



CLINICAL STUDY ON THE EFFICACY OF PHYTOLACCA DECANDRA AND CONSTITUTIONAL REMEDIES IN TREATING CHRONIC TONSILLITIS

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Abstract: This clinical study aimed to evaluate the efficacy of Phytolacca Decandra and constitutional remedies in the treatment of chronic tonsillitis through a comprehensive assessment of symptoms and follow-up criteria, study was conducted in private clinic where sixty cases were selected via purposive sampling and thoroughly assessed. Treatment was personalized according to each case's totality, prioritizing mental and physical general symptoms, followed by particular symptoms. Follow-up criteria were established for monitoring progress. Visual Analog Scale (VAS) pain scores and the Brodsky Grading Scale (BGS) for swelling were used to assess clinical status before and after treatment. Statistical analysis, including paired t-tests, was employed to evaluate treatment significance. Study provides evidence supporting the efficacy of Phytolacca Decandra and constitutional remedies in treating chronic tonsillitis, as evidenced by significant improvements in pain scores and swelling. The findings underscore the potential of individualized homeopathic treatment approaches in addressing the complexities of chronic tonsillitis, highlighting the importance of a holistic approach in clinical practice.

Index Terms - Specific remedy, individualized remedy, VAS, BGS(Brodsky grading scale)

I. INTRODUCTION

Chronic tonsillitis, characterized by persistent inflammation of the tonsils lasting for six months or more, poses a significant health concern globally, particularly in pediatric populations. Tonsillitis, often precipitated by bacterial or viral infections, manifests as rapid onset inflammation of the tonsils. It is a prevalent condition affecting individuals of all ages and genders, with childhood being the most common age group affected.

Statistics indicate a substantial burden of chronic tonsillitis, with approximately 30 million cases diagnosed annually, leading to considerable healthcare utilization, including frequent visits to healthcare providers. The incidence of tonsillectomy, a common treatment for chronic tonsillitis, has shown an upward trend, with around 200,000 procedures performed annually in India alone¹. This rise underscores the need for effective alternative treatments to alleviate symptoms and reduce the reliance on surgical interventions.

Chronic tonsillitis significantly impacts the quality of life, particularly in children, where enlarged tonsils can lead to upper airway obstruction, resulting in sleep-disordered breathing such as sleep apnea and obstructive sleep hypopnea². This further highlights the importance of exploring alternative therapeutic options to manage chronic tonsillitis effectively.

Phytolacca Decandra, a glandular remedy known for its efficacy in treating inflammatory conditions, presents a promising treatment option for chronic tonsillitis. It exhibits specific indications for tonsillitis, characterized by inflamed and hardened glands, sore throat with thick mucus accumulation, and membrane-covered tonsils with ash-colored exudation³.

Homoeopathy offers a specialized, individualized approach to treating chronic tonsillitis, focusing on constitutional remedies tailored to the patient's unique symptom profile. By addressing the underlying cause and restoring balance, homoeopathy aims to reduce the need for surgical interventions, particularly in cases classified as Grade I, II, and III chronic tonsillitis. Even in cases where constitutional symptoms are not prominent, specific remedies such as *Phytolacca Decandra* can target the affected organs' sphere of action, offering symptomatic relief and improving overall outcomes.

This study aims to evaluate the efficacy of *Phytolacca Decandra* and constitutional remedies in treatment and management of chronic tonsillitis, with a focus on reducing symptoms, improving quality of life, and minimizing the need for surgical intervention. By employing a rigorous clinical methodology and statistical analysis, this research endeavors to provide valuable insights into the effectiveness of homoeopathic treatments in addressing this prevalent and burdensome condition.

Study Setting

Source of Data: The subjects for this study were sourced from a private clinic over a period of 18 months. A total of 60 patients were selected based on predefined inclusion and exclusion criteria. Detailed case histories were obtained through interviews conducted using a standardized proforma designed for the study. Purposive sampling was employed to select participants meeting the study criteria. All cases were followed up for a minimum of 6 months to assess treatment outcomes. Two groups were formed who receive *Phytolacca D* & Individualized remedy for each group.

Inclusion Criteria:

1. Subjects aged between 10-25 years.
2. Both male and female subjects.
3. Pediatric subjects required parental written consent and ascent from the child.
4. Cases categorized as grade 1, grade 2, and grade 3 chronic tonsillitis.
5. Cases with tonsillitis duration of at least six months or more, with or without recurrence.

Exclusion Criteria:

1. Chronic tonsillitis in immune-compromised patients.
2. Diagnosed cases of adenoids, obstructive sleep apnea, nasal airway obstruction, peritonsillar abscess (Quinsy), oral malignancies, sinusitis, and other comorbid conditions.
3. Chronic tonsillitis of grade 4 severity.

Method of Collection of Data:

This study employed a comparative clinical approach, where 60 cases diagnosed with chronic tonsillitis were analyzed. Detailed case histories were recorded using a standardized proforma, and data were analyzed to determine the appropriate remedy, either constitutional or specific, based on the totality of each case. Follow-up assessments were conducted for a minimum of 6 months using predefined criteria.

Follow-up Criteria:

Follow-up assessments were conducted monthly for a minimum of 6 months. The progression of patients was closely monitored, with priority given to mental and physical general symptoms, followed by particular symptoms and changes in Visual Analog Scale (VAS) and Brodsky grading scale scores.

Outcome Criteria:

1. Recovered: Subjects showing complete improvement in symptoms, with a VAS score of 0 and grade 0 on the Brodsky Grading Scale. No recurrence of tonsillitis symptoms for at least six months.
2. Improved: Subjects showing clinical improvement with recurring symptoms of lesser severity, indicated by a VAS score of 1-3 and grade 1 (0-25%) on the Brodsky Grading Scale.
3. Not Improved: Subjects showing no clinical improvement, with no change in symptoms or VAS and Brodsky Grading Scale scores despite treatment, till the end of the study period.

Result:

60 Cases above the age of 10 years were taken for this study. The remedies were given as per totality of each cases and analysis were done as per the follow up criteria set up in each case.

The following observations were made:

Distribution of cases as per the gender.

GENDER	NO OF CASES	PERCENTAGE (%)
Male	36	60
Female	24	40

Total	60	100 %
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In this study the number of male cases were more than female cases. Out of the 60 patients, 36 patients were male and 24 years were female.

Distribution of cases as per the Occupation of the patients.

OCCUPATION	FREQUENCY	PERCENTAGE (%)
Student	38	63.3
Housewife	9	15
Worker	7	11.6
Businessman	6	10
Total	60	100%

Among 60 cases, prevalence rate is seen more in students i.e. 38 cases (63.3%) followed by housewives i.e. 9 cases (15%), worker 7 cases (11.6%), and businessman 6 cases (10%).

Distribution of cases as per age group.

YEARS (yrs)	NO OF CASES	PERCENTAGE (%)
10-15 yrs	1	1.6
16 – 20 yrs	14	23.3
21- 25 yrs	45	75
TOTAL	60	100%

In this study, Total of 60 cases were selected out of which 45 cases were from age group 20-25(75%), 14 cases were from age 15-20 (23.3%), 1 case from age group 10-15(1.6 %).

Distribution of cases as per constitutional remedies

REMEDY	NO OF CASES	PERCENTAGE(%)
Tarentula Hisp	1	3.33
Baryta carb	2	6.67
Hepar sulph	4	13.3

Cal carb	7	23
Cal phos	3	10
Merc sol	2	6.67
Baryta iod	1	3.33
Pulsatilla	5	16.6
Tuberculinum	3	10
Nat sulph	1	3.33
Silicea	1	3.33
Total	30	100%

Out of 30 cases, in 7 cases (23.33%) cal carb was prescribed, in 5 cases (16.7%) pulsatilla, in 4 cases (13.3%) hepar sulph, calc phos in 3 cases (10%), Tuberculinum in 3 cases (10%), Merc sol in 2 cases (6.67%), Baryta carb in 2 cases (6.67%), Tarentula in 1 case (3.33%), Baryta iod in 1 case (3.33%), Natrum sulph in 1 case (3.33%) and silicea in 1 case (3.33%).

Distribution of cases as per the results in constitutional group(Group A).

RESULT	NO OF CASES	PERCENTAGE (%)
RECOVERED	28	93.3
IMPROVED	2	6.67
TOTAL	30	100%

Statistical study was done to show the results of 30 cases. Out of 30 cases, 28 cases (93.3%) recovered and 2 cases (6.67%) showed improvement.

Distribution of cases as per the results in Phytolacca group(Group B)

RESULT	NO OF CASES	PERCENTAGE (%)
RECOVERED	2	6.67
IMPROVED	14	46.6
NOT IMPROVED	14	46.6
TOTAL	30	100%

Statistical study was done to show the results of 30 cases. Out of 30 cases, 2 cases (6.67%) recovered, 14 cases (46.6%) improved and 14 cases (46.6%) did not show any improvement.

In the present study, out of 30 subjects in Group A - 28 recovered, 2 improved, 0 not improved. and in Group B, 2 recovered, 14 improved and 14 not improved. the difference in proportion is found to be statistically for Recovered ($z = 18.84$ & $p < 0.001$). Improved ($z = 8.20$ & $p < 0.01$). Not Improved ($z = 57.5$ & $p < 0.001$).

TEST RESULT

Hence this study proves that, the effectiveness of constitutional medicines may be more than the effectiveness of phytolacca decandra in the treatment of chronic tonsillitis.

DISCUSSION:

This study has been conducted on the subject's with *chronic tonsillitis* to compare the effectiveness of constitutional homoeopathic remedies with phytolacca decandra in cases of chronic tonsillitis.

Out of sixty cases studied, *maximum prevalence* 45 (75%) were noted in the age group between 21-25 years, followed by age group between 16-20 years 14 (23.3%) cases and *minimum prevalence* between 10-15 years 1 (1.6%) cases. There was *male predominance* in the incidence of chronic tonsillitis. Among the total of 60 cases studied, 36 cases were males (60%) and 24 cases were females (40%). Out of 60 cases, marked symptoms are pain in throat, tonsillar swelling seen in all the 60 cases (100%).

Out of 30 cases in constitutional group(Group A) studied the maximum number remedy given was Calcarea carbonica for 7 (23.33%) cases, followed by Pulsatilla was prescribed to 5 (16.7%) cases, followed by Hepar sulphuris was prescribed for 4 (13.33%) cases; calc.phos., tuberculinum, were prescribed for 3 (10%) cases each; Merc. sol., and baryta carb were prescribed to 2 cases (6.67%) each Bar iod., NS., Sil., Tarantula hisp., were prescribed for 1 (3.33%) case each respectively.

Out of 30 cases in specific group(Group B), Phytolacca decandra was prescribed and its efficacy is assessed.

Out of 30 cases in Group A, 28 cases recovered (93.3%), 2 cases showed improvement (6.67%).

Out of 30 cases in Group B which was treated with phytolacca, 2 cases recovered (6.67%), 14 cases showed improvement (46.6%), and 14 cases did not show any improvement (46.6%).

From the analysis of the above results obtained, it is obvious that the *Homoeopathic constitutional medicines(individualized)* are significantly effective in the management of *chronic tonsillitis* when compared with Phytolacca decandra.

Limitations of the study:

1. Due to the time constraints of the study, cases could only be observed for a limited period, potentially missing out on long-term effects and outcomes.
2. The sample size, restricted to 30 cases per group, may limit the generalizability of the study findings, necessitating cautious interpretation and application.
3. The absence of a control group, stemming from the small sample size, restricts the ability to compare treatment outcomes comprehensively.
4. Irregularity among a few subjects in adhering to physician instructions may have impacted the assessment of drug efficacy.
5. Lack of blinding in the study design could introduce bias, affecting the interpretation of results.
6. Incomplete data for some cases may have influenced the study's conclusions, as it was conducted based on available information.
7. The absence of extensive investigation procedures, such as throat cultures or ASLO titers, limits the depth of clinical assessment.
8. Certain variables, including the quality and dispensing method of medicines, dietary habits, and placebo effects, were not adequately controlled, potentially influencing study outcomes.
9. The general population's lack of awareness regarding tonsillitis and the initial challenge in treating complicated cases in homoeopathy could impact the study's applicability to broader populations.
10. Subjective scoring patterns, particularly in children, may introduce variability in pain assessment, affecting the accuracy of study measurements.

Conflict of Interest: The authors declare that there is no conflict of interest regarding the publication of this study.

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Conclusion:

In conclusion, chronic tonsillitis presents as a common ailment globally, posing significant challenges despite not being life-threatening. The study, comprising 60 cases, highlighted several key findings. Firstly, a notable prevalence was observed in the age group of 21-25 years, with males exhibiting a higher predisposition. Calc carb emerged as the most indicated constitutional remedy, followed by Pulsatilla and Hepar sulph, which showed promising recovery rates. Additionally, other remedies such as Baryta, Iodum, Calcarea phosphoricum and Tuberculinum demonstrated effectiveness in improving chronic tonsillitis symptoms. Statistical analysis of the constitutional group revealed a high recovery rate, particularly with 200C potency. Notably, Phytolacca decandra, while widely used as a specific remedy, showed lower recovery rates compared to constitutional remedies. These findings suggest the significant efficacy of constitutional homeopathic remedies in managing chronic tonsillitis, emphasizing the importance of personalized treatment approaches in achieving favorable outcomes.

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