



Tonsillar Angina

by Manfred Haas, Naturopath



What you need to know from the start

The tonsils are situated in the pharynx and are divided into *Tonsillæ pharyngea* (adenoids), *Tonsillæ palatinae* ("the tonsils") and *Tonsillæ tubariæ* (lymphatic tissue of the lateral pharyngeal bands).

The azygous adenoid is found on the roof of the pharynx, and the zygous tonsils are between the two palatal arches, where the oral and nasal cavities join the pharynx. Together with the lingual tonsils (*Tonsillæ linguales*) they all form part of the secondary lymphatic system. They are situated immediately below the epithelium of the oral cavity and their basic structure consists of reticular connective tissue, in which lymph follicles are embedded. In many places the epithelium extends deep in between the lymphatic tissue, thus enlarging the contact surface. In this way antigens that find their way in via the nose and the mouth are in contact with immune cells at an early stage, thus activating the specific defence mechanism. In the event of large-scale infection, the lymph follicles enlarge as a consequence of the sizeable increase in lymphocytes, which produce antibodies. The increase in circumference of the lymph follicles results in tension in the capsule of connective tissue, and this can cause severe pain.

The tonsils serve as an important initial barrier to pathogens which enter the body via the nasal-pharyngeal space. Removal of the tonsils disposes not only of this unique filtering station, but in

most cases, even years later, it results in a shifting to another weak organ, because of some chronicity which is already present, and also because of a pre-existing susceptibility to disease.

Tonsillitis can be caused by viruses and beta-hæmolyzing streptococci of group A, or less commonly by staphylococci.

Chronic forms are mostly due to a mixed infection by anærobic and ærobic pathogens with involvement by beta-hæmolyzing streptococci of group A. These so-called recurring anginas are often accompanied by comparatively trivial complaints, such as scratchy throat, enlarged lymph nodes, halitosis and tonsils that are flushed with a scarred and pitted surface.

Depending on the findings, the clinical diagnosis of pharyngitis, laryngitis and tonsillitis, possibly requires microbiological (pharyngeal swab), serological and other investigations.

The lymphatic tissue of the lateral pharyngeal bands is pathologically involved in pharyngitis. This is especially the case in patients who have had their tonsils removed.

Angina must be differentiated from the following illnesses: scarlatina, diphtheria, herpangina (infection of the entire oral mucosa by Cocksackie A viruses), oral candidiasis, infectious mononucleosis (blood picture, mono test), pneumococcal angina, Vincent's angina (discrepancy between feeling well and ulcerative

angina, in most cases unilateral), syphilitic tonsillitis (primary affection of syphilis), angina agranulocytotica (necrotising tonsillitis in agranulocytosis).

Why Isopathic Treatment?

In my practice I work principally according to the criteria of Single-remedy Homœopathy, and along the lines of the principles laid down by Professor Enderlein for Isopathic Treatment, since these two treatment modalities often work well in combination. Particularly at the transition time from one season to another I frequently see patients who consult me for an inflamed throat, and among these, of course, there are many children. And no wonder, since it is precisely the youngest whose lymphatic systems must be trained at an early stage, so that over the course of time a satisfactory level of immune defence can be attained. This is why this process, if at all possible, should not be upset by suppressive, hasty measures (such as vaccination or antibiotics).

First of all it is important to reduce the pains in the throat, so as to give the patient an immediate sense of improvement, and this then has a positive effect on their further co-operation. As well as this, of course, any spread or worsening of the condition should be prevented.

Initially, in most cases, treatment according to the principles of Single-remedy Homœopathy is not fully successful. This is because many patients, and

children in particular, on the one hand are unable to describe very many meaningful modalities (e.g. the nature of the pain, laterality, what makes a symptom better or worse, other sensations), and this makes finding the simillimum difficult at the outset. On the other hand, the symptoms are often alternating, or change from one day to the next, often indeed within a few hours, so that homœopathic "fine tuning" will possibly be required.

The aim of Isopathic treatment is the dismantling or downgrading of certain pathogenic growth forms into low-valency micro-organisms, so as to restore the symbiotic balance within the human organism. If the inflammatory components get the upper hand, as regularly happens in the case of angina or tonsillitis, the highly evolved bacterial forms are downgraded and rendered capable of elimination. This also substantially supports the patient in building up his regenerative capabilities.

Of course, alongside this the indicated homœopathic remedy can always be given in parallel, should the picture be clear.

NOTAKEHL as remedy of choice

Particularly in the acute stage it has proved successful to treat along Isopathic lines. An exceptionally well-proven and successful preparation in this regard is NOTAKEHL (Penicillium chrysogenum), particularly when given initially in capsule form (NOTAKEHL 4X). I have almost

Basic plan	
1. Cleansing the milieu , for the entire duration of the treatment:	
ALKALAN Powder	at least 1-2 times daily, 1 medicine spoonful in hot water to be drunk on an empty stomach
SANUVIS drops	50 drops 3 times a day
CITROKEHL tablets	1 tablet to be sucked 3 times a day
Lymphomyosot (Heel)	15 drops 3 times a day
2. Specific regulation (Isopathy)	
NOTAKEHL 4X capsules	1 once a day for c. 2-3 days, then switch to
NOTAKEHL 5X drops	8-10 drops once a day for a further 8-10 days
3. General Regulation (after #2 above)	
SANKOMBI 5X drops	8 drops 1-2 times a day, from Mon. to Fri.
NOTAKEHL 5X drops	8 drops once a day on Sat. and Sun.
4. Immunomodulation (begin at same time as #3 above)	
REBAS 4X capsules	1 once a day for at least 2 weeks
SANUKEHL Strep 6X	8 drops once a day, oral or massaged in on alternating days

Fig. 1: Basic plan.

always observed immediate good effects from it, particularly a reduction of pain within one day, often just overnight, and continuing improvement of the remaining concomitant complaints. This enables me to surprise the patient with the confident words: "Tomorrow at least the pain in your throat will be better", without having taken too big a risk. It is children, above all, who are happy when something helps them right away ("no pain"), but adults are happy too when they notice their feeling of being ill manifestly waning.

Treatment Criteria

As already mentioned, I normally begin with NOTAKEHL 4X

capsules. These capsules are easy to open. I make very effective use of applying the remedy directly to the area of pain. The powder from the opened capsules is sprinkled on to the tonsils or into the pharynx. One does not absolutely have to score a bulls-eye, but the powder should land very close to the crisis area. The patient lets it work on the mucosa for a while, and then begins to swallow a few times "dry". The longer the powder is retained in the mouth, the better.

In most cases the pain in the throat has disappeared by the next day. Subsequently the difficulty in swallowing and the fever show a clear improvement.



As the treatment proceeds I repeat the application twice, depending on the symptoms, before switching over to NOTAKEHL 5X in the form of drops for another 8-10 days.

SANUM treatment is a regulatory therapy.

This is why the Isopathic and immunological treatment should be accompanied by flushing out of any remaining toxins of the pathogens in question and the elimination of any so-called cell-wall-deficient bacterial forms.

This is where the SANUKEHL preparations - with their haptene character - come into use.

They contain polysaccharides from the cell walls of dead bacteria or fungi, and they stimulate the humoral and cellular immune defences.

Where the angina is bacterial, it serves our purpose to prescribe

SANUKEHL Strep 6X drops for at least a fortnight as an accompanying remedy.

If there is initial uncertainty as to whether the problem is of bacterial or viral origin, then NOTAKEHL 5X can be used in alternation with QUENTAKEHL 5X.

Simultaneously an eliminative drainage of the infection can be achieved using Lymphomyosot drops (Heel).

Following on from NOTAKEHL 5X and/or QUENTAKEHL 5X, treatment continues for at least four weeks using SANKOMBI 5X drops, always for 5 days of the week. On the remaining 2 days nothing is given or, if necessary, NOTAKEHL 5X / QUENTAKEHL 5X can be given.

The immune defence system can also be supported with RELIVORA Complex drops from SANUM; 5-10 drops are given

3 times a day in hot water. In acute situations this can be increased up to 6 times a day.

For the purposes of elimination it is obvious that care must be taken to consume a proper quantity of tea and still water.

All preparations should be taken in plenty of time before meals.

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