

Evaluation of Individualised Homeopathy in Pediatric Acute Tonsillitis: A Case Report Monitored by STQoL Scale

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Abstract—

Objective: To document the therapeutic efficacy of constitutional homeopathic treatment in a pediatric case of acute tonsillitis, utilizing the Sore Throat Quality of Life (STQoL) scale as a primary assessment tool.

Case Summary: A 12-year-old male presented with high-grade fever, severe odynophagia, and halitosis. Clinical assessment confirmed acute tonsillitis. The patient was treated with an individualised homeopathic remedy selected based on symptom totality.

Results: Significant clinical improvement was noted within 72 hours, characterized by the remission of fever and pain. The STQoL scores demonstrated a marked improvement in physical, emotional, and school functioning post-treatment.

Conclusion: This case supports the potential of individualised homeopathy as an effective, non-invasive therapeutic modality for acute tonsillitis in children, reducing disease morbidity and improving quality of life.

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

I. INTRODUCTION

Acute tonsillitis is a frequent cause of morbidity in children aged 5 to 15 years. It presents a burden not only through physical symptoms like dysphagia and fever but also through secondary impacts such as school absenteeism and disrupted sleep. While conventional treatment often relies on analgesics and antibiotics, the global rise in antibiotic resistance necessitates the exploration of effective alternatives.

This case report examines the role of Homoeopathy—a system based on the principle of "Similia Similibus Curentur"—in managing an acute episode. The outcome is measured using the STQoL

(Sore Throat Quality of Life) scale, a validated instrument designed to quantify the specific burden of throat infections on a patient's daily life.

II. CASE PRESENTATION

2.1 Patient Profile

* Patient: 12-year-old Male.

* Presenting Complaint: Sudden onset of severe throat pain (odynophagia), difficulty in swallowing solids, and high-grade fever (39^oC) persisting for two days.

* Associated Symptoms: Excessive salivation (sialorrhea), offensive breath, and profuse perspiration at night.

2.2 Clinical History

The patient reported recurrent episodes of throat infection, often exacerbated by weather changes. The current episode began rapidly after exposure to damp weather. The parents reported that the child was irritable and refused to eat due to pain.

2.3 Baseline Assessment

* General Survey: The child appeared anxious and febrile.

* Oropharyngeal Examination: Examination revealed bilateral enlargement of the tonsils with significant congestion. The uvula was edematous, and the tongue appeared flabby with dental indentations. Cervical lymphadenopathy was tender on palpation.

* STQoL Score (Pre-Treatment): The initial assessment indicated a "Severe Impact" on quality of life, particularly in the domains of swallowing, sleep quality, and general energy levels.

III. THERAPEUTIC INTERVENTION

3.1 Repertorization and Remedy Selection

The case was analyzed by constructing a totality of symptoms. Key characteristic symptoms included:

- * Inflammation of the throat with burning pain.
- * Aggravation of symptoms at night.
- * Profuse salivation and offensive breath.
- * Sensitivity to temperature changes.

Based on repertorial analysis and materia medica consultation, Mercurius Solubilis 30C was identified as the simillimum.

3.2 Dosage and Administration

- * Prescription: Mercurius Solubilis 30C, 4 pills every 4 hours.
- * Adjunct Management: The patient was advised to maintain hydration and rest. No other anti-inflammatory or analgesic medications were administered.

IV. RESULTS

4.1 Clinical Progression

- * 24 Hours: The fever subsided, and the intensity of throat pain decreased. The patient was able to tolerate liquid diet better.
- * 72 Hours: Significant relief in odynophagia was reported. Salivation and halitosis were markedly reduced.
- * Day 5: Complete resolution of symptoms. The patient resumed normal diet and school activities.

4.2 Post-Treatment Assessment

The follow-up examination showed a return of the oropharyngeal mucosa to a normal, healthy appearance with a reduction in tonsillar size.

4.3 STQoL Outcome

The post-treatment STQoL questionnaire revealed a dramatic reduction in scores, shifting from "Severe Impact" to "No Impact." The child reported uninterrupted sleep and full restoration of appetite and energy.

V. DISCUSSION

This case highlights the rapid action of the homeopathic simillimum in acute inflammatory conditions. The remedy Mercurius Solubilis matched the specific pathological and constitutional picture of the patient (sialorrhoea, night aggravation, glandular affinity), leading to a swift recovery.

The use of the STQoL scale provided a robust framework for evaluating recovery beyond just clinical signs. It confirmed that the treatment

successfully restored the patient's functional status and well-being without the need for antibiotics.

VI. CONCLUSION

Individualised homeopathy demonstrated clear efficacy in this case of acute tonsillitis. The treatment resulted in rapid symptom resolution and a significant improvement in the quality of life as measured by the STQoL scale. These findings encourage further research into integrating homeopathy in pediatric primary care for upper respiratory infections.