

Paediatric Recurrent Tonsillitis: A Homoeopathic Approach

Dr. Prasoon Choudhary⁽¹⁾, Dr. Vanshika⁽²⁾, Dr. Pratishtha Patel⁽³⁾, Dr. Nikita Singh⁽⁴⁾, Dr. Ritika Sharma⁽⁵⁾

¹HOD, Department of Paediatrics, Dr. M.P.K. Homoeopathic Medical College, Hospital and Research Centre (constituent college of Homeopathic University), Jaipur, Rajasthan, India.

^{2,3,4,5} PG Scholar, Department of Paediatrics, Dr. M.P.K. Homoeopathic Medical College, Hospital and Research Centre (constituent college of Homeopathic University), Jaipur, Rajasthan, India.

ABSTRACT⁴ - Recurrent tonsillitis is a common condition in children aged 3 to 15 years, marked by repeated episodes of acute tonsillar inflammation leading to sore throat, fever, difficulty in swallowing, and frequent school absenteeism. Contributing factors include bacterial and viral infections, environmental triggers, nutritional deficiencies, and lowered immunity. Conventional management largely depends on repeated antibiotic courses and tonsillectomy, which may contribute to antibiotic resistance and do not address long-term susceptibility. Homoeopathy provides an individualized and holistic therapeutic approach aimed at reducing acute distress, improving immune response, and preventing recurrence. This article reviews the definition, etiology, epidemiology, clinical features, investigations, complications, and differential diagnosis of recurrent tonsillitis, and outlines commonly indicated homoeopathic remedies along with supportive measures⁵. The emphasis is on individualized treatment based on totality of symptoms and constitutional assessment, offering a gentle and sustainable option in paediatric care.

KEYWORDS - Recurrent Tonsillitis, Paediatric Tonsillitis, Upper Respiratory Infection, Homoeopathy, Individualised Treatment, Susceptibility Management⁶

INTRODUCTION⁷

Recurrent tonsillitis [ICD 11(CA0F.Y)] remains a prevalent health concern within the paediatric population, particularly among school-going children, characterized by repeated episodes of acute inflammation of the tonsils. It not only contributes significantly to school absenteeism and antibiotic overuse but also impacts the overall quality of life and growth of the child. Despite advances in conventional medicine, treatment modalities often rely heavily on repeated antibiotic courses and surgical intervention such as tonsillectomy, both of which pose limitations in terms of long-term efficacy, immune compromise, and the global challenge of antimicrobial resistance. Homoeopathy offers a safe, gentle, and holistic alternative. Two principal therapeutic approaches are used: individualized treatment based on the totality of symptoms and miasmatic background, and nosode-based treatment targeting the infectious etiology⁸

DEFINITION⁹

Recurrent tonsillitis is defined as—

- three or more episodes in six months
- or five episodes in one year
- or seven episodes in two years¹⁰

ETIOLOGY¹¹

Bacterial Causes

- *Group A β-hemolytic Streptococcus (GABHS)* – most common pathogen in recurrent tonsillitis.
- Other bacteria: *Staphylococcus aureus*, *Haemophilus influenzae*, *Moraxella catarrhalis*.¹²

Viral Causes

- Common viral agents include adenovirus, rhinovirus, influenza virus, and Epstein-Barr virus.
- Viral infections often precede or exacerbate bacterial tonsillitis.¹³

Host-Related Factors

- Weak immune response or immunodeficiency.
- Tonsillar crypt hypertrophy allowing bacterial lodgment.
- Allergic diathesis or chronic nasal obstruction (e.g., allergic rhinitis).¹⁴

Environmental & Lifestyle Factors

- Overcrowded living or school conditions increase exposure risk.
- Poor hygiene practices and inadequate handwashing.
- Exposure to passive smoke and air pollution.¹⁵

Nutritional Deficiencies

- Deficiency of iron, zinc, and vitamins A & C weakens mucosal immunity.
- Malnutrition contributes to delayed recovery and increased susceptibility.¹⁴

Miasmatic Susceptibility (Homoeopathic Perspective)

Predisposition due to underlying miasms—primarily **sycotic** and **psoric**—which reduce local resistance and promote recurrence¹⁷

EPIDEMIOLOGY⁶

Recurrent tonsillitis is a significant health burden in paediatric populations worldwide, particularly affecting children between the ages of 3 and 15 years. It accounts for a considerable proportion of outpatient visits in paediatric and ENT clinics, with an estimated **15% to 30%** of children globally experiencing repeated episodes of throat infections annually

In India, the incidence of recurrent tonsillitis is notably rising due to contributing factors such as **overcrowding, poor sanitation, fluctuating climate conditions, and limited access to preventive care. Nutritional deficiencies, especially iron and vitamin A, have also been linked to increased susceptibility in children.**

Recurrent tonsillitis is clinically defined by the frequency of episodes: **at least three episodes in six months, five episodes in a year, or seven episodes over two years**, often accompanied by **fever, tonsillar exudates, cervical lymphadenopathy, or a positive throat culture for Group A β -hemolytic Streptococcus (GABHS)**

The recurrence tends to peak during school years due to high exposure to respiratory pathogens in group settings. Despite its frequency, the long-term impact—ranging from academic disruption to overexposure to antibiotics—calls for safer and sustainable treatment alternatives in paediatric care¹.

RISK FACTORS²

Several factors increase susceptibility of children towards repeated episodes of tonsillitis:

- Age between 3–15 years – higher exposure in school environment
- Viral illness exposure – frequent respiratory infections
- Poor hygiene practices
- Overcrowding – higher transmission rate
- Passive smoking / exposure to tobacco smoke
- Air pollution / urban pollution exposure
- Nutritional deficiencies – especially Iron, Zinc, Vitamin A & C
- Mouth breathing – changes mucosal environment
- Low immunity / weakened resistance
- Family history of recurrent respiratory infections
- Allergy tendency – allergic children develop more throat irritation³

CLASSIFICATIONS⁴

Tonsillitis may be classified into several categories based on duration, cause and clinical presentation:

1) Based on Duration:

- Acute Tonsillitis – sudden onset, short duration
- Chronic Tonsillitis – long-standing, recurrent inflammation
- Recurrent Tonsillitis – repeated acute episodes over time⁵

2) Based on Etiological Type:

- Viral tonsillitis
- Bacterial tonsillitis⁶

3) Based on Clinical Presentation / Form:

- Follicular tonsillitis – white/yellow spots on tonsils
- Parenchymatous tonsillitis – diffuse redness & swelling
- Membranous (pseudo-membranous) tonsillitis – membrane-like layer formation⁷

4) Based on Severity:

- Mild
- Moderate
- Severe⁸

SIGNS AND SYMPTOMS⁹

Common clinical signs and symptoms observed in tonsillitis include:

- Sore throat
- Pain on swallowing (odynophagia)
- Difficulty in swallowing (dysphagia)
- Fever
- Enlarged, red and inflamed tonsils
- White/yellow spots or exudates over tonsils
- Bad breath (halitosis)
- Enlarged and tender neck lymph nodes
- Headache
- Ear pain (referred pain)
- Malaise / weakness / general discomfort¹⁰

DIFFERENTIAL DIAGNOSIS¹¹

Conditions which can resemble tonsillitis and should be clinically differentiated include:

Conditions that can Mimic Tonsillitis	Symptoms / Signs Not Characteristic of Tonsillitis
Pharyngitis	Diffuse pharyngeal inflammation without prominent tonsillar enlargement or exudates
Peritonsillar Abscess (Quinsy)	Severe unilateral throat pain, trismus, uvula deviated to opposite side
Infectious Mononucleosis	Severe fatigue, generalized lymphadenopathy, splenomegaly
Retropharyngeal Abscess	Neck stiffness, drooling, possible respiratory distress
Acute Laryngitis	Hoarseness is predominant symptom
Acute Sinusitis	Prominent post-nasal drip, sinus tenderness
Aphthous Ulcers	Local mucosal ulcers not limited to tonsillar tissue
Diphtheria	Greyish pseudo-membrane formation with toxemia

CLINICAL FEATURES¹³

Local Symptoms¹⁴

- **Sore throat or pain in the throat** – often severe and worsened by swallowing.
- **Difficulty swallowing (dysphagia)** – due to swollen and painful tonsils.
- **Red, inflamed tonsils** – may appear enlarged or congested.
- **Tonsillar exudates** – white or yellow pus-like patches on the surface of the tonsils.
- **Bad breath (halitosis)** – due to bacterial overgrowth and debris in tonsillar crypts.
- **Enlarged cervical lymph nodes** – typically tender nodes felt in the neck area.

Systemic Symptoms¹¹

- **Fever** – moderate to high, commonly at the onset of the episode.
- **Fatigue or malaise** – general feeling of tiredness and weakness.
- **Headache or ear pain** – referred pain due to shared nerve pathways.

INVESTIGATIONS¹²

Investigations assisting diagnosis include:

- Throat examination (primary clinical basis)
- Complete blood count (CBC)
- ESR elevation in inflammatory stage
- CRP in selected cases
- Throat swab culture only if needed for confirmation

Majority of cases are clinical — supportive tests used when complications or differential confirmation is required.

COMPLICATIONS¹³

- repeated absenteeism
- reduced nutrition intake
- sleep disturbance
- decreased immunity¹

HOMOEOPATHIC MANAGEMENT¹⁵

Homoeopathic management of recurrent tonsillitis is based on the principle of individualisation. Rather than prescribing medicine merely on the basis of local throat pathology, a homoeopath analyses the physical constitution, modalities, temperament, mental generals, causation, sensitivity, recurrent tendencies and the characteristic symptom expression of the patient. Every individual may not present with the same symptom picture and therefore requires a remedy that matches his/her totality. Homoeopathy also aims at preventing recurrence by improving the overall reactive vitality of the child. Some commonly indicated remedies are described below, however these are not fixed routine prescriptions and are only representative examples depending on case presentation:

★ **BELLADONNA:** Sudden onset, high fever, bright red throat, throbbing carotids, extreme sensitivity to slightest movement or jar, pupils dilated, flushed hot face, painful swallowing. Suitable in very acute congestive states.

★ **HEPAR SULPHURIS:** Extreme sensitivity to cold air; child keeps throat covered; stitching pains like splinters; tendency to suppuration; irritability; slightest cold exposure triggers inflammation.

★ **BARYTA CARBONICA:** Chronic enlarged tonsils; recurrent sore throats in shy, timid, slow-to-develop children; catch cold easily; swollen glands; difficulty in swallowing.

★ **MERCURIUS SOLUBILIS:** Offensive breath, increased salivation, swollen glands and metallic taste; aggravation at night; moist tongue with teeth imprints; suitable where ulcerations or marked glandular involvement present.

★ **LYCOPODIUM:** Tonsillitis starting on right side then spreading left; gastric issues; anticipatory anxiety; worse 4 to 8 pm; warm drinks preferred.

★ **PHYTOLACCA:** Dark red throat, burning pain radiating to ears, sensation of lump; hard glands; follicular tonsillitis.

★ **SULPHUR:** Child appears needy, lean, weak, warm-blooded; chronic tendency to throat infections; throat dryness; burning sensations; aggravation from washing and warmth.

★ **FERRUM PHOSPHORICUM:** Early inflammatory stage; mild fever; less marked throbbing; first stage congestion without exudation; suitable at beginning of attack.

★ **CALCAREA CARBONICA:** Chubby, sweaty-headed children; large tonsils; frequent colds; craving eggs; slow development; fearful and easily exhausted.

★ **KALI MURIATICUM:** White or grayish exudate on tonsils; chronic catarrhal type; thick mucus; glandular enlargement¹⁸.

Supportive general measures:

Hydration and Nutrition: Encourage warm fluids and a nutrient-rich diet to support immunity.

- Rest during episodes: Adequate rest helps reduce systemic stress and speeds up recovery.
- Avoid triggers: Cold drinks, allergens, or known irritants should be minimized⁴

CONCLUSION⁵

Tonsillitis in children is recurrent, distressing and affects overall wellbeing. A holistic approach in management helps reduce intensity and frequency of episodes. Homoeopathy provides safer paediatric-friendly therapeutic options without dependency on suppressive measures. Homoeopathic management thus not only focuses on relieving acute pain and inflammation but also aims at reducing recurrence tendency. By improving resistance, modifying susceptibility and restoring balance in the vital force, homoeopathy provides a safer and individualized therapeutic approach for recurrent tonsillitis especially in paediatric age group.

REFERENCES

1. Paradise JL, Bluestone CD, Bachman RZ, et al. Efficacy of tonsillectomy for recurrent throat infection in severely affected children. *N Engl J Med.* 1984;310(11):674-83.
2. Burton MJ, Glasziou PP. Tonsillitis (acute). *Clin Evid.* 2014;2014:0503.
3. Shulman ST, Bisno AL, Clegg HW, et al. Clinical practice guideline for the diagnosis and management of group A streptococcal pharyngitis. *Clin Infect Dis.* 2012;55(10):1279-82.
4. Brook I. The role of bacteria in chronic tonsillitis. *Int J Pediatr Otorhinolaryngol.* 1989;17(3):271-85.
5. World Health Organization. ICD-11 for Mortality and Morbidity Statistics: Tonsillitis (CA0F). WHO; 2022.
6. Wald ER. Recurrent and chronic tonsillitis. *Pediatr Ann.* 1996;25(6):349-53.
7. Pichichero ME. Group A streptococcal tonsillopharyngitis: cost-effective diagnosis and treatment. *Ann Emerg Med.* 1995;25(3):390-403.

8. Snow V, Mottur-Pilson C, Cooper RJ, Hoffman JR. Principles of appropriate antibiotic use for acute pharyngitis in adults. *Ann Intern Med.* 2001;134(6):506-8.
9. Little P, Moore M, Hobbs FD, et al. Primary care randomized controlled trial of delayed vs immediate antibiotic treatment for sore throat. *Lancet.* 2014;384(9958):321-9.
10. Costelloe C, Metcalfe C, Lovering A, Mant D, Hay AD. Effect of antibiotic prescribing in primary care on antimicrobial resistance. *BMJ.* 2010;340:c2096.
11. Baugh RF, Archer SM, Mitchell RB, et al. Clinical practice guideline: tonsillectomy in children. *Otolaryngol Head Neck Surg.* 2011;144(1 Suppl):S1-30.
12. Bisno AL. Acute pharyngitis: etiology and diagnosis. *Pediatrics.* 1996;97(6):949-54.
13. Klein JO. The burden of upper respiratory tract infections in children. *Pediatr Infect Dis J.* 1986;5(6):S4-8.
14. Kliegman RM, St. Geme JW, Blum NJ, et al. *Nelson Textbook of Pediatrics.* 21st ed. Philadelphia: Elsevier; 2020.
15. Boericke W. *Pocket Manual of Homoeopathic Materia Medica.* New Delhi: B. Jain Publishers; 2005.
16. Kent JT. *Lectures on Homoeopathic Materia Medica.* New Delhi: B. Jain Publishers; 2012.
17. Hahnemann S. *Organon of Medicine.* 6th ed. New Delhi: B. Jain Publishers; 2010.
18. Allen HC. *Keynotes and Characteristics with Comparisons of Some of the Leading Remedies of the Materia Medica.* New Delhi: B. Jain Publishers; 2002.

