

Individualized Homoeopathic management of Tonsillitis in children: A Case Report

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ABSTRACT

Tonsillitis in children is one of the commonest inflammatory diseases of upper respiratory tract characterized by inflammation of tonsils typically caused by viral and bacterial infections. Symptoms include sore throat, fever, and difficulty in swallowing, swollen lymph nodes which affects daily life of children. Homoeopathic medicines are effective in this field as evident from available literature and research works. Homoeopathy offers individualized treatments in such cases. Here I m mentioning one case of tonsillitis successfully treated with homeopathy.

Keywords: tonsillitis, children, homoeopathy, case report.

CASE REPORT

PRESENT COMPLAINTS: a male child of 10 years old complaining of pain in throat with enlargement of tonsils for 4 years.

Location- tonsils of both sides.

Sensation- stiching pain, rawness, soreness, dysphagia, coryza with yellowish thick discharge.

Modalities- < eating and drinking, catching cold, on swallowing, winter, change of weather.

> rest

Concomittant- restlessness during pain.

HISTORY OF PRESENT COMPLAINTS:

Copmlaints started 3 years ago after exposure to cold, gradually with swelling of tonsils along with coryza with yellowish thick discharge. Gradually pain, rawness, soreness, dysphagia appeared. He took allopathic treatment but there was temporary relief but tendency developed of being attacked by recurrent tosillitis.

INTRA-UTERINE HISTORY:

Significant points in the entire intra-uterine period (Physical/ Psychological problems/ Socio-economical condition/ stress/ etc.): mother had hypertension in pregnancy.

PERSONAL HISTORY:

- ➤ Birth history: term delivery in government hospital.
- Condition of infant after birth: Normal after birth
- First illness after birth: anaemia seen at 24 hour after birth
- > Immunization history: Scheduled vaccination
- Milestone development: delayed walking but neck holding, teething, speech....etc. all milestones were normal
- Social environment: Poor
- School environment: Good
- Habit: Playing foot ball
- Economical condition: lower class

PAST HISTORY:

Recurrent Cough and cold up to 3 years of age. Alloapthic treament done but not cure.



International Journal of Enhanced Research in Medicines & Dental Care (IJERMDC), ISSN: 2349-1590, Vol. 11 Issue 11, November 2024, Impact Factor: 8.325

FAMILY HISTORY:

Paternal side: Maternal side:

Uncle- tonsillitis Grand father- prostatomegaly

GENERALITIES: Physical Generals:

Appetite: good

Desire: Salt++, meat++, Cold Food++, potato chips, fat food.

Aversion: Spicy **Intolerance:** No Such

Thirst: less, 1 lts app. per day only, wants cold water.

Stool: Not Clear, loose stool, unsatisfactory, Goes 2-3 times a day.

Urine: Yellowish colour. frequent urination and Offensive.

Sweat: Profuse. More in head and forehead

Sleep: Sound Sleep. Lies on back

Dream: ghost

Thermal Relationship: Chilly patient. Wants covering in all season.

Mental Generals: Anger a lot.

Stubborn

Fearful. Specially fear of dog

EXAMINATION:

General:

Weight- 33 Kg Height- 140 Cm.

Head Circumference- 55 Cm. **Mid Arm Circumference**. 14 Cm.

Built & Nutrition- Moderate

Gait- Normal.

Decubitus - Of Choice

Facies- Normal

Tongue- coated white, moist.

Anemia- slightly present

Cyanosis- Absent

Jaundice - Absent

Oedema - Absent

Clubbing- Absent.

Nail Condition- Normal

Skin Condition- Healthy

Neck Artery & Vein- Not Engorged

Lymph Node- Not Palpable

Respiration – 21/min.

Pulse- 78 / min rythem- regular, volume- full.

Temperature-.98.2 ⁰F

Blood Pressure- 100/70 mmHg

Systemic Examination:

Respiratory system: O/E of throat- both tonsils were enlarged with redness.

Rest systems- NAD

PROVISIONAL DIAGNOSIS:- acute excerbation of chronic Tonsillitis.

PRELIMINARY INVESTIGATION: -

1)Routine blood examination-

- HB%- 10.2 Gm%
- TC- 8200
- DC-
- N- 57%



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- L- 33%
- M-0%
- E- 10%
- B-0%
- ESR- 20
- 1) X-ray of nasopharynx soft tissue lateral view (25/8/22)

Soft tissue opacity noted in nasopharynx suggestive of enlarged adenoids.

SPECIAL INVESTIGATION: - Thraot swab culture.

FINAL DIAGNOSIS: - Acute excerbation of chronic Tonsillitis.

MIASMATIC DIAGNOSIS: - Psora and Syphilis.

EVALUATION OF SYMPTOMS:

Causation	Fundamental- psora and syphilis	
Mental Generals	Anger, stubborn, fearfulFear of dog	
Physical Generals	 Desire for salt and meat and cold food Delayed walking Anaemic Lean, thin, emaciated Sweat profuse specialy on head Stool- loose, 2-3 times a day. Urine- frequent & offensive urination. Tendency to catch cold easily Chilly patient 	
Characteristic Particulars	 Recurrent attack of Tonsillitis; < catching cold, winter, eating drinking. Family history of tonsillitis 	

TOTALITY OF SYMPTOMS:

- Fundamental psora and syphilis
- Anger, stubborn, fearful
- Fear of dog
- Desire for salt and meat and cold food
- Delayed walking
- Anaemic
- Lean, thin, emaciated
- Sweat profuse specialy on head
- Tendency to catch cold easily
- Chilly patient
- Recurrent attack of Tonsillitis; < catching cold, winter, eating drinking.
- Family history of tonsillitis

MIASMATIC DIAGNOSIS: Psora and Syphilis; patient is of tubercular diathesis. **SELECTION OF MEDICINE:**

CALCAREA PHOSPHORICUM 0/1

One globule no.10 Aqua dist.- 120 ml R. S.-30 drops Mft & put 16 doses.



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One dose to be taken every alternate day morning in empty stomach as per direction.

Advice-

Gargling with saline water Avoid cold food and drinks. Visit after 1 month

PRESCRIBING POINTS:

- anger, stubborn, fearful
- fear of dog
- Desire for salt and meat and cold food
- Delayed walking
- Lean, thin, emaciated. anaemic
- sweat profuse specialy on head.
- Family history of tonsillitis.
- Tendency to catch cold easily.
- Recurrent tonsillitis

FOLLOW UP:

Date	Observation/Interpretation	Prescription
	Pain reduced	Calcarea phosphoricum 0/2
21/8/2022	Redness reduced	
	Dysphagia reduced	
	Swelling same	
	Pain reduced	Calcarea phosphoricum 0/3
27/11/22	Redness absent	
	Dysphagia absent	
	swelling slightly reduced	
	Pain absent	PLACEBO
5/2/23	Redness absent	
	Dysphagia absent	
	Swelling reduced	
	Pain absent	Placebo
8/3/23	Redness absent	
	Dysphagia absent	
	Swelling absent	

• **COMMENT:** The Case showed marked improvement after giving calcacrea phosphoricum.

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International Journal of Enhanced Research in Medicines & Dental Care (IJERMDC), ISSN: 2349-1590, Vol. 11 Issue 11, November 2024, Impact Factor: 8.325

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