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Dr. Deeksha Sailakwal
M.D. (PGR), Department of
Pediatrics, Swasthya Kalyan
Homoeopathic Medical College
& Research Centre, Sitapura,
Jaipur, Rajasthan, India

Dr. Indra Gaurav Saxena
M.D. (PGR), Department of
Repertoery, Swasthya Kalyan
Homoeopathic Medical College
& Research Centre, Sitapura,
Jaipur, Rajasthan, India

Tonsillitis: Cross repertorization & homoeopathic therapeutics

Dr. Deeksha Sailakwal and Dr. Indra Gaurav Saxena

Abstract

Tonsillitis is an inflammation of the tonsils, two lymph nodes located on either side at the back of throat. They are collection of lymphoid tissue that forms a part of the immune system. Hence they act as filter trapping the germs that could otherwise enter your airways and cause infection. They produce antibody to fight infection. This is an article about Tonsillitis focusing on classification, etiology, clinical type and homoeopathic medicines related to various rubrics in different repertoires by Cross Repertorization.

Keywords: Tonsillitis – acute & chronic, homoeopathy, cross repertorization, homoeopathic therapeutics, repertory, pediatrics

1. Introduction

Tonsillitis is the inflammation of the pharyngeal tonsils. Along with the pharyngeal tonsils, the adenoids and the lingual tonsils may also get inflamed involve other areas of back of throat including the adenoids and the lingual tonsils. Tonsillitis may be caused due to any viral or bacterial infections or any other immunological factor^[1].

Tonsillitis is often associated with the viral infections of the upper respiratory tract such as Adenovirus, Influenza, Parainfluenza virus, Enterovirus and Epstein-Barr virus [EBV]. It may, however, be a prodrome of measles and rubella or may be caused by *S. pyogenes* especially group A beta-hemolytic streptococci, *Mycoplasma pneumonia* and *Candida albicans* have also been incriminated^[2].

The prevalence of tonsillitis is not well documented. Acute infections of the upper respiratory tract contribute to over 20% of the morbidity of the population, with the highest incidence in children. Among upper respiratory infection, tonsillitis most often occurs in school going children. It is rare in infants and elderly above 50 yrs of age^[3,4].

Recurrent sore throat or tonsillitis has an incidence in general practice in the UK of 100 per 1000 population a year. Acute tonsillitis more common in childhood^[5].

Tonsillitis may be acute or chronic. In acute tonsillitis symptoms are sore throat, fever, difficulty in swallowing, earache, malaise and enlarge & tender lymph nodes. In chronic tonsillitis symptoms are recurrent attack of sore throat, chronic irritation in throat and cough, bad taste in mouth & foul breath, thick speech, difficulty in swallowing & choking spells at night^[2,3].

Homoeopathy is based upon Nature's law "Similia Similibus Curantur" which means let likes be treated by likes. Actually removal of tonsils is not cure, if we remove the tonsils, it's like removing the guards who are safe guarding us, which is not wise.

In homoeopathy, our medicines enhance our immunity. The earlier the treatment started, the speedier and more complete is the cure. In this, the immune power is increased against disease, so that recurrence can surely be avoided. In homoeopathy, medicines are usually selected with mode of onset and character of disease, exciting cause, thirst, sweat, shivering, mental restlessness appetite etc. A well selected remedy quickly supports the body mechanism and clears the complaints at the earliest^[6].

2.1. Word Meaning

The word tonsil derives from latin tonsilla, a mooring post. There are three so named anatomical structures forming part of Waldeyer's ring of lymphoid tissue encircling the entrance from the mouth of nasal passages to the pharynx. Palatine tonsils, nasopharyngeal tonsils and lingual tonsils.

Corresponding Author:
Dr. Indra Gaurav Saxena
M.D. (PGR), Department of
Repertoery, Swasthya Kalyan
Homoeopathic Medical College
& Research Centre, Sitapura,
Jaipur, Rajasthan, India

In British Otolaryngology the word tonsil has long been understood as referring extensively to faucial (palatine) tonsils in practice. The nasopharyngeal tonsils are customarily called adenoids, while the two lingual tonsils retain their full title^[7].

2.2. Definition

Tonsillitis refers to the inflammation of the palatine tonsils, which are lymph glands on either side located in the back of the throat and visible through the mouth. The tonsils are the part of the immune system, which protects and help body to fight against infections^[3].

2.3. Etiology^[3]

2.3.1. Acute Tonsillitis

Acute tonsillitis is very common and can occur at any age but is more common in children and young adults. It can be caused by both viruses and bacteria.

• **Viruses:** The common viruses are Adenovirus, Rhinovirus, Influenza virus, RSV. Other viruses responsible are Epstein-Barr virus (EBV), Herpes Simplex Virus, Cytomegalovirus, and the Measles virus.

• **Bacteria:** Hemolytic streptococcus is most common and the other bacteria's are Staphylococci, Streptococcus pneumoniae, Mycoplasma pneumonia and Bordetella pertussis.

2.3.2. Chronic Tonsillitis

Chronic tonsillitis may be a complication of acute tonsillitis or sub-clinical infections of tonsils.

2.4. Sign and Symptom^[2,3]

2.4.1. Acute Tonsillitis

- **Sore Throat**
- **Fever:** In children, the fever may be as high as 104°-105°F and may be the presenting feature and may be associated with chills.
- **Difficulty in swallowing:** The child may refuse to eat anything due to local pain.
- **Earache:** It is either may be the referred pain from the tonsils or the result of acute otitis media which may occur as complication.
- **Other symptoms:** This may include – headache, generalized body ache, malaise and constipation. There may be abdominal pain due to mesenteric lymphadenitis.

2.4.2. Chronic Tonsillitis

- Recurrent attack of sore throat or acute tonsillitis.
- Chronic irritation in throat with cough.
- Bad taste in mouth and foul breath (halitosis) due to pus in crypts.
- Thick speech, difficulty in swallowing and choking spells at night (when tonsils are enlarged and obstructive)

2.5. Differential Diagnosis^[2,3]

- Diphtheria
- Infectious mononucleosis
- leukemia
- Retropharyngeal abscess
- Aphthous ulcers

3. Cross Repertorization

The aim of the repertory is never to replace the materia medica, but to help in the final choice of single medicine. Thus, the study of the repertory helps to understand the patient and materia medica. Materia medica and repertory are complementary to each other. Each repertory has its own limitations. Selection of repertory for Repertorization mainly depends on the type of the case and physician's acquaintance with the particular repertory. In day-to-day practice, a physician generally limits himself to one repertory while working out a case. The term cross-repertorization is used when more than one repertory is consulted either to help the selection of similimum or to confirm the result obtained from the use of one repertory. The purpose of cross-repertorization is to highlight the oneness of all repertories with regard to their objective, that is, to find out the similimum^[8].

Here, cross repertorization of the rubrics related to tonsillitis from various repertories is done to identify likely homoeopathic medicines.

The Rubrics Regarding Tonsillitis From Different Repertories Are As Follows:-

Boeninghausen Repertory^[9]

Throat, Tonsils (23)

ACON., *Ail.*, Am-M., Ars., Bap., BAR. C., *Bar. M.*, Calc. Ph., *Crot.*, *Tig.*, *Iod.*, K.Bi., MERC., *Merc. Cy.*, *Merc.I.F.*, MERC. I. R., *Mur. ac.*, NIT. AC., PHYT., *Ran. S.*, *Saba.*, *Sul.*, *Sul. Ac.*

Bogar Repertory^[10]

Throat (And Gullet): Inflamed: Tonsils: (44)

ACON., *alu.*, Am-c., *ap-g.*, *arg-n.*, *arn.*, *aru-t.*, *aur.*, *bapt.*, *bar-c.*, BELL., *bro.*, *calc-c.*, *Canth.*, *caps.*, *Cham.*, *colch.*, *crot-h.*, *dul.*, *ferr-p.*, *gel.*, *guai.*, HEP., *Ign.*, *iod.*, *kali-io.*, LACH., *Lyc.*, *manc.*, MERC., *merc-c.*, *merc-i-r.*, *mez.*, *Nit-ac.*, *Nux-v.*, *Pho.*, *phyt.*, *plb.*, *Pul.*, *sang.*, *sep.*, *Stap.*, *sul.*, *thu.*

Kent Repertory^[11]

Throat, Inflammation, Tonsils (67)

Acon., *aesc.*, *ail.*, *alumn.*, *amyl-n.*, *anan.*, *ant-t.*, *anthr.*, *apis*, *ars.*, *bad.*, *bapt.*, *bar-c.*, *bar-m.*, *bell.*, *benz-ac.*, *berb.*, *bufo.*, *canth.*, *caps.*, *ccdr.*, *cham.*, *chel.*, *chen-a.*, *colch.*, *crot-h.*, *cupr.*, *cur.*, *dulc.*, *ferr-p.*, *fl-ac.*, *gels.*, *Guaj.*, *ham.*, *Hep.*, *ign.*, *iod.*, *kali-bi.*, *kali-chl.*, *kali-p.*, *Lac-c.*, *Lach.*, *lyc.*, *Merc.*, *merc-cy.*, *Merc-d.*, *merc-i-f.*, *merc-i-r.*, *naja.*, *nat-s.*, *Nit-ac.*, *phyt.*, *plb.*, *psor.*, *puls.*, *sabad.*, *sang.*, *sep.*, *Sil.*, *staph.*, *still.*, *sulph.*, *tarent.*, *ust.*, *verat.*, *vesp.*, *zinc.*

Complete Repertory^[12]

Throat, Inflammation, sore throat Tonsils (162)

Acon., *acon-l.*, *aesc.*, *ail.*, *alum.*, *alum-sil.*, ALUMN, *am-c.*, *am-caust.*, *am-m.*, *aml-n.*, *amyl-am.*, *anan.*, *ant-t.*, *anthr.*, *antipyrin.*, *apis*, *arg-n.*, *arist-cl.*, *arn.*, *ars.*, *ars-i.*, *ars-s-f.*, *arum-t.*, *aur.*, *aur-s.*, *ba-sv.*, *bac.*, *bad.*, *bamb-a.*, *bapt.*, *bar-acet.*, BAR-C, *bar-I.*, *bar-m.*, *bar-s.*, BELL, *benz-ac.*, *berb.*, *brom.*, *bry.*, *bufo.*, *calc.*, *calc-f.*, *calc-i.*, *calc-p.*, *calc-s.*, *calc-sil.*, *canth.*, *caps.*, *carc.*, *ceant-tr.*, *ccdr.*, *cent.*, *cham.*, *chel.*, *chen-a.*, *cinnb.*, *coch.*, *colch.*, *con.*, *crot-h.*, *cub.*, *cupr.*, *cupr-acet.*, *cupr-ar.*, *cur.*, *diph.*, *diphtox.*, *dulc.*, *dys-co.*, *erig.*, *eucal.*, *ferr-m.*, *ferr-p.*, *fl-ac.*, *fuc.*, *gels.*, *gink.*, *gins.*, *gran.*, *graph.*, *GUAI.*, *gymn.*, *ham.*, *hed.*, *HEP.*, *ign.*, *iod.*, *irid.*, *itu.*, *jac.*, *kali-bi.*, *kali-chl.*, *kali-i.*, *kali-m.*, *kali-ma.*, *kali-p.*, *LAC-C.*, *lac-d.*, *LACH.*, *lat-m.*, *lyc.*, *lycpr.*, *mag-f.*, *maland.*, *manc.*, *mand.*, *MERC.*, *merc-c.*, *merc-cy.*, *MERC-D.*, *merc-i-f.*

merc-i-r, *mez*, *morg*, *morg-g*, *myric*, *myris*, *naja*, *nat-m*, *nat-s*, *nat-sal*, *NIT-AC*, *nux-v*, *ovi-g-p*, *phos*, *phys*, *phyt*, *pitu-a*, *plb*, *psor*, *puls*, *rhus-t*, *rhus-v*, *rob*, *sabad*, *sang*, *sanguin-n*, *sarr*, *sep*, *SIL*, *staph*, *still*, *sul-i*, *sulph*, *syc-co*, *syph*, *tab*, *tarent*, *tarent-c*, *teucr*, *thal*, *thuj*, *tub*, *ust*, *v-a-b*, *verat*, *vesp*, *wye*, *zinc*, *zinc-m*.

Murphy Repertory ^[13]

Throat, Tonsillitis, infection, tonsils (67)

acon, *aesc*, *ail*, *ALUMN*, *aml-n*, *anan*, *ant-t*, *anthr*, *apis*, *ars*, *bad*, *bapt*, *BAR-C*, *bar-m*, *BELL*, *benz-ac*, *berb*, *bufo*, *canth*, *caps*, *cedr*, *cham*, *chel*, *chen-a*, *colch*, *crot-h*, *cupr*, *cur*, *dulc*, *ferr-p*, *fl-ac*, *gels*, *GUAI*, *ham*, *HEP*, *ign*, *iod*, *kali-bi*, *kali-chl*, *kali-p*, *LAC-C*, *LACH*, *lyc*, *MERC*, *merc-cy*, *MERC-D*, *merc-i-f*, *merc-i-r*, *naja*, *nat-s*, *NIT-AC*, *phyt*, *plb*, *psor*, *puls*, *sabad*, *sang*, *sep*, *SIL*, *staph*, *still*, *sulph*, *tarent*, *ust*, *verat*, *vesp*, *zinc*.

Phatak Repertory ^[14]

Tonsils (20)

Bapt., *bar-c.*, *BELL.*, *calc.*, *calc-p.*, *guai.*, *hep.*, *lac-c.*, *LACH.*, *lyc.*, *merc.*, *merc-d.*, *MERC-I-F.*, *MERC-I-R.*, *NIT-AC.*, *phos.*, *phyt.*, *sil.*, *sulph.*, *tub.*

Boericke Repertory ^[15]

Throat, Tonsils, Inflammation (Tonsillitis) Acute (38)

Acon., *Ail.*, *Am-m.*, *Amgd-p.*, *Apis.*, *Bapt.*, *Bar-act.*, *Bar-c.*, *Bar-m.*, *Bell.*, *Brom.*, *Caps.*, *Dulc.*, *Eucal.*, *Ferr-p.*, *Gels.*, *Gins.*, *Guaj.*, *Gymno.*, *Hep.*, *Ign.*, *Iod.*, *kali-bi.*, *Kali-m.*, *Lac-c.*, *Lach.*, *Lyc.*, *Merc.*, *Merc-i-f.*, *Merc-i-r.*, *Naja.*, *Nat-s.*, *Phyt.*, *Rhus-t.*, *Sabad.*, *Sang.*, *Sil.*, *sulph.*

Repertorial Result

Based on the above given rubrics of tonsillitis from different repertories.

1. Mercurius Solubilis 7⁽²³⁾
2. Baryta Carb 7⁽²⁰⁾
3. Mercurius Iodatus Ruber 7⁽¹⁸⁾
4. Phytolacca 7⁽¹⁸⁾
5. Baptisia Tinctoria 7⁽¹⁶⁾
6. Sulphur 7⁽¹³⁾
7. Nitricum Acidum 6⁽²¹⁾
8. Belladonna 6⁽¹⁹⁾
9. Lachesis 6⁽¹⁹⁾

4. Homoeopathic Therapeutics of Tonsillitis

Mercurius Solubilis (Quicksilver)

It is indicated after hepar and is suited to a more advanced state when pus has been formed ^[21]. Tonsils enlarged ^[16], inflamed, uvula swollen, elongated, constant desire to swallow & Suppuration of tonsils ^[19] and encroaches on neighboring parts and the breathing is labored ^[21]. Ulcers on tonsils on pharynx ^[16]. Continuous painful dryness of throat; the mouth being full of water ^[17]. Tonsils dark red with stinging pains ^[20]. Pain, as from excoriation and smarting in throat, or sensation of heat, which ascends into gullet. Shooting pains in throat and in tonsils, principally when swallowing. Pressure and pains as from excoriation and ulceration, in oesophagus ^[17]. Breath and body smell foul ^[19]. Syphilitic ulcers in mouth and throat. When swallowing shooting in tonsils, stitches into ears. Painful, difficult, and sometimes spasmodic deglutition, with danger of suffocation ^[17]. Mercurius given at this state low and repeatedly will cause a quick breaking of the abscess relieving all the symptoms ^[21].

Baryta Carb (Carbonate of Baryta)

There is a tendency to enlargement ^[20, 16] of the glands with indurations especially tonsils cervical and prostate. Tendency to take cold and every time tonsils are swollen. Tonsils are affected by every cold or < menses ^[16]. The enlarged tonsils will redden up and inflame and become painful and the acute inflammation and pain will subside but the tonsils are a little larger than with the last cold. In children these are often cut out. Every cold change inflames the tonsils and in children they very soon enlarge. Every little exposure to damp or cold weather awakens anew the inflammation of the tonsils ^[18, 21]. Children with enlarged tonsils and with enlarged glands in other places somewhat dwarfish intellectually slow to learn. Sensation of plug in the throat; that is the tonsils are so large they feel like a great ball or great lump in the throat ^[20]. Sore throat, with swelling of the palate and of the amygdalae, which suppurate. Sensation, as if one had a plug in the throat. Suffocation and contraction in the throat. Shootings, and pain as of excoriation, in the throat, especially during the act of deglutition. Spasm of oesophagus; can only swallow liquids. Sensation in oesophagus as if a morsel of food had lodged there ^[17]. Persons subject to quinsy, take cold easily, or with every, even the least, cold have an attack of tonsillitis, prone to suppuration ^[19]. Takes cold easily, with stitches and smarting pain. Suppurating tonsils from every cold. Tonsils inflamed, with swollen veins. Smarting pain when swallowing; worse empty swallowing. Feeling of a plug in pharynx. Can only swallow liquids ^[15, 19]. Throat troubles from over use of voice. Stinging pain in tonsils, pharynx or larynx. It is indicated in Tonsillitis with formation of pus when the right side of the throat is worse than the left [Bell.], and the throat feels worse from empty swallowing; associated with these are: Enlargement of the glands in the neck under the jaw and behind the ears. It is one of the best remedies we have to remove the tendency to Tonsillitis, particularly in scrofulous children with dry scurf on the head ^[21]. Children with big tonsils; intellectually and physically dwarfish: slow to develop ^[18].

Mercurius Iodatus Ruber (Bin-iodide of Mercury)

Tonsils and glands greatly swollen ^[16]. Much phlegm in throat and nose; hawks it out. Sensation of a lump in the throat, with disposition to hawk it out; hawks up a hard, greenish lump ^[17]. Fauces dark red; swallowing painful. Stiffness of muscles of throat and neck ^[15]. Throat feels as if scalded on waking. Inflammation and swelling of left tonsil, velum elongated causing cough, next day both tonsils involved (left to right). Painful swelling of tonsils and submaxillary glands. Fauces dark red. Diphtheritic patches, and superficial ulcers in throat. Ulcers on fauces or tonsils; glands enlarged ^[16, 19, 22]. Glandular affections of left side ^[19]. Diphtheria right side < from empty swallowing; throat sensitive to touch. Tubercular sore throat ^[17].

Phytolacca (Poke-Root)

Sensation of dryness in throat and the posterior fauces (provoking cough, with disposition to hawk and clear the throat); tonsils swollen ^[16, 17]; like dark wash leather on tonsils ^[16]. Sensation of a lump in throat (when swallowing), causing a continuous desire to swallow ^[19, 17]; also when turning head to left could not swallow, throat so dry and rough. Difficult swallowing; with every attempt excruciating shooting pains through both ears. Sensation of

apple core in throat. While riding in forenoon sensation of plug in throat, not > by hawking; this sensation was replaced by increased discharge of mucus from posterior nares, discharged with difficulty, constantly exciting attempts to expel it. Soreness of posterior fauces extending into Eustachian tube. Fulness in throat ^[17]. Great pain at root of the tongue when swallowing; burning, as from a coal of fire or a red-hot iron; dryness; difficult to swallow with trembling of hand; cannot drink hot fluids ^[19].

Baptisia Tinctoria (Wild Indigo)

Tonsils and soft palate swollen ^[16]. For the lymphatic temperament. Can swallow liquid only, least solid food gags. Painless sore throat; tonsils ^[19]. Pain and soreness of fauces. Constrictive feeling in throat, causing frequent efforts at deglutition. Throat feels swollen or full. Fauces dark-red; dark, putrid ulcers; tonsils and parotids swollen; absence of pain, and great prostration. Difficult deglutition; can only swallow water; oesophagus feels as if constricted from above down to stomach ^[17].

Sulphur (Sublimated Sulphur)

A violent sore throat, with swelling and redness of the tonsils, with frequent coughing and dyspnoea, agitation and sleeplessness ^[22]. Dryness of throat. Pain as from excoriation, burning sensation and shootings in throat, < during empty deglutition (soreness begins on right side and goes to left; redness of tonsils). Burning in throat as from sour eructations. Sensation as of a plug in throat, with empyreumatic taste. Sore throat, with swelling of glands and neck. Sensation of a hair in throat ^[17]. Pressure as from a lump, as from splinter, as of a hair. Burning, redness and dryness. Ball seems to rise and close pharynx ^[15]. When carefully selected remedies fail to produce a favorable effect, especially in acute disease ^[19].

Nitricum Acidum (Nitric Acid)

Tonsils (uvula and fauces) red and swollen ^[17, 16] uneven; with small ulcers there on ^[16]. Great dryness and heat in the throat. Much mucus in the throat posteriorly. Sore throat on swallowing, as if swollen; raw and ulcerated. Burning sensation, and pain as of excoriation, in throat. Ulcer, with shooting pain in the mouth and throat. Inflammation of the throat; with shooting pains; also after the abuse of Mercury, or with burning and soreness, especially on swallowing liquids ^[17]. Swallowing very difficult, as from constriction of the pharynx. Diphtheritic patches on tonsils and fauces, extending to mouth, lips, nose ^[17]. Deafness; > noise in trains riding in a carriage; from enlarged and indurated tonsils; after measles ^[16].

Belladonna (Deadly Nightshade)

It stands at the head of the list of remedies in Tonsillitis or Quinsy. It is here indicated in the beginning when the throat is bright-red and swollen the tonsils particularly the right one enlarged with a tendency of the disease to extend towards the left ^[18, 21]. Inflammation of the tonsils burning like fire. Inflammation and swelling of the tonsils ^[20, 17], ulcers rapidly forming on them ^[17] with red face intense heat throbbing carotids high fever coming on from cold. "Feels like a lump in the throat" that is from the swollen tonsils. Rapidly forming aphthous patches upon the tonsils ^[20]. There is difficulty in swallowing fluids; when the patient attempts to drink the moment the water touches the fauces it

is ejected and escapes in any way it can and he seems to be worse from it more so in fact than from either saliva or solids. The tonsils rapidly suppurate and sharp pains shoot through the tonsils. There is also high temperature crying out in sleep and awakening from sleep cross and irritable [Lyc.]. The glands of the neck externally are commonly involved and are to be felt as hard but very sensitive kernels in the neck. The rapidity of the progress of the symptoms is characteristic ^[21]. Stinging in the oesophagus, in the tonsils; < when swallowing, and when talking. Painful and difficult deglutition. Complete inability to swallow even the least liquid, which frequently passes out through the nostrils. Sensation of contraction, strangling, and spasmodic constriction in the throat ^[17]. Typical belladonna Has congested, red, hot face and skin: big pupils, heat and dryness marked ^[18]. If it fails to reduce the inflammation before suppuration commences it is followed by Hepar ^[21].

Lachesis (Bushmaster or Surucucu)

Tonsillitis, beginning on the left and extending to right; dark purple appearance; < by hot drinks, after sleep; liquids more painful than solids when swallowing; prostration out of all proportion to appearance ^[19, 15]. It is indicated after Mercurius, when the pus degenerates and becomes of dark thin offensive character with the sensitiveness to touch of remedy ^[21]. Very painful; worse slightest pressure, touch is even more annoying ^[15]. Much slimy saliva, especially in back of mouth. The external throat is very sensitive to touch (not painful, but an uneasy sensation); on lying down, with suffocative sensation; even to touch of linen. Sensation of contraction, of strangulation, and of constriction in throat ^[17]. Tonsillitis or diphtheria, worse on the left side; choking when swallowing, or pains from the throat into the ear; neck very sensitive to touch; aggravation after sleep ^[22]. Tonsillitis with suppuration of the tonsils when the left tonsil becomes inflamed and after a day or two the right one becomes inflamed and swollen and they both finally go on to suppuration or when one swells and suppurates and the other swells and suppurates ^[20].

5. Conclusion

Homoeopathy offer excellent treatment for both acute & chronic tonsillitis. It is observe that the frequency of the episodes of tonsillitis & the severity & intensity of the pain is reduce by homoeopathic treatment. These are only the top most remedies found through cross Repertorization, but other homoeopathic medicine can also be used for significant relief in tonsillitis. Homoeopathy prevents the surgical removal tonsils in more than 70% of the cases and the immunity of the child improve with homoeopathy.

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