

From Symptoms to Similimum - Murphy's Repertory in Tonsillitis Management: A Case Report

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Abstract - Tonsillitis is a common inflammatory condition of the palatine tonsils characterized by sore throat, fever, dysphagia, and enlargement of tonsils. Homoeopathy offers an individualized approach in the management of tonsillitis, where repertorization plays a key role in remedy selection. This article highlights the utility of Dr. Robin Murphy's Homoeopathic Medical Repertory in the systematic analysis and management of a case of acute tonsillitis. A detailed case was recorded and repertorized using Murphy's repertory, which helped in identifying the similimum based on characteristic symptoms. The severity of the condition and response to treatment were objectively assessed using the FeverPAIN scoring system, along with clinical evaluation of local and general symptoms. The selected homoeopathic remedy resulted in marked improvement in FeverPAIN score and overall clinical condition without complications. The selected homoeopathic remedy resulted in marked improvement in local and general symptoms without complications. This case demonstrates the practical usefulness and clinical applicability of Murphy's repertory as an effective tool for remedy selection in the homoeopathic management of tonsillitis.

Index Terms – Tonsillitis, Individualized Homoeopathy, Murphy's Repertory, Case Report

I. INTRODUCTION

The tonsils are masses of lymphoid tissue situated at the entrance of both the digestive and respiratory tracts, where they play an important role in immune defence. They function as a first line of protection by initiating an early immunological response against pathogens entering the body through inhalation or ingestion. The lymphoid structures present in the oropharynx form a circular arrangement known as Waldeyer's ring, which includes:

- Pharyngeal Tonsil
- Tubal Tonsil
- Palatine Tonsil
- Lingual Tonsil

Among these, the palatine tonsils—commonly referred to simply as “tonsils”—are paired

collections of lymphoid tissue located on the lateral walls of the oropharynx. They occupy the tonsillar fossa between the anterior and posterior palatine arches. Clinically, the term “tonsils” usually denotes the palatine tonsils visible at the back of the throat.

The arterial blood supply of the palatine tonsils is derived from multiple sources, including the tonsillar branch of the facial artery, ascending palatine artery, dorsal lingual artery, ascending pharyngeal artery, and lesser palatine artery. Venous drainage occurs mainly through the peritonsillar venous plexus, which empties into the pharyngeal and lingual veins and ultimately drains into the internal jugular vein. Sensory innervation of the tonsils is provided by the tonsillar plexus, receiving contributions from branches of the trigeminal nerve through the lesser palatine nerves and from the glossopharyngeal nerve.

From a homoeopathic perspective, accurate case analysis and remedy selection are essential in the management of tonsillitis. The Homoeopathic Medical Repertory compiled by Robin Murphy serves as a comprehensive and clinically oriented tool for systematic repertorization. This repertory is known for its modern structure, expanded rubrics, and inclusion of contemporary clinical terminology, making it particularly useful in acute conditions such as tonsillitis. It integrates classical homoeopathic philosophy with practical clinical applicability and provides detailed rubrics under sections such as throat, fever, generals, and modalities. The repertory also incorporates additions from classical sources along with modern provings, thereby broadening the scope of remedy differentiation.

In clinical practice, Murphy's repertory facilitates precise rubric selection, systematic analysis, and identification of the similimum based on individual characteristic symptoms. Its structured and user-friendly format enhances the reliability and efficiency of repertorization, making it a valuable

aid in the individualized homoeopathic management of tonsillitis

A Case Report

Name of the Patient: LMN
 Father's / Husband's Name: UVW
 Age: 24 years
 Sex: Female
 Religion and Nationality: Indian
 Marital Status: Engaged
 Family Size: 4
 Education: Final Year B.Com
 Occupation: Student
 Diet: Vegetarian
 Address: Kalavad Road, Rajkot
 Diagnosis: Acute Tonsillitis

INTERROGATION

Presenting Complain(s): -

Location	Sensation	Modalities	Concomitants
Throat – tonsils with small whitish ulcers	Sharp, stitching pain; swelling & redness As if something got stuck in the throat	< Cold air, exposure to wind < Swallowing solids < Touch > Warm drinks	Increased salivation, offensive breath with difficulty in speech due to pain

Associated Complaints
 Pain in extremities

History of Present Illness

Complaints started 2 days ago after exposure to cold wind. Initially mild pain in left tonsil, later became severe with redness and swelling. Difficulty swallowing solids > liquids. Salivation increased with offensive odor. Fever with chilliness, patient prefers to be covered.

Past History

The patient suffered from measles at the age of seven years and was treated with allopathic medicines with complete recovery. She had appendicitis at the age of sixteen years for which surgery was performed and recovery was uneventful.

Family History

Patient's father was suffering from diabetes mellitus. One brother was suffering from asthma. Paternal grandfather died due to stroke and had hypertension. Other family members were healthy.

Gynecological and Obstetric History:

Menarche at 13 years. Regular menses, 28–30 days cycle. No dysmenorrhea

Personal History:

Accommodation – With Family
 Economic Status – Middle Class
 Diet and Food Habit – Veg + Eggs
 Hobbies – Reading and singing
 Sexual History – Not Applicable
 Vaccination/Inoculation (reaction if any) – No Reaction
 Education – College
 Occupational History – Student

Physical Generals:

Appetite – Reduced due to pain
 Thirst – Increased
 Desires – Cold drinks and sweets
 Aversion – Bitter taste
 Salivation – Dry Mouth
 Bowel Movements – Once/day
 Urine – 4 to 5 times / day
 Perspiration – Profuse and offensive
 Sleep – Sound sleep
 Dream – Not significant
 Thermal Reaction – The patient is thermally chilly and sensitive to cold air.

Mental Generals:

The patient is of mild temperament generally but becomes easily irritable and quarrelsome during illness, showing marked sensitivity to trifles. She is often anxious about her health, fearing that the condition may worsen, and shows restlessness along with fever, though she feels physically weak. She does not like to remain alone and desires company, yet paradoxically becomes argumentative with close family members. During sickness, her memory and concentration become poor, and she often forgets what she has just read, complaining of mental dullness. She also displays suspicious tendencies, doubting others' intentions and feeling a lack of confidence when unwell. She is oversensitive to noise, light, and casual talk during fever, which further disturbs her. She harbors certain fears, especially a fear of darkness and of being left alone when ill, and occasionally a fear that her disease might become serious. Her dreams are often disturbed and anxious, with themes of quarrels, arguments, and falling from a height.

II. PHYSICAL EXAMINATION:

General Examinations:

Appearance – Normal
 Build and Nutrition – Moderate
 Anaemia – Mild pallor
 Jaundice – Absent
 Cyanosis – Absent
 Oedema – Absent

Skin (pigmentation, hair distribution, warts etc.) – Slightly oily, No eruptions
 Nails – Pinkish
 Lymphadenopathy – Present (cervical lymphnodes enlarged and tender)
 Tongue – White coated
 Blood Pressure – 112/72 mmhg
 Pulse – 90/min
 Temperature – 100.8 °F
 Respiration rate – 18/min

Systemic Examination:

- Gastrointestinal system examination revealed a soft and non-tender abdomen with regular bowel movements.
- Respiratory system showed equal air entry with normal breath sounds, with inflammation limited to the throat.
- Cardiovascular system examination revealed normal S1 and S2 heart sounds.
- Genitourinary system examination showed no tenderness or abnormality.
- Nervous system examination revealed the patient to be conscious and oriented.
- Musculoskeletal system examination showed normal posture and gait without restriction of movements.

Examination of Throat: (Using Modified Centor Criteria or Brodsky’s Scale)

Criteria	Present	Absent
Tonsillar exudate	✓	
Neck Lymph node	✓	
History of fever of temperature >38 °C	✓	
Age of 3 to 45 years	✓	
Cough		✓

LABORATORY INVESTIGATIONS AND FINDINGS:

CBC – WBC – 13,800 / mm³

III. DATA PROCESSING

Analysis and Evaluation of Symptoms:

Mental Generals:

Irritability and quarrelsome nature during illness.
 Anxiety about health, fear that disease may worsen.
 Restlessness with fever, but physically weak.
 Desires company, yet quarrels with those around.
 Oversensitivity to noise, light, and casual conversation.
 Fear of darkness.
 Fear of being left alone.
 Dreams of quarrels, arguments, and falling from a height.

Physical Generals:

Appetite reduced due to throat pain.
 Thirst increased, frequent small sips of water.
 Desire for warm drinks, sweets, and soft food.
 Offensive breath with increased salivation.
 Taste metallic, unpleasant.
 Perspiration profuse
 Chilly patient, sensitive to cold air and drafts.

Physical Particulars:

Throat – tonsils swollen, red, with small whitish ulcers.
 Pain in throat – sharp, stitching type; worse on swallowing solids, from cold air and touch.
 Sensation as if something stuck in the throat.
 Increased salivation, with offensive breath.
 Difficulty in speech due to throat pain and swelling.
 < Cold air, exposure to wind
 < Swallowing solids
 < Touch
 > Warm drinks

Totality of Symptoms:

Irritability and quarrelsome nature during illness.
 Restlessness with fever, but physically weak.
 Desires company, yet quarrels with those around.
 Oversensitivity to noise, light, and casual conversation.
 Fear of darkness.
 Fear of being left alone.
 Dreams of quarrels, arguments and fights.
 Appetite reduced due to throat pain.
 Thirst increased, frequent small sips of water.
 Desire for warm drinks, sweets, and soft food.
 Offensive breath with increased salivation.
 Taste metallic, unpleasant.
 Perspiration profuse
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IV. SELECTION OF MEDICINES

Repertorial Totality (From Murphy Repertory):

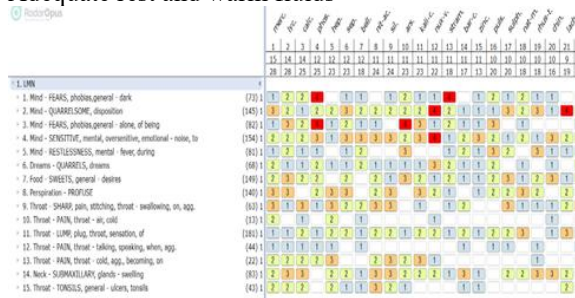
Mind → quarrelsome, disposition
 Mind → fears, phobias, general → dark
 Mind → fears, phobias, general → alone, of being
 Mind → sensitive, mental, oversensitive, emotional → noise, to
 Mind → restlessness, mental → fever, during
 Dreams → quarrels, dreams
 Food → sweets, general → desires

Perspiration → profuse
 Throat → sharp, pain, stitching, throat → swallowing, on, agg.
 Throat → pain, throat → air, cold
 Throat → lump, plug, throat, sensation, of
 Throat → pain, throat → talking, speaking, when, agg.
 Throat → pain, throat → cold, agg., becoming, on
 Throat → tonsils, general → ulcers, tonsils
 Neck → submaxillary, glands → swelling

Dose and Potency:
 MERCURIUS SOLUBILIS 200
 PRESCRIPTION:

MERCURIUS SOLUBILIS 200 2 dose
 SAC LAC 4 pills three times a day for 15 days

AUXILLARY MEASURES:
 Warm saline gargles twice daily.
 Avoid exposure to cold wind/air.
 Avoid cold food, ice, or refrigerated items.
 Maintain good oral hygiene.
 Adequate rest and warm fluids



FOLLOW – UP SHEET

DATE	CHANGE IN SYMPTOMS	PRESCRIPTION
After 15 days	Fever subsided. Throat pain reduced ~60%. Salivation decreased. Ulcers still visible but smaller. Offensive odor much less. Sleep improved.	MERCURIUS SOLUBILIS 200 2 dose SAC LAC 4 pills three times a day for 15 days
After 15 days	Throat pain only slight on swallowing solids. Ulcers almost healed. No offensive odor. Appetite and thirst normal.	MERCURIUS SOLUBILIS 200 2 dose SAC LAC 4 pills three times a day for 15 days
After 15 days	Throat completely normal. No ulcers, no offensive breath.	SAC LAC 2 dose

	Lymph nodes reduced. Patient cheerful, no anxiety or irritability.	SAC LAC 4 pills three times a day for 15 days
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ANALYSIS OF RESULT: -

Score Before	Score After
5	0

V. DISCUSSION

This case highlights the importance of individualized homoeopathic treatment in acute tonsillitis. Characteristic symptoms such as stitching throat pain, tonsillar ulcers, offensive breath, salivation, aggravation from cold air, and mental symptoms helped in forming the totality. Repertorization using Murphy’s Repertory facilitated systematic analysis and selection of the similimum.

Mercurius solubilis 200 corresponded well with the symptom picture and produced steady improvement in local and general symptoms. The FeverPAIN score reduced from 5 to 0, indicating complete clinical recovery without complications. This case demonstrates the practical usefulness of Murphy’s repertory in acute prescribing.

VI. CONCLUSION

This case demonstrates that individualized homoeopathic treatment can effectively manage acute tonsillitis. Murphy’s Repertory proved to be a useful tool in selecting the similimum. *Mercurius solubilis 200* resulted in complete recovery with marked improvement in FeverPAIN score and clinical symptoms without complications.

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