

# Clinical Study on the Effectiveness of Individualised Homeopathic Medicine in the Management of Acute Tonsillitis in Children Aged 5 to 15 Years Using the STQoL (Sore Throat Quality of Life) Scale”

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## Abstract-

**Introduction:** Acute tonsillitis is a common pediatric condition characterized by inflammation of the tonsils, causing dysphagia, fever, and significant impact on daily activities. This case report explores the efficacy of individualised homeopathic intervention in a male child aged 5–15 years, assessed clinically and via the Sore Throat Quality of Life (STQoL) scale.

**Case Presentation:** A pediatric patient presented with acute onset odynophagia (painful swallowing), tonsillar hypertrophy, and congestion. Visual examination revealed inflamed tonsillar tissue (Grade III hypertrophy).

**Intervention:** An individualised homeopathic remedy was selected based on the totality of symptoms and constitutional analysis.

**Results:** Post-treatment evaluation showed marked reduction in tonsillar size and inflammation (as evidenced by photographic comparison) and a significant improvement in STQoL scores, indicating a restoration of normal daily functioning.

**Conclusion:** Individualised homeopathy proved effective in the management of acute tonsillitis in this case, suggesting its potential as a viable therapeutic option for reducing morbidity and antibiotic dependence in pediatric populations.

**Keywords:** Acute Tonsillitis, Individualised Homeopathy, Pediatrics, Sore Throat Quality of Life (STQoL) Scale, Case Report.

## I. INTRODUCTION

Acute tonsillitis accounts for a significant portion of pediatric outpatient visits. Conventional management often involves analgesics, anti-inflammatory drugs, and frequently antibiotics. However, recurrent antibiotic use raises concerns regarding resistance

and microbiome disruption. Homeopathy offers a holistic alternative, treating the patient based on individual susceptibility and symptom totality.

This study utilizes the Sore Throat Quality of Life (STQoL) scale, a validated tool to measure the impact of throat infections on physical, social, and emotional functioning, providing a quantitative metric to supplement visual clinical findings.

## II. CASE PRESENTATION

### 2.1 Patient Profile

- \* Age/Sex: 10-year-old Male
- \* Chief Complaint: Severe throat pain for 3 days, aggravated by swallowing solids and liquids. High-grade fever (102°F) and malaise.
- \* History of Present Illness: The patient has a history of recurrent tonsillitis (3–4 episodes per year), often triggered by exposure to cold drafts or cold drinks.

### 2.2 Physical Examination (Baseline)

- \* General: Febrile, irritable, and lethargic.
- \* Oropharyngeal Examination (Refer to Figure 1 - BEFORE):
  - \* Tonsils: Bilaterally enlarged, Grade III hypertrophy.
  - \* Appearance: Deep red congestion visible on the tonsils and anterior pillars.
  - \* Uvula: Edematous and congested.
  - \* Tongue: Moist, slightly coated.

### 2.3 STQoL Baseline Assessment

The patient’s initial STQoL score was high (indicating poor quality of life), with specific impacts noted in:

- \* Swallowing: Difficulty eating meals.
- \* Sleep: Disturbed due to pain and oral breathing.

\* Energy Levels: Significantly reduced participation in play/school.

### III. THERAPEUTIC INTERVENTION

#### 3.1 Repertorization and Prescription

The case was analyzed based on the characteristic symptoms:

- \* Redness and burning heat in the throat.
- \* Sudden onset of high fever.
- \* Thirstlessness despite fever.
- \* Tonsils bright red and swollen.

Based on the repertorial totality, Belladonna 200C was selected as the simillimum (most similar remedy).

\* Dosage: 4 globules, three times a day for 3 days, followed by placebo.

### IV. RESULTS AND OBSERVATIONS

#### 4.1 Clinical Outcome

Within 24 hours, the fever subsided. By the 4th day, the patient reported 90% relief in pain during swallowing.

#### 4.2 Visual Evidence (Figure 1)

Figure 1 (below) demonstrates the objective improvement in the oropharyngeal cavity.

> Visual Analysis:

> \* BEFORE: Shows marked hyperemia (redness) and hypertrophy. The tonsillar crypts are prominent, and the fauces are congested.

> \* AFTER: Reveals a significant reduction in inflammation. The color of the mucosa has returned to a healthy pink. Tonsillar size has reduced from

Grade III to Grade I/II, and the airway appears more patent.

>

#### 4.3 STQoL Post-Treatment

The follow-up STQoL score dropped significantly, reflecting:

- \* Return of normal appetite.
- \* Uninterrupted sleep.
- \* Full resumption of school and play activities.

### V. DISCUSSION

The visual evidence in Figure 1 strongly correlates with the clinical improvement reported by the patient. The reduction in hyperemia suggests that the homeopathic remedy successfully modulated the acute inflammatory response.

Unlike conventional anti-inflammatories which suppress symptoms, the individualised remedy aims to stimulate the body's immune response to resolve the infection. The use of the STQoL scale provided a measurable patient-reported outcome (PRO), bridging the gap between subjective feeling and objective clinical signs.

### VI. CONCLUSION

This case demonstrates that individualised homeopathic medicine can be highly effective in the management of acute tonsillitis in children. The visual reduction in tonsillar inflammation and the concurrent improvement in STQoL scores support the inclusion of homeopathy in integrative pediatric care for upper respiratory tract infections. Further large-scale studies are recommended to validate these findings.

