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Recurrent Tonsillitis: A Narrative Review of Homoeopathic Therapeutics and Current Clinical Evidence

Abstract-Background: Recurrent tonsillitis is characterized by repeated episodes of acute tonsillar inflammation and can adversely affect quality of life, school or work attendance, healthcare use, and antibiotic exposure. Management ranges from supportive and antimicrobial treatment when indicated to tonsillectomy in carefully selected patients.

Objective: To review the clinical characteristics and contemporary management of recurrent tonsillitis and critically examine the published clinical evidence concerning homoeopathic treatment.

Methods: A narrative review was undertaken using contemporary clinical guidance and published clinical studies concerning recurrent tonsillitis and homoeopathy. Classical homoeopathic materia medica and repertorial concepts were considered separately from clinical efficacy evidence.

Results: Recurrent tonsillitis is diagnosed clinically, with episode frequency and documentation being important when considering surgery. Contemporary guidance supports observation in many patients and selective tonsillectomy in those meeting established criteria or having relevant modifying factors. Published homoeopathic research includes randomized and non-randomized studies. A 2026 systematic review identified five randomized controlled trials across acute, recurrent, and chronic tonsillitis; substantial heterogeneity prevented meta-analysis and the certainty of evidence was low. One pragmatic randomized trial of 256 participants with moderate recurrent tonsillitis reported

longer intervals between acute throat infections and lower antibiotic use with SilAto-5-90 added to standard symptomatic care, but the findings should be interpreted in the context of study design and the wider heterogeneous evidence base.

Conclusion: Homoeopathic literature contains clinically relevant therapeutic descriptions and some encouraging trial findings, but current evidence is insufficient to establish definitive efficacy for recurrent tonsillitis. Future trials should use rigorous randomization, appropriate controls, prespecified outcomes, adequate sample sizes, transparent reporting, and validated quality-of-life measures.

Keywords : Recurrent tonsillitis; tonsillitis; homoeopathy; individualized treatment; tonsillectomy; clinical evidence; quality of life.

Introduction : Recurrent tonsillitis is a clinically important condition characterized by repeated episodes of inflammation involving the palatine tonsils. Episodes may be associated with sore throat, fever, dysphagia, cervical lymphadenopathy, tonsillar inflammation or exudation, and malaise. Recurrent throat infection can affect daily functioning and quality of life and may lead to repeated healthcare consultations and antibiotic exposure.

Contemporary management emphasizes accurate documentation of episodes, appropriate assessment of the likelihood of group A streptococcal infection, symptomatic treatment, and individualized decisions regarding surgery. In children, the American

Academy of Otolaryngology–Head and Neck Surgery guideline recommends watchful waiting when the frequency of documented throat infections is below established thresholds and considers tonsillectomy an option when frequency criteria and specified clinical documentation are met.¹

Interest in complementary approaches, including homoeopathy, has persisted. Homoeopathic practice traditionally emphasizes individualization and selection of a remedy according to the totality of symptoms rather than diagnosis alone. However, traditional therapeutic indications should not be equated with evidence of clinical efficacy. This distinction is particularly important when evaluating recurrent infections, where spontaneous variation in episode frequency and the effects of conventional supportive care can influence outcomes.

Clinical Overview : Recurrent tonsillitis should be distinguished from isolated episodes of sore throat and from chronic tonsillar disease. A contemporary consensus review recommends structured clinical assessment of tonsillitis/sore-throat episodes and use of validated clinical scoring systems such as Centor, McIsaac, or FeverPAIN when estimating the probability of group A streptococcal infection.²

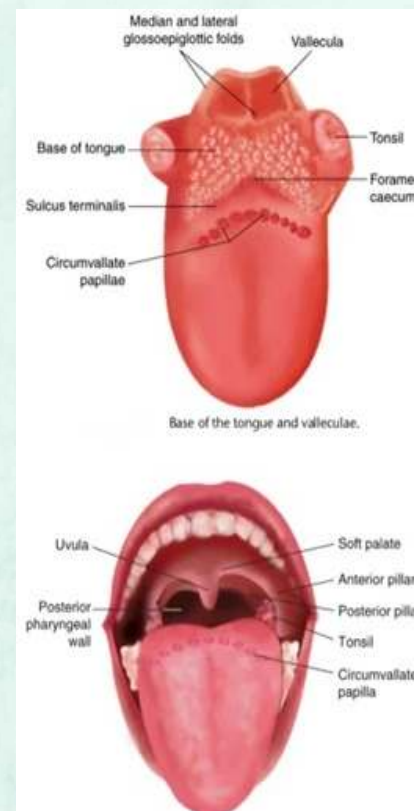
For children with recurrent throat infection, commonly used surgical frequency thresholds are seven or more episodes in the preceding year, five or more episodes per year for two consecutive years, or three or more episodes per year for three consecutive

years, with appropriate clinical documentation.¹ These criteria should not be presented as a universal diagnostic definition for every patient; rather, they are criteria used in decisions about tonsillectomy in selected children.

Clinical manifestations may include recurrent sore throat, fever, odynophagia or dysphagia, cervical lymphadenopathy, tonsillar enlargement or exudation, and halitosis. Complications can include peritonsillar abscess and, in selected patients, sleep-disordered breathing associated with tonsillar hypertrophy. The clinical burden should therefore be assessed not only by episode count but also by severity, complications, functional impairment, and quality of life.

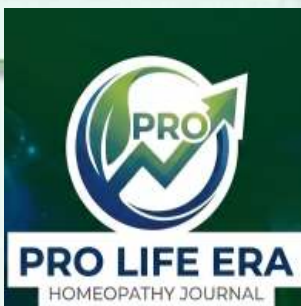
Conventional Management : Conservative management depends on the clinical presentation and probability of bacterial infection. Supportive treatment commonly includes adequate hydration and analgesic/antipyretic therapy. Antibiotics are generally reserved for patients in whom bacterial tonsillitis, particularly group A streptococcal infection, is sufficiently likely or confirmed according to applicable clinical guidance.²

Tonsillectomy is not indicated solely because recurrent sore throats occur. The 2019 pediatric guideline recommends watchful waiting below the established frequency thresholds and considers tonsillectomy an option for children meeting the documented frequency criteria. Modifying factors, including multiple antibiotic intolerance/allergy, PFAPA, or more than one peritonsillar abscess, may alter decision-making.¹



Shared decision-making is important because the expected benefit of surgery must be balanced against operative risks and the natural tendency of recurrent throat infections to improve over time.

Homoeopathic Perspective : Classical homoeopathy conceptualizes recurrent illness in terms of individual susceptibility and the totality of characteristic symptoms. In traditional materia medica, medicines such as Baryta carbonica, Belladonna, Hepar sulphuris calcareum, Mercurius solubilis, Phytolacca decandra, Calcarea carbonica,



and Tuberculinum are described in relation to different throat and constitutional pictures.

These descriptions are useful for understanding traditional prescribing practice but should be clearly separated from clinical efficacy evidence. For example, Baryta carbonica is traditionally associated with enlarged tonsils and recurrent throat complaints; Belladonna with acute, congestive inflammatory states; Hepar sulphuris with marked sensitivity and suppurative tendencies; Mercurius with offensive breath, salivation and glandular involvement; Phytolacca with dark-red throat inflammation and radiating pain; Calcarea carbonica with recurrent respiratory complaints and constitutional features; and Tuberculinum with recurrent illness patterns.

Such materia-medica indications are historical or theoretical therapeutic descriptions and do not, by themselves, demonstrate effectiveness in recurrent tonsillitis. Clinical claims require evidence from appropriately designed studies.

Current Clinical Evidence for Homoeopathy :

Evidence specifically addressing homoeopathy in tonsillitis has expanded, but it remains heterogeneous. A 2026 systematic review identified five randomized controlled trials involving acute, recurrent, and chronic tonsillitis. The review reported that individual trials suggested possible benefits for clinical improvement, recurrence, antibiotic use, and quality of life, but substantial heterogeneity in populations, interventions, comparators, and outcomes prevented meta-analysis. The certainty of

evidence for the assessed outcomes was low.³

An international pragmatic randomized controlled trial included 256 participants aged 6–60 years with moderate recurrent tonsillitis. Participants received either SilAtro-5-90 in addition to standard symptomatic treatment or standard treatment alone. During one year of follow-up, the reported risk of an acute throat infection was lower in the intervention group, and tonsillitis-specific symptoms and antibiotic use were also reduced. Three non-serious adverse drug reactions were reported.⁴ These results are relevant to the evidence base, but they concern a specific standardized product and should not be generalized automatically to individualized homoeopathic prescribing.

A randomized, double-blind, placebo-controlled trial published in 2025 evaluated individualized homoeopathic medicines in 60 adults with chronic tonsillitis. The primary composite outcome did not show a significant between-group difference, while some secondary outcomes favored individualized homoeopathic treatment.⁵ Because chronic tonsillitis is not identical to recurrent acute tonsillitis, this study should be considered indirect evidence.

A further randomized, double-blind, placebo-controlled trial published in 2026 evaluated individualized homoeopathic medicines in children with acute viral tonsillitis. The study enrolled 78 children and assessed changes in a tonsillopharyngitis assessment score and other symptom outcomes.⁶ Although this study adds to the contemporary evidence base, it addresses acute viral tonsillitis rather than recurrent tonsillitis and therefore should not be used as direct evidence of prevention of recurrent episodes. Overall, the current evidence suggests that homoeopathy warrants further investigation but does not yet justify a definitive conclusion that homoeopathic treatment prevents

recurrent tonsillitis. Differences in intervention type, diagnostic definitions, control groups, outcome measures, and methodological quality remain important limitations.

Discussion : Recurrent tonsillitis requires a clinically cautious approach because the condition may fluctuate naturally and because the threshold for intervention depends on disease burden rather than episode count alone. Current clinical guidance emphasizes documentation, assessment of bacterial probability, conservative management when appropriate, and selective surgery.^{1,2}

The homoeopathic literature offers a distinctive individualized therapeutic framework and a number of traditional materia-medica descriptions. However, the scientific evaluation of that framework requires separation of three levels of evidence: traditional materia medica, observational clinical experience, and controlled clinical research. The first two can generate hypotheses but cannot substitute for well-designed comparative trials.

The recent systematic review is particularly important because it synthesizes the available randomized evidence and concludes that the evidence remains low certainty and too heterogeneous for quantitative pooling.³ This finding should temper statements about efficacy in a publication. Positive results from individual trials are noteworthy, but they should be interpreted alongside methodological limitations and the possibility that results from one product, patient group, or clinical setting may not generalize to individualized treatment.

Future research should address several recurring methodological problems. Studies should clearly define recurrent tonsillitis and distinguish it from chronic or isolated acute tonsillitis. Recruitment criteria should be clinically verifiable, and episodes during follow-up should be prospectively documented.

Randomization and allocation concealment should be adequately described. Blinding should be used whenever feasible, particularly for placebo-controlled studies. Outcomes should include recurrence frequency, time to next episode, antibiotic consumption, adverse events, healthcare utilization, and validated quality-of-life measures. Protocol registration and transparent reporting should be standard.

For individualized homoeopathy, the prescribing methodology should be sufficiently described to permit reproducibility while retaining the principles of individualization. For non-individualized products, composition, potency, dosing schedule, manufacturing details, and rationale should be clearly reported. Comparative trials should avoid mixing these distinct intervention models without prespecified subgroup analysis.

Limitations of the Review : This article is a narrative review rather than a systematic review or meta-analysis. Consequently, it does not provide a formal pooled effect estimate or a comprehensive risk-of-bias assessment of every available study. The evidence summarized includes studies addressing acute, recurrent, and chronic tonsillitis, and these populations should not be considered interchangeable. The conclusions therefore emphasize the limitations of the current evidence rather than making a definitive efficacy claim.

Conclusion : Recurrent tonsillitis is associated with meaningful clinical and quality-of-life burden and should be managed using evidence-based assessment of episode frequency, severity, bacterial probability, complications, and functional impact. Homoeopathic materia medica provides a substantial traditional framework for individualized prescribing, and contemporary clinical research includes several randomized studies reporting potentially favorable outcomes.

Nevertheless, the current evidence remains heterogeneous and low certainty, and available findings are insufficient to

establish definitive efficacy of homoeopathy for recurrent tonsillitis. Future adequately powered, rigorously designed randomized controlled trials with standardized diagnostic criteria, validated outcomes, transparent prescribing protocols, and appropriate follow-up are required before firm therapeutic conclusions can be drawn.

Conflict of Interest : The authors declare no conflict of interest.

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