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A clinical study on homoeopathic treatment of recurrent tonsillitis based on stuart close's concept of susceptibility and it's role in selection of potency

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Abstract

Tonsillitis is a common childhood infection and recurrent episodes have long term side effects and cause significant morbidity. It is a common cause of absenteeism from school. Like any other operation, tonsillectomy is not without risks and the rising resistance to antibiotics has led to a demand for alternative options. Recurrence of a disease shows a morbid susceptibility and homoeopathic medicines chosen according to the totality of symptoms in suitable potency can remove it. The scientific community now has called for extensive research in the study of genes involved in transferring susceptibility to certain diseases. The aim of my study is to study the effectiveness of homoeopathic medicines in treating recurrent tonsillitis and thereby evaluate Stuart Close's concept that similimum can satisfy morbid susceptibility to a disease and hence reduce its recurrence. A prospective clinical study was conducted in Govt. Homoeopathic Medical College, Thiruvananthapuram. 30 cases satisfying the diagnostic criteria in the age group of 4-12 years were taken. Those who had minimum of 5 or more episodes in the last year were chosen and after detailed case taking homoeopathic medicine was administered. The period of study was 1 year. Study design is experimental before and after-one group. Outcome of the treatment was assessed by noting the reduction in the number of episodes of tonsillitis. Final evaluation of the data done by Wilcoxon signed rank test. 29 out of 30 cases showed reduction in the number of episodes of recurrent tonsillitis when homoeopathic medicines were administered. Exposure to cold, citrus fruits, chocolates, milk products and preservative containing food items were relevant exacerbating factors. The study shows statistical significance of p value <0.05, concluding that homoeopathic treatment of recurrent tonsillitis is effective.

Keywords: Tonsillitis, susceptibility, homoeopathy, similimum, totality

Introduction

Tonsils are the body's first line of defence in the oropharyngeal pathway. They sample the various bacteria and viruses entering through nose and mouth and produce antibodies against it. But while on the defence line they themselves become susceptible to infections^[1]. Losing an occasional battle is not so significant but recurrent infections are a sign of immunodeficiency. Recurrent tonsillitis among children has a considerable impact on the quality of life not only due to effects on children but also the burden on the parents when their child is suffering^[2].

About 30 million children develop tonsillitis with frequent exposure to bacterial and viral infections. About one out of ten children see doctor for tonsillitis every year and about 200,000 tonsillectomies are done annually in India. In children it is a common cause for missing school. Recurrent tonsillitis has an incidence in general practice in the UK of 100 per 1000 population a year^[3].

Like any other operation tonsillectomy is not without risk^[4]. It is however an effective treatment for chronic or recurrent tonsillitis^[5]. But studies also show that this effect is modest and the gain more marked in those most severely affected^[6]. While removing tonsils prevents tonsillitis, the impact of the procedure on sore throats due to pharyngitis is much less predictable^[7].

There is no evidence of spontaneous resolution of recurrent tonsillitis^[8]. Another study revealed evidence of considerable genetic predisposition for tonsillitis^[9]. So those with recurrent tonsillitis are susceptible to these infections due to genetic or acquired causes and unless this is met with, they suffer.

In epidemiology a susceptible individual is one who is at risk of catching a disease if exposed to an infectious agent. This is in most cases associated with higher sensitivity of these persons to a specific exogenous or endogenous substance^[10]. Different research point out that genes, acquired factors, environment exposures, nutritional causes and their interactions are causes for the susceptibility^[11].

Currently the scientific and medical community are acknowledging the significance of susceptibility and encouraging research in the study of factors involved in transferring susceptibility to certain diseases^[12].

The concept of susceptibility has been well documented in homoeopathy. Selection of the medicine, dose, repetition of dose and further follow up are done on the basis of each person's susceptibility. Susceptibility is one of the fundamental attributes of life, a general quality or capability to receive impressions, the power to react to stimuli. According to Stuart Close, cure consists in simply satisfying the morbid susceptibility of the organism and putting an end to influx of disease producing causes^[13]. Man is made ill only when he is sufficiently disposed or susceptible to the attacks of morbid agents^[14]. Main reason for the recurrence of a complaint is miasmatic susceptibility or predisposition^[15].

A study has been done on types of susceptibility in skin disorders by Dr Kamaxi Sirode from BVDU homoeopathic medical college, Pune^[16]. A review on the homoeopathic concept of susceptibility was done by Raha Mohammad^[17]. A prospective study on the usefulness of homoeopathic constitutional medicines in the management of chronic tonsillitis in the age group of 3 – 15 years was done by Dr Muhsina Mariam M.T^[18]. Not many studies have been done on evaluating the effectiveness of homoeopathic medicines in reducing the episodes of recurrent tonsillitis and thereby evaluating their power in reducing morbid susceptibility to a disease.

That is why I have chosen to elaborate on this wonderful concept of susceptibility which will reveal new insights into etiology and pathogenesis of human disease and provide the basis for improved strategies for either prevention of diseases or for individualized treatment.

Materials and Methods

Research Question

Is there any difference in number of episodes of tonsillitis before and after the clinical study on homoeopathic treatment of recurrent tonsillitis based on Stuart Close's concept of susceptibility and selection of potency?

Study Design

Type of research - prospective clinical study for one year, conducted in patients who attended the outpatient and inpatient department of Government Homoeopathic Medical College, Thiruvananthapuram. Patients who satisfied the diagnostic, inclusion, and exclusion criteria in the age group of 4-12 years were purposively selected for the study.

The study protocol was approved by the institutional ethical committee, Order No-4154/B3/16/GHMCT(3), dated 30-06-2017. Written informed consent was received from the patients stating the willingness to participate in this study. Research design is experimental. This is a before and after study without control. The effectiveness is assessed using appropriate statistical test.

Study settings

The period of study was from January 2018 to April 2019. The study group includes cases from outpatient and inpatient department of Government Homoeopathic Medical College, Thiruvananthapuram.

Sampling: Purposive. Sample size: 30 cases

- Diagnostic criteria: Clinical signs and symptoms of tonsillitis. Examination of back of tongue and tonsils with a tongue depressor.
- Inclusion criteria: Cases fulfilling diagnostic criteria. Children in the age group of 4-12 years who have had minimum 5 or more episodes of acute tonsillitis per year, symptoms recurring for a year and episodes that are disabling.
- Exclusion criteria: Children who have undergone tonsillectomy. Children taking any other chronic medication for systemic illnesses like diabetes and having immune compromised diseases. Children with history of rheumatic fever.
- Sampling Procedure: Sampling procedure used for the study was purposive sampling as randomization was difficult due to limited time. Cases selected based on the episodes of acute tonsillitis they had in the last one year. Minimum of 5 disabling episodes in the last year was the requisite.

Methods

1. The study was done to estimate the effectiveness of homoeopathic medicines in reducing the episodes of recurrent tonsillitis in children between the ages of 4-12.
2. 30 cases satisfying the diagnostic, inclusion and exclusion criteria were selected for the study. Cases were taken in detail and recorded in a standardized case record. A questionnaire was filled by each patient or their parents in a face-to-face interview, after it was explained in detail to note the difficulties faced by the patient and the effect on their quality of life.
3. Each case selected had minimum 5 or more episodes per year, symptoms recurring for a year and episodes that were disabling.
4. Medicine was selected based on totality of symptom in minimum dose per oram. The potency was selected according to the susceptibility of the patient. At a time, single medicine was only given. The help of repertory was taken to arrive at the reportorial totality. Repetition was done as per the patient's response and susceptibility.
5. The score was recorded depending on the number of episodes of tonsillitis the patient had suffered from the previous year. At the end of one year scoring was again taken to assess the change.
6. Each case was reviewed at 3 weeks interval and was followed up for at least a year.
7. In case of acute episodes, indicated medicine was given according to the acute totality.
8. Treatment interventions:
 - a. All the patients were advised to follow the instructed diet according to Hahnemannian concept and modern concept during treatment.
 - b. It was advised to wisely avoid exacerbating factors.
 - c. Importance of accessory general management and general restrictions pertaining to homoeopathic

- medicines were informed.
- d. Patients were restrained from using any other strong/herbal medicines and external applications containing camphor or such similar things which may hinder the action of the medicine.
- e. Generally, it was advised to exercise caution against intake of citrus fruits, cold juices and food.
- f. Assessing Compliance: Compliance has been assessed.

Outcome Measurement

The effectiveness of the treatment was assessed by symptomatic relief and reduction in the number of episodes of acute tonsillitis. Pre-structured questionnaire was used and scoring done before and after the research period.

Plan of analysis

Descriptive statistics were used for describing the population. Collected data were presented in the form of frequency tables, graphs and diagrams appropriately. The final analysis of the study was done by Wilcoxon signed rank test. The mean, median and standard deviation of the before and after values was computed. Normality tests revealed that the data is skewed, hence the population cannot be assumed to be normally distributed. Wilcoxon signed-rank test, a non-parametric statistical hypothesis test was used to compare the two related samples. It is used to test the hypothesis relating to median of a particular variable. The test compares the sum of positive and negative ranks to determine significance.

Results

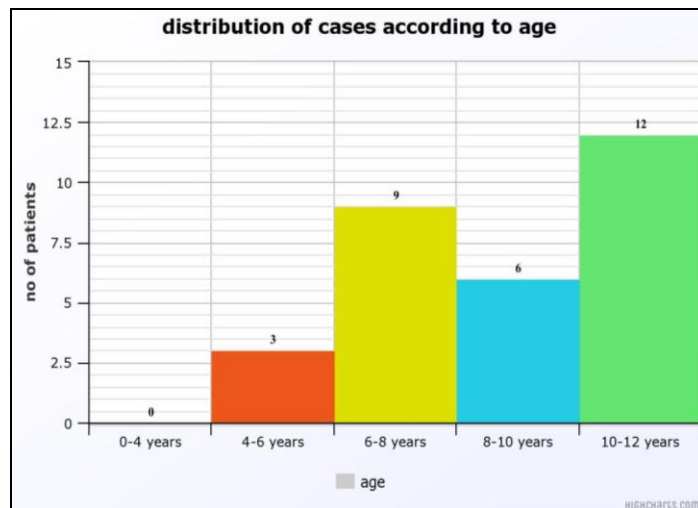


Fig 1: Distribution of cases according to age.

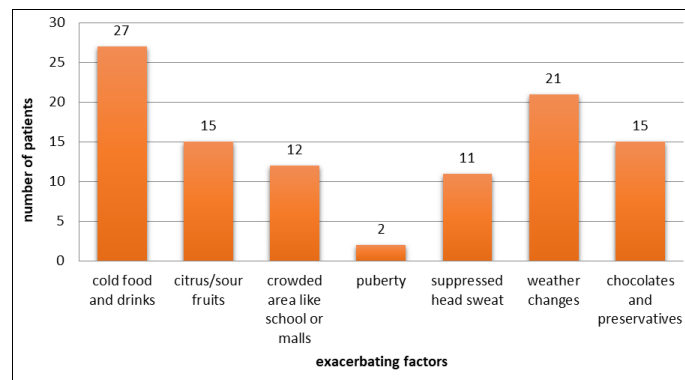


Fig 2: Exciting factors of tonsillitis

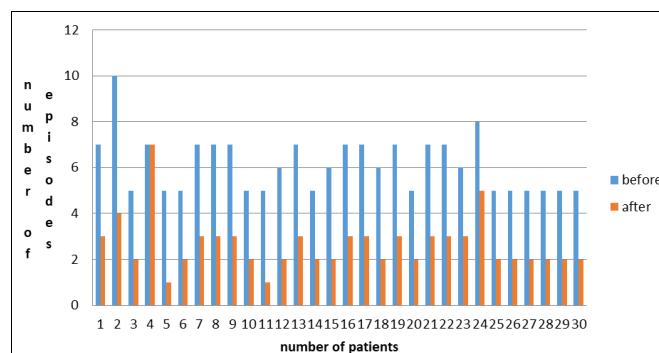


Fig 3: Episodes of tonsillitis before and after treatment.

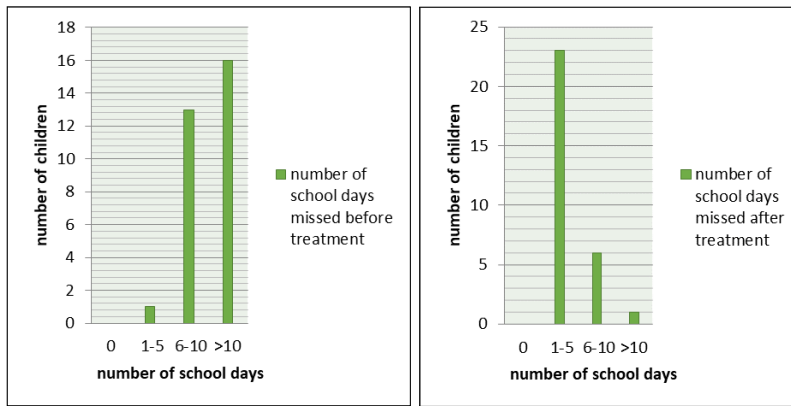


Fig 4: Distribution of days missed in school due to recurrent tonsillitis before and after treatment.

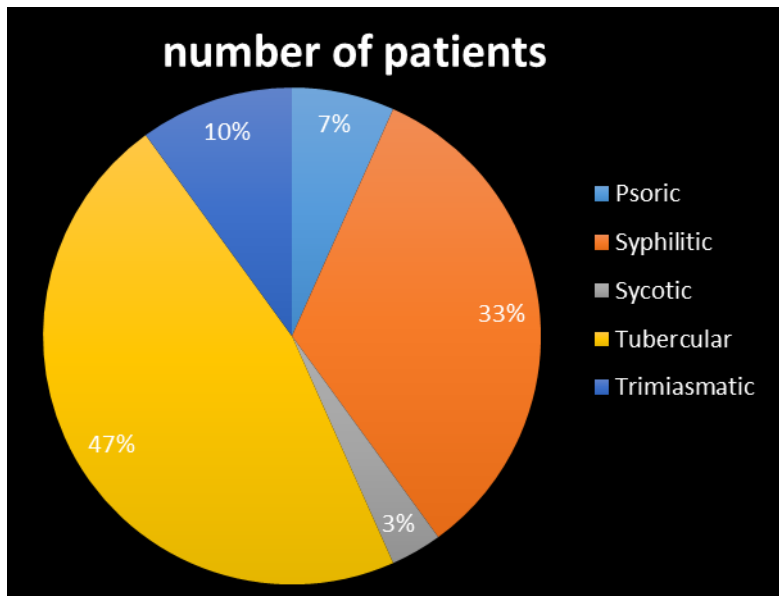


Fig 5: Distribution of predominant miasm

Table 1: Master Chart

Sl. No	Age	Sex	Total score before treatment	Total Score After treatment	Medicine
1	6	F	7	3	Silicea
2	10	M	10	4	Tuberculinum
3	12	F	5	2	Phosphorus
4	6	M	7	7	Baryta carb
5	12	M	5	1	Sulphur
6	8	F	5	2	Calcarea carb
7	9	M	7	3	Tuberculinum
8	10	M	7	3	Tuberculinum
9	11	M	7	3	Tuberculinum
10	5	F	5	2	Calcarea carb
11	12	F	5	1	Carcinosin
12	12	M	6	2	Pulsatilla
13	6	F	7	3	Calcarea iod
14	8	F	5	2	Tuberculinum
15	6	F	6	2	Tuberculinum
16	7	F	7	3	Carcinocin
17	8	M	7	3	Lachesis
18	5	F	6	2	Tuberculinum
19	12	F	7	3	Phosphorus
20	10	M	5	2	Baryta carb
21	12	M	7	3	Sulphur
22	7	F	7	3	Calcarea carb
23	9	F	6	3	Calcarea carb
24	7	F	8	5	Syphilinum
25	7	M	5	2	Calcarea iod
26	5	M	5	2	Calcarea iod

27	10	M	5	2	Calcarea iod
28	7	M	5	2	Calcarea iod
29	8	M	5	2	Calcarea iod
30	10	F	5	2	Calcarea iod

Statistical analysis of total symptom score

After substituting values from table, tabulation of mean,

median and standard deviation was done.

Table 2: Tabulation of the statistical values

	Before	After
Valid	30	30
Mean	6.1333	2.6333
Median	6.0000	2.0000
Standard Deviation	1.22428	1.15917
Minimum	5.00	1.00
Maximum	10.00	7.00
25	5.0000	2.0000
Percentiles 50	6.0000	2.0000
75	7.0000	3.0000

Table 3: Tests of Normality

	Kolmogorov-Smirnov ^a			Shapiro-Wilk		
	Statistic	Df (degree of freedom)	Significance	Statistic	Df	Significance
Before	.256	30	.000	.791	30	.000
After	.276	30	.000	.753	30	.000

a. Lilliefors Significance Correction

Both the above tests were significant, the data was not normally distributed. So, the test of significance is Wilcoxon signed rank test done using SPSS (Statistical Package for the Social sciences) software package 20.

Null Hypothesis H0: There is no difference before and after treatment.

Alternate Hypothesis H1: There is significant difference before and after treatment.

Table 4: Test of significance

Null hypothesis	Test	Significance	Decision
The median of difference between before and after values equals 0	Related sample Wilcoxon signed rank test	.001	Reject the null hypothesis

Asymptomatic significance displayed. The significance level: 0.05.

Hence, we rejected the null hypothesis, H0 (no difference in total symptom score before and after treatment) and accept the alternate hypothesis H1 (there is significant difference in total symptom score before and after treatment).

Discussion

From the analysis of 30 cases, it became evident that homoeopathic medicines chosen according to symptom similarity in the correct potency have the potential to reduce the children's susceptibility to recurrent tonsillitis which was shown by the reduction in the episodes after the treatment was started. To reach a valid conclusion, a few findings have to be discussed that have evolved out of the study.

Greater majority of children (83%) were from the middle- and upper-class income group. This could be due to the greater exposure to certain exciting factors like cold drinks, chocolate and milk products, preservative added bakery products and frequenting in crowded areas like malls.

Upon analyzing the questionnaire given to parents it can be clearly noted that all the children presented with symptom of fever during the acute episodes. Majority of them also presented with sore throat and difficulty in swallowing. Children below 6 did not complain of sore throat. Myalgia and fatigue were other common symptoms noted. The chronic symptom noted in almost all the cases (86%) was

enlarged size of tonsils or hypertrophied tonsils. Presence of snoring in 9 cases could be due to accompanying adenoiditis. Halitosis was complained of by parents of 8 children without any evidence of dental caries.

Family history of the study participants revealed that 50% of them had history of recurrent tonsillitis in the family. Total 30% of them had family history of atopy. This was consistent with the other etiological studies that family history of allergies or similar complaint of tonsillitis may be one of the causes.

Again, the study was consistent with the statement that recurrent tonsillitis is one of the common causes of absenteeism in schools as 29 out of 30 children missed 6 or more of school days due to that reason. It is an optimistic factor that during the year they were on homoeopathic treatment 23 children missed only between 1 – 5 days of school on an average.

As expected, the major trigger factors were the cold exposure whether cold drinks or cold drafts and seasonal changes. More important was the finding that half the cases showed aggravation from citrus fruits, chocolates, and preservative laden bakery items. Generally, this feature is common in allergic complaints. But what was noteworthy was that most parents conveniently neglected to try to curb such items even though they were aware of its harmful side effects.

Upon working out the predominating miasm in the cases, 14 children were found to be tubercular, 10 syphilitic, 2 psoric, 1 sycotic and 3 trimiasmatic. The pathogenesis of recurrent tonsillitis also points to predominance of psoric and syphilitic miasm in combination.

Two most frequently indicated medicines were Tuberculinum prescribed in 8 cases and Calcarea iodide in 7 cases, Calcarea carbonica in 4 cases. Phosphorus, Sulphur, Baryta carbonica and Carcinocin were prescribed in 2 cases each and Silicea, Pulsatilla and Lachesis in one case each.

None of the cases worsened after treatment but one case did not show any change in the number of episodes of tonsillitis. All the other cases showed reduction in the number after treatment was initiated. The statistical significance of p value less than 0.05 was obtained, confirming the efficacy of homoeopathic medicines in treatment of recurrent tonsillitis. Overall, the parents of the children who participated in the study were happy and satisfied that they opted for this alternative route of treatment and felt their child's overall immunity was better.

The scope of studies on susceptibility is huge. Improving the immunity and resistance power of the people is the need of the hour. New improvised preventive strategies should be adopted instead of concentrating on only curative strategies. Homoeopathy is the answer to cost effective alternative preventive strategies.

Limitations of the study

The age group selected was between 4- 12, but this could have been extended to 16 years as many cases in those ages were also consulting in the OP. Also, it is difficult to get a proper follow up in school going children especially if both parents are employed. The study group being children, compliance to dietary restrictions is also not easy. Also, many cases are associated with other related issues like chronic adenoiditis/ hypertrophy of adenoids, sinusitis etc. The sample size studied is small due to the time constrain. The main factor being studied here is the susceptibility of the patient. It is not possible to quantify susceptibility and hence measure it. We can only make a qualitative assessment. Also, the selection of potency is not based on any definite scale or rule. It is also based on a qualitative individualized assessment based on Stuart Close's general directions.

Conclusion

The results from this study suggest that homoeopathic medicines are effective in the treatment of recurrent tonsillitis based on Stuart Close's concept of susceptibility and selection of potency. Susceptibility decides the reaction of the individual to disease causes, hence the medicine as well as the potency selection also must be based on the susceptibility of the patient. On satisfying this morbid susceptibility by using the homoeopathic similimum in right potency we can confer true immunity to the patient. The study would have been more relevant if the sample size was bigger. More disease conditions can be included in similar studies. In fact, on a bigger scale, such studies can be done in communities or panchayats and evaluate the reduction in susceptibility to common infections or epidemics. Such studies can be done by international research agencies parallel to human genomic research studies to evaluate the relevance of homoeopathic medicines in modifying human being's genetic tendencies.

Conflict of interest

The authors declare that there is no conflict of interest.

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