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Beyond antihistamines: A homoeopathic journey through allergic rhinitis

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Abstract
Conventional treatments for allergic rhinitis often rely on antihistamines, offering only temporary relief. This paper explores a homeopathic approach that addresses the root causes through individualized remedy selection and holistic patient assessment. By moving beyond symptom suppression, homeopathy presents a promising pathway toward lasting relief and improved immune balance in allergic rhinitis sufferers**.** This article is mainly focuses on the homoeopathic medicines of allergic rhinitis and future homoeopathic treatments.

Keywords: Allergic rhinitis, beyond antihistamines, homoeopathic journey, homoeopathic medicine

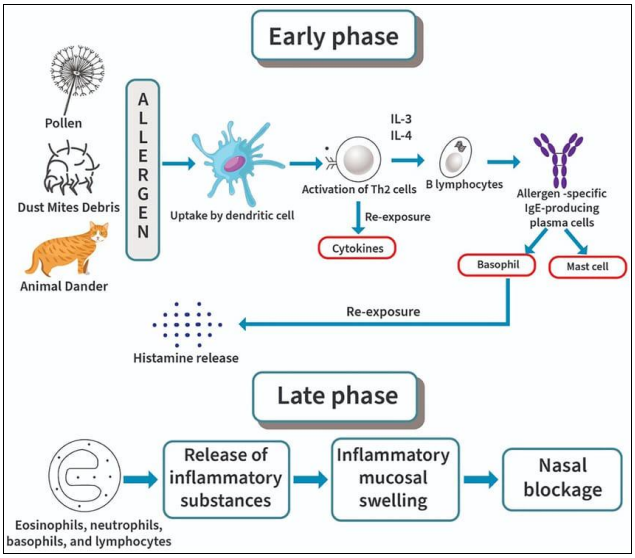
Introduction
Allergic rhinitis affects approximately 10 per cent of the population and may be seasonal or perennial. Allergic rhinitis is a symptomatic disorder of the nose, induced after allergen exposure by an IgE-mediated inflammation of the nasal mucosa. Allergic rhinitis represents a global health problem. It is a worldwide disease affecting at least 10-25% of the population. The main symptoms are nasal congestion, watery rhinorrhoea, pruritus, and paroxysmal sneezing [1].

Epidemiology
In the world, evaluations of the allergic rinses are extrumically changed, which may be the result of the change of diagnostic criteria. The adults population is estimated at 23 to 30% in Europe, 12 to 30% in the US and 26% in the UK. The incidence has significantly increased the last four decades [2].
In India, the renicity allergic (AR) is considered insignificant disease, in spite of the fact that symptoms of renames were present in 75% of children and 80% of adults. Traditionally, AR was also divided in the season or evergreen, according to the period of symptoms during the year [3].

Etiology
(a) Seasonal allergic rhinitis
In the spring, tree pollen is crucial, and in the summer, grass pollen is. In late summer and early fall, mold spores and weed pollens are most prevalent. Grass pollen counts above 50/mm³ are regarded as high and are the threshold at which the majority of hay fever patients exhibit symptoms.

(b) Perennial allergic rhinitis
The house dust mite is the most common cause of perennial allergic symptoms, as it lives in dust accumulated in carpets, bedding, fabrics, and furniture. Domestic pets, specifically cats and dogs, are the second leading cause of perennial allergy, affecting up to 40% of children with asthma and/or rhinitis. Cockroaches are a newly identified perennial allergen in inner-city areas [4].

Pathophysiology



Clinical Features

Seasonal: Sneezing occurs frequently, with profuse watery nasal discharge and nasal obstruction. These attacks last a few hours and are frequently accompanied by eye irritation and watering, as well as conjunctival infection.

Perennial: The symptoms are similar, but more persistent and less severe. Skin hypersensitivity tests with relevant antigens are typically positive in seasonal allergic rhinitis and thus diagnostic, but they are less useful in perennial rhinitis [5].

Diagnosis

The diagnosis is based on a history of the typical symptoms that occur when exposed to known allergens. The diagnosis of seasonal allergic rhinitis is largely dependent on an accurate history of occurrence that coincides with the pollination of the offending weeds, grasses, or trees. Perennial allergic rhinitis is caused by contamination in the home or workplace, as well as a range of symptoms that can be linked to animal exposure or working habits. Perennial rhinitis patients are more likely to be female than male and typically develop the condition in adulthood. Perennial allergic rhinitis is characterized by nasal polyps, which are frequently linked to sinus infections. It is backed by the related physical findings, radioallergosorbent testing (RAST), the presence of allergen-specific IgE on immediate hypersensitivity skin tests, and a positive reaction to allergen avoidance [6].

Investigation

- The sum as well as the difference. Peripheral eosinophilia might exist, but the outcome is conflicting.
- Smear on the nose. Eosinophil counts are high in people with allergic rhinitis.
- Skin tests. Certain allergens can be identified with the help of these tests. They are prick, scratch, and intradermal tests.
- Radioallergosorbent Test (RAST). It is an *in vitro* test that detects specific IgE antibody concentrations in the patient's serum.
- Nasal provocation test. A crude method is to challenge the nasal mucosa with a small amount of allergen on the end of a toothpick, then ask the patient to sniff into each nostril and see if allergic symptoms are reproduced. More sophisticated techniques are now available [7].

Prevention

Avoiding exposure to the offending allergen is the best way to control allergic diseases; however, other strategies may be required, such as removing pets from the house to prevent animal dander, using air filtration devices to lower the concentrations of airborne pollens, moving to non-pollinating areas during critical times, or even moving to a different location to get rid of a mold spore problem [8].

Treatment: This includes avoiding stimulating allergens wherever possible, as well as using topical corticosteroids and oral H, specific antihistamines.

- Avoiding Allergens: Pollen cannot be avoided, but wise precautions include wearing sunglasses, keeping windows locked, and staying away from open grassy areas. Remove the bedroom carpet and use mite-proof sleeping covers to prevent house dust mites. Advice to remove a household is often met with resistance when animal exposure is a concern.
- Pharmacotherapy: Between 70 and 90 percent of hay is used with pharmaceuticals. Topical corticosteroids work well for fever patients. Among the preparations with a better local distribution in the nose and a higher tolerance rate are beclomethasone and budesonide. There aren't any serious side effects. Antihistamines, however, are particularly effective in treating itching, sneezing, and rhinorrhea. Compared with topical corticosteroids, they have less of an effect on nasal obstruction. They are also effective in treating eye and throat symptoms. Sodium cromoglycate can be applied topically as a nasal spray four times a day. Additionally, prednisolone (20 mg daily for 5 days) may help clear the nose, which would increase topical corticosteroids' effectiveness [9].

Diagnostic criteria for allergic rhinitis according to the Allergic Rhinitis and it's Impact on Asthma guidelines

Severity	Symptoms
Intermittent	<4 consecutive weeks >4 consecutive weeks
Persistent	>4 days a week and For >4 consecutive weeks
Mild	None of the following are present: • Sleep disturbance • Impairment of daily activities, leisure, and/or sport • Impairment of work or school
Moderate-Severe	One or more of the following are present: • Sleep disturbance • Impairment of daily activities, leisure, and/or sport • Impairment of work or school [10]

Sfar scale

Parameter scale: Special scoring pattern was prepared to assess subjective symptoms-
"SFAR SCALE". Total of Score was done by adding score of above items. Score was
assigned between 0-16 as per the complaint of patient. Higher the score more the
complaint severity.

Discriminators	Score points attributed by experts	Results
Blocked nose	1	
Runny nose	1	
Sneezing in past years	1	

Months of the year	Perennial- 1 Pollen season- 1
Nasal symptoms plus itchy eyes	Y-2 N-0
Triggers; Pollens, house dust mites, dust epithelia cat, dog	Y-2 N-0
Perceived allergic status	Y-2 N-0
Perceived allergic status	Y-2 N-0
Previous medical diagnosis of allergy	Y-1 N-0
Famailial history of allergy	Y-2 N-0
Total points	

Scoring Assessment

- The result of study was assessed on the basis of the percentage score. This was assessed by a SFAR Score Scale.
- Score Percentage of each patient was calculated by before and after scores on SFAR
- Score Scale by using following formula.
- Score Percentage = Score at Baseline - Score at the end × 100
- Score at Baseline
- If obtained score% is >75% it means Marked improvement.
- If obtained score% is 40 to 75% it means Moderate improvement
- If obtained score% is <40% it means Mild improvement
- If there is no change in obtained score% it means Status quo [11].

Homoeopathic Medicines

Homeopathy uses safe medicines to treat ailments. The medicines used to treat allergic rhinitis are completely safe and are primarily derived from plants or organic substances. These are capable of treating allergies in the safest, gentlest, and most harmless manner possible according to homeopathic principles. They have no side effects and promote natural recovery. Homeopathy does not follow the path of suppression in allergic rhinitis, also known as hay fever, because it will only complicate the complaint's treatment and cure, nor does it seek to provide temporary symptom relief. Rather it is a supreme objective is to offer a permanent cure for nasal allergy. This objective is achieved by the use of homeopathic medicines selected individually for any given case based on the law of individualization taken in properly selected potency, dose and for the time duration as prescribed by a homeopathic physician with regular follow ups.

Natrum Mur

It is the leading homeopathic medicine for treating allergic rhinitis. It covers nearly all the problem areas and is the most widely used homeopathic medicine for treating nasal allergy. Violent sneezing and runny nose is the foremost guiding symptom to put it into use. The nasal discharge is thin and watery resembling the raw white of an egg. This discharge may flow for a day or two followed by nasal blockage which makes breathing difficult. Frequent sneezing occurs early in the morning and a sensation of a small worm wriggling in the nostril is felt. Loss of smell and taste may also be noted.

2. Sabadilla

For the complaints of worsening from strong smell. It is a natural medicine sourced from seeds of Cebadilla plant. It is used when a person is oversensitive to strong smells. The most noteworthy symptom of using this medicine is marked sneezing, along with a runny nose which gets worse with strong odors, for example, perfume. It is followed by watering and redness in the eyes. A stuffed nose may sometimes add to your woes.

Arsenic Album

Regarding burning and watery nasal discharge. The symptoms include excoriation, or the peeling away of the skin around the nostrils, and thin, watery nasal discharge that makes the nose burn. Alongside it, there is sneezing. Outside, the patient's condition deteriorates, but feels more comfortable indoors. You may occasionally experience the symptoms listed above in addition to a stuffy nose.

Allium Cepa

To treat irritating, burning nasal discharge and non-irritating eye discharge. This medication's symptoms include profuse, watery, irritating, burning nasal discharge and copious, non-irritating eye discharge. The acidic nature of nasal discharge causes it to burn and corrode the nose and upper lips in severe cases. It is followed by sneezing. Allium is also recommended when sneezing and nasal discharge worsen after entering a warm room and improve in the open air. It is also effective when severe sneezing occurs when rising from bed. When nasal allergies worsen in the spring or early in the month of August, Allium cepa is the most popular treatment.

Arundo Mauritanica

The most obvious symptom of its use is itching in the nostrils and sneezing. Hay fever starts with burning and itching in the palate and conjunctiva. Itching in the nostrils and roof of the mouth is annoying. Coryza causes loss of smell (Nat Mur). Nasal itching and sneezing.

Euphrasia

It is an important homeopathic medicine for treating itchy, watery, and red eyes. There is also a burning sensation in the eyes, as if there is sand in them. In addition to the symptoms listed above, there is sneezing and watery discharge from the nose that is not irritating, i.e. bland.

Wyethia

Intense itching on the roof of the mouth and behind the

nose, which can sometimes spread to the throat and ears, strongly suggests the use of this remedy. The person's entire head feels dry and irritated, but their nose may still be runny.

Kali bichromicum

- Snuffles of children, particularly fat and chubby babies. Pressure and pain at the nose's root, as well as nasal sticking pain. Septum ulcerated; round ulcer. Fetid odor.
- Discharge is thick, ropy, and greenish-yellow. Tough, elastic plugs in the nose leave a raw surface. Inflammation spreads to the frontal sinuses, causing discomfort and fullness at the base of the nose. Dropping from the posterior nares. Loss of smell. Much hawking. Inability to breathe through your nose. Dryness. Coryza with nasal obstruction. Violent sneezing. Nasal discharge is profuse and watery. Chronic inflammation of the frontal sinuses, accompanied by a sense of obstruction.

Pulsatilla

Coryza is characterized by a blocked right nostril and pressing pain at the nose's root. Loss of smell. Large, green, fetid scales in the nose. Stoppage in the evening. Yellow mucus is abundant in the morning. Bad odors, reminiscent of old catarrh. Nasal bones are sore.

Merc sol

A lot of sneezing. In the sun, sneezing. Raw, ulcerated nostrils; enlarged nasal bones. pus-like, foul-smelling, yellow-green discharge. A warm room is worse than coryza, which is an acrid discharge that is too thick to run down the lip. Caries, nasal bone pain, swelling, and greenish, foul-smelling ulceration. bleeding from the nose at night. large amount of corroding mucus discharge. Coryza, with sneezing; sore, raw, smarting sensation; worse, damp weather; profuse, fluent [12].

Review of published articles

1. Allergic Potential of Medicinal Plants from the Asteraceae Family

Because of its wide variety and abundance of bioactive secondary metabolites, the Asteraceae family is one of the most widely used families of medicinal plants. Reviewing the current knowledge of the allergy potential of the most important medicinal plant species in the Asteraceae family is the goal of this article. Since they can cause both immediate and delayed hypersensitivity reactions, Asteraceae have long been recognized as significant sensitizers in work environments. Recent studies have revealed the presence of panallergens in Asteraceae pollen, which are found in many species of the family and are primarily found in Ambrosia artemisiifolia and Artemisia spp. As the main causes of pollinosis and pollen-food or pollen-medicine allergy syndrome, these panallergens also contribute to cross-reactivity phenomena. Furthermore, the wide range of secondary metabolites found in the Asteraceae family, especially sesquiterpene lactones (SLs), have sensitizing qualities that can cause inflammation and skin irritation. More research is necessary to improve our knowledge of the possible risks associated with Asteraceae herbal medicine, as many questions remain about important Asteraceae allergens and sensitizers [13].

2. Understanding the Relationship between Personality Types and Homeopathic Remedies in an Integrative Health Approach.

The integration of Enneagram personality types with homeopathic prescribing is being investigated in this study, which is a modest first step. This idea has the potential to improve individualized and comprehensive patient care, even though it is still in its infancy and has several drawbacks, such as subjectivity, translation problems, and the challenge of matching personality traits with repertory rubrics. When choosing a remedy, homeopaths might find it helpful to take personality traits into account. Nonetheless, it is imperative that the core principles of homeopathic treatment remain centered on the entirety of the patient's symptoms. It is important to proceed cautiously when integrating personality-based techniques and to adhere to traditional values. Our research examines the potential complementary role of personality assessment in boosting individualization rather than endorsing it as a replacement for conventional case-taking. As an auxiliary tool for practitioners, it looks at the relationships between personality traits and remedies rather than redefining homeopathic methodology. The foundation of homeopathy must continue to be the entirety of the patient's physical and mental symptoms, even though personality traits may offer further insights into the patient's mental and emotional state. This well-rounded strategy makes sure that the practice adheres to its traditional roots while also looking into potential directions that could help with a more customized treatment plan. Homeopaths can preserve the integrity of their practice in this way, free from potentially unrelated distractions.

To improve and validate this strategy, more investigation and cooperation between personality theorists and homeopathic practitioners will be necessary. It might be feasible to create a helpful framework for integrating personality-based repertorization in a way that improves the general efficacy and customized character of homeopathic treatment through further research and discussion, which would ultimately be advantageous to both practitioners and patients [14].

3. Problems in the Diagnosis, Treatment, and Study of Local Allergic Rhinitis: Present Ideas and Prospects

Despite being a relatively new clinical entity, local allergic rhinitis is becoming more and more well-known among allergists. Delays in diagnosis and less-than-ideal treatment of LAR patients are caused by the clinical presentation's ambiguity, the absence of established guidelines, and the limited availability of diagnostic tools.

The following is a summary of the most significant knowledge gaps regarding local allergic rhinitis:

With an emphasis on the conversion to systemic atopic disease and the possibility of developing additional respiratory and allergic comorbidities, a longer-term clinical course evaluation is required.

Regarding local allergic rhinitis brought on by allergens other than pollen and house dust mites, more information is required.

An evaluation of the presence and function of inflammatory mediators at the local mucosal level should be part of the phenotypic characterization of LAR.

It is necessary to develop trustworthy evaluation techniques for identifying allergen-specific IgE in nasal secretions.

It is necessary to evaluate the effectiveness of particular allergen immunotherapies in the treatment of LAR patients [15].

4. A controlled study looking at the therapeutic benefits of a randomized allergy app intervention for people who are allergic to grass pollen

Following the intervention, no statistically significant differences in rhinitis-related quality of life were observed. Compared to those who had access to a reduced-function app, those with access to the full app version, which included a pollen forecast, took more medication and reported fewer symptoms and impairments in social activity. We found promising results for predicting nasal (accuracy: 0.79; F1-score: 0.78) and ocular (accuracy: 0.82; F1-score: 0.76) symptom levels and determining feature importance using SHAP as a guide for future methods using an XGBoost multiclass classification model. For allergy sufferers, this app offers a clinical benefit with its high-performance pollen forecast, symptom diary, and general allergy-related information. The creation of accurate symptom forecasts is possible with high-quality, high-resolution data [16].

5. Mobile technology is used to treat allergic rhinitis both during and after the pollen season. An MASK study

One of the main causes of allergic symptoms in those who are sensitive is pollen. Usually placed on rooftops, Hirst-type pollen samplers track airborne pollen and give a broad picture of the pollen distribution in the neighborhood. In order to examine the relationship between symptom severity and individual grass pollen exposure, grass pollen-sensitive participants in this feasibility study scored their symptoms and monitored the pollen in their immediate surroundings using a portable pollen sampler (Pollensniffer). Pollen gathered by the rooftop sampler was also connected to the symptoms for comparison.

Real-world data from the MASK mHealth App has produced innovative pharmacotherapy insights. By (i) evaluating the patient characteristics, (ii) demonstrating that results can be extrapolated to the estimated pollen season and the period outside the season, and (iii) demonstrating that rhinitis medications are equally effective during and outside the pollen season, the current study advances our understanding. Decisions about health care are increasingly based on real-world data (RWD) and real-world evidence (RWE). In order to produce novel and imaginative treatment approaches, they assist with the design of clinical trials and observational studies. This study suggests that drugs are equally effective all year round by showing that the overall effectiveness of treatments is similar during and outside of the pollen season. In the context of rhinitis and asthma multimorbidity, this study is important for the digital transformation of health and care [17].

Conclusion

Living with allergic rhinitis can be exhausting, and while antihistamines offer quick relief, they often don't get to the root of the problem. Homoeopathy offers a gentle, natural, and personalized path that looks at the whole person—not just the symptoms. By strengthening the body's own healing system and addressing individual triggers, homoeopathy can provide lasting relief and better long-term health. It's a journey worth exploring for those seeking a deeper, more holistic approach to allergy care.

Conflict of Interest

Not available

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Not available

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