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## **Effectiveness of Arsenic Album in the Management of Tonsillitis**

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### **Background:**

Tonsils are the lymphatic tissues provided at the entrance of the throat like a gate keeper to ward off any infection that enters through the mouth and respiratory tracts. Inflammation of tonsils is known as tonsillitis. There are three types of tonsillitis – Acute, Sub- acute and Chronic. The cause can be bacterial or viral – commonest infection causing organisms are group A streptococcus, coxsackie viruses, cytomegalovirus and adenovirus. Tonsillitis is one of the most commonly prevailing diseases in children and young adults from the age of 5-16 years due to their low immune resistance than compared to elders.

In other system of medicine, the line of treatment includes use of anti-biotic in cases of acute conditions, which leads to suppression -- further leading to side effects ; whereas in chronic conditions they are advised for surgical intervention – tonsillectomy. The surgical procedure causes not only organ damage but also leads to localization of the virus or bacteria in the lower respiratory tract, providing with no complete cure.

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### **Clinical symptoms :**

The symptoms vary with severity of infection. The predominant symptoms are:

- **Sore throat.**
- **Difficulty in swallowing.** The child may refuse to eat anything due to local pain.
- **Fever.** It may vary from 38<sup>o</sup> C to 40<sup>o</sup>C and may be associated with chills and rigors. Sometimes a child presents with an unexplained fever and it is only on examination that an acute tonsillitis is discovered.
- **Earache.** It is either referred pain from the tonsil or the result of acute otitis media which may occur as a

complication.

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### **Constitutional symptoms:**

They are usually more marked than seen in simple pharyngitis and may include headache, general body aches, malaise and constipation. There may be abdominal pain due to mesenteric lymphadenitis simulating a clinical picture of acute appendicitis.

### **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.
- Stiff neck: jaw and neck tenderness from swollen lymph nodes.
- Chronic tonsillitis usually results from repeated attacks of acute tonsillitis in which the tonsils become progressively damaged and provides a reservoir for infective organisms.
- Peri tonsillar abscess or quinsy is the most common complication of acute tonsillitis; retropharyngeal abscess may also occur. Infection with Beta hemolytic Streptococcus may result in the sequelae of scarlet fever, rheumatic fever or glomerulonephritis .

**Diagnosis :**

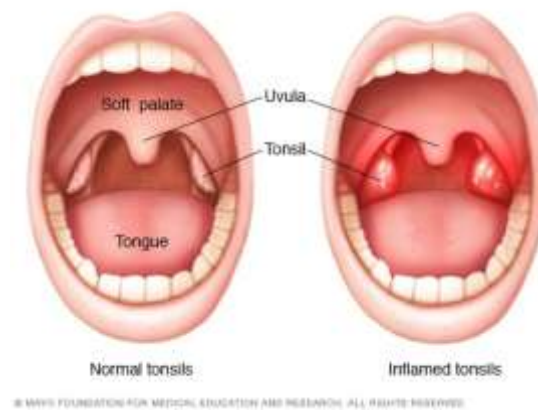
- 1) Clinical examination of throat.
- 2) A throat swab for culture and sensitivity is a useful test.

**Prognosis :**

Tonsillitis of viral origin and bacterial origin needs proper treatment. Often the symptoms are mild but may flare up during the cold conditions.

**Complications :**

1. Peritonsillar abscess (Quinsy)
2. Retro – pharyngeal abscess.
3. Otitis media.
4. Sleep Apnea
5. Scarlet fever.
6. Sinusitis.
7. Difficulty in speaking and voice difficulty <sup>9,11</sup>



Embryological Evolution: The human embryo has four pairs of pharyngeal pouches, the fifth one is rudimentary. **The epithelial endodermal lining** of the pouches gives rise to several important organs.

The epithelial lining of the second pharyngeal pouch proliferates and forms buds that penetrate surrounding mesenchyme. The buds are secondarily invaded by mesodermal tissue, forming the primordium of the palatine tonsils.

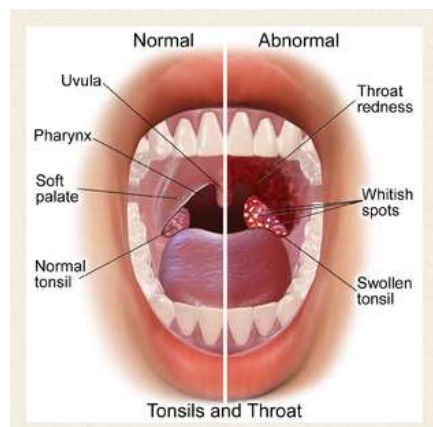
During the third and fifth months, the tonsil is infiltrated by lymphatic tissue. Part of the pouch remains and is found in the adult as the **tonsillar fossa**.

Tonsillitis is **inflammation of the tonsils**, two oval-shaped pads of tissue at the back of the throat — one tonsil on each side. Signs and symptoms of tonsillitis include swollen tonsils, sore throat, difficulty swallowing and tender lymph nodes on the sides of the neck.

Tonsillitis is clinically divided into two varieties

1. Acute tonsillitis
2. Chronic tonsillitis

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## Acute tonsillitis

### Classification:

1. Acute catarrhal or superficial tonsillitis
2. Acute follicular tonsillitis
3. Acute parenchymatous tonsillitis
4. Acute membranous tonsillitis




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### Etiology:

Age:

Acute tonsillitis often occurs in school going children more seen in 5-10years age. It is rare in infants and persons who are above 50 years of age.

Sex:

Both sexes are affected equally.

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### Predisposing factors:

- I. Endogenous:
  - A. Pre exciting upper respiratory tract infection,
  - B. General lowering of the resistance,
  - C. Exanthemata,
  - D. Blood dyscrasias – Agranulocytosis,
  - E. Hodgkin's disease etc.
- II. Exogenous:
  - F. Ingestion of cold drinks and cold food,

Contagious: The infection may be contacted from other individuals having infection .

### III. Causative organisms:

#### A. Viral :

Like Adenovirus, Influenza virus etc.

#### B. Bacteria:

Like Staphylococcus aureus, Streptococcus pyogenes etc.

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### Clinical features:

Symptoms:

1. Sore throat,
2. Difficulty in swallowing,
3. Fever: varies from 380-400c and may be associated with chills,
4. Earache,
5. Voice may be thick and muffled,
6. Constitutional symptoms -like malaise, headache, pharyngitis, general body ache and constipation.

Signs:

1. Tonsils red and swollen with yellowish spots of purulent material.

2. Often the breath is fetid (halitosis), and tongue is coated.
3. Secretions increase and become tenacious.
4. There is hyperemia of pillars, soft palate and uvula.
5. Jugulodigastric lymph nodes are enlarged and tender.

Complications:

- Chronic tonsillitis with recurrent acute attack,
- Peritonsillar abscess,
- Parapharyngeal abscess,
- Cervical abscess,
- Acute otitis media ,
- Rheumatic fever.

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### Chronic tonsillitis

Characterized by recurrent acute attacks and it may be due to complication of acute tonsillitis.

Classification:

- 1) Chronic follicular tonsillitis.
- 2) Chronic parenchymatous tonsillitis.
- 3) Chronic fibroid tonsillitis.

Clinical features:

Symptoms:

- 1) Recurrent attacks of sore throat or acute tonsillitis.
- 2) Chronic irritation in throat with cough.
- 3) Bad taste in mouth and foul breath (halitosis) due to pus in crypts.
- 4) Thick speech, difficulty in swallowing and choking spells at night.

Signs:

- 1) Tonsils may show varying degree of enlargement. Sometimes they meet in the mid line.
- 2) There may be yellowish beds of pus on the medial surface of tonsil.
- 3) Tonsils are small but pressure on the anterior pillar express frank pus or cheesy material.

Enlargement of jugulodigastric lymph nodes is a reliable sign of chronic tonsillitis. During acute attacks the nodes enlarge further and become tender.

Peritonsillar abscess (PTA), also known as quinsy, is an accumulation of pus due to an infection behind the tonsil.[2]Symptoms include fever, throat pain, trouble opening the mouth, and a change to the voice. Pain is usually worse on one side. Complications may include blockage of the airway or aspiration pneumonitis.

General management:

- 1) Gargle with warm water (1 tsp of salt with one cup of water).
- 2) Drink plenty of fluid.
- 3) Get plenty of rest.
- 4) Boost intake of vitamin- C suppliments.

Complications:

- 1) Peritonsillar abscess
- 2) Para pharyngeal abscess
- 3) Intratonsillar abscess

- 4) Tonsilloliths
- 5) Tonsillar cysts

Differential diagnosis:

- 1) Membranous tonsillitis
- 2) Diphtheria

Vincent's angina 4)Agranulocytosis 5)Malignancy tonsil 6)Traumatic ulcer

## **HOMOEOPATHY AND TONSILLITIS:**

Homoeopathy is a system of medicine which aims to treat each particular individual be a child or adult. It represents real medical ecology based on natural scientific truths. It is nontoxic and when properly administered with holistic approach does no harm to body. It is also invasive and works to help the body healing.

### ***Homoeopathic review:***

**Burnett** puts forth- In the medicinal treatment of enlarged tonsils there are two main lines of procedure, and the first is to cure the cause of the enlargement which is commonly not attempted, but it is not even thought of. For it must be manifest that to get rid of the cause of the enlargements usually disappear – this is the best way. When you cut off a tonsil you certainly get rid of it, so you do if you shrivel it with gland tissue destroyers, but the perfect cure is where you treat the causative factor.

### ***CASE 01***

**DATE:-** 16/08/2021

### ***PRELIMINARY DATA:-***

**Name:-** Mst .L.A..

**Age:-** 6 years

**Sex:-**Male

**Religion:-** Hindu

**Occupation:-** -

**Marital status:-** Unmarried

### ***CHIEF COMPLAINTS:-***

Fever with sore throat since 3 days.

Temperature : 100F, fever with chills.

Cough- with scanty expectoration

Dysphagia

Burning pain in throat < swallowing

Agg. by cold

Amel by warm drinks

**PAST HISTORY:-** H/o febrile convulsion 2 year ago.

**DRUG HISTORY:-** NAP

**ALLERGIC HISTORY :-** NAP

**FAMILY HISTORY:-** Mother –Diabetes Mellitus & Hypertension

**PERSONAL HISTORY:-**

**Habit / Addiction :-** Nil

**Living environment:-** Hygienic

**HOMOEOPATHIC GENERALITIES:-****PHYSICAL GENERALS:-**

<b>Diet</b>	- Vegetarian
<b>Appetite</b>	- Normal
<b>Desires</b>	- For sweet
<b>Aversions</b>	- To milk
<b>Thirst</b>	- 2 glasses of water at interval of 3-4 hrs.
<b>Urine</b>	- 7 to 8 times per day. No complaints
<b>Stool</b>	- Once a day, satisfactory
<b>Sleep</b>	- Disturbed due to throat
<b>Dreams</b>	- Not particular
<b>Sweat</b>	- Scanty, only after exertion

**THERMAL REACTIONS :-** Chilly

**PHYSICAL MAKEUP:-** Average,

**LIFE SPACE (MENTAL GENERAL SYMPTOMS):-** Patient lives with his parents and two elder siblings. He doesn't want to speak due to the pain. Mother says he is quite restless generally, does not sit in one place. Constantly wants to be occupied in some activity.

**EXAMINATION OF THE PATIENT :-****General Examination :-**

**Face-** Anxious **Tongue-** Moist , Coated

Febrile- temp- 100F , Pulse -96/min , No Pallor , No Icterus, No Cyanosis, No Oedema, No Clubbing.

Lymph nodes enlarged. Throat- congested

**Systemic Examination :-**

**CVS** :- NAD **RS:-** NAD **CNS:-** NAD **P/A:-** NAD

**FINAL DIAGNOSIS** : - Acute tonsillitis

**MIASMTIC DIAGNOSIS** : - Psora – Sycosis

**ANALYSIS AND EVALUATION OF SYMPTOMS****Mental generals**

- Restlessness
- Irritable

**Physical generals**

- Chilly
- Desire for sweets
- Aversion to milk

**Physical Particulars**

- Fever with sore throat
- Throat pain burning on swallowing
- Throat pain better by warm drinks

**PRESCRIPTION:**

Arsenic album 200 – 1 dose

SL BD x 4 days

**ADVICE: - Take plenty of warm water**

- Take meals at proper time. Take plenty of green leafy vegetables.

**FOLLOW UP :-**

Date	Response	Prescription
20/08/2021	Burning pain in the throat > Cough with expectoration Child crying obstinate+ Irritability increased Halitosis bad smell from mouth Fever absent since 2 days Sleep better	Arsenic Album 200, 3 pills 3times a day for 4 days.
24/08/2021	Burning pain in throat > 60% Cough > 40% Irritability >> Halitosis bad smell from mouth No fever Sleep – Good, Appetite- Improved	Arsenic Album 200, 3 pills 3 times a days for 7 days.
29/09/2021	Over all Relieved by 80%.	Sac Lac x BD x 7 days

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