

A Chronic Pharyngitis: A Rare Case Report

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Abstract: The common disease in pharynx is called pharyngitis means inflammation of pharynx. This is the commonest variety of sore throat and is usually associated with cold and hoarseness of voice. Pharyngitis occurs due to living in unhygienic condition, corrosive, trauma, excessive cold, taking virus, bacteria, fungus etc. there are two types of pharyngitis acute and chronic pharyngitis. Here, we report a case of chronic pharyngitis of a patient of 40 years and treated with Rhus Toxicodendron a homeopathic medicine and found to be improved.

Keywords: Cervical adenopathy, hoarse, streptococcus, pharynx, placebo.

INTRODUCTION

Pharyngitis is the inflammation of the pharynx most commonly caused by acute viral infection, group A Streptococcus (GAS, *Streptococcus pyogenes* or β -hemolytic group A Streptococcus). It is also called sore throat, tonsillitis and streptococcal throat. Mainly, it affects the upper respiratory system [1-3]. Estimated 30 million cases are diagnosed yearly and 12—15% of all sore throats are thought to require visit to physician. Both male and female are equally affected irrespective of their ages. Incidence of rheumatic fever decreasing with estimate of 64/100,000.(5) Streptococcal infection is common between the 5 – 18 years of age, 11% of all school age children affected [4-5].

Pharyngitis is Diagnized by clinical prediction rule centre criteria .(1) Tonsilar exudates .(2) Fever by history .(3) Absence of cough (4) Tender anterior chain cervical adenopathy. If 3 out of 4 present positive predictive valve of 50% . If 3 or 4 not present negative predictive valve of 80%.

CASE REPORT

Here, we represent a rare the complicated case of a pharyngitis patient. The person we are discussing about is a male, aged about 40 (forty) years, physically thin and tall, and has been earning his livelihood as a daily wage earner.

The main concerned problem is that he has been residing in a small cottage, situated in a semi urban town area. His house is situated in a damp low lying area; he has been living in such area since 3 (three)

years. Also, a ditch \drainage system is flowing near his home. Excess amount of water along with waste materials bearing obnoxious odour has made the entire area as well as the environment fully unsuitable for residing. The problem of pollution concerning water is always been there. The symptoms of the patient are- Always feels chilliness, sneezing continuously, feels irritation in the throat with cough, pain in the right tonsilar region, body pain, the patient feels more the troubles at night, after sleep or during rest. On physical examination found that patient is suffering from mild fever, pulse rate 92\min., redness of throat, salivation present in the mouth, some times blood comes out from the right side of the nose.

On the basis of totality of signs and symptoms, Rhus Toxicodendron 200-- 4 doses was prescribed to the patient. After taking medicines patient had reported improvement. A comparative statement of his improvement status is given below after 10 days of medication. And again advised to take Placebo for another 10 days .

DISCUSSION

Our case is studied properly with sign and symptoms before treatment and after treatment with Rhus Toxicodendron 200. Previous rux Toxicodendron repoted to be used in inflammation [7]. Laryngoscopy was also taken. It is found that the patent felt relieve of sign and symptoms and improved WBC count and RBC count as well as decreased ESR(Westerngen) [6]. Moreover, Laryngoscopy reveled proper physiological location and other.

Table-1: Comparison of sign and symptoms before and after treatment with Rhus Toxicodendron

| Before taking medicine | After taking medicine |
|--------------------------------|--|
| Temperature 100 ⁰ F | Normal |
| Body pain | Reduced but slightly present |
| Redness of the throat | Not seen |
| Irritating throat with cough | Irritation absent but cough persist |
| Salivation | Absent |
| Sneezing | Absent |
| Sleep | Better |
| Nose bleeding (epistaxis) | Improving but slight blood tinge seen with nasal discharge |
| Chilliness | Not feel |

Table-2: Comparison of hematological profile before and after treatment with Rhus Toxicodendron

| Blood report before treatment | Blood report after treatment |
|---|--|
| Haemoglobin -12 % | Haemoglobin-12.8% |
| W.B.C Coun (TC) -8,300 | W.B.C Count (TC) - 10,200 |
| Neutrophil- 60% | Neutrophil- 65% |
| Lymphocyte- 27% | Lymphocyte- 26% |
| Monocyte- 5% | Monocyte - 5% |
| Eosinophil - 08% | Eosinophil - 04% |
| Basophil- 0% | Basophil - 0% |
| ESR(Westerngen)-25mm (1 st hour) | ESR(Westerngen)-15mm(1 st hour) |

Table- 3: Laryngoscopy before and after treatment with Rhus Toxicodendron



CONCLUSION

The patient is completely cured and the successful result is comes out at 20 days by the medicine that was Rhus Toxicodendron 200. Blood tinge in nasal mucous disappear . But difficulty is there

the patient can't maintain proper hygiene for his residing area. So he has been advised to shift the location.

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REFERENCES

1. Alcaide ML; Pharyngitis and epiglottitis. *Infect Dis Clin North Am*, 2007; 21(2); 449-469.
2. Bope, Kellerman; *Clinical Manifestations of Pharyngitis*. Conn's Current Therapy, 1st ed. 2014.
3. Flint; *Pharyngitis in Adults*. Cummings Otolaryngology: Head and Neck Surgery, 5th ed. 2005.
4. Lin MH, Chang PF, Fong WK, Yen CW, Hung KL, Lin SJ; Epidemiological and clinical features of group A Streptococcus pharyngitis in children. *Acta Paediatr Taiwan*, 2003;44(5):274-278.
5. Cohen R, Estrangin E, Lecompte MD, Bouhanna CA, Wollner A, Koskas M, Martin P, Deforche D, Geslin P; Bacterial epidemiology of pharyngitis in pediatric private practice. *Presse Med*; 1994 23(38):1753-1757.
6. Yamazaki T, Hokibara S, Shigemura T, Kobayashi N, Honda K, Umeda Y, Agematsu K; Markedly elevated CD64 expressions on neutrophils and monocytes are useful for diagnosis of periodic fever, aphthous stomatitis, pharyngitis, and cervical adenitis (PFAPA) syndrome during flares. *Clin Rheumatol*, 2014;33(5):677-683.
7. dos Santos AL, Perazzo FF, Cardoso LG, Carvalho JC; In vivo study of the anti-inflammatory effect of *Rhus toxicodendron*. *Homeopathy*, 2007;96(2):95-101.