



A comparative clinical study of homoeopathy v/s allopathy management in treatment of tonsillitis

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ABSTRACT

Tonsils are natural protectors and vital organs of self-defense mechanism of the body. One of the most common so-called surgical problems and a matter of grave concern because of its recurrence and ability of lowering the resistance is Tonsillitis. In allopathic science usually there is temporary management relief with antibiotics but for recurring obstinate cases only tonsillectomy is final aid; on the contrary in homoeopathy by using correct homoeopathic medication, it becomes possible to save tonsils. So this study was taken to see the effectiveness of homoeopathic medicine against the conventional therapy. Prospective, Open trial, Double arm, Randomized Comparative study was conducted in the OPD of Jawaharlal Nehru Homoeopathic Medical College Hospital and Parul Sevashram Hospital, Limda, Dist. Vadodara. Total 150 samples of pre-diagnosed or cases with clinical presentation of tonsillitis between 5- 45 years of age irrespective of gender were included in the study. Samples were allocated in two separate groups viz., group 1 (n-75) included cases who were given homoeopathic medicines for Tonsillitis and group 2 (n-75) included cases who were given allopathic medicines for Tonsillitis. Chi-squared test is helpful in assessing the relationship between two categorical variables. Total 12 homoeopathic medicines were found useful for tonsillitis, among these in maximum cases Merc Sol was prescribed i.e. 13 cases (17.3%). Other useful medicines were Kali Bich, Belladonna, Hepar sulph, Phytolacca, Bar. Carb, Lachesis, Silicea, Lac Can, Calc Carb, Lyco and Nit Acid. Whereas, total 6 antibiotics were used along with analgesics; the most common allopathic remedy prescribed in tonsillitis was Augmentin i.e. in 23 cases (30.7%). Other useful antibiotics were Azithromycin, Amoxicillin, Cefadroxil, Ampicillin and Levofloxacin. In this study Homoeopathy found more effective as compare to allopathic mode of treatment in cases of tonsillitis.

Key words: Tonsillitis, Homoeopathy, Allopathy, Tonsillectomy, Clinical study.

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INTRODUCTION

Tonsillitis is an aggravation of the tonsils. Constant tonsillitis creates because of irresistible intense respiratory infections, which are joined by aggravation of the mucous film of the pharynx. Potential microorganisms in persistent tonsillitis can be staphylococci, streptococci, pneumococci, Haemophilus influenzae, Moraxella, adenoviruses, Epstein-Barr, Coxsackie and herpes infections, mycoplasma, chlamydia, growths, and so forth [1] One of the most normal purposes behind the improvement of ongoing tonsillitis is the past illness brought about by bunch a beta-hemolytic streptococcus [2]. In numerous patients with constant tonsillitis, beta hemolytic streptococci are seen as along with staphylococcus aureus [3]. Moderate therapy of ongoing tonsillitis incorporates watering the throat and tonsils with germ-killers notwithstanding inward breaths, immunostimulation, and anti-microbial treatment. The issue with anti-toxin treatment is microscopic organism's desensitization and expanded anti-toxin obstruction over the long run. Other non-intrusive treatment strategies incorporate shortwave bright radiation and ultrahigh recurrence treatment. The careful strategy for treating constant tonsillitis is the expulsion of the tonsils. Be that as it may, the tonsils fill vital roles in the body. The tonsils are an obstruction to microscopic organisms in the respiratory parcel and gastrointestinal tract and are one of the organs of hematopoiesis. Regularly, intense respiratory contaminations in individuals with eliminated tonsils end in pneumonia. Tonsil stones (Tonsilloliths) are one of the primary indications of constant tonsillitis. Tonsil stones collect in the notches of the tonsils and have a particular unsavory smell. Much of the time, the tonsil stones are the reason for

terrible breath. The creator created constant tonsillitis since adolescence, in the wake of experiencing an irritated throat once. Regular intensifications, now and then up to one time per month, forestalled a medical procedure to eliminate the tonsils. The condition worked on in the late spring, which the creator partners with the fortifying of the safe framework later openness to the sun and washing the mouth with seawater. Physiotherapy additionally had a beneficial outcome however didn't decrease the pace of repeat of the illness. In 2007, the creator involved autosomes and homeopathic solutions for the therapy of ongoing tonsillitis. Homeopathy, designed by Samuel Hahnemann (1755-1843), depends on the standard "like fixes like" [4], which in Greek signifies "like an illness", and depends on the six standards: Notwithstanding information about the harmful impacts of different substances, homeopathy utilizes information from provings - tests utilizing sound volunteers who took homeopathic cures in low weakening. A significant rule of demonstrating is to utilize just one cure. The proving permitted the arrangement of a *Materia Medica* or a rundown of indications caused by homeopathic cures in solid individuals. In homeopathy, the dynamic fixing is weakened in decimal or centesimal proportions and shaken (succussed) multiple times later every weakening. This interaction is called potentization or dynamization. Hahnemann utilized just one cure since the impacts of a few cures simultaneously were not tried in solid individuals and, appropriately, the impact of the blend of cures was obscure. Notwithstanding, in spite of effective treatment of specific infections with one cure, Hahnemann was confronted with the issues of treating persistent sicknesses. Taking one homeopathic cure assisted with adapting with every fuel independently, mitigating the patient's condition, yet it was impractical to accomplish total recuperation. Hahnemann recommended that the neurotic state of patients is upheld by a specific constitution, for example an extraordinary condition that upholds inside obsessive processes, obstructing return to wellbeing. As per Hahnemann, this could be expected to a past specific sickness or then again illness acquired from guardians. This is the means by which the hypothesis of miasms occurred. Miasms compare to a certain protected sort, specifically the moved ailment. Hahnemann considered psoric miasm to be the most successive, connecting psora to a patient's past sicknesses, or indeed, even a patient's folks with the reason for the shaped neurotic reaction of the body to some other afflictions. Weakened and potentized emissions from debilitated individuals with a comparative infection were utilized as a sacred miasmatic cure. For instance, on account of psora, release from skin ulcers was utilized. For the eighteenth century, homeopathy created by Samuel Hahnemann was a progressive strategy for treatment and aided huge number of individuals to recuperate from different illnesses. It is a customized medication in view of the patient's side effects and comparable potentized cures that cause manifestations like the patient's ailment. Hahnemann was a genuine researcher who made the homeopathy framework, directed various analyses, and had a broad clinical practice. To make a comparative clinical study of Homoeopathy & Allopathy in management of tonsillitis and the effectiveness of Homoeopathic treatment in cases of Tonsillitis. To assess the effectiveness of allopathic treatment in cases of Tonsillitis.

MATERIAL AND METHODS

Type of Study: Clinical trial

Site of study: The study was conducted in the OPD of Jawaharlal Nehru Homoeopathic Medical College Hospital and Parul Sevashram Hospital, Limda, Dist. Vadodara.

Study design: Prospective, open label, double arm, randomized comparative trial. Sample size: 150

Exclusion criteria:

Patients with other co-existing systemic illnesses

Inclusion criteria:

Patients between 05- 45 years age are included irrespective of gender. Cases pre-diagnosed or with clinical presentation of tonsillitis

Grouping Criteria:

Total 150 subjects were included in the study. Patients were allocated in two separate groups viz., group 1 (n=75) were homoeopathic medicines given for Tonsillitis and group 2 (n=75) were allopathic medicines given.

Follow-ups Criteria:

Total of the cases will be done at an interval of 3-14 days, as per gravity of the case for the duration of minimum 3 months.

Ethical approval:

The study was approved by Institutional Ethics Committee, Jawaharlal Nehru Homoeopathic Medical College, Parul University. Patients were informed about type of study and its consequences through Patient Information Sheet and consent of each and every patient was taken on Consent Form.

Intervention:1) Homoeopathic management:

Case taking was done as per the guideline of Hahnemann in Organon of Medicine. After analysis and evaluation proper totality of symptoms was formed. Reportorial as well as non-reportorial approach was taken as per need of the cases. Kent repertory was used for reportorial approach. Potency and Repetition: done as per susceptibility and severity of the cases

2) Allopathic management:

The cases of Tonsillitis managed by allopathy at Parul Sevashram Hospital where collected for the study. Allopathic medicines for tonsillitis prescribed by the allopathic doctors of Parul Sevashram hospitals. Medicinal doses and repetition were followed as per pharmacological guideline

Outcome: The following parameters were fixed for the assessment of the cases

Recovered: Feeling of mental and physical wellbeing and disappearance of all symptoms of tonsillitis without any recurrence during period of study.

Improved: Feeling of mental and physical wellbeing along with slight improvement in the intensity of symptoms. Frequent recurrence of the symptoms.

Not improved: No relief of complaints even after a sufficient period of treatment
Study duration: 12 months

RESULTS

In this study, a total of 150 cases suffering from Tonsillitis were taken up for analysis and following 1. Observations were found. X^2 Calculated = 7.69, Degree of Freedom = 2

So, According to Chi Square Chart, We can say that the Null Hypothesis H_0 is rejected for significance level greater than 0.0213 or with a confidence level of 97.87% surety. Subsequently, we can conclude that there is a significant difference between the Homeopathy and Allopathy. Therefore, the result shown recovered cases in Homeopathy are Higher than Allopathy as well as the not-improved Cases in Homeopathy are far less than that of Allopathy, clearly indicating Homeopathic treatment for tonsillitis is better than Allopathy.

Table. No.1. Distribution of cases of tonsillitis as per Age

No	Age group(in years)	cases	Percentage
1	5-10	45	30.0
2	11-15	47	31.4
3	16-20	43	28.7
4	21-25	12	08.0
5	26-30	02	01.3
6	31-35	01	00.6
7	36-40	00	00.0
8	41-45	00	00.0
Total		150	100

Table. No.2. Distribution of cases of tonsillitis as per Gender

No	Gender	Cases	Percentage
1	Male	115	76.7
2	Female	035	23.3
Total		150	100

Table. No. 3. Distribution of cases of tonsillitis as per types

Types	Cases	Percentage (%)
Acute Tonsillitis	54	36.0
Chronic Tonsillitis	96	64.0
Total	150	100

Table. No.4. Distribution of cases of tonsillitis as per indicated Allopathic medicines

No	Allopathic medicines	cases	Percentage
1	Amoxicillin	15	20.0
2	Ampicillin	07	09.3
3	Augmentin	23	30.7
4	Azithromycin	17	26.7
5	Cefadroxil	09	12.0
6	Levofloxacin	04	05.3
Total		75	100

Table. No. 5. Distribution of cases of tonsillitis as per indicated Homoeopathic medicines

No	Medicine	cases	Percentage
1	Bar. Carb	06	08.0
2	Belladonna	08	10.7
3	Calc Carb	03	04.0
4	Hepar Sulph	07	09.3
5	Kali Bich	10	13.3
6	Lac Can	04	05.3
7	Lachesis	06	08.0
8	Lycy	03	04.0
9	Merc Sol	13	17.3
10	Nit Acid	03	04.0
11	Phytolacca	07	09.3
12	Silicea	05	06.8
Total		75	100.00

Table. No. 6. Distribution of cases of tonsillitis as per overall result (Group-1+2)

Result	Cases	Percentage %
Recovered	90	65.0
Improved	35	23.3
Not Improved	25	16.7
Total	150	100

Table. No.7. Distribution of cases of tonsillitis as per comparative result with Homoeopathic & Allopathic treatment

Result	With Allopathy		With Homoeopathy	
	Cases	Percentage %	Cases	Percentage %
Recovered	39	52	51	68
Improved	21	28	14	18.7
Not Improved	15	20	10	13.3

DISCUSSION

Through this "A comparative clinical study of Homoeopathy v/s Allopathy management in treatment of tonsillitis", 150 cases were taken to develop the evidence-based support on the comparison of Homoeopathic & allopathic treatment in management of Tonsillitis. Maximum cases were found in age group of 11-15 years i.e. 47 (31.4%), next common groups were 5-10 years i.e. 45 cases and 16-20 years 43 cases (28.7%), so study justified review of literature regarding the age incidences. Among these maximum sex incidences was in males i.e. 76.7% against 23.3% of female. Chronic tonsillitis was found most common in compare to acute one i.e. 64 % cases of chronic tonsillitis against 36% acute tonsillitis cases. Total 12 homoeopathic medicines were found useful for tonsillitis, among these in maximum cases Merc Sol was prescribed i.e. 13 cases (17.3%). Other useful medicines were Kali bich, Belladonna, Hepar Sulph, Phytolacca, Bar. Carb, Lachesis, Silicea, Lac Can, Calc Carb, Lycy and Nit Acid.

Whereas, total 6 antibiotics were used along with analgesics; the most common allopathic remedy prescribed in tonsillitis was Augmentin i.e. in 23 cases (30.7%). Other useful antibiotics were Azithromycin, Amoxicillin, Cefadroxil, Ampicillin and Levofloxacin. Recovery rate was higher under homoeopathic treatment in compare to allopathic treatment i.e. 68% against 52%; while improvement was higher under allopathic treatment in compare homoeopathic treatment i.e. 28% versus 18.7%. Under allopathic treatment 20% did not improve while 13.3% did not improve under homoeopathic treatment. So, overall homoeopathic management of tonsillitis is more effective in compare to allopathic management in cases of tonsillitis. Therefore, this study was small endeavour to explore role of homoeopathy and allopathy on management of tonsillitis which can be further validated by increasing the sample size.

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CONCLUSION

Homoeopathy shown more effectiveness in the treatment of tonsillitis as compare to allopathic mode of treatment.

CONFLICT OF INTEREST: Author doesn't want to show any conflict of interest.

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