



Tonsillitis

- Dr. Srikanta Choudhury

Name : Sri Samir Bhattacharjee.

Age : 19 Years.

Sex : Male.

Religion : Hinduism.

Occupation : Student.

Address : Shastinagar, Barabahera, Hooghly .

Date of Case Taking : December 29, 1996 .

Constitution :

Slim and tall. Slight brownish colour. Hair thin, black. Black eyeballs. Narrow chest. Gentle and quiet looking. Retard of physical growth.

Present Complain :

1. Swelling in both tonsils since last 4 years. Sometimes painful. Allopathic treatment was given. Finally they suggested operation.

< In winter. Very sensitive to cold.

> In hot weather.

2. Sometimes feverish feeling in the evening, which continues for one hour. Suffering from last two months.

3. When expectoration becomes thick it contains bright color of epistaxis. It was first noticed one year before.

4. All complain aggravate in the evening.



Generalities :

Appetite – Irregular, tolerable. Prefer hot food. Desire extra salt, fish. Aversion to citrus fruits.

Disorder – Spicy food.

Thirst – Excessive.

Stool – Regularly not clear. Needs 8-10 minutes for defecation. Sometimes acidic in odor.

Urine – Normal .

Sweat – Less. Only in excessive hot weather.

Sleep – Less, not deep.

Dream – Day to day affairs, case of murder etc.

Sexual desire – Normal .

Thermal Relation – Prefers hot weather. Cold weather intolerable. No burning.

On Physical Examination :

Pulse – 76.

Mouth – Tongue mostly clear. Sometimes excessive salivation. Ulcer in corner of lips, last for 2-3 days which aggravates in winter season. Black spot in teeth.

Liver and spleen – Tenderness.



Lungs and Heart – Normal .

Mental in General :

Temper – Normal .

Memory – Good.

Talent – Average.

Nature – Calculative.

Cleanliness – Prefers.

Choose – Company.

Past History :

Liver problem.

Dysentery.

Eczema with pustules. Painful.

White patch in one spot of the Left lower leg and cured by allopathic treatment.

Chicken pox.

Vaccination – B.C.G and inoculation taken several times.

Vision trouble since childhood and still suffering.



Family History :

Father – Bronchial asthma. Skin disease.

Mother – Abdominal disorder. Vision trouble. Sometimes chest pain.

Maternal uncle – Died in tubercular disease.

Grand father (P) – Mental disorder.

Grand mother (P) – Hypertension. Skin disease. Rheumatic problem.

Analysis of the Case :

Retarded physical growth because of destruction? Except the symptoms of sweat the totality indicates to Mercurious. Actually that was a mixed miasmatic case.

Treatment :

29.12.1996 .

Merc Solubilis – LM/2

One medicated globules No. 10 mixed in 60ml of distilled water. Add 15-20 drops of alcohol for preservation. The phial divided into 8 equal doses. After 10 succussions, one dose to be mixed in 3/4th glass of water. From that solution, only two teaspoon was taken in the morning in empty stomach. One dose daily in the morning.

Advised to report after one week.

07.01.1997 .

Improvement in tonsillitis. Painful dry eruption evolved in groin and lower extremities after taking the last medicine. Tongue slight white coated. Others normal.



Placebo. Mode of preparation and administration was same. One dose daily.

16.01.1997 .

Slight pain feeling in tonsil area, which extend upto ear. Eruption stopped. Tongue slight yellow coated.

Merc Solubilis – LM/3. 8 doses in 60 ml of D.W. One dose daily.

25.01.1997 .

Slight aggravation in the tonsil, but reduced after a while. Slight hoarseness invoice. During medication suffered from abdominal disorder. White coated tongue. Thirst – excess.

Placebo. 8 doses in 60 ml D.W. One dose daily.

03.02.1997 .

Pain and swelling of tonsil reduced. Slight pain in abdomen. Stool – loose, offensive. Tongue – yellow coated. Thirst – excess.

Placebo. 8 doses in 60 ml D.W. One dose daily.

14.02.1997 .

Swelling of tonsil more reduced. Sometimes pain feeling. Aggravates after noon sleep. Excess of saliva. Stool and urination – normal.

Merc Solubilis – LM/3. 8 doses in 60 ml of D.W. One dose daily.

22.02.1997 .



Slight pain in tonsil. Occasionally irritation in throat. Leg pain. Feverish. Body ache. Others function normal.

Rhus Toxicodendron – LM/2. 4 doses in 60 ml of D.W. Every 6 hourly.

24.02.1997 .

No fever. No pain. No body ache. Dry cough. Cough with chest pain. No trouble in tonsil. Others normal.

Rhus Toxicodendron – LM/3. 8 doses in 60 ml. Two doses daily.

28.03.1997 .

No such problem was observed after last medicine. Slight swelling in right tonsil and it extended upto right ear for 5-6 days. Scalp hot. Tongue clear.

Merc Solubilis – LM/5 . Mood of preparation and administration was same.

05.04.1997 .

No ear ache and swelling of the tonsil. Headache after reading. Anxiety for exam, used to relapse before every examination.

Gelsemium Sempervirens– LM/2.. 8 doses each in 60 ml vial. One dose daily morning.

12.04.1997 .

Fever after taking the medicine. Slight pain in the tonsil. Anorexia.

Gelsemium Sempervirens – LM/3. 8 doses each in 60 ml vial. One dose daily morning.

24.04.1997 .

Slight aggravation in the tonsil on that week. Pain during swallowing. No other complain.

Merc Solubilis – LM/5 . Mood of preparation and administration was same.

03.05.1997 .

More improvement regarding tonsil. Appetite less.

Placebo. 8 doses in 60 ml D.W. One dose daily.

11.05.1997 .

Swelling of tonsil more reduced.

Placebo. 8 doses in 60 ml D.W. One dose daily.

24.05.1997 .

No complain of tonsil. Slight ulcer in gum.

Bacillinum – LM/6. 8 doses in 60 ml D.W. One dose daily.

01.06.1997 .

Improvement in all respect. Slight pain felt for 3-4 days without any swelling of tonsils.

Bacillinum – LM/7. Mixed one teaspoon diluted medicine in 2nd glass of D.W. One tea spoon was taken from that solution. One dose daily.

10.06.1997 .



HOMOEOPATHY
INTERNATIONAL

Slight cough. Headache. Mental improvement.

Bacillinum – LM/8 . One dose daily.

Last report after three months. Patient relieved from all ailments.

Comments .

The patient need Rhus Toxicodendron and Gelsemium for acute problem. In LM potency, the medicinal aggravation indicates that dose is massive. So, I applied the dose of Bacillinum in more diluted form. If we would apply low potency nosodes, there were possibility of aggravation. So, LM/ 6 potency of Bacillinum was applied.