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Homoeopathic management of chronic bilateral tonsillitis: A case study

Vijay Kumar Pushkar, Shakthi Vigneshwar G, Ritu Raj, Anjali Rai and Pankaj Soni

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Abstract

Chronic tonsillitis is a recurrent inflammatory condition of the palatine tonsils, commonly presenting with pain, swelling, difficulty in swallowing, and recurrent upper respiratory tract infections. Conventional management often provides only temporary relief or ultimately requires surgical intervention. Homoeopathy, by addressing the individual constitution and underlying miasmatic background, offers a holistic and sustainable therapeutic approach. This study highlights the role of individualized homoeopathic medications in reducing intensity of tonsillitis, improving the general vitality of the patient, and preventing surgical intervention. It further emphasizes the importance of integrating mental, physical, and pathological symptoms into the totality of the case, thereby demonstrating the practical application of classical homoeopathic principles in chronic inflammatory conditions.

Keywords: Chronic tonsillitis, homoeopathy, Baryta carbonica, Sulphur, Alfalfa Q, individualized treatment, pediatric homoeopathy, psora-sycotic miasm, recurrent throat infection, case study

Introduction

Chronic tonsillitis is a common condition, especially among children, though individuals of all age groups can be affected. Tonsillitis is the swelling and inflammation of the palatine tonsils. It usually presents with a sore throat, painful swallowing, fever, and red or pus-covered tonsils. The condition is more prevalent in lower socioeconomic populations where overcrowding and poor hygiene increase the risk of cross infection. Patients usually present with recurrent sore throat, difficulty in swallowing, and persistent enlargement of tonsils. If untreated, the persistence of pathogenic organisms in the tonsillar crypts leads to chronicity, causing repeated episodes of discomfort and impaired quality of life^[1].

Etiology

The most common causative agent of tonsillar inflammation is beta-hemolytic streptococcus, Lancefield group A. Other bacterial and viral pathogens causing pharyngitis may also involve the tonsils. Recurrent acute tonsillitis could be a genetic immuno susceptibility disease because it is reported that patients younger than 12 years with recurrent acute tonsillitis show some (otherwise subclinical) antibody deficiency and aberrant T-cell function^[2].

Clinical features

- Recurrent sore throat and pain in the region of the tonsils.
- Difficulty in swallowing (dysphagia).
- Enlarged tonsils, red in color, often covered with yellowish exudates in the crypts.
- On examination, the exudates can be removed easily without bleeding of the underlying mucosa.
- Enlarged and tender cervical lymph nodes.
- Blood investigations show moderate neutrophilic leukocytosis.

Over time, untreated cases may show partial subsidence of symptoms but recurrence occurs due to persistence of infection in the crypts, eventually leading to chronic tonsillitis.

Complications

- Peritonsillar abscess (Quinsy): Most common complication, presents with unilateral sore throat, trismus, uvular deviation, and muffled voice; treated with drainage and antibiotics.
- Deep space infections: Spread to retropharyngeal or parapharyngeal spaces may cause airway compromise, septicemia, or mediastinitis, carrying high morbidity.
- Airway obstruction & hemorrhage: Enlarged tonsils in children can block the airway;
- Acute rheumatic fever with arthritis, carditis, chorea, and skin manifestations.
- Poststreptococcal glomerulonephritis: Immune-mediated kidney inflammation presenting with hematuria, edema, and hypertension, especially after untreated infections.
- Other rare systemic complications: Include Lemierre syndrome, scarlet fever, sepsis, necrotizing fasciitis, sinus thrombosis, and Guillain-Barré syndrome [3].

Management

Management of chronic tonsillitis requires both symptomatic relief and eradication of the underlying infection. From a conventional perspective, antibiotics such as penicillin, erythromycin, or ampicillin are used to suppress bacterial growth, though recurrence is common if organisms persist in the tonsillar crypts. Adequate treatment duration and repeat culture studies are recommended to ensure clearance of infection. Tonsillectomy is advised in patients who experience repeated exacerbations (more than four episodes in a year), or in cases complicated by recurrent otitis media and peritonsillar abscess.

In contrast, homoeopathic management emphasizes an individualized approach, where the choice of medicine is based on constitutional features, physical generals, and miasmatic background. Remedies such as Baryta carbonica, Sulphur, and Calcarea carbonica are frequently indicated in children with recurrent tonsillar hypertrophy, glandular involvement, timidity, and lowered immunity. Homoeopathy not only provides relief from acute flare-ups but also aims to strengthen the immune system, reduce recurrence, and prevent the need for surgical intervention.

Patient's Personal data

Date-19.04.2025

Registration no.-47468

OPD no.-08

Name-ABC

Age-8 years

Sex-male

Occupation-3rd STD student

Religion-Hindu

Address-Lucknow

Presenting complaints

LOCATION-Throat, B/L tonsils, Respiratory system, Gallbladder, for 3 years

SENSATION-Pain, swelling of tonsils, cough with scanty white expectoration, gallstones.

MODALITIES-< swallowing, < spicy food, < morning < night < lying down > warm drinks

CONCOMITANT-Nausea, vomiting during cough episodes, loss of appetite.

History of presenting complaints

An 8-year-old male child was brought by his father to the OPD on 19th April 2025 with complaints of bilaterally enlarged tonsils, associated with pain and difficulty during swallowing for the past few days. The child was previously diagnosed with cholelithiasis, 3 years back, for which he had taken allopathic treatment, but experienced no significant relief. He has now come for homoeopathic management of his condition.

History Past illness

1. Delivered through cesarean section, no complications during birth, milestone developments regular and normal.
2. Pneumonia at 3 years of age took allopathic medicine, relieved.
3. Recurrent attacks of common cold, upper respiratory tract infection for the past 4 years, took allopathic medication, temporary relief.

Family history

- Father-not known case of diabetes, systemic hypertension,
- Mother-history of cholelithiasis, cholecystectomy done 10 years' back
- No family history of carcinoma, thyroid abnormalities.

Life space investigation

The patient is an 8-year-old male child, currently studying in the third standard, brought to the OPD on 19th April 2025 for complaints of enlarged tonsils, with associated pain and difficulty in swallowing.

Child was delivered by cesarean section, with a birth weight of 3¼ kg. There were no complications during birth, and all developmental milestones were reported to be within normal limits. Notably, the mother had a history of abortion during the third trimester in her previous pregnancy, which may carry emotional and biological relevance in the child's constitution.

Constitutionally, the child is described as stocky and obese, with a generally mild and calm temperament. There is mental dullness observed, and the child presents with shyness, preferring to remain alone.

He often avoids outdoor play and prefers to stay indoors, being significantly addicted to mobile phones, especially to games. He shows nail-biting behavior, suggestive of inner anxiety or nervousness. During case-taking, the child was very calm, gave incomplete or hesitant answers, and smiled occasionally, indicating a possible inward emotional reserve or suppressed expression.

In terms of academic performance, he is average in studies, with a weak memory, especially in recalling learned material. He is currently in the third standard. His food preferences include a strong desire for sweets and non-vegetarian food, with a marked aversion to spicy items.

Overall, the child gives the impression of a sensitive, emotionally reserved, mildly dull but gentle personality, who tends to withdraw into a solitary world, possibly expressing inner emotional needs through food preferences and digital addictions.

Mental generals

- Mental dullness
- Weakness of memory

- Shy, timid
- Desires alone
- Phone addiction
- Nail biting
- Smiles while answering questions

Physical generals

- Appetite-decreased
- Thirst-decreased, 3 to 4 glasses per day, cold water
- Sleep-sound, back on,
- Dreams-nothing specific
- Stool-regular (occasionally constipated)
- Urine-normal, no burning, offensive odour after passing
- Sweat-normal, no offensive odour, no stains
- Thermal-Ambi hot
- Desires-non veg food, sweets+
- Aversions-sour, spices+ aggravation by spicy food

General Physical Examination

- Built: Stocky
- Nourishment: Obese
- Posture: Normal
- Gait: Normal
- Consciousness: Conscious and cooperative
- Orientation: Oriented to time, place, and person
- Facial Expression: Dull
- Behavior: Shy and reserved
- Skin: Normal texture and color, no rashes or lesions
- Nails: Nail-biting habit noted
- Hair: Normal
- Lymph nodes: No significant lymphadenopathy
- Tonsils: swollen, indurated
- Edema: Not present
- Pallor / Icterus / Cyanosis / Clubbing: Absent

Vitals

- Temperature: Afebrile
- Pulse: 90/min
- Respiratory Rate: 20 Slightly increased

Systemic Examination

Respiratory System

1. Chest shape: Normal

2. Respiratory movements: Symmetrical
3. Breath sounds: Vesicular
4. Additional sounds: Slight wheezing heard bilaterally in lower lobes

Gastrointestinal System

1. Abdomen: Soft, non-tender
2. No organomegaly
3. Bowel sounds: Normal

Totality of symptoms

1. Desire alone
2. Nail biting habit
3. Mental Dullness
4. Timidity
5. Tonsils enlarged
6. Appetite decreased
7. Thirstlessness
8. Gallstones
9. Urine offensive
10. Desire spices
11. Desire sweets
12. Obesity

Repertorial totality

1. MIND-BITING-nails
2. MIND-COMPANY-aversion to
3. MIND-DULLNESS-children, in
4. MIND-TIMIDITY-children; in
5. THROAT-INFLAMMATION-Tonsils-chronic
6. STOMACH-APPETITE-diminished
7. STOMACH-THIRSTLESS
8. ABDOMEN-GGALLSTONE
9. URINE-ODOR-offensive
10. GENERALS-FOOD and DRINKS-spices aggravation
11. GENERALS-FOOD and DRINKS-sweet desire
12. GENERALS-OBESITY-children; in

Miasmatic analysis

Chronic miasmatic disease Psora-Sycotic miasm ^[4]

Repertorial chart

The case was repertorised using synthesis repertory by Frederik Schroyens ^[5].

Clipboard 1

1. MIND - BITING - nails

(82) 1

2. MIND - COMPANY - aversion to

(232) 1

3. MIND - DULLNESS - children, in

(24) 1

4. MIND - TIMIDITY - children; in

(4) 1

5. THROAT - INFLAMMATION - Tonsils - chronic

(8) 1

6. STOMACH - APPETITE - diminished

(268) 1

7. STOMACH - THIRSTLESS

(171) 1

8. ABDOMEN - GALLSTONES

(33) 1

9. URINE - ODOR - offensive

(120) 1

10. GENERALS - FOOD and DRINKS - spices - agg.

(17) 1

11. GENERALS - FOOD and DRINKS - sweets - desire

(249) 1

12. GENERALS - OBESITY - children, in

(10) 1

	calc.	bell.	lys.	calc.	mag.	nat.	pot.	calc.	mag.	nat.	pot.	calc.	mag.	nat.	pot.	calc.	mag.	nat.	pot.	calc.	mag.	nat.	pot.	calc.	mag.	nat.	pot.	calc.	mag.	nat.	pot.	calc.	mag.	nat.	pot.	calc.	mag.	nat.	pot.
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36			
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Basis of selection**Baryta carb**

- Loss of memory, mental weakness^[6].
- Shootings, and pain as of excoriation, in the throat, esp. during the act of deglutition^[7].
- Persons subject to quinsy, take cold easily, or with every, even the least, cold have an attack of tonsillitis prone to suppuration^[8].
- Generally, loss of appetite. Inflammation of cellular membranes of fauces and tonsils, difficult swallowing and speaking. Quinsy^[9].

- According to susceptibility of the patient the treatment was started with 200c potency^[10].

First prescription**RX**

1. BARYTA CARB 200 / 3 DOSE / OD.
 2. PHYTUM 30 TDS,
 3. ALFA ALFA Q BD (5gtt in 15ml aqua).
- For 15 days

Prescriptions

वाह्य रोगी विभाग
राजकीय नेशनल होम्योपैथिक मेडिकल कॉलेज एवं चिकित्सालय
1, विराज खण्ड, गोमती नगर, लखनऊ

पंजीकरण सं.: 61574
नाम: MOHD BILAL
लिंग: पुरुष
तारीख: 21/05/2025
आयु: 8
धर्म: हिन्दू

चिकित्सक का नाम: डॉ. अजय कुमार सिंह
समय: 08:00:00-14:00:00
विभाग:
रूम संख्या: 3

यह पर्चा 05-06-2025 तक मान्य है।

दिनांक	रोग का लक्षण एवं जोष	उपचार	हस्ताक्षर
19/05/2025	% Enlarged tonsils. % - Cough better Cholelithiasis USG done on 19/05/2025 #9.2 mm calculus - is GB lumen No Abdomen - pain or tenderness -	1. BARYTA CARB- 200/3 DOSE 2. PHYTUM - 30/TDS - 3. ALFA ALFA - Q - 5 drops in 1/2 cup of warm water 15 days Jalmy 21/05/2025 Advised dietician Suggestion	

नोट - (1) डॉक्टर को दिखाने के समय पुराना पर्चा तथा अपनी पुरानी रिपोर्ट सकारात्मक रूप से लाएं।
(2) घर-घर डॉक्टर को मांगें।
Designed & developed by Softpro Innovations (P) Ltd.
E-mail: softproinnovations@gmail.com

First prescription on 21.05.2025

वाह्य रोगी विभाग
राजकीय नेशनल होम्योपैथिक मेडिकल कॉलेज एवं चिकित्सालय
1, विराज खण्ड, गोमती नगर, लखनऊ

पंजीकरण सं.: 61668
नाम: MOHD BILAL
लिंग: पुरुष
तारीख: 01/06/2025
आयु: 8
धर्म: मुसलमान

चिकित्सक का नाम: डॉ. जितेंद्र कुमार
समय: 08:00:00-14:00:00
विभाग:
रूम संख्या: 8

यह पर्चा 05-06-2025 तक मान्य है।

दिनांक	रोग का लक्षण एवं जोष	उपचार	हस्ताक्षर
19/05/2025	cholelithiasis Enlarged tonsils Gall Stone - 9.2mm no Abdomen pain Sluggishness in child - Shall persist Cough better Phlegm Catarrh in throat cold water drinking	1. SBR- 1M - 3DOSE x 3 days x रोज खड़े 2. PHYTUM - 30/TDS 3. OCTANE - 30/BD 15 days	

नोट - (1) डॉक्टर को दिखाने के समय पुराना पर्चा तथा अपनी पुरानी रिपोर्ट सकारात्मक रूप से लाएं।
(2) घर-घर डॉक्टर को मांगें।
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Second prescription on 01.06.2025

वाह्य रोगी विभाग
राजकीय नेशनल होम्योपैथिक मेडिकल कॉलेज एवं चिकित्सालय
1, विराज खण्ड, गोमती नगर, लखनऊ

पंजीकरण सं.: 74389
नाम: MOHD BILAL
लिंग: पुरुष
तारीख: 18/06/2025
आयु: 8
धर्म: मुसलमान

चिकित्सक का नाम: डॉ. जितेंद्र कुमार
समय: 08:00:00-14:00:00
विभाग: अस्थि तन्तु शल्य
रूम संख्या: 8

यह पर्चा 03-07-2025 तक मान्य है।

दिनांक	रोग का लक्षण एवं जोष	उपचार	हस्ताक्षर
19/05/2025	Enlarged tonsils cholelithiasis 9.2mm Stone gallbladder 19/05/25 Tonsils size slightly Reduced 19/05/2025 → 18/06/2025 App still - diminished Stool - Regular Throat - Red	1. BARYTA CARB 1M/3 DOSE 2. PHYTUM 30/2-2 TDS - 3. ALFA ALFA - Q - 5 drops in 1/2 cup of water 15 days	

नोट - (1) डॉक्टर को दिखाने के समय पुराना पर्चा तथा अपनी पुरानी रिपोर्ट सकारात्मक रूप से लाएं।
(2) घर-घर डॉक्टर को मांगें।
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Third prescription on 18.06.2025

वाह्य रोगी विभाग
राजकीय नेशनल होम्योपैथिक मेडिकल कॉलेज एवं चिकित्सालय
1, विराज खण्ड, गोमती नगर, लखनऊ

पंजीकरण सं.: 85215
नाम: MOHD BILAL
लिंग: पुरुष
तारीख: 10/07/2025
आयु: 8
धर्म: मुसलमान

चिकित्सक का नाम: डॉ. नीरज गोपी
समय: 08:00:00-14:00:00
विभाग: अस्थि तन्तु शल्य
रूम संख्या: 8

यह पर्चा 25-07-2025 तक मान्य है।

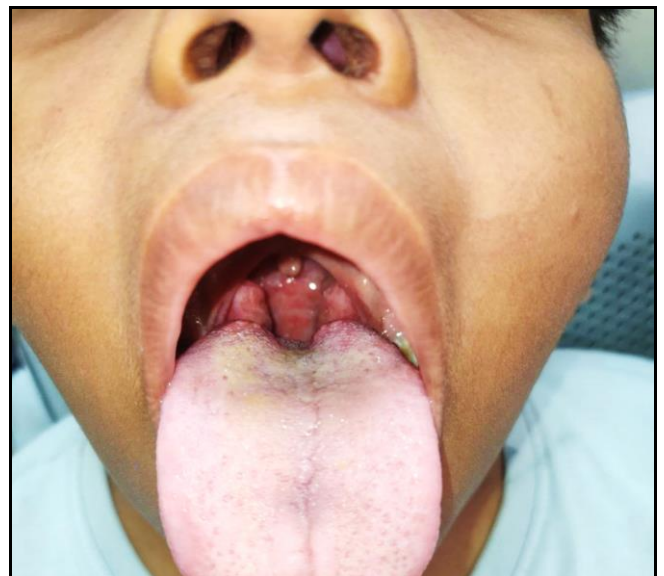
दिनांक	रोग का लक्षण एवं जांच	उपचार	हस्ताक्षर
21.05.2025	B/c - enlarged tonsils. cholelithiasis After medication no Recurrent attacks of cough or URTI no Abdomen pain currently Thirst led - Appetite → normal - Stool - Regular	R → Daily morning 1 SAC LAE - 1M / 5 DOSE / OD 2 Phytol 30 / BO L ₃ ↓ 15 days	

नोट - (1) डॉक्टर को दिखाने के समय पुराना पर्चा तथा अपनी किसी विशेष समस्या/रूप से साथ।
(2) बार-बार डॉक्टर को मत बदरें।

Fourth prescription on 10.07.2025



Bilateral tonsillitis before treatment on 21.05.2025



Bilateral tonsillitis during treatment on 18.06.2025



Bilateral tonsillitis during treatment on 10.07.2025

वाह्य रोगी विभाग
राजकीय नेशनल होम्योपैथिक मेडिकल कॉलेज एवं चिकित्सालय
1, विराज खण्ड, गोमती नगर, लखनऊ

पंजीकरण सं.: 96747
नाम: MODH BIAL
लिंग: पुरुष
तारीख: 01/08/2025
आयु: 8
धर्म: मुसलमान

चिकित्सक का नाम: डॉ. राज कुमार कश्यप
समय: 08:00:00-14:00:00
विभाग: अस्थि तन्तु शल्य
रूम संख्या: 8

यह पर्चा 16-08-2025 तक मान्य है।

दिनांक	रोग का लक्षण एवं जांच	उपचार	हस्ताक्षर
01.08.2025	% Throat pain Desire fanning? A/F = change of weather A/F = Rainy Season (No fever) (Cough & Scurvy expectoration) Drip - V/lost - (non veg diet) Thirst - led	R → 10 min / 10 min / 10 min 1 BEE SULPHUR 30 / 3 DOSE - (CO) - 2 Phytol 30 / rds < 2 ↓ 15 days	

नोट - (1) डॉक्टर को दिखाने के समय पुराना पर्चा तथा अपनी किसी विशेष समस्या/रूप से साथ।
(2) बार-बार डॉक्टर को मत बदरें।

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Fifth prescription on 01.08.2025

Follow up chart

S. No.	Date	Symptomatology	Prescription	Remarks
1.	21.05.2025	C/O pain and swelling in throat, enlarged tonsils, cough with scanty white expectoration, appetite and thirst decreased. Gall stones. No pain in abdomen.	RX 1. BARYTA CARB 200 / 3 DOSE / OD 2. SAC LAC 30 / TDS 3. ALFA ALFA Q / BD (5 gtt in 15 ml aq)	Advice to avoid cold drinks and fatty food
2.	01.06.2025	C/O pain and swelling in throat, enlarged tonsils, cough slightly decreased, appetite and thirst still decreased. Gall stones	RX 1. SBR 1M / 3 DOSE / OD 2. PHYTUM 30 / TDS 3. OCTANE 30 / TDS	Advice to avoid cold drinks and fatty food
3.	18.06.2025	C/O pain and swelling in throat better than before enlarged tonsils size reduced slightly, cough better, appetite and thirst still decreased. Gall stones	RX 1. BARYTA CARB 1M / 3 DOSE / OD 2. SAC LAC 30 / TDS 3. ALFA ALFA Q / BD (5 gtt in 30 ml aq)	Advice to avoid cold drinks and fatty food
4.	10.07.2025	C/O enlarged tonsils-size reduced, no pain in throat, no cough, appetite and thirst started improving. Gall stones.	RX 1. SAC LAC 1M / 5 DOSE / OD 2. PHYTUM 30 / TDS	Advice to avoid cold drinks and fatty food.
5.	01.08.2025	Throat pain since the last 2 days-A/F change of weather, desire fanning, no fever, cough, appetite and thirst decreased, tonsils size same as before. Gall stones.	RX 1. SULPHUR 30 / 3 DOSE / OD 2. PHYTUM 30 / TDS	Advice to avoid cold drinks and fatty food.

Discussion

Chronic tonsillitis is a recurrent inflammatory condition that significantly affects the health and quality of life of children, often predisposing them to repeated antibiotic usage or surgical intervention. In this case, an 8-year-old child with chronic bilateral tonsillitis and associated gallstones was managed with individualized homoeopathic prescriptions over a series of follow-up visits. The totality of symptoms, including mental generals such as timidity, shyness, desire for solitude, nail-biting habit, and physical generals like obesity, thirstlessness, and marked desire for sweets, guided the selection of remedies.

The treatment was started with Baryta carbonica 200C, selected for its affinity towards enlarged glands, timidity, mental dullness, and recurrent tonsillar affections in children. Marked improvement in throat pain, cough, and reduction in tonsillar hypertrophy was observed. On further follow-up, Baryta carbonica 1M was prescribed to deepen the action^[11], which helped in improving appetite and thirst along with continued regression of the tonsillar swelling. During an acute exacerbation, triggered by a change of weather, Sulphur 30C was prescribed, which effectively managed the throat pain and associated general complaints, showing its complementary relationship in chronic psora-sycotic states. Supportive use of Alfalfa Q aided in improving nourishment, weight regulation, and general vitality throughout the course.

Step by step, the child showed clear improvement—tonsils became smaller, appetite improved, throat pain and cough reduced, and attacks became less frequent. Most importantly, surgery was avoided, showing that individualized homoeopathic treatment can give long-term relief in chronic tonsillitis.

Conclusion

This case shows that homoeopathy can be very effective in treating chronic bilateral tonsillitis in children. By choosing remedies according to the child's constitution and symptoms, lasting improvement was achieved. Baryta carbonica 200C and 1M helped in reducing the size of the tonsils, improved appetite, and reduced repeated throat

infections. Sulphur 30C managed acute complaints when they appeared, and Alfalfa Q supported the child's growth and nutrition. Over time, the child became healthier, his complaints reduced, and the need for surgery was avoided. This case highlights how individualized homoeopathic treatment can offer a safe, gentle, and long-term solution for chronic tonsillitis.

Conflict of Interest

Not available

Financial Support

Not available

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