

An examination of allergic rhinitis and its homoeopathic treatment

Joyti Patil

PSPM MAHILA HOMEOPATHIC MEDICAL COLLEGE

Solapur

Abstract

Allergic rhinitis is a prevalent condition that results in significant debility and decreased efficiency. Allergic rhinitis is a condition that can manifest intermittently or continuously throughout the year as a result of an allergen to which the individual is more or less consistently exposed. It is characterized by a sudden onset of sneezing, nasal mucosal enlargement, copious watery discharge, eye irritation, and lachrymation. The objective of this investigation is to determine the efficacy of homoeopathic medications in the treatment of allergic rhinitis.

Keywords: Allergic rhinitis, individualisation, homoeopathic management

Introduction

Allergic rhinitis is an allergic inflammation of the nasal airways. Allergic rhinitis is a hypersensitivity disease of the mucous membrane of the nasal airways that is mediated by IgE. It is characterized by sneezing, irritation, watery nasal discharge, and a sensation of nasal obstruction [1]. Seasonal pollens and molds, as well as perennial indoor allergens like dust mites, pets, vermin, and certain molds, are allergens of significance [2]. The diagnosis is predicated on the presence of proof of sensitization, which is determined by the presence of allergen-specific IgE in the serum or by positive epicutaneous skin tests (i.e., wheal and flare responses to allergen extracts), as well as a history of symptoms that relate to exposure to the sensitizing allergen.

[3].

Incidence

Although allergic rhinitis may have its onset at any age, the incidence of onset is greatest in children at adolescence, with a decrease in incidence seen in advancing age. Occasionally, however, symptoms may appear first in middle or advanced age and in infants as young as 6 months of age. In most cases and individual requires two or more seasons of exposure to a new antigen before exhibiting the clinical manifestations of allergic rhinitis. It appears equally in both males and females. Heredity seems to be an important role in the occurrence of allergic rhinitis. The mechanisms permitting the development of hay fever are governed by an autosomal dominant with incomplete penetrance. The severity of symptoms, however, may vary from year to year, depending on the season [4].

Pathophysiology

On exposure to the foreign protein the allergen combines with cell-bound reagenic antibodies to release histamine and similar amines. This leads to local vasodilatation, but more importantly increase in capillary permeability resulting in local oedema. These are a cellular infiltration of eosinophils and, in long standing cases, also plasma cells. The sero-mucinous glands of the nasal mucosa are stimulated to increased activity resulting in down pouring of thin mucous discharge [5].

Objectives

To analyse the common allergens and aetiopathology of allergic rhinitis and to evaluate the efficacy of homoeopathic medicines in treatment of Allergic rhinitis by assessing the change in the levels of Serum IgE.

Materials and methods Source of data

Patients will be collected from In-Patient and Out-Patient Departments, Peripheral Health

Centres, Rural Health Camps, School Screening Camp and Medical Camps conducted by Vinayaka Missions Homoeopathic Medical College and Hospital and Vinayaka Mission's Kirubananda variyar Medical College Hospital, Salem.

Method of collection of the data

Inclusion criteria fixed for the study

- All age groups with both males and females.
- Detailed case history by interview as per the Performa prepared for the topic will be taken. Treatment was started on the basis of the Homoeopathic totality.
- Follow up will be taken, depending upon need of the patient.
- Cases were followed for a period of 12 months duration.

Sample size was 30 in number.

- No particular sampling procedure was adapted.

Exclusion criteria fixed for the study

- Seasonal type allergic rhinitis.
- Cases associated with other systemic illness will be excluded.
- Complications to lower respiratory tract infection

will be excluded

Methodology

Thirty clinically diagnosed cases of Allergic rhinitis were taken up for this study. The patients included in this study were between the ages of 9 - 65 years. Patients of both sexes were treated. A detailed case history by

interview as per the performa was done and the homoeopathic totality was arrived after careful study of mental generals, physical generals and characteristic particulars of the patient. Repertorization was done using Kent, Schroyen synthesis and Robin murphy repertory respectively

Observation and Results

Table 1: Age distribution of Allergic rhinitis patients (n = 30)

S. No	Age group (In Yrs)	Number of Patients	Percentage
1.	Below 20	4	14.67%
2.	20- 29	10	34.67%
3.	30- 39	6	20%
4.	40-49	2	7.37%
5.	Above 50	5	16.66%

The most affected patients belonged to the age group between 20-29 i.e 10 (34.67%), the age group of 30-39 were 6(20%), age group above 50 yrs were 5(16.66%), age group below 20 were 4(14.67%) and age group of 40-49 were 2(7.37%) respectively.

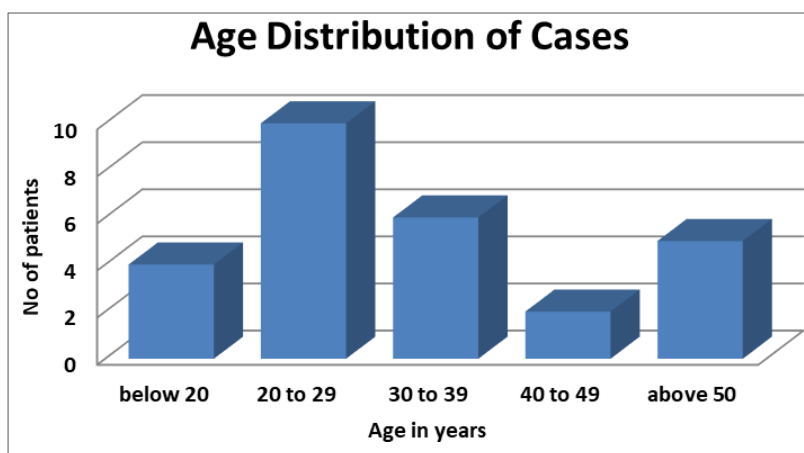


Chart 1: Agewise distribution of cases

Table 2: Sex distribution of allergic rhinitis patients (n = 30)

S. No.	Sex	Number of Patients	Percentage
1.	Females	12	40%
2.	Males	18	60%

Males are affected more than female.

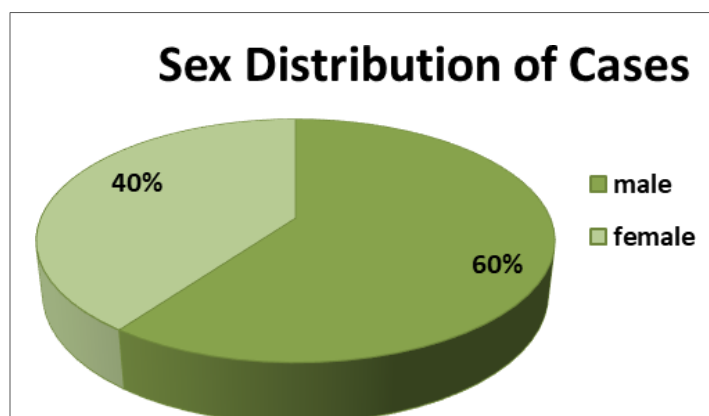


Chart 2: Sexwise distribution of cases

Table 3: Distribution according to predominant miasm (n=30)

Miasm	Frequency	Percentage
Psora	29	96.65%
Sycosis	1	3.33%
Syphilis	Nil	-
Psora + Syphilis	Nil	-
Psora + Sycosis	Nil	-
Psora + Tubercular	Nil	-
Total	30	100

Most of the cases were showing psoric miasm. While 29 patients were predominantly presenting with psoric symptoms, 1 case showed sycotic miasm.

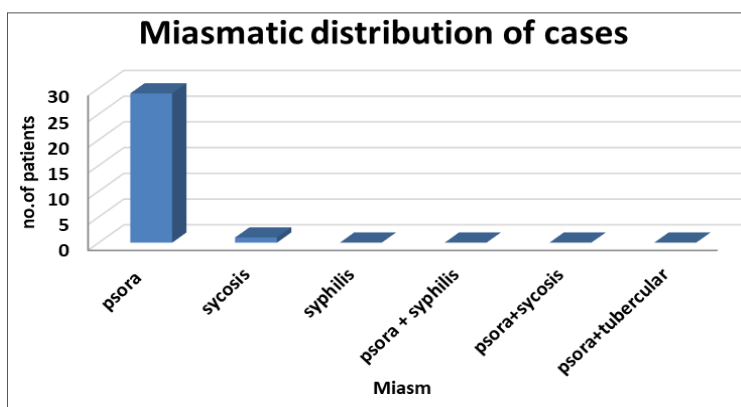

Chart 3: Miasmatic distribution of cases

Table 4: Medicines used in the study

S. No	Medicine	Total No. of cases	Success Rate (%)
1.	Arsenicum Album	6	100
2.	Apismellifica	1	100
3.	Bromium	1	100
4.	Hepar Sulph	1	100
5.	Kaliumcarbonica	3	100
6.	Kali Bichromicum	1	100
7.	LachesisMutus	1	100
8.	Lycopodium Clavatum	1	100
9.	Natrum carb	1	100
10.	Natrium muriaticum	2	100
11.	Nux vomica	1	100
12.	PulsatillaNigricans	7	100
13.	Phosphorus	4	100

The remedies indicated for the patients were as follows: Pulsatilla nigricans was indicated in 7 cases, ArsenicumAlbum in 6, Phosphorus in 4, Kali carbonicum in 3 and Natrium muriaticum in 2 cases. The other remedies which

were also indicated were Bromium in 1, Kali Bichromicum in 1, Lycopodium in 1, Hepar sulph in 1, Nux vomica in 1, Lachesis Mutus in 1 and Natrum carb in 1.

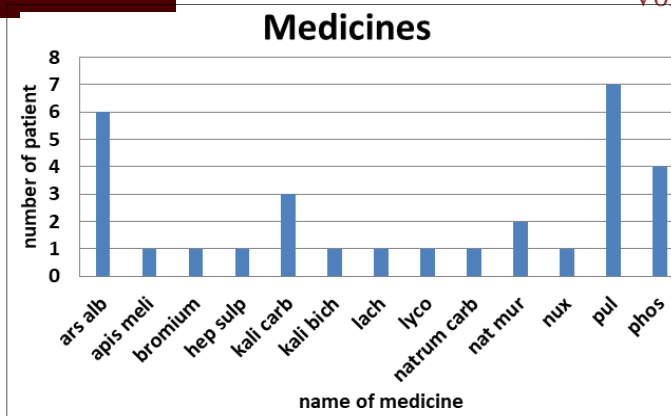


Chart 4: Distribution according to medicines used in the study

Table 5: Distribution of cases according to outcome of the treatment

Outcome	No. of patients	Percentage
Mild Improvement	2	6.6%
Moderate improvement	8	26.67%
Marked improvement	20	66.67%
No improvement	0	0

Out of thirty cases 28 cases (93.3%) showed improvement, in this 2 (6.6%) have mild improvement, 8 cases (26.67%) showed moderate improvement, 20 cases (66.67%) showed marked improvement.

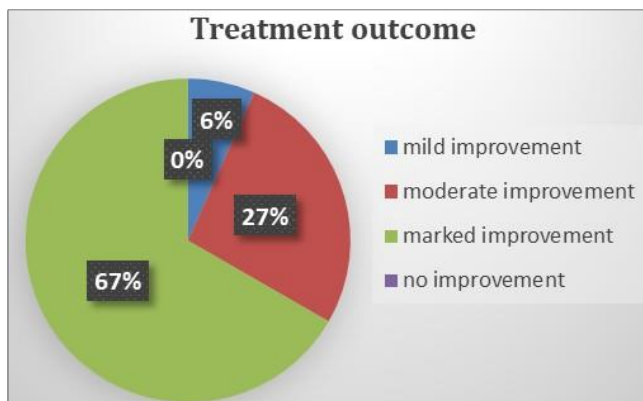


Chart 5: Distribution of cases according to outcome of the treatment

Summary and Conclusion

This study has provided sufficient confirmation that the Homoeopathic approach of individualization is an effective approach to the treatment of Allergic rhinitis. The commonly affected age group according to my study were 20-29 (34.67%), 30-39 years (20%). Males are most commonly affected, which was evidenced by this study which shows presence on 60% of cases. The fundamental miasm which covered mostly was Psora and Sycosis in my study. The Dominant miasm which covered mostly was Psora in my study. Pulsatilla and Arsenicum album were found to be most frequently indicated in this study. Most of the patients got symptomatic relief, as well as general well-being. My study shows that Allergic rhinitis can be effectively treated with Homoeopathic medicines.

References

1. Dhingra PL, Diseases of the Ear, Throat, and Nose; 11th Edition; Elsevier, 108-111.
2. Salo PM, Arbes SJ, Jr, Jaramillo R et al. The prevalence of allergic sensitization in the United States:



2. findings from the National Health and Nutrition Examination Survey 2005-2006. *J Allergy Clin Immunol* 2014;134:350-9.
3. Bousquet PJ, Castelli C, Daures JP, et al. *Ann Epidemiol* 2010;20:797-803. Evaluation of allergen sensitization in a general population-based survey.
4. Patterson Roy, Leslie Grammer Paul, Greeneberger, Raymond Zeiss; *Allergic Diseases. Diagnosis and Management. Fourth Edition*; Lippincott Company; Pennsylvania 115-119.
5. Gurmukh S. Sainani The sixth edition of the A.P.I. text book of medicine, which was published by the Association of Physicians of India in Mumbai in 1999,