

Role of Homoeopathic Remedies in the Management of Acute Pharyngitis – A Case Series Study

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Abstract—Background: Acute pharyngitis is a common inflammatory condition of the throat presenting with pain, redness, and fever. Conventional management often involves symptomatic treatment or antibiotics. Homoeopathy offers an individualized, non-antibiotic approach aimed at stimulating the body's natural healing response. **Objective:** To evaluate the role of individualized homoeopathic remedies in the management of acute pharyngitis through a case series study. **Methods:** Ten clinically diagnosed cases of acute pharyngitis were studied over four weeks in the outpatient department. Each case was repertorized and treated with individualized homoeopathic medicines based on the totality of symptoms. Remedies such as *Belladonna*, *Hepar sulphuris*, *Mercurius solubilis*, *Phytolacca decandra*, and *Kali bichromicum* were prescribed. Assessment was made on the basis of reduction in pain, fever, redness, and duration of illness using a 5-point Likert scale. **Results:** Among 10 cases, 7 (70%) showed complete recovery within 3–5 days, 2 (20%) had marked improvement, and 1 (10%) showed mild improvement. The mean duration of recovery was 3.8 days. No adverse effects or recurrence were reported. **Conclusion:** Individualized homoeopathic treatment proved effective in managing acute pharyngitis, offering rapid relief without antibiotics. Larger controlled studies are warranted to confirm these preliminary findings.

Index Terms—Acute pharyngitis, Homoeopathy, Case series, Individualized treatment, *Belladonna*, *Hepar sulphuris*.

I. INTRODUCTION

Acute pharyngitis is one of the most common upper respiratory tract infections encountered in clinical practice. It is characterized by inflammation of the pharyngeal mucosa, resulting in symptoms such as sore throat, difficulty in swallowing, fever, and general malaise. The condition is commonly viral in origin, although bacterial causes, particularly *Group A β -hemolytic Streptococcus*, are also observed. Overprescription of antibiotics in mild or viral cases contributes to antimicrobial resistance and unnecessary side effects, making the search for safer, holistic alternatives increasingly important. Homoeopathy, based on the principle of “*Similia Similibus Curentur*,” offers an individualized therapeutic approach that considers not only the disease symptoms but also the patient's general and mental state. Remedies are selected on the basis of the totality of symptoms, thereby addressing both the local inflammation and the person's susceptibility. Previous clinical observations and small-scale studies suggest that well-indicated homoeopathic remedies can reduce the intensity and duration of throat pain, fever, and associated symptoms without adverse effects. The present case series aims to evaluate the role of individualized homoeopathic remedies in the management of acute pharyngitis and to observe their effect on symptom relief and recovery duration.

II. MATERIALS AND METHODS

Study Design:

A prospective case series study was conducted to assess the effectiveness of individualized homoeopathic remedies in acute pharyngitis.

Study Setting and Duration:

The study was carried out in the Outpatient Department of Homoeopathy over a period of four weeks.

Sample Size:

A total of 10 clinically diagnosed cases of acute pharyngitis were included in the study.

Inclusion Criteria:

- Patients presenting with acute onset sore throat, pain on swallowing, redness of the pharynx, and fever.
- Age group: 10–60 years.
- Patients willing to provide informed consent and follow up regularly.

Exclusion Criteria:

- Chronic or recurrent pharyngitis.
- Cases with complications such as tonsillar abscess or sinusitis.
- Patients on concurrent antibiotic or steroid therapy.

Case Taking and Diagnosis:

Each patient underwent detailed case taking following Hahnemannian principles, including physical examination and assessment of local and general symptoms. Diagnosis of acute pharyngitis was made clinically on the basis of inflammation of the pharyngeal mucosa and associated symptoms.

Prescription and Treatment:

Remedies were selected on the basis of the totality of symptoms and repertorization. Commonly prescribed medicines included:

Table 1: Distribution of Clinical Improvement (n = 10)

Degree of Improvement	No. of Cases	Percentage (%)	Mean Duration of Recovery (Days)
Complete recovery	7	70%	3–5 days
Marked improvement	2	20%	4–6 days
Mild improvement	1	10%	6–7 days
No improvement	0	0%	—

Table 2: Remedies and Their Clinical Response

Remedy Prescribed	No. of Cases	Response Category (Complete/Marked/Mild)
Belladonna	4	3 Complete, 1 Marked

Belladonna, *Hepar sulphuris*, *Mercurius solubilis*, *Phytolacca decandra*, and *Kali bichromicum*.

Potency and repetition were individualized according to the case. Placebo was given in between when necessary.

Assessment Criteria:

- Reduction in throat pain, redness, fever, and dysphagia.
- Duration of illness and time to recovery.
- Grading of improvement was done using a 5-point Likert scale:

1 = No improvement, 2 = Mild, 3 = Moderate, 4 = Marked, 5 = Complete recovery.

Follow-up:

Patients were followed up every alternate day for a minimum of 7 days or until complete recovery.

Data Analysis:

Observations were recorded and tabulated to assess the percentage of cases showing various degrees of improvement and average recovery time.

III. OBSERVATIONS AND RESULTS

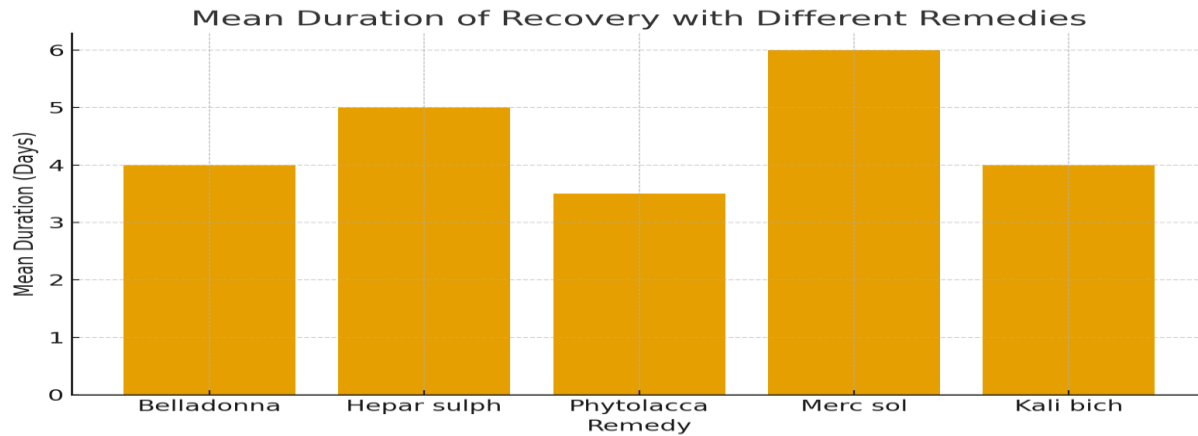
A total of 10 patients diagnosed with acute pharyngitis were treated with individualized homoeopathic remedies. The majority of patients presented with symptoms such as sore throat (100%), pain on swallowing (90%), redness of pharynx (80%), and fever (70%).

The most commonly prescribed remedies were *Belladonna* (4 cases), *Hepar sulphuris* (2 cases), *Phytolacca decandra* (2 cases), *Mercurius solubilis* (1 case), and *Kali bichromicum* (1 case).

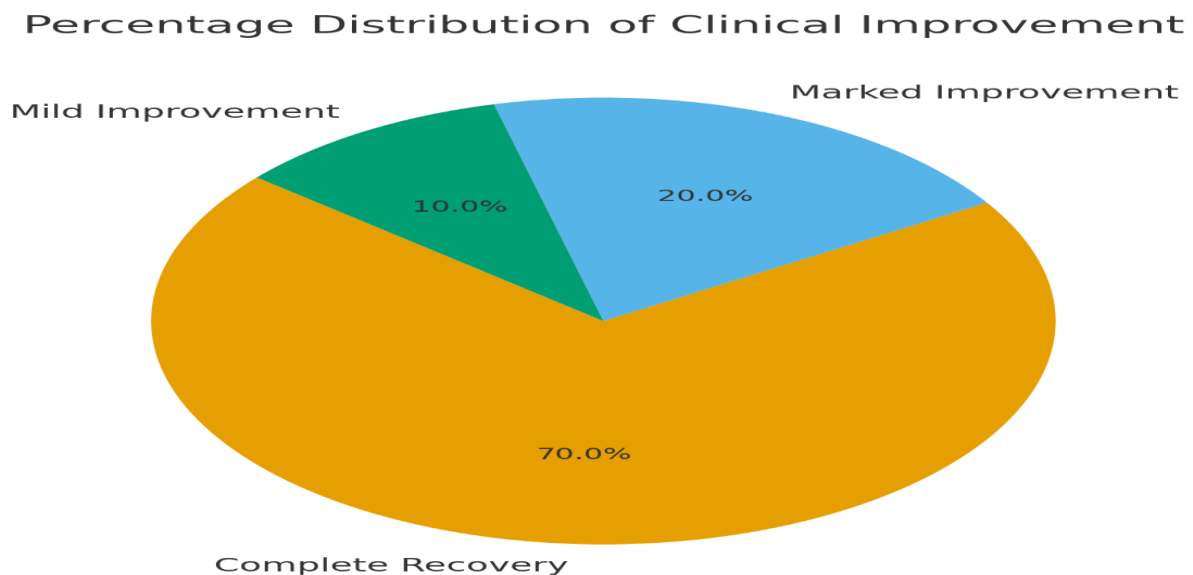
Clinical improvement was assessed based on the reduction in pain, redness, fever, and discomfort in swallowing, using a 5-point Likert scale.

Hepar sulphuris	2	1 Complete, 1 Marked
Phytolacca decandra	2	2 Complete
Mercurius solubilis	1	1 Mild
Kali bichromicum	1	1 Complete

Graph 1: Mean Duration of Recovery with Different Remedies



Graph 2: Percentage Distribution of Clinical Improvement

**Overall Outcome:**

- Complete or marked improvement was observed in 90% of cases.
- Average duration of recovery: 3.8 days.
- No complications, recurrence, or adverse effects were reported during follow-up.

These findings suggest that individualized homoeopathic remedies were effective in reducing the

intensity and duration of symptoms in acute pharyngitis.

IV. DISCUSSION

The present case series demonstrates the beneficial role of individualized homoeopathic remedies in the management of acute pharyngitis. The majority of patients showed rapid and complete recovery without

requiring antibiotics or other conventional medications. The results are consistent with the fundamental homoeopathic principle of individualization, where remedies are selected based on the totality of symptoms rather than the disease name alone.

Remedies such as *Belladonna*, *Hepar sulphuris*, and *Phytolacca decandra* showed particularly favorable outcomes. *Belladonna* was effective in cases with sudden onset, high fever, and bright red throat; *Hepar sulphuris* helped when the throat was extremely sensitive to cold air and pain was sharp and splinter-like; and *Phytolacca* was useful when pain radiated to the ears with dark or bluish discoloration of the throat. These clinical observations align well with classical materia medica descriptions and prior empirical experiences.

The mean recovery time of 3.8 days observed in this study is comparable to or shorter than the typical recovery period reported in conventional management, where viral pharyngitis often resolves in 5–7 days. Importantly, patients experienced symptomatic relief earlier, indicating that individualized homoeopathic treatment can enhance comfort and functional recovery.

No adverse effects or recurrence were noted, emphasizing the safety and tolerability of homoeopathic medicines in acute conditions. The absence of antibiotic use further highlights the potential of homoeopathy as a supportive, non-invasive approach to managing self-limiting infections and reducing antimicrobial resistance.

However, this case series has limitations, including a small sample size, lack of control group, and subjective assessment parameters. Future studies with larger randomized controlled trials, standardized outcome measures, and objective markers (like throat swab culture or symptom scoring systems) are warranted to validate these findings and establish stronger clinical evidence.

V. CONCLUSION

The findings from this case series indicate that individualized homoeopathic remedies can play a significant role in the management of acute pharyngitis, providing rapid and sustained symptom relief without adverse effects. Remedies such as *Belladonna*, *Hepar sulphuris*, *Phytolacca decandra*,

Mercurius solubilis, and *Kali bichromicum* demonstrated effective results when prescribed on the basis of the totality of symptoms.

The average recovery time of 3.8 days and the absence of complications or recurrence suggest that homoeopathy can serve as a safe and efficacious therapeutic alternative, particularly in mild to moderate cases where antibiotic use may not be justified.

While these observations are encouraging, the small sample size and lack of control group limit generalizability. Therefore, further well-designed clinical trials with larger cohorts and objective outcome measures are recommended to substantiate the role of homoeopathic medicines in acute pharyngitis and to integrate such approaches into evidence-based clinical practice.

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