

PILOT STUDY: Effect of Ocimum Sanctum in cases of Acute tonsillitis in 5-15 year age assessed by Brodsky grading scale

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I. BACKGROUND AND NEED OF STUDY

According to the statistics, the preteen age group (6–12 years) had the highest number of tonsillitis cases (69%), followed by the teenage group (13–18 years) (18%) and the youngest (5–6 years) (17%).

Approximately 13% of outpatient visits are due to Tonsillitis. Most often the result of a viral or bacterial infection. Uncomplicated presents as a sore throat.

II. INTRODUCTION

Acute tonsillitis is an inflammation of the tonsils, typically caused by an infection. While it mainly affects school-aged children, individuals of any age can also develop this condition.

The modern system of medicine still follows empirical method of treating tonsillitis by prescribing painkillers, anti-inflammatory drugs and antibiotics. These ways of treatment have a lot of side effects like constipation, drowsiness, loss of appetite, nausea. Thus, unnecessary use of antibiotics and painkillers produce drug resistance. Homeopathy provides alternative approach to avoid such conditions.

III. HOMEOPATHIC APPROACH

According to studies found that an “International journal of basic and clinical pharmacology” concluded that significant effect of Ocimum Sanctum as anti inflammatory and analgesic activity.

Ocimum Sanctum is one of the lesser-known remedy and it's the plant which is mostly available throughout the India and all parts of plant are used as medicines in

different ways. Ocimum sanctum (Tulsi) means incomparable in Sanskrit. The whole plant is cure. Eugenol (1-hydroxy-2-methoxy-4-allylbenzene), the active constituent present in Ocimum sanctum has been found to be largely responsible for the therapeutic potentials of Tulsi.

IV. AIM

To understand the effectiveness of Ocimum Sanctum in cases of acute tonsillitis in children of 5-15 years age group.

V. OBJECTIVES

To assess the efficacy of Ocimum Sanctum in Acute tonsillitis with the help of Brodsky Grading scale.

VI. MATERIALS AND METHODS

1) Study Design Prospective pilot study, Interventional/Clinical study

2) Sample Size: 14 participants selected voluntarily

3) Age group: 5-15 years

4) Inclusion Criteria:

- Cases of both sexes will be included.
- Children of 5-15 years will be included.
- All types of acute tonsillitis cases included.
- Patient who are willing to give consent.

5) Exclusion Criteria:

- Age above 16 and below 5 not included.
- Patient taking any alternative treatment for the same complaint.
- Cases with other respiratory tract infection.

- Patient with pathological changes present in acute tonsillitis.

6) Withdrawal criteria:

- Patient who are not benefited from the treatment.
- If the disease is worsening or progress to advance conditions like abscess formation or Rheumatic fever (when there is group A Beta haemolytic streptococcus infection) then physician can withdraw.

7) Interventional Guideline:

- Ocimum sanctum medicine given to suitable patient.

8) Selection of Potency:

- According to pathology and guideline related to selection of potency given under Organon of medicine and per requirement of patient.

9) Dose & repetition:

- According to the principle outlined in Organon of medicine & as per requirement of patient.

10) Follow up & monitoring:

- Follow ups of each case will be taken at 2 days intervals or as per requirement (based on individual case).

11) Assessment criteria:

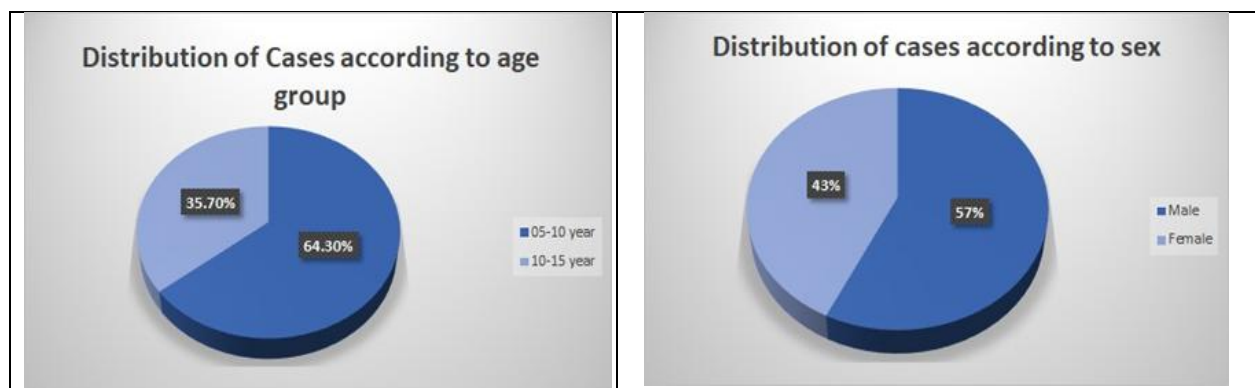
- The Brodsky grading scale is a well-known scale for classifying tonsil size.
- It categorizes tonsils into five grades based on the percentage of the oropharynx they occupy:
 - Grade 0: Tonsils are completely within the tonsillar fossa
 - Grade 1: Tonsils are outside the tonsillar fossa and occupy less than 25% of the oropharynx
 - Grade 2: Tonsils occupy 26-50% of the oropharynx
 - Grade 3: Tonsils occupy 51-75% of the oropharynx
 - Grade 4: Tonsils occupy more than 75% of the oropharynx
- Interpretation of Brodsky grading scale

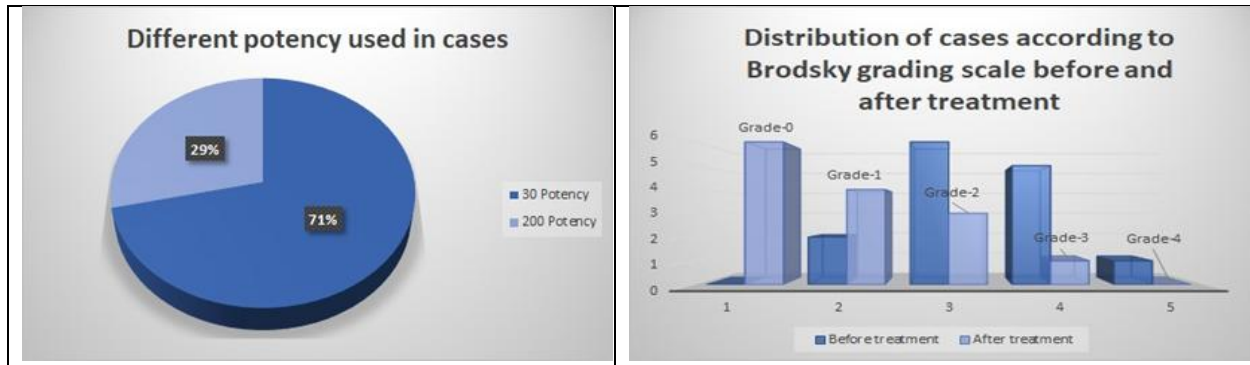
Grade	Tonsil size	Severity
0	Tonsils removed	None
1	<25% obstruction	Mild
2	25-50% obstruction	Mild- Moderate
3	50-75% obstruction	Moderate- severe
4	>75% obstruction	Severe

VII. ANALYSIS AND RESULTS

The majority of patients reported significant improvement in symptoms with Ocimum Sanctum. The Brodsky grading scale showed that most cases

indicated a reduction in tonsils size and clinical symptoms after treatment with Ocimum Sanctum. Majority of patients improved from higher grade to lower grade tonsillitis (Grade 2-4 to Grade 0-1).





VIII. CONCLUSION

The pilot study demonstrates that *Ocimum sanctum* is effective in managing acute tonsillitis in children aged 5-15 years, as evidenced by significant improvement in Brodsky grading scale after treatment. A majority of cases shifted from higher grades (Grade 2-4) to lower grades (Grade 0-1), indicating reduced tonsillar hypertrophy and inflammation. *Ocimum sanctum* shows great therapeutic potential in children with acute tonsillitis.

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