



SYMPTOM-BASED STRATEGIES IN CHRONIC TONSILLITIS: LEVERAGING MIASMS FOR TARGETED HOMOEOPATHIC INTERVENTIONS

Balan. M.S 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

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

This work is a part of Ph.D. Thesis of The Tamilnadu Dr. M.G.R. Medical University, Chennai

ABSTRACT

Homoeopathy was founded and developed into a scientific system by Samuel Hahnemann under the principles of inductive method of science as developed by Lord Bacon. Its practice is governed by the principle of symptom-similarity. When a healthcare professional is treating several patients with the same disease and observes an unusual feature in one particular patient, it can raise a few important considerations. The unique characteristic could be a variation in symptoms, response to treatment, or some other aspect that distinguishes this patient from the others. Here are several steps the healthcare professional might take. The success behind the Homoeopathy treatment depends upon the depth knowledge in analysing the signs and symptoms and miasmatic background in each and every patient. The thorough knowledge in symptomatology is essential for selecting the characteristic symptoms and detecting predominant miasm from the history of patient indicate the apt Homoeopathic medicine for the non surgical management of chronic tonsillitis. The uncommon rare peculiar characteristic symptoms recorded in the literature of Homoeopathic Materia medica and the signs and symptoms of psora, sycosis and syphilis could be compared with the history and signs and symptoms of the patient, finally helpful in selecting the best suited Homoeopathic medicine for a particular patient suffering from chronic tonsillitis.

KEYWORDS: Characteristic symptoms, Miasms, Homoeopathic medicines, Tonsillitis, Individuality.

INTRODUCTION

Homoeopathy is a system- where we are guided and lead by ‘symptoms’ and the symptoms are enough to take us to the miasms which prevail at a particular time or in a particular case. The coming generation, and the generation after generation will remember Hahnemann, the great Devine Healer for what he has revealed to the human race in the form of the ‘torch light’ of symptoms. Symptoms are the voice of the diseases and they take us to the point where no pathological or other investigations can take us to.

The essence of a homeopathic symptom lies in its peculiarity and individuality. Homeopathy is based on the principle of "like cures like," meaning that a substance that causes symptoms in a healthy person can be used in a diluted form to treat similar symptoms in a sick person. Homeopathic practitioners gather detailed information about the patient's symptoms, personal characteristics, and overall

condition to create a unique "patient picture." This is then compared with the "medicine picture" of various homeopathic remedies to find the most appropriate match.

The miasmatic state establishes constitutional pathology, disturbed balance of the humours or diathesis, the condition of illness or of predisposition to illness as a result of unnatural or repeated deep-driven suppressions that modulate existence in an anomalous way in the sense of lack, fault or inhibition (psora); of excess, flight or ostentation (sycosis); or perversion, destruction and degeneration (syphilis). The reality of the miasm in the patient is always expressed (as it is everything that constitutes illness), by the signs and symptoms that the patient produces. These permit the individual expression of the characteristics of the miasms which allow us to determine, recognize and wholly handle the patient individually.

The minimum syndrome of maximum value that Hahnemann recommends will be the one that is sufficient to define the patient totally. By no means will it suffice that the syndrome points out to us a 'similar' medicament, but it must lead us to the true, miasmatic similimum, and thereby force the modification of the dominant miasm. Selecting medicaments based only on similarity, without having considered the miasmatic state; therefore the medicament will not correspond to the true similimum. Hahnemann's miasmatic doctrine is indispensable to every true Homoeopath for knowing and helping the human being, and for knowing and helping himself.

Importance of Characteristic symptoms:

According to Stuart Close – The characteristic symptoms are the symptoms peculiar to the individual patient, rather than the symptoms common to the disease. The peculiar, unusual and distinctive symptoms which characterize the drug or the disease are known as characteristic symptoms. Dr. P.P. Well says "characteristics symptoms" are those which individualize both the disease and the drug, that which distinguishes the individual case of disease to be treated from other members of its class is to find its resemblance among those effects of the drug which distinguish it from other drugs. This is what we mean when we say that with the law of cure has chiefly to do. When we say 'like cures like' we mean, "Characteristics may sometimes be symptoms observed only as a result of the closest scrutiny. Dr. Adolph Lippe says "A characteristic symptom will consist in the result obtained by deducing all the symptoms generally pertaining to the disease with which the patient suffers, from those elicited by a thorough examination of the case." In other words the characteristic symptoms are the symptoms peculiar to the individual patient, rather than the symptoms common to the disease. The numerical totality of symptoms is not as important as the totality of characteristic symptoms for the selection of the similimum. The task of finding out the totality of characteristic symptoms and their peculiar nature was taken up by Dr. Von Boenninghausen. Totality of characteristic symptoms are given by Dr. Boenninghausen were accepted by Dr. Hahnemann and other Homoeopaths.

Hahnemann advised us that we should be particularly and almost exclusively attentive to those symptoms that are peculiar or characteristic of the patient and those that are common to diseases. They are the points which enable us to differentiate between similar cases and remedies. Characteristic symptoms are found in few medicines. They may be mental or physical. Hahnemann says that in comparing the collective symptoms of the natural disease with drug symptoms for the purpose of finding the specific curative remedy, "the more striking, singular, uncommon and peculiar (characteristic) signs and symptoms of the case are chiefly and most solely to be kept in view; for it is more particularly these are very similar ones in the list of symptoms of the selected medicine must correspond to, in order to constitute it the most suitable for effecting the cure.

In determining what are characteristic symptoms of the case the following rules and cautions are of importance, viz. The characteristic symptoms must be equally well marked, both in the patient and in the remedy. In other words, no matter how peculiar a symptom may be, either in the patient or in the remedy, unless it is distinctive and outstanding we must pay little heed to it. No one symptom, however, peculiar it may be, can be our true guide, for, unless there is a general correspondence between the symptoms of the patient and the remedy, failure will result. Those single peculiar symptoms are however, is valuable in suggesting special remedies as being worthy of examination.

Amongst general symptoms are to be included those in connection with sleep, dreams, the menstrual state, also, the effects of the weather and sensitiveness of the patient to heat and cold. The special senses are so closely related to the whole man that their symptoms are often general. For example, when a patient says the smell of food sickens him it is a general symptom, whereas an imaginary bad smell in the nose should be characteristic.

We frequently find on examining the particular patient that some symptom or modality runs strongly through them all, and may be predicated of person himself, so that here we have a general made up of a series of particulars. Care must be taken not to mistake a modality for a symptom, yet circumstances affecting many symptoms become leading characteristics of the patient and hence are important.

Characteristic symptoms of some of the frequently used Homoeopathic medicines for tonsillitis: **Apis Mellifica:**

Constricted stinging pains, Tonsils swollen with fiery red, stinging pains while swallowing, better by cold drinks, uvula swollen sac like. Sandy, glossy or translucent, better by cold, swollen inside and outside. Throat sore, swallowing painful, worse solids, sour or hot substances. Ulcers on the tonsil, sensation as if fishbone in throat.

Baryta Carb:

Especially adapted to complaints childhood; Persons subject to quinsy, take cold easily, even the least cold precipitates an attack of tonsillitis prone to suppuration. Inability to swallow anything but liquids (Bapt, sil). Children both physically and mentally weak. Chronic cough in young children due to enlarged tonsils or elongated uvula <after slight cold (alum) Tonsillitis caused by suppression of foot sweat, cold drinks or cold air. Baryta is one of our remedies to prevent the return of this condition. It changes the constitutional tendencies of patient. In tonsillitis, the Baryta carb checks the tissue proliferation.

Belladonna:

Inflammation and swelling of tonsils, with intense heat, throbbing carotids, high fever coming on from cold, soft palate and tonsils swollen. Swallowing painful, particularly of fluids.

Throat feels constricted, difficult deglutition, worse on right side. Tonsillitis after riding in cold wind.

Calcarea carb:

Swelling of tonsils and submaxillary glands, stitches on swallowing. Difficult swallowing. Calcarea patient is fat, fair, flabby and perspiring cold, damp and sour. Cal.carb children usually have a history of frequent colds during the winter, and a strong tendency toward glandular swelling. Children feel better when they constipated. Cal carb children exhibit a definite desire for soft boiled eggs and for sugar.

Hepar sulph:

When swallowing, sensation as if a plug and of a splinter in throat. Quinsy, with impending suppuration. Stitches in throat extending to the ear when swallowing, hawking up of mucus. Hepar sulph is a good remedy in chronic hypertrophy of tonsils, with hardness of hearing. In throat affections sharp, splinter like a pain which extend to ear and is sensitive to cold drinks. It is specially useful in the peritonsillar suppuration or quinsy.

Kali mur:

Follicular tonsillitis, tonsil inflamed, enlarged so much, can hardly breathe. Greyish patches or spots in the throat and tonsils. Adherent crust in vault of pharynx. 'Hospital sore throat'. Eustachian catarrh. Kalimur is a remedy to be thought of in the second stage of inflammation of any organ or part of body with plastic exudation and for glandular enlargements.

Lachesis:

Tonsils purplish, purple livid colour of throat, worse swallowing saliva or liquid, pain into the ear. Sore, worse left side, swallowing liquids. Quinsy. Pain aggravated by hot drinks. Chronic sore throat, with much hawking, mucus sticks and cannot be forced up or down. Very painful worse slightest pressure, touch is even more annoying. Throat seems swollen, as if two lumps as large as fists

came together, on empty swallowing, hot on eating, which seems to do good. Liquid can be more easily swallowed than solids.

Mercurius:

Suppuration of tonsils with sharp, sticking pain in fauces when swallowing. Tonsils much enlarged. Tonsils dark red, studded with ulcers, stinging pain in fauces. Quinsy only after pus has formed. To hasten maturing. Lymphatic glands of the throat hard and large. When swallowing shooting pain in the tonsils, ulceration of the tonsils, with sharp, shooting pains in the pharynx when swallowing. Ulcer and inflammation appear at the change of weather. Sore, raw, smarting, burning throat, complete loss of voice. Burning in throat as from hot vapours ascending.

Lycopodium:

Swelling and suppuration of tonsils the ulceration of tonsils begins on the right side. Inflammation of throat, with stitches on swallowing. Disease of throat that begin on the right side and go to the left (Lippe) tearing and aching in throat. The glands are swollen, and are seat of stitching pains. Inflammation of throat better warm drinks, dryness of throat, without thirst, food and drink regurgitates through nose. Sore throat, right side; < cold drinks.

Phytolacca:

Tonsils large, bluish, ulcerated; throat feels as after choke pears; dry, rough burning, smarting fauces. Cannot drink hot fluids, choking, and ulcers on tonsils. There is irresistible desire to swallow with severe burning pain. He cannot swallow even water. The pain in throat is chiefly, at the root of tongue, and in tonsils, extending to ears. Indurations and ulceration of tonsils, deglutition impossible. Great roughness and rawness in throat. Tonsils swollen, especially right, dark, red appearance. Shooting pain in the ears, on swallowing cannot swallow anything hot; quinsy; tonsils and fauces swollen with burning pain.

Silicea:

Periodical quinsy. Pricking pain in tonsils. Cold settles in throat. Stinging pain on swallowing. Hard, cold swelling of cervical glands. Sore throat with accumulation of mucus in throat. chronic tonsillitis. (Sil-12x trit. is specific – Bayes). Pain as from excoriation and pricking as from pins (stitches) in throat, during deglutition (quinsy). In tonsillitis, pains extend or shoot into ears, on swallowing.

Guaiaecum:

Tonsillitis with soreness, burning and spasmodic constriction of throat < when not swallowing (Ign). Throat dry, burns, swollen, stitches towards ear. Acute tonsillitis. Syphilitic sore throat. Desire for apples and other fruits. Aversion to milk. Gouty and rheumatic pain in head and face, extending to neck.

Hahnemann's Concept of Disease

Hahnemann declared that disease was a state of disturbance of the vital force which normally maintained harmony and health. This disturbance was caused by the miasms which were also dynamic forces on the same ethereal plane as the life-force itself. This new dynamic concept of disease was unique and epoch-making, but the profession did not readily accept and take it.

Hahnemann noticed that certain diseases were easily cured with simple remedies or had a natural and spontaneous cure. But a few diseases failed to respond to these simple remedies and had no natural termination also. Instead, they tended to appear in different and new forms, crippling the patient and finally ending in his death. He called the former as acute diseases and the latter as chronic diseases. He concluded that all chronic diseases were caused by miasms. He found the real or fundamental cause for all chronic diseases to be the chronic miasms.

IMPORTANCE OF MIASM

To appreciate the importance of miasm we have to follow the Hahnemann's concept of disease chronologically. His discovery of the law of cure "similia similibus curentur" was the foundation stone laid for the edifice of homoeopathy. His further enunciation of individualising the patient on the principle of totality of symptoms and administration of the similimum in its dynamic or potentised

form practically completed the great edifice. But his twelve years of practice based on these principles was rather disappointing to him. The results were not uniformly good or satisfactory. Many patients returned with their old complaints or with new symptoms without obtaining the permanent relief from symptoms which he had expected. This led him to think that there was some lacuna in the working of his doctrine. His intuitive mind with scientific approach of study of all his patients and a careful peep into their present and family histories led him to conclude that there was some latent and inherent obstacle for cure in each one of them. This latent, inherent defect or obstacle for cure was inferred to have been caused by miasms. He further postulated that these miasms were of dynamic or ethereal in form and were capable of being transmitted from generation to generation.

Hahnemann's Classification of Miasms

Hahnemann classified all chronic diseases into three groups that arise from a chronic miasm. (Vide aphorisms 78-80 of the Organon).

Psora : After the completion of the internal infection of the whole organism, announced by the peculiar cutaneous eruption, sometimes consisting only of a few vesicles accompanied by intolerable voluptuous tickling itching (and a peculiar odour) the monstrous internal chronic miasm the psora the only real fundamental cause and producer of all other numerous forms of disease.

Syphilis: The venereal chancre disease.

Sycosis : The venereal fig wart or condylomatous disease.

From the above classification it is clear that syphilis and sycosis originated from two different kinds of venereal miasms and psora from a non-venereal miasm. To be fair, to Hahnemann we should concede that he had a broader concept on miasms. Research may bring to light Hahnemann's wisdom-Miasm. Till such time we can adopt his views and clinical picture with profit and reap fruitful results in our everyday practice.

J.T. Kent says psora is the beginning of all physical sickness. Stuart Close says the primary error consisted in regarding psora merely as a dyscrasia or diathesis, which is directly opposed to what Hahnemann, taught as we now understand it. Instead of regarding psora as a dyscrasia Hahnemann included several of the dyscrasiae among the morbid conditions and diseases caused by psora. He has been very critical in his views and makes you think about the real nature of miasms.

Dr. Nash says that our body has a 'self-cleaning' and 'self-healing' device and in day to-day practice, we are not to meddle in the way of this process by taking the work of an organ in our hand. Here also, we are made to realize that it is the miasmatic states which interfere in the independent working of the systems of body and we have to assist it only by removing the hurdle created by the miasms. H. Allen and H. A. Roberts have dealt with this subject very extensively; a keen student will be greatly benefited by studying miasms. A few ranking symptoms are given here under each of the miasms as pointers.

Psora

Hahnemann and some others have given long lists of diseases covered by each miasm. The longest list pertains to psora which it is told covers almost seven-eighth of all diseases of human race. Psora causes atrophy, hypoplasia, hypotension, weakness in general, inhibitory actions, mal-assimilation, itches and eruptions.

Psora, characterized by its mental, digestive, and skin-related symptoms, presents distinct features. Mentally, individuals exhibit restlessness and fear, being constantly anxious and sensitive to external stimuli. Digestive issues manifest as peculiar cravings, increased or decreased appetite, and abdominal discomfort. Headaches and vertigo are common, worsened by movement or sunlight. Notably, lying down quietly and warmth alleviate psoric pains, which often present as "sensations as if." Psoric conditions typically lack structural damage but are marked by surface manifestations like boils and itching eruptions. Suppressing these skin lesions can worsen health, as psoric states are relieved by discharges such as urine or tears.

Sycosis

Sycosis, known as the "figwart" or condylomatous disease, is characterized by various symptoms including hyperplasia, catarrhal discharges, warty growths, and joint issues like arthritis. It causes purulent catarrhs with offensive smells, figwarts after suppression of urethral discharge, and tissue

infiltrations leading to growths and tumors. Sycosis also manifests as constitutional weaknesses, abdominal and pelvic problems such as cysts and sterility, and respiratory issues like asthma. In children, it presents with colicky pains, suspicion and anger. Symptoms worsen during the day and in wet weather, but improve with warmth and movement. Sycotic pains induce restlessness and frequent urination, and unlike psoric conditions, they are not relieved by natural discharges.

Syphilis

‘Chancre’ appears first in the place infected. Syphilis does not break out as long as chancre exists. If suppressed, bubo appears. If this is also wrongly treated, the secondary ailments appear and we find chronic syphilis. Syphilis causes defective nutrition, abnormal tissue development, irregular blood pressure, dyssynergia, destruction, ulcerations and bone decay. We meet now more of tertiary stigmata with constitutional troubles of circulatory disturbances and psycho-neurotic changes. Syphilis is the venereal ulcer disease.

Syphilis is characterized by its tendency to form destructive ulcers and affects various systems of the body. It leads to nervous system complications, including brain and spinal cord afflictions, along with heart, aorta, and sensory organ involvement. Bony and cartilaginous changes are common, causing diffuse bone and nocturnal pains. Mentally, individuals may become introverted, melancholic, and suicidal, with fixed ideas and restlessness at night. Symptoms worsen with weather extremes and nights but improve with open air and cold temperatures.

Practical Applications of Miasms

Miasms, identified as fundamental causes of chronic diseases, whether inherited or acquired, shape constitution and temperament. Psora leads to a scrofulous or tubercular constitution, fostering over-sensitivity and a susceptibility to diseases. Sycosis develops a chilly constitution prone to wet weather, while Syphilis denotes a hot constitution sensitive to temperature extremes. Understanding miasms aids in selecting the appropriate treatment tailored to the patient's unique symptoms and history. Family and personal medical histories provide crucial insights. Remedies must align with the miasmatic plane for effective treatment.

MIASMATIC BACKGROUND OF TONSILLITIS

Jyothi D. Avanti's randomized controlled trial explored the miasmatic background of tonsillitis, revealing that psoro-syco-syphilitic and psora-syphilis were the predominant miasms in the majority of cases. Integration of the miasmatic approach with a homeopathic constitutional approach resulted in significant recovery for 70% of participants with chronic tonsillitis, suggesting the effectiveness of this combined approach. Psora was identified as the predominant miasm for various types of tonsillitis, while syphilitic miasm was characterized by ulceration and putrid discharge, and sycotic miasm was associated with rheumatic affections and slow recovery. Tubercular miasm presented with chronic inflammation, induration of glands, and a high tendency for complications like otitis media and deafness.

CONCLUSION

The conclusion emphasizes the importance of refining homeopathic symptom assessments for research purposes by utilizing comprehensive questionnaires to capture characteristic symptoms, past and family medical histories, and miasmatic backgrounds. It stresses the necessity of well-trained doctors to collect accurate data and the need for standardized research methodologies to ensure generalizability of results. Understanding characteristic symptoms and miasmatic backgrounds not only aids in selecting appropriate medicines but also enhances knowledge of homeopathic remedies. By analyzing and synthesizing symptoms, practitioners can effectively differentiate between remedies within the same group, leading to more precise prescriptions tailored to individual patients, as illustrated by a case of chronic tonsillitis successfully treated with *Phytolacca* after *Merc. sol.* failed. This approach highlights the practical application of homeopathic principles in clinical practice.

This work is a part of Ph.D. Thesis of The Tamilnadu Dr. M.G.R. Medical University, Chennai

REFERENCES

1. Banerjee Kumar Subrata; Miasmatic Diagnosis practical tips with clinical comparisons (Including Summary of Miasmatic Indications from Head to Foot with Psychic & Pediatric Manifestations and Miasm-Medicine Chart); New Delhi: B.Jain Publishers pvt ltd.; Reprint edition 2004; Page No.10-13,36-51.
2. Jyothi.D.Avanti A study on miasmatic background of tonsillitis and its homeopathic management. Rajiv Gandhi University of Health sciences. [Online]. (2011).Available from: <http://52.172.27.147:8080/jspui/bitstream/123456789/7458/1/JYOTHI.D.AVANTI.pdf>.
3. James Tyler Kent. A.M., M.D. Lectures on Homoeopathic Philosophy. New Delhi: Indian Books & Periodicals Syndicate.
4. Dr.Kailash Narayan Mathur. Principles of Prescribing collected from clinical experiences of Pioneers of Homoeopathy. New Delhi: B. Jain Publishers (P) Ltd.2008
5. Dr. S.P. Koppikar. Clinical experiences of 70 years in Homoeopathy. New Delhi: B. Jain Publishers (P) Ltd.2010
6. Stuart Close, M.D. The Genius of Homoeopathy Lectures and Essays on Homoeopathic Philosophy. New Delhi: B. Jain Publishers (P) Ltd.2008
7. Dr. Harimohan Choudhury. Indications of Miasm. New Delhi: B. Jain Publishers (P) Ltd.
8. Dr. Ramanlal P. Patel. Chronic Miasms in Homoeopathy and their cure with classification of their rubrics/symptoms in Dr. Kent' Repertory (Repertory of Miasms). Kottayam. Hahnemann Homoeopathic Pharmacy.1996
9. Frans Vermeulen. Concordant Materia Medica.New Delhi. Indian books & periodicals publishers.2001
10. Dr. Samuel Hahnemann. The Chronic diseases their peculiar nature and their Homoeopathic cure. New Delhi: B. Jain Publishers (P) Ltd.
11. Dr. Fortier Bernoville translated by Raj Kumar Mukerji. Syphilis & Sycosis. New Delhi: B. Jain Publishers (P) Ltd.1998
12. William Boericke, M.D. Pocket manual of Homoeopathic Materia Medica & Repertory. New Delhi: B. Jain Publishers (P) Ltd.2017
13. Samuel Hahnemann . Organon of Medicine. Sixth edition Hahnemann's own written revision translated by William Boericke, M.D.New Delhi: B. Jain Publishers (P) Ltd.2010
14. Dr.Tapan Chandra Mondal, DMS (Cal), Gold Medalist. Text book of Homoeopathic Materia Medica [volume I]. Calcutta. Books and allied (P) Ltd.2000
15. Wadia. S. R. Tonsillitis cured by Homoeopathy.Reprint edition. New Delhi: B. Jain Publishers (P) Ltd; 1992. Page – 5, 6, 11-19.
16. Kent J. T. Lectures on Homoeopathic Materia medica. Reprint edition. New Delhi: B. Jain Publishers (P) Ltd; 1994. Page 245.
17. Prof. (Dr.) Niranjan Mohanty. New Text book of Homoeopathic Materia Medica. New Delhi: B. Jain Publishers (P) Ltd. 2001
18. Pierce Willard . Plain talks on Materia Medica with comparisons. Reprint edition. New Delhi: B. Jain Publishers (P) Ltd; 1995
19. Lippe. A. D. Text Book of Materia Medica. Reprint edition. New Delhi: B. Jain Publishers (P) Ltd; 1994. Page 372.
20. Boger C.M. Synoptic key to materia medica.Reprint edition. New Delhi: B. Jain Publishers (P) Ltd; 2001. Page 236.
21. Hering C. Condensed Materia Medica. Reprint edition. New Delhi: B. Jain Publishers (P) Ltd; 2001. Page 753.
22. Clarke .J. H. A Dictionary of practical materia medica. Vol. III. Reprint edition. New Delhi: B. Jain Publishers (P) Ltd; 2000. Page 1183.
23. Varma P.N Augustine V.T, Rastogi D.P; tonsillitis, clinical Research studies series 3; 2010; Kent Tyler James; Lectures on Homoeopathic Philosophy; New Delhi: B.Jain Publishers pvt ltd; Reprint edition 1990;

24. Kent Tyler James; Lectures on homoeopathic MateriaMedica; New Delhi: B.Jain Publishers Pvt Ltd; Reprint edition 2005; Page No. 325,336,642,738,829.
25. Hahnemann Samuel; Organon of Medicine; New Delhi: B. Jain, Publishers Pvt Ltd. Fifth and Sixth Edition. Page. No.31-32, 67, 71, 144.
26. Farrington E.A; Farrinton's lectures on clinical material medica; New Delhi: B. Jain Publisher's Pvt Ltd: 4th edition, revised and enlarged by Harvey Farrington
27. Dhawale M.L MD; Principles& practice of homoeopathy; part.1, chapter14, susceptibility; published by institute of clinical research; 1985; Page No.359, 371,372; chapter16; Homoeopathic posology;
28. Mondal Chandra Tapan. Dr; Spirit of the organon, part 1; New Delhi: B.Jain publishers (p) Ltd, page no.14.
29. Patel P. Ramanlal; Chronic miasms in Homoeopathy and their cure with Classification of their rubrics/symptoms in Dr. Kent's Repertory (Repertory of miasm); Kottayam: Hahnemann Homoeopathic Pharmacy; Indian edition; Page.no:19- 21.
30. Banerjee Kumar Subrata; Miasmatic Diagnosis practical tips with clinical comparisons (Including Summary of Miasmatic Indications from Head to Foot with Psychic & Pediatric Manifestations and Miasm-Medicine Chart); New Delhi: B.Jain PublishersPvt Ltd.; Reprint edition 2004; Page No.10-13,36-51.
31. Mohammad Maqbool; Textbook of Ear, Nose and Throat Diseases; Section two, chapter 47;Tonsillitis; New Delhi: Jaypee brothers medical publishers (P) Ltd ; Tenth edition 2003; Page No.187-188;216-221.
32. J.P. Windfuhr, N. Toepfner, G. Steffen, F. Waldfahrer, R. Berner.Clinical practice guideline: Tonsillitis I. Diagnostics and nonsurgical management. Eur Arch Otorhinolaryngol, 273 (4) (2016), pp. 973-987, [10.1007/S00405-015-3872-6](https://doi.org/10.1007/S00405-015-3872-6)
33. C. Relton, K. Cooper, P. Viksveen, P. Fibert, K. Thomas. Prevalence of homeopathy use by the general population worldwide: A systematic review. Homeopathy, 106 (02) (2017), pp. 69-78, [10.1016/j.homp.2017.03.002](https://doi.org/10.1016/j.homp.2017.03.002)
34. M. Erlewyn- Lajeunesse. Homeopathic medicines for children Child: Arch Dis 97 (2) (2012)[10.1136/adc.2010.194662](https://doi.org/10.1136/adc.2010.194662)
35. E. Malapane, E.M. Solomon, J. Pellow. Efficacy of a homeopathic complex on acute viral tonsillitis
36. Brodsky L. Modern assessment of Tonsils:PMID: 2685730 DOI: [10.1016/s0031-3955\(16\)36806-7](https://doi.org/10.1016/s0031-3955(16)36806-7)
37. Flavio Dantas. MD, MBA, PHD. How can we get more reliable information from homoeopathic pathogenetic trials? A critique of proving.[https://doi.org/10.1016/S0007-0785\(96\)80007-X](https://doi.org/10.1016/S0007-0785(96)80007-X)
38. Jyothi Awanti. D.A Study on Miasmatic Background of Tonsillitis and its Homoeopathic Management.
39. Rajiv Gandhi University of Health Sciences (India) ProQuest Dissertations Publishing, 2011. 30564541.
40. Dr Pooja R Pardeshi , Dr Vinodini V Patil. A review: on homoeopathic management in acute and recurrent tonsillitis in paediatric age group of 2 to 15 yrs. Sustainability, Agri, Food and Environmental Research, (ISSN: 0719-3726), 13(X), 2025: <http://dx.doi.org/10.7770/safer-V13N2-art727>
41. Significance of Past History in Homoeopathic Prescription with Special Emphasis on Hahnemannian Concept of Miasm. Pooja Premkumar Kanojiya and Siddhart Jondhale. Journal of Medical and Pharmaceutical Innovation; 9(46) 2022; 13-17
42. Dr.Hahnemann Samuel, The Chronic Diseases their peculiar nature and their Homoeopathic cure, translated by Prof. Louis H. Tafel, Indian books and periodical publishers, New Delhi, reprint edition Dec 2009
43. Dr.Hahnemann Samuel, Organon Of Medicine 6th edition,translated by William Boericke, B.Jain Publishers PVT. LTD, Low priced edition 2005,

44. Dr. J. T.Kent, Lectures on Homoeopathic Materia Medica, Indian edition, Indian Books And Periodicals Publishers.2010
45. Dr. Radhika Menon and Dr. Jeesper Susan John .A clinical study on homoeopathic treatment of recurrent tonsillitis based on stuart close's concept of susceptibility and it's role in selection of potency. International Journal of Homoeopathic Sciences 2023; 7(1): 235-241 DOI: <https://doi.org/10.33545/26164485>. 2023.v7.i1d.759
46. Rosenfeld RM, Green RP. Tonsillectomy and adenoidectomy: changing trends. Ann Otol Rhinol Laryngol. 1990;99:187-91.
47. Tiwari L, Rai N, Sharma RK. Regulatory standards on homoeopathic drugs: Indian perspective. Int J Adv Pharm Sci Technol 2013;1:1-20. 51.
48. Allen T.F. The Encyclopedia of Pure Materia Medica. 1st Reprint Edition. Vol. 7. New Delhi, India: B. Jain Publishers Pvt. Ltd.; 2001. p. 128. 52.
49. Allen J.H. The Chronic Miasms. Reprint edition: New Delhi: B.Jain Publishers (P) Ltd; 1994. Page 159.
50. Boericke W. Pocket Manual of Homoeopathic Materia Medica and Repertory. Reprint Edition. New Delhi, India: B. Jain Publishers Pvt. Ltd.; 1997.
51. Clarke JH. A Dictionary of Practical Materia Medica. Reprint Edition. New Delhi, India: B. Jain Publishers Pvt. Ltd.; 1986
52. Murphy R. Lotus Materia Medica. 2nd Revised Edition. New Delhi, India: B. Jain Publishers Pvt. Ltd.; 2002. p. 1258-60.
53. A prospective study on the usefulness of homoeopathic constitutional medicines in the management of chronic tonsillitis | Homeopathy Resource by Homeobook.com [Internet]. Homeobook.com. 2019 [cited 31 March 2019]. Available from: <https://www.homeobook.com/aprospective-study-on-the-usefulness-of-homoeopathicconstitutional-medicines-in-the-management-ofchronic-tonsillitis>