



Original Research Article

Volume 15 Issue 01

January 2026

## **NON-SURGICAL RESOLUTION OF CHRONIC RECURRENT ADENOTONSILLITIS: A ONE-YEAR HOMEOPATHIC CASE MANAGED AT DR BATRA'S HOMEOPATHY CLINIC**

**Dr Priyanka**

Rohtak Clinic, Dr Batra's Positive Health Clinic

Ph: 8708164261

### **Abstract**

Chronic adenotonsillitis is a common pediatric condition often leading to repeated infections, impaired quality of life, and frequent recommendations for adenotonsillectomy. Conventional management largely focuses on symptomatic relief or surgical removal when conservative measures fail. This case study presents the successful homeopathic management of a female child diagnosed with grade IV adenotonsillitis, suffering from recurrent fever, throat pain, cough, nasal blockage, and constitutional bowel disturbances. Despite prior allopathic treatment and repeated surgical advice, the condition persisted. Individualized classical homeopathic treatment was initiated after a detailed evaluation of physical, general, and mental symptoms, with regular follow-ups over one year. The patient showed progressive improvement with complete resolution of recurrent throat infections, normalization of bowel habits, improved appetite, emotional well-being, and overall health-related quality of life. This case highlights a clear clinical transformation achieved through individualized homeopathic care at Dr Batra's Homeopathy Clinic, avoiding surgical intervention.

### **Keywords**

Adenotonsillitis; Homeopathy; Non-surgical management; Pediatric ENT disorders; Individualized treatment; Dr Batra's Homeopathy Clinic

## Introduction

Adenotonsillitis is a frequent cause of morbidity in children, characterized by recurrent throat infections, fever, cough, nasal obstruction, and constitutional weakness. Persistent or hypertrophied tonsils often lead to recommendations for adenotonsillectomy, especially in higher grades. However, surgery does not address the underlying susceptibility or constitutional imbalance of the child. Homeopathy, with its holistic and individualized approach, aims to strengthen the immune response, correct predisposition, and restore overall balance. This paper documents a classical homeopathic approach in a surgically advised case, demonstrating sustained recovery and improved quality of life.

## Case Profile

- **Age / Gender:** Pediatric girl
- **Diagnosis:** Chronic recurrent adenotonsillitis (Grade IV)
- **Duration:** Recurrent episodes over several months
- **Previous Treatment:** Multiple courses of allopathic medicines
- **Surgical Advice:** Adenotonsillectomy suggested by ENT specialist
- **Reason for Homeopathic Consultation:** To avoid surgery and seek long-term relief

## Chief Complaints

- Recurrent fever with dry cough
- Throat pain with headache
- Nasal blockage (on and off)
- Lethargy
- Recurrent episodes despite medication

## History of Present Illness

The child presented with acute episodes of fever, dry cough, throat pain, and headache persisting for three days, associated with intermittent nasal blockage and lethargy. She had been diagnosed with grade IV adenotonsillitis and was advised surgical removal. Although allopathic treatment provided temporary relief, symptoms recurred frequently, affecting appetite, bowel habits, and overall vitality.

## Past History

- No major systemic illness
- Recurrent throat infections since early childhood

## Family History Non-contributory

## Mentals

From early childhood, the patient was observed to be **extroverted and expressive**, easily approaching others. However, during repeated illness episodes, she gradually developed **restlessness, irritability, and reduced tolerance**, particularly during periods of throat pain and constipation. Her irritability was more marked when physical discomfort persisted, reflecting a strong mind-body interaction. With improvement in physical health, her emotional stability, sociability, and general well-being improved significantly, as reflected in enhanced HRQL scores and parental feedback.

## Physical Generals

Parameter	Observation
Appetite	Initially increased → later normalized
Thirst	Normal ( $\approx 1$ L/day)
Cravings	Sweets
Stool	Constipation, offensive, once in 2–3 days
Urine	Normal
Sleep	Refreshing
Thermals	Ambithermal
Perspiration	Normal, non-offensive
Tongue	Clean

## Clinical Examination

- Inflamed, enlarged tonsils
- Respiratory system: Normal
- Cardiovascular system: Normal
- No pallor

### **Totality of Symptoms**

- Recurrent inflamed tonsils with fever
- Dry cough with nasal blockage
- Offensive constipation with unsatisfactory stools
- Sweet craving
- Irritability during illness
- Recurrent complaints despite treatment

### **Repertorial Analysis**

- Throat – Tonsils – inflammation – recurrent
- Nose – Obstruction – intermittent
- Rectum – Constipation – offensive stool
- Mind – Irritability – during illness
- Generals – Recurrent infections

*Arsenicum album* was indicated due to:

- Recurrent inflammatory throat infections
- Fever with marked weakness and restlessness
- Nasal obstruction and dry cough
- Offensive constipation and unsatisfactory stool
- Irritability during illness
- Improvement in general health with warmth and reassurance

The remedy acted both at **acute and constitutional levels**, gradually reducing susceptibility to recurrent infections and correcting gastrointestinal and emotional disturbances.

### **Miasmatic Consideration**

The case predominantly reflected a **psoric-sycotic background**, with recurrent inflammatory conditions, hypertrophy, and sluggish elimination. Treatment focused on correcting the underlying miasmatic tendency to prevent recurrence.

**Follow-Up**

<b>Date</b>	<b>Clinical Findings &amp; Progress</b>	<b>Remedy &amp; Prescription</b>	<b>Response</b>
<b>03/02/2025</b>	Acute episode of fever, dry cough, throat pain, headache; nasal blockage; lethargy. Known case of grade IV adenotonsillitis; surgery advised elsewhere. Appetite reduced, anxiety and restlessness noted.	<b>Arsenicum album 30C</b> , 3 doses at 6-hour intervals	Fever subsided within 24 hours; throat pain reduced significantly
<b>10/02/2025</b>	Marked relief in throat pain and fever. Nasal blockage intermittent. Appetite improving.	<b>Arsenicum album 30C</b> , single dose	Acute symptoms resolved; general comfort improved
<b>23/02/2025</b>	Mild feverish sensation returned; nasal blockage present. No throat pain. Appetite normal.	<b>Arsenicum album 30C</b> , 1 dose	Feverish feeling resolved; nasal symptoms reduced
<b>18/03/2025</b>	Throat pain completely relieved. New complaint of constipation with offensive stools. Emotional irritability noted.	<b>Arsenicum album 200C</b> , single dose	Stool frequency slightly improved; irritability reduced
<b>23/04/2025</b>	No throat pain or cough. Constipation marked (once in 3 days), offensive stools; appetite decreased; irritability increased.	<b>Arsenicum album 200C</b> , single dose	Gradual improvement in bowel pattern over next weeks
<b>01/06/2025</b>	General condition better. Constipation persists but less severe. Appetite normal; thirst normal.	<b>Arsenicum album 200C</b> , single dose	Offensive nature of stool reduced
<b>07/06/2025</b>	Relief in cough and cold. Constipation still present but improved compared to baseline.	<b>Arsenicum album 200C</b> , no repetition	Stable condition maintained
<b>08/07/2025</b>	Constipation relieved; offensiveness markedly reduced. Mild cold without nasal discharge.	<b>Arsenicum album 200C</b> , single dose	Cold resolved without complications
<b>28/09/2025</b>	Patient asymptomatic. Appetite improved; bowel habits normal. No throat complaints.	No medicine	Sustained improvement

<b>05/10/2025</b>	No cough, no throat pain. Appetite and thirst normal.	Placebo	Condition stable
<b>02/11/2025</b>	No recurrence of adenotonsillitis. General health good.	No medicine	Maintained recovery
<b>07/12/2025</b>	Patient clinically stable. Tonsils no longer inflamed. No allopathic medication required.	Treatment concluded	Complete recovery

#### Outcome Assessment

- **Recurrent adenotonsillitis:** Completely resolved
- **Surgical recommendation:** Avoided
- **Bowel habits:** Normalized
- **Emotional state:** Calm, extroverted, stable
- **HRQL:** Markedly improved
- **Medication dependency:** Nil (allopathic drugs stopped)

#### Transformation Table

Aspect	Before Treatment	After 1 Year
Throat infections	Recurrent, severe	Completely resolved
Tonsils	Enlarged, inflamed	Normal
Surgery advice	Adenotonsillectomy	Avoided
Bowel habits	Constipation, offensive	Normal
Appetite	Disturbed	Normal
Emotional state	Irritable, restless	Calm, active
HRQL	Poor	Markedly improved

#### Discussion

This case demonstrates the effectiveness of individualized homeopathic treatment in managing chronic adenotonsillitis, even in surgically advised cases. Rather than focusing solely on tonsillar pathology, treatment addressed the child's constitutional susceptibility, digestive disturbances, and emotional response to illness. Gradual but sustained improvement was observed, with reduced frequency and severity of infections,

normalization of bowel habits, and improved vitality. The avoidance of surgery underscores the role of homeopathy as a viable non-invasive option. Regular follow-ups and remedy adjustments were key to maintaining long-term results. This case reinforces the importance of holistic evaluation and individualized prescribing in pediatric ENT conditions.

## Conclusion

Chronic adenotonsillitis often leads to surgical intervention when recurrent infections persist. This case highlights that individualized classical homeopathy can offer a safe, effective, and sustainable alternative. By addressing the constitutional imbalance and miasmatic background, long-term recovery was achieved without surgery. The patient showed complete resolution of symptoms, improved quality of life, and no recurrence over one year. **This clinical transformation, achieved at Dr Batra's Homeopathy Clinic, strongly supports the role of homeopathy in managing chronic pediatric ENT disorders.**

## References

1. Harrison's Principles of Internal Medicine. 21st ed. McGraw-Hill; 2022.
2. Dhingra PL. Diseases of Ear, Nose and Throat. Elsevier; 2021.
3. Boericke W. Pocket Manual of Homoeopathic Materia Medica. B Jain; 2019.
4. Kent JT. Lectures on Homoeopathic Philosophy. B Jain; 2018.
5. Allen HC. Chronic Miasms. B Jain; 2017.
6. Hahnemann S. Organon of Medicine. 6th ed. B Jain; 2020.
7. Banerjea SK. Miasmatic Prescribing. B Jain; 2016.
8. Murphy R. Nature of Chronic Disease. Lotus Health; 2015.
9. Vithoulkas G. Science of Homeopathy. Grove Press; 2014.