

# Tonsillitis

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## Keywords

**Adenoid:** The adenoids are a single clump of tissue in the back of the nose (nasopharynx). They are located (in the adult) on the back wall of the throat (pharynx)...about one inch above the uvula (the little teardrop shaped piece of tissue that hangs down in the middle of the soft palate).

**Tonsils:** The tonsils are two clumps of tissue, on either side of the throat, embedded in a pocket at the side of the palate (roof of the mouth). The lower edge of each tonsil is beside the tongue...way in the back of the throat

**Quinsy**, also called, as **Peritonsillar abscess** is an infection of tissue between the tonsil and throat, most often after an attack of tonsillitis.

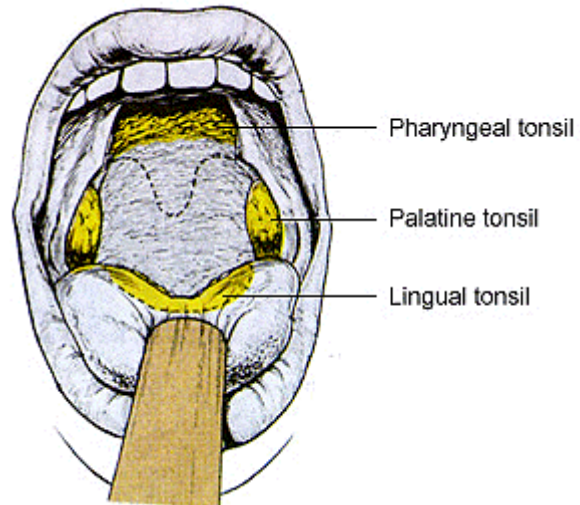
**Tonsillitis:** An infection or inflammation of a tonsil.

**Tonsillectomy:** It is the surgical removal of the palatine tonsils. It is done to prevent returning swelling of the tonsil (streptococcal tonsillitis).

## Introduction

When we talk about tonsils we usually mean the palatine (or faucial) tonsils in the fauces, the opening in the back of the mouth. When the mouth is wide open one can see them as fleshy folds, one on each side as shown in the figure.

However, there also are the lingual tonsils, at the base of the tongue, located in the naso pharynx, or upper portion of the throat passage. We seldom hear much about these unless it becomes unduly enlarged, a condition known as adenoids.



The tonsils and the adenoids are mostly composed of lymphoid tissue, which is found throughout the gastro intestinal tract and on the base of the tongue. Lymphoid tissue is composed of lymphocytes, which are mostly involved in antibody production. Studies have shown that the tonsil contains disease-killing cells called natural killer cells. Moreover, the tonsillar tissue can express surface immuno-globulins known as IgA, and white blood cells within the tonsils can also differentiate into antibody secreting cells.

When the tonsils and other lymph tissue nearby fights infection the throat gets sore. The infection may spread into the deeper in the neck to other lymph nodules, causing what is commonly termed swollen glands.

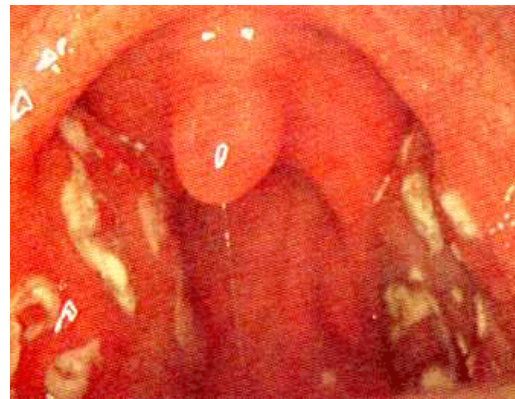
**Tonsillitis** is the inflammation of the tonsils as a result of infection caused by:

- Streptococcus bacteria (the most common cause of tonsillitis)
- Adenoviruses
- The influenza virus
- The Epstein-Barr virus
- Para influenza viruses
- Enteroviruses

## Diagnosis

The diagnosis of tonsillitis involves examination of the two palatine tonsils. If they are normal, they appear as fleshy folds of tissue on both sides of the opening of the mouth to the pharynx as shown in the above figure. However, if they are infected, they will be red and swollen and may have red streaks and pus like secretions as shown in the figure.

A throat swab culture is performed for the identification of *Streptococcus pyogenes*. A blood test may also be done to rule out a more serious infection or condition, and to check the white blood cell count to see if the body is responding to the infection.



## Symptoms

The following are the most common symptoms for tonsillitis include the following however, individuals may experience symptoms differently:

- Swollen, red tonsils (often coated with a yellow, gray, or white membrane)
- Blisters or painful ulcerated areas on the throat
- Sudden onset of sore throat
- Pain while swallowing
- Headache
- Loss of appetite
- Malaise
- Chills
- Fever
- Swollen and tender lymph nodes in the neck or jaw area

The symptoms of tonsillitis may resemble other conditions like quinsy, diphtheria, Nezelof's syndrome, Cervicofacial actinomycosis, herpangina etc.

## Treatment

Specific treatment plan will be chalked out by the physician(s) based on:

- Patient's age, overall health, and medical history
- Extent of the disease
- Expectations for the course of the disease
- Patient's tolerance for specific medications, procedures, or therapies
- Patient's (or family's) opinion or preference
- The cause of the infection

## Homoeopathic Treatment

Tonsillitis can be treated with the help of the following medicines, which are prescribed only on the basis of individual patient's symptoms vis-à-vis of medicines:

**Apis mell:** Stinging-burning pain when swallowing; dryness in mouth and throat; red and highly inflamed tonsils; deep ulcers on tonsils and palate, with erysipelatosus or Oedematous appearance around ulcers; Oedema glottidis, tenacious mucus in throat; Aggravation heat or hot drinks, Amelioration from cold or cool drinks.

**Baryta carb:** Liability to quinsy after every cold or suppressed sweat of feet; tonsils tend to suppurate, especially the right; throat feels worse from empty swallowing; pricking sensation when swallowing; general malaise; palate swollen; chronic induration of tonsils; sensation as of a plug in throat, worse when swallowing solids; paresis of muscular structure of throat; scrofulosis, enlargement of glands in neck, under jaws and behind ears.

**Belladonna:** Tonsillitis, worse right side, parts bright-red; worse swallowing liquids; during deglutition sensation as if throat were too narrow and as if nothing would pass properly; rapidly forming aphthous ulcers on tonsils; intense congestion, throbbing of carotids; throbbing of carotids; swelling of neck, extremely painful to touch and motion.

**Ferrum phos:** Tonsils swollen and raw, great pain in swallowing; high fever.

**Hepar sulph:** Chronic tonsillitis, especially when accompanied by hardness of hearing, with sensation like splinter or fishbone in throat when swallowing; sharp, lancinating pains, throbbing, rigors and chills, with stitches in throat, extending to ears, worse when swallowing; cannot bear cold air.

**Kali bichrom:** Tonsillitis herpetica with membranous exudations, inflammation of uvula and pharynx, foul, yellow tongue, fauces covered with ropy mucus (often mistaken for true diphtheria); Eustachian tubes blocked up; pain shoots from ear down throat.

**Kali Mur:** Acute and chronic swelling of the tonsils, which are covered with a whitish coating; hawking up cheesy lumps having a disgusting odor and taste.

**Lac caninum:** Tonsils inflamed, shining and very sore, swollen so as almost to close the throat; suppuration from left to right, or changing from side to side, or both tonsils equally affected; whole posterior portion and throat Oedematous; tonsils enlarged; pricking; cutting pains from empty swallowing; great dryness of tonsils at night; throat sensitive to touch externally; ashy-gray exudation.

**Lachesis:** Throat purplish, patient very nervous, least touch unbearable; tonsils swollen, left Aggravation with tendency to right; inability to swallow, threatening, suffocation; liquids escape by the nose when swallowing is attempted and are more difficult to swallow than solids; Aggravation from hot drinks; on swallowing burning pains shoot in left ear; pus from tonsils unhealthy, with tendency to degenerate into ulcers; excessive dryness, particularly if it appears in spots, Aggravation by inhaling cold air. It may break up the disease in its conception or promote resolution in later stages.

**Lycopodium:** Tonsils enlarged, indurated and studded with many small ulcers; swelling and suppuration of tonsils, going from right to left; chronic enlargement of tonsils; Aggravation from cold drinks, and smarting in throat from hot drinks.

**Mercurius:** Parenchymatous tonsillitis (after Bell.); throbbing pain, tonsils and fauces yellowish-red, often covered with a thin false membrane; tongue pale, flabby and indented by the teeth; pain on deglutition and speaking; pain on empty swallowing; salivation increased; throat sore externally when pressed upon; tonsils dark-red, studded with ulcers; quinsy with stinging pain in fauces; when pus has formed it hastens maturation; mercurial breath (Merc. biniod.); aphthae; profuse nightsweats, bringing no relief.

**Mercurius iod. Flav:** Hypertrophy of tonsils with enlargement of cervical and salivary glands and inflammation of the mucous membrane of mouth and pharynx, which is succulent and freely secreting; ptyalism; foetor oris; swallowing difficult.

**Mercurius iod. Rub:** Scalded feeling in throat, dark-red fauces, left tonsil most affected; Extensive implication of submaxillary glands.

**Phytolacca:** Chills alternating with fever; great weakness; tonsils large, bluish, ulcerated; intense dryness of throat; rough, burning, smarting fauces; pain in throat extends to ears when swallowing; aching in back, neck, head and limbs; ulceration on tonsils and fauces; with grayish-white, sloughs and little or no foetor; cannot hot fluids; great prostration.

**Silicea:** Deep ulcers, even gangrene; tonsils; swollen, each effort to swallow distorts face; tonsillitis, when the suppurating gland will not head; pricking in throat, as from a pin, causing cough; left side.

**Echinacea Angustifolia:** Irritation of larynx. Voice husky. Constant clearing of mucus from throat. Sore throat. Frothy mucus, hawks from throat. Tonsils purple or black, gray exudation extending to posterior sinuses and air-passages. Ulcerated sore throat. Mucus in throat with raw sensation. Soreness of throat, worse on left side.

**Baptisia Tinctoria:** Aphonia. Larynx sore to touch, painful swallowing or speaking. Fauces dark-red, dark, putrid ulcers. Tonsils and soft palate dark red and swollen. Painless sore throat and offensive discharge. Numb inside but sensitive outside. Can swallow liquids only, least solid food gags. Ragged ulcers in the throat. Spasms of gullet. Constriction at cardiac orifice of esophagus. Constrictive feeling in throat causing frequent efforts at swallowing.

**Streptococcinum:** Adenopathy of the neck. Big, infected, purulent tonsils. Red angina. Persistent pain and redness of the throat. Acute and chronic laryngitis. It is most suited for Tonsillectomy recurrence infection.

**Tuberculinum:** Chronic recurring Tonsillitis and Adenoids <change of weather from damp to cold.

Vibronic preparations like **Throat 30**, **Infection 200** and **War 1M** also found very effective in the treatment of Tonsillitis.

### **Self-Care Tips to prevent Tonsillitis**

- Gargle every few hours with a solution of 1/4 teaspoon of salt dissolved in 4 ounces of warm water, if your child is older than 8 years.
- Drink plenty of warm beverages such as tea (with or without honey) and soup, if tolerated. (Do not give honey to a child under 1 year of age.)
- Eat foods that are soft and easy to swallow.
- Suck on a piece of hard candy or medicated lozenge occasionally (if your child is 5 years of age or older). Corn syrup can be used periodically for younger children.
- Keep your (and your child's) distance from anyone with tonsillitis or a sore throat.
- Do not share utensils, drinking glasses, toothbrushes, etc., with anyone who has tonsillitis or a sore throat.
- Wash your (and your child's) hands frequently.
- Cover your mouth when you cough or sneeze, and teach your children to do the same.

### **Tonsillectomy**

It is the surgical removal of the palatine tonsils. It is done to prevent returning swelling of the tonsil (streptococcal tonsillitis). There are a number of well-established valid reasons for removal. Some patients will have more than one reason. The most common are listed below.

1. **Tonsils are too big:** This is now the most common reason for removal. The tonsils can be large enough to impede breathing, swallowing, or clear speech production. The blockage of breathing can range from simple "mouth breathing" to severe snoring, or sleep apnea (blockage of breathing at night). The health risks of this can be slight to life threatening. Not all tonsils that appear to be large are actually causing obstruction.
2. **Chronic & Recurrent infections**
3. **Malignant Growth**

## **Should the adenoids be removed also?**

At least in young children, enlargement or infection frequently affects the adenoids as well as the tonsils...so they are often removed together. Compared to a tonsillectomy, an adenoidectomy is less traumatic and painful.

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