

A Clinical Study on the Efficacy of Mercurius Group Remedies in Tonsillitis Using the Brodsky Grading Scale

¹Dr. Mahavir Ghiya, ²Parmar Yogeshkumar Anandbha

¹H.O.D. Professor, Department of Homoeopathic Repertory Government Homoeopathic Medical College & Hospital, Dethali

²Government Homoeopathic Medical College & Hospital, Dethali

DOI: <https://doi.org/10.51244/IJRSI.2026.1308000284>

Received: 07 September 2026; Accepted: 12 September 2026; Published: 21 September 2026

ABSTRACT

Background: Tonsillitis is a common respiratory infection often leading to tonsillar hypertrophy and recurrent inflammation. Homoeopathy offers an individualized approach to stimulate immune responses. **Objective:** This prospective, observational study evaluated the efficacy of Mercurius group remedies in reducing tonsil size and symptom severity using the Brodsky Grading Scale. **Methodology:** Thirty patients aged 5–60 years were treated with individualized remedies at a government hospital in Gujarat. Primary outcomes were measured by changes in Brodsky grades pre- and post-treatment. **Results:** Mercurius solubilis was the most frequently prescribed remedy (16 cases). Statistical analysis using the Wilcoxon Signed-Rank test ($Z = -4.5, p < .001$) showed a significant reduction in tonsillar hypertrophy, with median Brodsky grades improving from 1 to 0. Most patients experienced marked symptomatic relief from pain and lymphadenopathy. **Conclusion:** Individualized Mercurius remedies are clinically effective in managing tonsillitis and reducing hypertrophy, providing a safe, cost-effective alternative to surgery.

Keywords: Tonsillitis, Mercurius group of medicine, Brodsky Grading Scale, Homoeopathy, Hypertrophy, Clinical study

INTRODUCTION

Tonsillitis, an inflammation of the palatine tonsils, represents one of the most common upper respiratory tract infections encountered in clinical practice, particularly among children and young adults. It is primarily caused by viral or bacterial pathogens, with Group A Streptococcus (*Streptococcus pyogenes*) being a frequent bacterial infection. Symptoms typically include sore throat, odynophagia, fever, cervical lymphadenopathy, and in chronic or recurrent cases, significant tonsillar hypertrophy that can impair breathing, swallowing, and speech (1).

The tonsils serve as critical components of Waldeyer's ring, functioning as the first line of immunological defense by trapping pathogens and producing antibodies (2). However, recurrent infections can lead to chronic inflammation, hypertrophy, and complications such as peritonsillar abscess, otitis media, or rheumatic fever. Allopathic management mainly based on antibiotics for acute bacterial cases and tonsillectomy for recurrent episodes, the latter remaining controversial due to potential long-term immunological impacts and surgical risks (3).

In homoeopathy, Disease is not only seen as pathological changes but the person as whole is considered as illness. Homeopathic treatment emphasizes individualized constitutional prescribing to stimulate the body's vital force, aiming not only for symptomatic relief but also for long-term prevention of recurrence without suppressing natural immune responses. The Mercurius group of remedies—derived from mercury and its compounds—occupies a prominent position in the homoeopathic Materia medica for affections of the lymphatic and glandular systems, mucous membranes, and suppurative processes. Pioneers like Farrington highlighted (4) Mercurius group medicine affinity for enlarged, indurated glands and syphilitic or scrofulous diatheses.

Mercurius remedies (e.g., *Mercurius solubilis*, *Mercurius iodatus flavus*, *Mercurius iodatus ruber*) having characteristic symptoms like offensiveness, salivation, worsening at night or from warmth of bed, and a “human barometer” sensitivity to temperature changes (5). They are frequently indicated in tonsillitis with follicular or parenchymatous involvement, greenish or yellowish exudates, and painful cervical nodes. Despite their traditional use, robust clinical studies specifically evaluating the Mercurius group in tonsillitis using standardized outcome measures remain limited.

The Brodsky Grading Scale provides an objective, reproducible method to assess tonsillar size (6):

- Grade 0: Tonsils within fossa or absent.
- Grade 1: <25% oropharyngeal width.
- Grade 2: 26–50%.
- Grade 3: 51–75%.
- Grade 4: >75%.

This study aimed to evaluate the clinical efficacy of Mercurius group remedies in tonsillitis cases at a Government Homoeopathic Medical College, utilizing the Brodsky scale alongside symptomatic assessment after the medication with homoeopathic medicine.

Research Question

To what extent do individualize Mercurius group homoeopathic remedies reduce tonsillar hypertrophy (as measured by Brodsky Grading Scale) and associated symptoms in patients with acute, recurrent, or chronic tonsillitis?

Hypothesis

Null Hypothesis (H₀): There is no significant improvement in Brodsky grades or symptom severity following treatment with Mercurius group remedies in tonsillitis patients.

Alternative Hypothesis (H₁): Treatment with Mercurius group remedies leads to clinically significant reduction in Brodsky grades and symptomatic relief in tonsillitis patients.

Aims and Objectives

Aim: To study the utility and efficacy of the Mercurius group of homoeopathic remedies in cases of tonsillitis using the Brodsky Grading Scale.

Objectives:

1. To determine the efficacy of Mercurius group remedies in reducing symptoms of tonsillitis.
2. To evaluate changes in tonsil size and symptom severity before and after treatment using the Brodsky Grading Scale.
3. To study the action of Mercurius group remedies in the management of tonsillitis.

METHODOLOGY

Study Type: Prospective, observational case-series study.

Study Design: Prospective case-series without control group.

Study Setting: Government Homoeopathic Medical College & Hospital, Dethali, Siddhpur, and its peripheral camps.

Sample Size: 30 cases

Sampling Technique: Purposive (non-randomized) sampling based on inclusion criteria.

Inclusion Criteria:

- Age 5–60 years.
- Both genders.
- All socio-economic statuses.
- Clinically diagnosed tonsillitis (acute, recurrent, or chronic) with or without hypertrophy.

Exclusion Criteria: Severe systemic illness (e.g., high fever $>105^{\circ}\text{F}$, sepsis), peritonsillar abscess, immunocompromised states.

Withdrawal/Discontinuation Criteria: Irregular follow-up, migration, adverse reactions, irreversible complications, or need for surgery.

Intervention: Individualized Mercurius group remedy selected based on totality of symptoms and susceptibility of the patient (e.g., *Merc. sol.*, *Merc. iod. flavus/ruber*, etc.). Potencies and repetition varied per case as per the susceptibility of individual patient.

Data Collection Tools: Standardized homoeopathic case-taking format, Brodsky Grading Scale (pre- and post-treatment), symptom severity scoring were used for recording of the cases.

Data Collection Steps: Patient (sample) for the said study are pooled from the Government homeopathic college hospital OPD & Different Camps held around. After the selection of the patient, Informed consents are fill up from him. Incase of child patient parents consent are taken. Then Detailed case taking done as per the Homoeopathic protocol. Remedy selection done with totality of available symptoms from Mercurius group of medicine. Baseline Brodsky grading and symptoms assessment done in first case taking & in Follow-ups (minimum 2–3, up to improvement)

Outcome Measures:

- **Primary:** Change in Brodsky grade.
- **Secondary:** Symptomatic improvement (pain, dysphagia, fever, etc.).

Ethical considerations included informed consent and adherence to homoeopathic principles of minimum dose.

Observations and Results

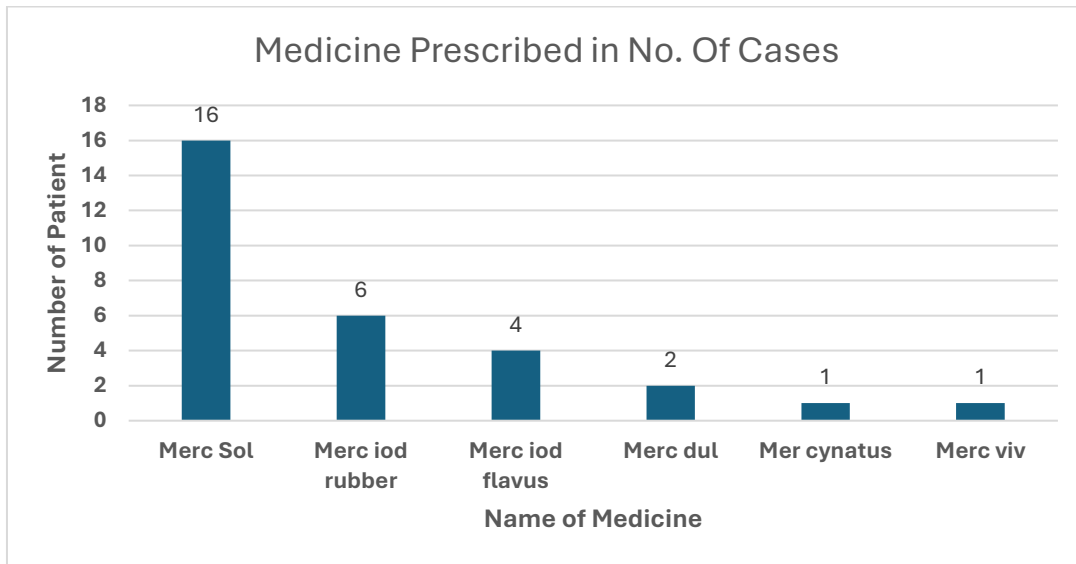
Age Distribution: Table no: -1

Age group	Age rang	No. of cases	percentage
Infant	0-1 years	0	0%
Children	2-12 years	4	10%
Adolescents	13-17 years	3	13%

Yong adult	18-40 years	21	70%
Middle age adult	41-59 years	2	7%
Old adult	Above 60 years	0	0%

Sex Distribution: Males 16 (53%), females 14 (47%).

Medicine Distribution: Table: - 2



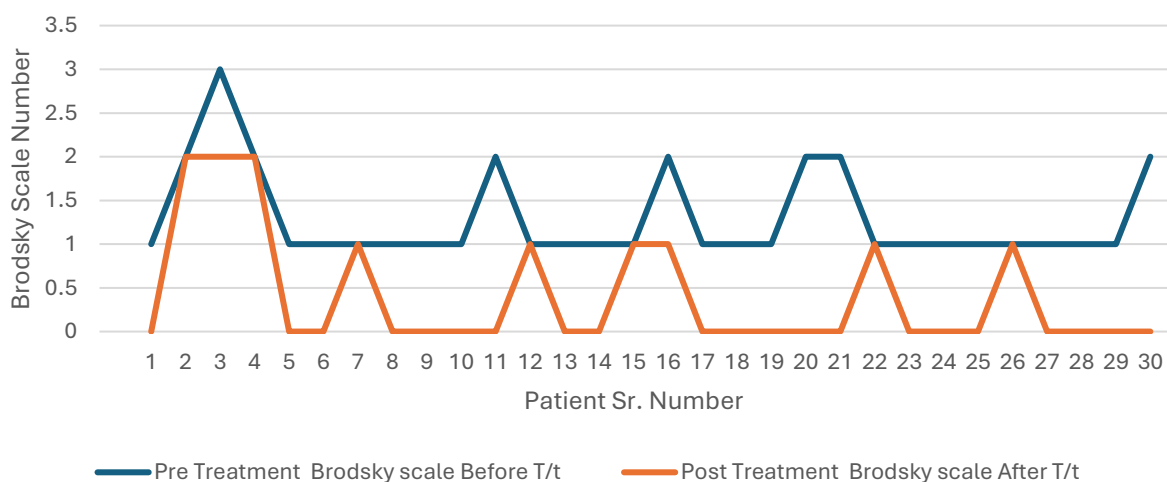
Brodsky Grade Changes and Symptomatic Outcomes: Master tables and detailed chronic cases (in appendix of original document) demonstrated notable reductions in tonsillar size and symptoms in the majority. For example, many Grade 3 cases improved to Grade 1 or 2; acute symptoms resolved within days to weeks. One case showed no improvement. Overall, marked to moderate improvement was observed in most patients, with reduced recurrence on follow-up. Pus formation, pain, and lymphadenopathy responded favorably, consistent with the lymphatic affinity of Mercurius remedies.

Table: 3 Showing Brodsky Scale Before & After Treatment

Sr. No of Patient	Brodsky scale (Before T/t)	Brodsky scale (After T/t)
1	1	0
2	2	2
3	3	2
4	2	2
5	1	0
6	1	0
7	1	1
8	1	0
9	1	0
10	1	0

11	2	0
12	1	1
13	1	0
14	1	0
15	1	1
16	2	1
17	1	0
18	1	0
19	1	0
20	2	0
21	2	0
22	1	1
23	1	0
24	1	0
25	1	0
26	1	1
27	1	0
28	1	0
29	1	0
30	2	0

Brodsky Scale Before & After treatment



Statistical Analysis: Results of the Wilcoxon Signed-Rank test indicated that there is a significant large difference between Brodsky scale Before T/t ($Mdn = 1$, $n = 30$) and Brodsky scale After T/t ($Mdn = 0$, $n = 30$), $Z = -4.5$, $p < .001$, $r = -0.9$. (7)

The test statistic Z equals -4.4913, which is not in the 95% region of acceptance: [-1.96, 1.96].

Hence the Null hypothesis is rejected & alternative hypothesis is accepted that shows Treatment with Mercurius group remedies leads to statistically and clinically significant reduction in Brodsky grades and symptomatic relief in tonsillitis patients. (7)

Statistical analysis was performed using online software (https://www.statskingdom.com/175wilcoxon_signed_ranks.html)

DISCUSSION

The high prescription rate of *Mercurius solubilis* aligns with its classic indications for offensive, ulcerative throat conditions and glandular swellings. Improvements in Brodsky grades suggest a favorable effect on hypertrophy, possibly through enhanced lymphatic drainage and immune modulation which is the core actions of this group of medicine. Symptomatic relief without antibiotics supports homoeopathic approach.

From the study of Homoeopathic Materia Medica also focuses on the affinity of Mercurius group of medicine towards the glandular affections also gets clinical re-confirm through this study.

Limitations include small sample size, lack of control group/randomization, observer bias potential, and short follow-up in some cases. Purposive sampling limits generalizability. Future studies should incorporate larger, randomized controlled designs, longer follow-ups, and laboratory correlates (e.g., throat swabs, inflammatory markers).

These findings corroborate traditional Materia Medica and prior homoeopathic reviews on tonsillitis management, adding objective Brodsky-based evidence for the Mercurius group.

Final Conclusions

This clinical study demonstrates the promising utility of Mercurius group remedies in managing tonsillitis, with observable reductions in tonsillar hypertrophy per Brodsky scale and significant symptomatic relief in the majority of 30 cases. *Mercurius solubilis* emerged as the most frequently indicated and effective remedy. Homoeopathic intervention offers a safe, cost-effective alternative or adjunct, particularly in preventing surgical intervention and recurrence. Further rigorous research is warranted to substantiate these preliminary observations.

BIBLIOGRAPHY

1. BHARGAVA S. A short book of E.N.T. disease for medical student and practioners. Mumbai: USHA. Publisher; 2019.
2. <https://www.sciencedirect.com/science/article/pii/B9780123742797070053#previ-w-section>. [Online]. [cited 2025 July. Available from:
3. Dr.Sreevidhya.. Tonsillitis and Homoeopathy. internatinal journal of science and healthcare research. (2023): p. 166-168..
4. FARRINGTON EA(. A clinical materia medica. New Delhi: B Jain Publishers Pvt Ltd; 2000.
5. Willium B. Pocket manual of homoeopathi materia medica New Delhi: B Jain Publishers Pvt ltd; 2000.
6. <https://www.theentresident.com/ent-notes-lectures/brodsky-grading-tonsils>. [Online]. [cited 2025 july. Available from: <https://www.theentresident.com/ent-notes-lectures/brodsky-grading-tonsils>.
7. (https://www.statskingdom.com/175wilcoxon_signed_ranks.html). [Online]. [cited 2025 August. Available from: (https://www.statskingdom.com/175wilcoxon_signed_ranks.html).