlarged tonsils was present. Another important feature noted was the difficulty in swallowing in about 7 cases [70%] along with 4 cases [40%] complained of ear pain.

**Table 1: Clinical Features of Tonsillitis**

Clinical Features of Tonsillitis	No of Cases	Percentage
Throat Pain	10	100%
Difficulty in Swallowing	7	70%
Enlarged Tonsils	10	100%
Pain in Ear	4	40%
Total	10	100%

**Table 2: Serum IgG Level in Chronic Tonsillitis**

Sl.No	OPD No.	SERUM IgG LEVEL at the start of treatment mg/dl	SERUM IgG LEVEL at the end of 4 <sup>th</sup> month treatment mg/dl
1	09012/23	2882	1409
2	09014/23	3112	1572
3	09016/23	2796	1458
4	09015/23	2230	1540
5	09013/23	3274	1505
6	09172/23	2630	1495
7	09178/23	2597	1608
8	09170/23	2771	1579
9	09175/23	2776	1391
10	09174/23	3072	1562



**Figure 5: Serum IgG Level in Chronic Tonsillitis**

### Distribution Of Homoeopathic Constitutional Medicines in the Treatment of Chronic Tonsillitis

**Table 3: Medicine Distribution**

Name of the Medicine	No of Cases	Percentage
Calc. Carb	2	20%
Baryta Carb	3	30%
Silicea 1	1	10%
Lycopodium	2	20%

Lachesis	1	10%
Merc. Sol	1	10%

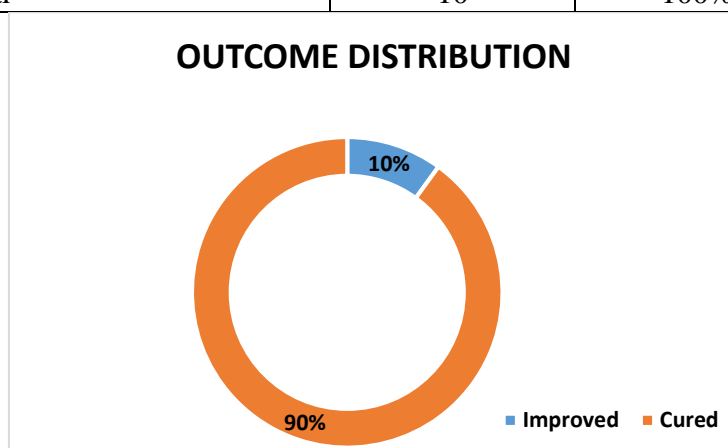
Baryta carb was indicated in 3 cases [30%], Cal.carb and Lycopodium was indicated in 2 [20%], Silicea, Lachesis and Merc sol were indicated for 1 [10%] patient each.

### Outcome of the Treatment Distribution

The outcome of the treatment distribution reveals notable success in the application of homoeopathic constitutional medicines for chronic tonsillitis. This distribution signifies that a substantial majority of patients experienced complete cure, showcasing the efficacy of the chosen homoeopathic remedies. Such a favorable treatment outcome distribution underscores the potential of homoeopathic constitutional medicines as an effective and promising avenue for managing chronic tonsillitis.

**Table 4: Outcome Distribution**

Outcome of the Treatment	No of Cases	Percentage
Improved	1	10%
Cured	9	90%
Total	10	100%



**Figure 6: Outcome Distribution**

### CONCLUSION

Several findings about chronic tonsillitis can be derived from the study. Patients ranging in age from 3 to 30 were involved in the study, with 50% falling into the 3–15 age bracket and 50% into the 16–30 age bracket. Fifty percent of the ten patients were men and fifty percent were women. The distribution of males and females was equal in both the 3–15 and 16–30 age groups. While 20% of the patients were professionals, 80% were students. Recurrent attacks persisted for longer than three years in 50% of cases, four years in 40%, and five years in 10%. Every single case had enlarged tonsils and throat pain; 70% had trouble swallowing, and 40% complained of ear ache. Silicea, Lachesis, and Merc sol were each recommended in 10% of instances, whereas Baryta carb was indicated in 30% of cases, Cal.carb in 20%, and Lycopodium in 20%. In 90% of cases, the patient experienced a full recovery, while 10% demonstrated significant progress. The findings of the paired t-test showed that homoeopathic medicines effectively reduced serum IgG levels and the symptoms of chronic tonsillitis, which resulted in a full or partial recovery in most instances.

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## REFERENCES:

1. El-Ashmawy S, Taha A, Fatt-hi A, Basyouni A, Zaher S Serum immunoglobulins in patients with chronic tonsillitis. *J Laryngolotol* .1980 Sep 94(9):1037-45. Available from: <https://pubmed.ncbi.nlm.nih.gov/7430809> doi: 10.1017/s0022215100089829.
2. Shadman Nemati, Fahimeh Mohammadghasemi, Ali Mojtahedi, Ali Faghih Habibi, Samaneh Rouhi, Ehsan Kazem , Nejad Leili, Mahboobeh Moroosi., The effects of radiofrequency on the bacteriological and histological characteristics of tonsils in patients with chronic and persistent tonsillitis., *American Journal of Otolaryngology*, Volume 41, Issue November–December 2020. Available from: <https://doi.org/10.1016/j.amjoto.2020.102657>
3. Tarak R Adhvaryu, KS Patel, VK Kori, S Rajagopala, R Manjusha. Evaluation of the effect of KanchnaraGuggulu and Tankana-Madhu Pratisarana in the management of Tundikeri (tonsillitis) in children *AYU* 2016;37, 19 Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5822979>
4. Wadia.S.R. Tonsillitis cured by Homoeopathy. Reprint edition. New Delhi: B Jain Publishers. 2016
5. Reddy, S.R.. A Brief Study of Efficacy of Homoeopathic Medicines in Controlling Tonsillitis in Paediatric Age Group. *IOSR Journal of Pharmacy and Biological Sciences*. [Online]. 12 (01). (2017). pp. 01–05. Available from: <http://www.iosrjournals.org/iosr-jpbs/papers/Vol12-issue1/Version-2/A1201020105.pdf>.
6. Sarode, D.N. & Bhole, A.V.. Prevalence of chronic tonsillitis at ENT inpatient department: a hospital based study. *International Medical Journal*. [Online]. (2015) (11). pp.786–788. Available from: [https://www.medpulse.in/Article/Volume2Issue11/MedPulse\\_2\\_11\\_20](https://www.medpulse.in/Article/Volume2Issue11/MedPulse_2_11_20)
7. Nasrin M , Miah MRA , Datta PG , Saleh AA , Anwar S , Saha KL. Effect of tonsillectomy on humoral immunity .*Bangladesh Med Res Counc. Bull* 2012; 38: 59-61. Available from: <https://pubmed.ncbi.nlm.nih.gov/23227629>. doi: 10.3329/bmrcb.v38i2.12882.
8. Dhingra P. L. Diseases of Ear, Nose and Throat. Reprint edition. New Delhi: Elsevier, a division of Reed Elsevier India Ltd; 2017. Page 271-276, 438-440
9. Maqbool Mohammed. Text book of ear, nose and throat disease. Twelfth edition. New Delhi: Jaypee brothers Medical publishers (P) Ltd., 2018
10. Lilienthal Samuel. Homoeopathic therapeutics. Reprint edition. New Delhi: B. Jain Publishers (P) Ltd; 2017