



# Individualised Homoeopathic Management of Acute Tonsillitis in a Paediatric Case:

## *A Case Study with Homoeopathic Analysis of Symptoms and Repertorial Chart*

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**Abstract :** Acute tonsillitis is a common inflammatory condition of the palatine tonsils in children, frequently presenting with fever, throat pain, dysphagia, and constitutional symptoms. Conventional management often includes antipyretics and antibiotics. This case study highlights the role of individualized homoeopathic prescribing based on totality of symptoms, repertorial analysis, and materia medica correlation in a paediatric case of acute tonsillitis. The remedy selection was based on characteristic mental and physical generals, leading to rapid recovery without complications.

**Keywords:** Acute Tonsillitis, Paediatric Case, Individualisation, Repertorisation, Homoeopathy.

### I. INTRODUCTION

Acute tonsillitis is characterized by inflammation of the tonsils, commonly caused by viral or bacterial infection. In children, it presents with:

- Sudden onset fever
- Throat pain
- Red, swollen tonsils
- Difficulty in swallowing
- Irritability

Homoeopathy emphasizes individualisation rather than disease diagnosis alone. The remedy is selected based on the totality of symptoms — mental, physical generals, and particulars.

#### Case Profile

Parameter	Details
Name	XYZ
Age	7 Years
Gender	Male
Date of Consultation	12 January 2026
Chief Complaint	Fever and throat pain since 1 day

## Chief Complaints

The patient, a 7-year-old male child, was brought to the outpatient department with acute onset of the following complaints:

### 1. Sudden High Fever (102°F)

The fever developed abruptly in the evening, without any preceding prodromal symptoms. The temperature was recorded at 102°F. The onset was rapid and intense, suggestive of an acute inflammatory process. The fever was continuous in nature, with marked heat of the body and flushed appearance of the face. There was no history of chills preceding the fever. The suddenness of onset was a striking feature in this case.

### 2. Severe Throat Pain

The child complained of intense pain in the throat, which appeared shortly after the onset of fever. The pain was sharp and aggravated on swallowing, even of saliva. The child avoided speaking due to discomfort. The severity of throat pain was disproportionate and distressing, causing restlessness and crying.

### 3. Difficulty in Swallowing (Dysphagia)

Swallowing was markedly painful, particularly for liquids. The child exhibited hesitation and fear while attempting to swallow. There was visible discomfort and crying during attempts to ingest fluids. The difficulty was more pronounced during deglutition, indicating acute tonsillar inflammation.

### 4. Refusal to Drink Water

Despite having fever, the child showed reluctance to drink water. However, when persuaded, he preferred small quantities at frequent intervals. The refusal appeared to be more due to aggravation of throat pain on swallowing rather than complete absence of thirst. This observation was important in evaluating the thirst pattern and modality.

### 5. Irritability During Fever

The child was markedly irritable and hypersensitive during the febrile episode. He did not want to be disturbed or touched and reacted with anger or crying when approached. The irritability was intense and characteristic, especially during the height of fever. This mental state formed an important component in the totality of symptoms.

### 6. Thermal State

The thermal state of the child was chilly with fever high grade and cold extremities. The child felt better by covering and aggravated by cold.

## History of Present Illness

The child was apparently well until one day prior to consultation. Fever started suddenly in the evening after exposure to cold wind while playing. Throat pain developed within hours. Swallowing aggravated pain. Child was extremely irritable and cried when approached.

General Physical Examination

Parameter	Observation
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Temperature	102°F
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Pulse	110/min
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Tongue	Red
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Throat	Bright red, inflamed tonsils
Thirst	Marked thirst for small quantities frequently

## Mental Generals

- Irritable
- Does not want to be touched
- Anger when disturbed
- Restless during fever

## Physical Generals

- Sudden onset
- High fever
- Thirst for small quantities frequently
- Aggravation from swallowing
- Worse at night

## Particular Symptoms

- Throat bright red
- Tonsils swollen
- Pain radiating to ears on swallowing
- Dry heat of body

## Analysis and Evaluation of Symptoms

The symptoms were evaluated according to hierarchy:

### 1. Mental Generals

- Irritability
- Aversion to being touched

### 2. Physical Generals

- Sudden onset
- High fever
- Thirst for small quantities
- Worse at night

### 3. Particular Symptoms

- Throat – inflammation – bright red
- Pain on swallowing
- Tonsils swollen

## Analysis of the Case

The case presents a classical picture of acute inflammatory pathology involving the tonsils, characterized by sudden onset, high-grade fever, and marked local inflammation. In homoeopathic case analysis, emphasis is laid upon the hierarchy of symptoms — mental generals, physical generals, and characteristic particulars — to arrive at the similimum.

### 1. Nature of Onset

The most striking feature of the case is the **sudden and violent onset** of fever (102°F) without prodromal symptoms. Suddenness is an important modality and often narrows the field of remedies considerably. Acute conditions that develop abruptly suggest remedies known for rapid inflammatory processes. This feature immediately directs attention toward remedies like *Belladonna* and *Aconitum napellus*, which are known for sudden febrile onset.

### 2. Intensity of Inflammation

The severe throat pain with bright red tonsils indicates an active, congestive inflammatory state. The inflammation appears intense rather than suppurative. The redness, heat, and pain are suggestive of vascular congestion. In homoeopathic analysis, bright redness with throbbing and heat strongly corresponds to remedies belonging to the acute congestive group, particularly *Belladonna*.

### 3. Modalities (Aggravation & Amelioration)

The pain is markedly aggravated by swallowing. Even attempts to drink water increase discomfort. Modalities are of prime importance in individualisation. Aggravation from swallowing is common in tonsillitis, but when associated with marked hypersensitivity and acute congestion, it becomes characteristic.

The reluctance to drink water is not due to absence of thirst but due to aggravation of pain during deglutition. This distinction is crucial, as it differentiates between true thirstlessness and pain-induced refusal.

### 4. Thirst Pattern

Although the child initially refused water, he preferred small quantities at frequent intervals when persuaded. This indicates presence of thirst, but modified by local aggravation. Thirst patterns are significant physical generals and help differentiate between remedies like *Belladonna* (variable thirst) and *Aconite* (intense thirst).

### 5. Mental State

The irritability during fever, aversion to being touched, and anger when disturbed represent strong mental generals. The child was hypersensitive and reacted strongly to external stimuli. Mental symptoms in acute cases, especially when characteristic, are given high value in repertorisation.

Marked irritability with acute febrile congestion is a keynote feature in certain remedies. The hypersensitivity and intolerance to disturbance suggest a remedy with excitability of the nervous system.

## 6. Totality Formation

After evaluating the symptoms according to homoeopathic hierarchy, the totality includes:

- Sudden high fever
- Acute congestive inflammation of throat
- Severe pain aggravated by swallowing
- Irritability with aversion to disturbance
- Thirst for small quantities

Among these, the most characteristic features are:

- Sudden onset
- Bright red inflammatory condition
- Marked irritability
- Hypersensitivity

## 7. Miasmatic Consideration

The condition represents an acute inflammatory state, predominantly of the **acute manifestation of the psoric miasm**, with vascular excitement and high reactivity of the organism. There is no evidence of deep-seated suppuration or chronic miasmatic background in this acute episode.

## 8. Remedy Differentiation

- **Aconite** – Sudden onset but usually associated with marked anxiety and fear.
- **Hepar sulphuris** – More suited to suppurative stage with marked sensitivity to cold.
- **Mercurius solubilis** – Profuse salivation, offensive breath, and glandular involvement.
- **Belladonna** – Sudden onset, high fever, bright red throat, intense congestion, irritability, hypersensitivity

Totality of Symptoms

1. Mind – Irritability
2. Mind – Aversion to being touched
3. Fever – Sudden onset
4. Throat – Inflammation – bright red
5. Throat – Pain – swallowing – agg
6. Thirst – small quantities frequently

# Repertorial Chart

(Repertorisation done using Kent's Repertory)

Rubric	Belladonna	Aconite	Hepar Sulph	Merc Sol
Mind – Irritability	3	2	2	2
Mind – Aversion to touch	3	1	2	1
Fever – Sudden onset	3	3	1	1
Throat – Inflammation – red	3	2	2	2
Throat – Pain – swallowing	3	2	3	3
Thirst – small quantities	2	1	2	1
<b>Total Score</b>	<b>17</b>	<b>11</b>	<b>12</b>	<b>10</b>

## Result of Repertorisation

### Belladonna – 17 marks

Covered maximum rubrics with highest intensity.

#### BOERICKE REPERTORISATION

Repertorisation done using Boericke's Clinical Repertory approach.

Rubric	Belladonna	Aconite	Hepar Sulph	Merc Sol
Mind – Irritability	✓✓✓	✓✓	✓✓	✓✓
Mind – Aversion to touch	✓✓✓	✓	✓✓	✓
Fever – Sudden onset	✓✓✓	✓✓✓	✓	✓
Throat – Inflammation – red	✓✓✓	✓✓	✓✓	✓✓
Throat – Pain – swallowing	✓✓✓	✓✓	✓✓✓	✓✓✓
Thirst – small quantities	✓✓	✓	✓✓	✓

*Result of Repertorisation*

Belladonna shows the strongest clinical correspondence. It covers sudden onset fever, bright red inflamed throat, marked irritability, hypersensitivity to touch, and acute paediatric presentation. Hence, Belladonna is selected as the indicated remedy.

## Materia Medica Correlation

### Belladonna Keynotes:

- Sudden violent onset
- High fever with hot, dry skin
- Bright red throat
- Throbbing inflammation
- Hypersensitivity to touch
- Irritable child

The case corresponded strongly with the Belladonna picture.

## Final Prescription

- **Belladonna 200C**
- 3 doses at 4-hour interval
- Placebo for 3 days

## Follow-Up

### Day 2

- Fever reduced to 99°F
- Throat pain decreased
- Child more active

### Day 4

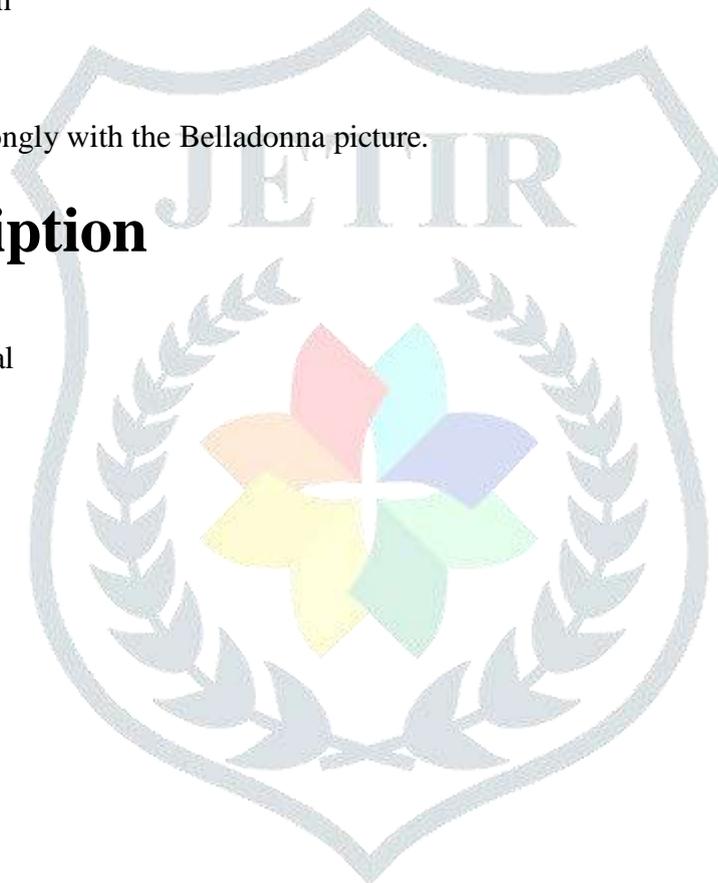
- No fever
- Tonsils normal
- Appetite improved

No antibiotics were required.

## Discussion

The case demonstrates the importance of:

- Individualisation
- Hierarchisation of symptoms
- Repertorial confirmation



- Materia medica verification

The rapid response confirms the effectiveness of similimum when selected on totality.

## Conclusion

Individualised homoeopathic treatment can effectively manage acute tonsillitis in paediatric cases without complications when prescribed on proper homoeopathic principles. The case highlights the importance of mental generals and characteristic modalities in remedy selection.

### *Conflict of Interest*

Not available.

### *Financial Support*

Not available.

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